



## GRAND TRAVERSE COUNTY

### COMMISSION ON AGING

520 W. FRONT STREET, SUITE B

TRAVERSE CITY, MI 49684-2237

(231) 922-4688 • (231) 929-1645

E-MAIL ADDRESS: [gtcoa@grandtraverse.org](mailto:gtcoa@grandtraverse.org)

HOME PAGE: [www.gtcoa.org](http://www.gtcoa.org)

## COMMITTEE OF THE WHOLE

### AGENDA

**Tuesday, September 6, 2016 at 9:00 a.m.**

**520 West Front Street**

**Traverse City, MI 49684**

Chair: Rodetta Harrand/Executive, Chair: Bill Rokos/Finance

Chair: Sandra Busch/Program

Conference Call: 922-4859

*Mission Statement: The mission of the Grand Traverse County Commission on Aging is to offer home and community based services to maintain and improve the quality of life for resident senior citizens.*

1. Pledge of Allegiance
2. Commission on Aging Mission Statement
3. Approval of Agenda
4. Approval of Minutes
  - A. June (2-6)
  - B. July Cancellation (7)
  - C. August Cancellation (8)
5. Introduction of new employees, Joan Markham, Homemaker Aide
6. Purpose of the Commission on Aging Board – Christine Maxbauer, County Commissioner

### PROGRAM/COMMUNITY RELATIONS

7. July Program Report (9-15)
8. Loan Closet (16-44)
9. Wait Lists (See Program Rpt. Page 14)

### EXECUTIVE/FINANCE

10. July Finance Report (45-50)
11. Governance Committee 10/5/16
12. Bylaws (51-58)
13. 2017 Board and Committee structure/meeting dates
14. Old Business
15. New Business
16. Public comment

Minutes available by contacting the Grand Traverse County Commission on Aging office by phone at (231) 922-4688 or by mail at the following address: 520 West Front Street Suite B, Traverse City MI. 49684. If you need auxiliary assistance under ADA, contact the Administrator at (231) 922-4780 or TDD (231) 922-4412.



**Committee of the Whole**  
**Committee Meeting**  
**~ Minutes ~**

**GRAND TRAVERSE COUNTY**  
**COMMISSION ON AGING**

520 W. FRONT STREET, SUITE B  
TRAVERSE CITY, MI 49684-2237  
(231) 922-4688 • FAX (231) 929-1645  
E-MAIL ADDRESS: gtcoa@grandtraverse.org  
HOMEPAGE: www.gtcoa.org

Tuesday, June 7, 2016

9:00 AM

GTCOA Meeting Room

**DRAFT: 6/07/16**

**APPROVED:**

**Call to Order**

Chair Harrand called the meeting to order at the Commission on Aging Meeting Room, 520 West Front Street, Traverse City, MI.

Attendee Name	Title	Status	Arrived
Rodetta Harrand	Chair	Present	
Sandra Busch	Vice Chair	Present	
Bill Rokos	Treasurer	Present	
Shirley Zerafa	Secretary	Present	
Christine Maxbauer	County Commissioner	Present	
Kory Hansen	Member	Excused	
Carl Kucera	Member	Present	
Michelle Mercer	Member	Present	
Carol Sullivan	Member	Present	
David Taylor	Member	Present	

**Staff Present:** Laura Green, Deputy Director  
Cyndie F., Office Specialist  
Jill C., Program Supervisor  
Emily R. Nursing Supervisor  
Bonnie S., Universal Aide

**Guests Present:** Alison Hill, Guardian Medical Monitoring

**Pledge of Allegiance**

Kucera lead members in the Pledge of Allegiance.

**Mission Statement**

Mercer read the Commission on Aging's Mission Statement.

**Approval of Agenda**

Zerafa requested the addition of Home Visits to the Agenda.

**Motion to approve the agenda as amended.**

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVED:</b>	Busch
<b>SECONDED:</b>	Taylor



<b>AYES:</b>	Busch, Harrand, Kucera, Maxbauer, Mercer, Rokos, Sullivan, Taylor, Zerafa
<b>NAYS:</b>	None

### **Approval of Minutes**

Busch asked about the Board meeting minutes, Staff relayed that they would be sent to the next board meeting.

### **Introduction of new employees**

Green welcomed and introduced Bonnie S., Universal Aide, and provided background information on Bonnie.

### **Staffing update**

Green updated members on staffing for UA (Universal Aide) and HMA (Homemaker Aide) and explained why HMA positions would continue. Harrand questioned what types of instances occur with recruits not passing their background check. Staff explained circumstances and that they are looking for honest answers to the questions from potential candidates.

### **BASA update**

Green relayed that it was a very successful event with over 1500 attendees. She relayed that GTCOA would use that Tiger theme again at the Northwest Michigan Fair. She relayed thanks to Gourdie Fraser for printing the backdrop.

### **Home Visits – addition to the Agenda**

Zerafa discussed how Board members had previously been asked to travel with staff on a visit to client homes to get a better idea of what GTCOA does, and asked for discussion on a requirement or suggestion for members to attend field staff visits. Assessments were discussed, and members were updated on the assessment process. Green relayed that the issue of home visits came up recently and that, upon advice from Administration, it was relayed that the Board should not attend home visits, due to liability issues. Rice suggested that perhaps with new technology it might be revisited.

## **PROGRAM/COMMUNITY RELATIONS**

### **Staff Recommendation/Medicine Dispenser demonstration**

Green updated members on the pilot done with one client, and pointed out the Staff Recommendation contained in the packet. Alison Hill of Guardian Medical Monitoring provided a comprehensive presentation on the workings of the unit under consideration. Jill C. and Emily R. relayed the process taken to arrive at that particular unit, and noted that the other company that bid did not meet the criteria. Allison, Jill and Emily fielded questions regarding security, ease of use, reports, types of medications, and clients away from home for extended periods.

The Supervisors reviewed details of the RFQ for units and management of prescriptions. Jill relayed if approved at 10, the program would likely be full. Members discussed more units available to more clients. Green stated that staff has discussed an up-to a certain number change for the next PERS (Personal Emergency Response System) Contract. Suggestion to start with 50 units and then increase as needed. Rokos asked about the cost, Jill relayed the cost would be approximately \$25,000, per year, for 50 units, and staff would change the Recommendation for presentation to the BOC.

**Motion to approve (Staff recommendation dated May 13, 2016, for) Medication Management Minder (MedMinder units from Guardian Medical Monitoring, with the following change): for 50 units, with increases as needed, based on client demand.**

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVED:</b>	Zerafa
<b>SECONDED:</b>	Maxbauer
<b>AYES:</b>	Busch, Harrand, Kucera, Maxbauer, Mercer, Rokos, Sullivan, Taylor, Zerafa
<b>NAYS:</b>	None

Rokos asked how the fees were determined, and if the members should also approve the fees to be charged for the service. Jill relayed that costs were based on the Foot Care fee schedule, and that staff also worked on fees for staff to provide the management of the medicines, if it were decided to provide that service at a later date.

**Motion to approve the Fee for Services schedule, as presented, to add the Medication Management Minder (MedMinder) units.**

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVED:</b>	Maxbauer
<b>SECONDED:</b>	Sullivan
<b>AYES:</b>	Busch, Harrand, Kucera, Maxbauer, Mercer, Rokos, Sullivan, Taylor, Zerafa
<b>NAYS:</b>	None

### **April Program Report**

Green reviewed the April Program report. She noted that the number of clients in transportation has almost doubled. Discussion on the GTCOA front desk clerk position, IT, and contracting the position. Green highlighted HC (Home Chore) clients, HMA (Homemaker Aide) and HHC/Respite (Home Health Care/Respite) wait lists and efforts to alleviate them. Zerafa discussed relaying information to townships about clients served; staff will work on providing the information.

### **New Brochure**

Green provided the new brochure to members, noting it was paid for by a generous donor. Discussion on the larger sized brochure, font, holders and envelopes. Zerafa asked where the brochures would be going. Green stated at the office and the Senior Center, she also said they could be sent out to the townships, and staff could order holders, if need be.

### **EXECUTIVE/FINANCE**

#### **Uniform Policy**

Harrand relayed that GTCOA has had uniforms for over 20 years. The County would like the Policy to go to the Board for approval. Explanation provided why GTCOA provides uniforms; safety, professional image and consistency, and MIOSHA requirements. Harrand suggested contacting a company for a discount.

#### **Motion to approve the dress code policy as presented.**

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVED:</b>	Sullivan
<b>SECONDED:</b>	Kucera
<b>AYES:</b>	Busch, Harrand, Kucera, Maxbauer, Mercer, Rokos, Sullivan, Taylor, Zerafa
<b>NAYS:</b>	None

#### **April Finance Reports**

Rokos relayed that he and Green reviewed the budget. He noted that \$237,000 was budgeted from fund balance and, most likely, none will be required. Rokos relayed that tax revenue came in \$80,000 more than budgeted, and remarked on other expense items and adjustments that will need to be made. Discussion on Defined Benefit/Contribution line items, Longevity, Paid Time Off, and the BOCs search for a new Finance director.

#### **Approval of the April Finance Report as presented.**

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVED:</b>	Harrand
<b>SECONDED:</b>	Sullivan
<b>AYES:</b>	Busch, Harrand, Kucera, Maxbauer, Mercer, Rokos, Sullivan, Taylor, Zerafa
<b>NAYS:</b>	None

#### **January-May Budget Adjustments**

Green reviewed the budget adjustments from January through May, noting they were basically administrative changes; some made by Finance without her involvement, Items noted were Overtime, copy machine, legal ads, and a

Manpower clerk. No motion required.

**Old Business**

None

**New Business**

None

**Public comment**

Commissioner Maxbauer discussed the County's discussions on Pension concerns and debt at length.

**Adjournment**

Meeting adjourned at 10:28 am

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CF/cf  
Rev





**Committee of the Whole  
Committee Meeting  
~ Minutes ~**

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Tuesday, July 5, 2016

9:00 AM

GTCOA Meeting Room

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## MEETING WAS CANCELLED

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Rev



RECYCLED PAPER



**Committee of the Whole  
Committee Meeting  
~ Minutes ~**

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Tuesday, August 2, 2016

9:00 AM

GTCOA Meeting Room

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## MEETING WAS CANCELLED

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Rev





# **PROGRAM REPORT**

## **In-Home Services**

### **2016**

#### **July**

Dated: 8/22/2016

Rev: \_\_\_\_\_

**Prepared by: CF**

Grand Traverse County  
In-Home Services  
Program Report  
2016

**DIRECT HOURS / UNITS OF SERVICE**

	HOURS					UNITS						
	Home-maker	Home Health	Home Chore	Respite	Foot Care	HC Vouch Sold	PERS	I&A	Sr. Asst.	Loan Closet	Transportation	Assessments
<b>JAN</b>	1,157	444	1,009	516	89	215	515	484	2	13	2,145	226
<b>FEB</b>	1,186	472	520	554	82	105	502	1,012	5	6	792	189
<b>MAR</b>	1,292	506	530	532	81	49	518	1,160	7	12	716	233
<b>APR</b>	1,231	490	725	573	90	437	533	1,179	8	28	856	228
<b>MAY</b>	1,170	389	809	667	98	416	527	1,156	12	22	898	149
<b>JUN</b>	1,213	398	875	725	71	124	540	1,219	9	4	796	261
<b>JUL</b>	1,082	361	567	671	84	85	541	1,199	2	26	1,087	230
<b>AUG</b>												
<b>SEPT</b>												
<b>OCT</b>												
<b>NOV</b>												
<b>DEC</b>												
<b>TOTALS</b>	<b>8,331</b>	<b>3,060</b>	<b>5,035</b>	<b>4,238</b>	<b>595</b>	<b>1,431</b>	<b>3,676</b>	<b>7,409</b>	<b>45</b>	<b>111</b>	<b>7,290</b>	<b>1,516</b>

▪ I&A Information and Assistance (includes Web Page inquiries & File of Life) ▪ Transportation = # of Coupons & BATA passes sold ▪ Loan closet = # of items loaned. Sr. Asst. includes BASA Assistance as of January 1st.

**Footnotes:**

July	HMA Short Staff: 1 Employee 1@.67 FTE. HHC/Respite Short Staff: 2 FTEs. All Staff: Holiday and Vacations.
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Grand Traverse County  
In-Home Services  
Program Report  
2016  
**CLIENTS SERVED**

	Home- maker	Home Health	Home Chore	Respite	Foot Care	HC Voucher	Sr. Assist.	Loan Closet	Trans- portation	I&A
<b>JAN</b>	584	73	400	72	133	54	2	12	155	484
<b>FEB</b>	563	75	383	72	110	21	5	8	81	1,012
<b>MAR</b>	569	78	318	68	121	15	7	12	43	1,160
<b>APR</b>	570	80	515	70	123	49	8	22	78	1,179
<b>MAY</b>	566	69	469	62	141	56	12	16	82	1,156
<b>JUN</b>	565	63	478	64	94	28	9	4	63	1,219
<b>JUL</b>	573	64	444	66	127	17	2	20	70	1,199
<b>AUG</b>										
<b>SEPT</b>										
<b>OCT</b>										
<b>NOV</b>										
<b>DEC</b>										

\* Transportation is BATA passes and Transportation Coupons.

Footnotes:

July	HMA Short Staff: 1 Employee, 1@.67 FTE. HHC/Respite Short Staff: 2 FTEs. All Programs Holiday and Vacations.
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Grand Traverse County  
In-Home Services  
Program Report  
2016

**CLIENTS SERVED - OTHER PROGRAMS**

	NMC BBQ	Baskets of Bounty	Area Agency Waiver	Northern Healthcare Waiver	AARP	
					Taxes	Safe Driving
JAN	0	0	22	2	0	0
FEB	0	0	23	3	107	0
MAR	0	0	23	2	123	0
APR	0	0	23	2	62	0
MAY	310	0	19	2	0	0
JUN	0	0	17	1	0	11
JUL	0	0	20	1	0	0
AUG						
SEPT						
OCT						
NOV						
DEC						
<b>TOTALS</b>	<b>310</b>	<b>0</b>	<b>147</b>	<b>13</b>	<b>292</b>	<b>11</b>

Grand Traverse County  
In-Home Services  
Program Report  
2016

**CLIENTS - UNDUPLICATED**  
YEAR TO DATE CLIENTS SERVED

	Home- maker	Home Health	Respite	Home Chore	PERS	Foot Care	HC Vouch	Sr. Asst.	Loan Closet	BATA	Transp.
<b>JAN</b>	584	73	45	400	564	133	54	2	12	49	106
<b>FEB</b>	22	7	2	16	7	88	7	4	8	22	28
<b>MAR</b>	7	4	0	26	28	27	7	7	9	11	16
<b>APR</b>	18	6	5	256	30	11	46	7	22	11	18
<b>MAY</b>	10	4	12	64	10	12	55	11	14	7	11
<b>JUN</b>	15	2	8	11	29	6	21	8	4	7	9
<b>JUL</b>	33	2	10	1	11	5	9	1	20	9	13
<b>AUG</b>											
<b>SEPT</b>											
<b>OCT</b>											
<b>NOV</b>											
<b>DEC</b>											
<b>TOTAL:</b>	<b>689</b>	<b>98</b>	<b>82</b>	<b>774</b>	<b>679</b>	<b>282</b>	<b>199</b>	<b>40</b>	<b>89</b>	<b>116</b>	<b>201</b>

**TOTAL UNDUPLICATED CLIENT COUNT = 1,574**

Average Client Pre-Screen Score: 19.79

▪ Unduplicated = Unique, individual clients

**Average Client Income:**

Two Person: \$2,532

One Person: \$1,594

Grand Traverse County  
In-Home Services  
Program Report  
2016  
**WAIT LISTS**

	HOME CHORE							
	Homemaker	Home Health	Lawn	Windows	Snow	Respite	Foot Care	PERS
<b>JAN</b>	57	5	0	0	0	9	0	0
<b>FEB</b>	63	2	0	0	0	14	0	0
<b>MAR</b>	74	7	67	0	10	13	0	0
<b>APR</b>	48	10	0	0	0	14	0	0
<b>MAY</b>	57	6	0	0	0	18	6	0
<b>JUN</b>	61	1	0	0	0	12	0	0
<b>JUL</b>	40	3	0	0	0	11	4	0
<b>AUG</b>								
<b>SEPT</b>								
<b>OCT</b>								
<b>NOV</b>								
<b>DEC</b>								

• Month end totals - NOT cumulative



Grand Traverse County  
In-Home Services  
**CLIENTS BY TOWNSHIP**  
**2016**

TOWNSHIP	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
ACME	34	37	38	41	43	43	45					
BLAIR	67	69	75	83	85	90	94					
CITY OF T.C.	284	304	315	334	347	361	373					
EAST BAY	102	104	111	124	131	135	137					
FIFE LAKE	26	24	24	27	27	27	27					
GARFIELD	443	458	473	507	531	539	551					
GRANT	21	21	21	21	21	22	22					
GREEN LAKE	57	60	61	77	78	78	79					
LONG LAKE	52	54	56	67	74	77	78					
MAYFIELD	14	14	14	15	16	17	17					
PARADISE	38	41	41	43	44	46	46					
PENINSULA	58	59	63	71	76	76	80					
UNION	2	2	2	2	2	2	2					
WHITEWATER	15	15	15	18	22	22	23					
<b>Total:</b>	<b>1213</b>	<b>1262</b>	<b>1309</b>	<b>1430</b>	<b>1497</b>	<b>1535</b>	<b>1574</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**\*Total = Total unduplicated clients YTD. Each month is also equal to the year total.**



## GRAND TRAVERSE COUNTY

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August 26, 2016

### MEMORANDUM

TO: Tom Menzel, Administrator  
Jennifer DeHaan, Deputy Administrator

FROM: Laura Green, Deputy Director

RE: Commission on Aging Update

CC: Rodetta Harrand, COA Chairwoman  
Wendy Trute, Health Officer  
Jodi Kelly, Deputy Health Officer  
Paula Sagala, Human Resources Consultant  
Aimee Carroll, Human Resources  
Jody Lundquist, Finance Director

The Memorandum dated August 24, 2016, asked the following questions:

*What are the requirements and best-practices for the oversight and supervision of the CNA staff? How is this currently being achieved?*

The In-Home Services CNA Team has an On-Call Nurse available during business hours for any issues or questions that need to be addressed.

The COA has a signed Nursing Administration Agreement contract with the Pavilions for an RN who trains their CNAs to conduct Supervisory visits in our client's home

The Licensed Practical Nurse on Staff (LPN) who does our Client's Footcare is working with our one client who has a medication management program utilizing the MedMinder.

The one legal mandatory certification requirement a CNA has to meet - occurs when a CNA is due for re-certification. Under the requirements of the Michigan Nurse Aide Registry, a CNA must have worked for pay under the supervision of a licensed registered nurse for at least eight consecutive hours within the immediate 24-month period prior to the current registry document date. Prometric information is attached.

*What are the requirements and best practices for the oversight and supervision of the MedMinder program? How are these currently being achieved? What policies and procedures have been established to ensure compliance and reduce the county's liability?*

The policies and procedures pertaining to the MedMinder program are attached as a separate document for your review. We are not putting the medications in the machine. We are only providing the machine at a discounted rate to our clients based on the sliding fee scale.

A certified technician from Guardian installs the machine and sets everything up with the client and their family in the client's home. This includes programming on the company website for the unit to function properly.

This is the same specialist who has installed the PERS units from Guardians through our program for years. The MedMinder program has not started yet. Other than the single Pilot unit, no other units are in the field through the COA.

The PERS unit through Guardian has been offered since 1991 without incident. The contract was approved by County legal counsel prior to being signed.

The County insurance policies cover the Commission on Aging in regards to any liability issues for all of our programs.

- 1) We checked the inventory August 16, 2016 and the list is attached.  
This is the current inventory as of August 26, 2016.
- 2) The inventory was confirmed in July on the 19<sup>th</sup>, 2016.  
The list is also attached.
- 3) How was the status of the equipment loaned out from the COA Loan Closet verified?

New equipment comes straight out of the boxes and we assemble ourselves.

In checking our records, since January of 2016, not one individual who donated a piece of medical equipment requested a donation receipt for tax purposes.

We have not received one client complaint regarding the changes with the loan closet. In fact quite the opposite, the callers have been very pleased when we have referred them to other locations where they can receive the equipment for free.



*What accounts were prior revenues deposited into during 2016 from the scrapping of equipment in 2016. Please provide documentation*

Attached is one deposit from Rifkin for scrap 1/8/16 for \$16.20

There is one Fixed Asset Disposal Request for the 2003 GMC ¾ Truck with Plow signed by Tom Menzel

The following policies are attached none of which the COA staff violated in donating the used medical items to the Church. Each item's value is below the monetary threshold stated in each policy. This verification was provided by the independent Vendor Airway Oxygen.

- a. County Fixed Asset Disposal Policy
- b. Fixed Asset Capitalization Policy
- c. COA Asset Disposal Policy
- d. COA Inventory Policy
- e. COA Donations Policy
- f. COA Information & Assistance Resources Policy

Thank you



# Memorandum

Grand Traverse County  
County Administration  
400 Boardman Avenue  
Traverse City, Michigan 49684  
(231) 922-4780 Fax (231) 922-4636

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**TO:** Commission on Aging Board Members  
Laura Green, Deputy Director

**FROM:** Tom Menzel, Administrator *Tom Menzel*  
Jennifer DeHaan, Deputy Administrator

**DATE:** August 24, 2016

**SUBJECT:** Commission on Aging Update

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Last week, County Administration met with the Deputy Director to discuss the formation of the Quality Assessment Panel (QAP) and a memo was distributed to COA Board Members explaining the rationale for its formation. During that week, County Administrator, Tom Menzel, also discussed the formation of the QAP during the August COA Board Meeting.

As a result of these communications and subsequent questions and concerns communicated by the Deputy Director, County Administration wanted to ensure that the COA Board understood the rationale for the formation of this panel.

The creation of the Quality Assessment Panel is to ensure that the COA is operating utilizing best-practices that will ensure the highest-quality services to the clients of COA.

This effort is similar to the other efforts being undertaken at the County to review operations and draws upon the expertise and knowledge that is available within the County's resources. Specifically, the formation of this group is intended to address a number of issues that have been brought up over the past several months which include:

- Reorganization plan was not completed as requested in November 2015
- Staff lobbying COA Board members for salary increases
- Recommendation to spin-off COA to an independent Authority
- Recommendation to relocate the COA to the Public Services building
- Review the licensure and supervision process of CNA staff to ensure compliance with all laws, regulations, and best-practices.
- Concerns over supervision of the MedMinder program and a request from County Administration for the COA Policies and Procedures for the program, which have not been received.

In light of the above stated issues, and the additional issue of the closure of the Loan Closet and the potential disposal of County Property, which was identified during the COA August Board meeting, County Administration continues to affirm that the creation of the Quality Assessment Panel is necessary and essential. This panel will provide an evaluation of the department that will ensure the highest quality services to the COA Clients.

As stated in the August 15<sup>th</sup> memo, the QAP is intended to:

- Complete the COA reorganization plan as directed by the County Administrator in 2015.
- Review the licensure and supervision process for existing Certified Nursing Aides and ensure compliance with all laws, regulations, and other standards.
- Evaluate the feasibility of "spinning-off" the COA as its own entity and/or relocating the COA to the Department of Public Works building; both efforts were suggested by the Deputy Director earlier this year.
- Review opportunities to partner with existing public health services provided by the Health Department to provide a continuum of care for individuals being served by the COA.
- Review issues of high-turnover at the COA.
- Review ways in which the COA can enhance services by reducing any back-log that exists.
- Review the existing/proposed job description for the Nursing Supervisor to ensure that it is comparable to other similar positions within the organization.

In addition, County Administration is requesting the following information regarding management and supervision of the CNA staff and the MedMinder program as well as the closure of the COA Loan Closet and the disposal of County property. While County Administration received a memo from the Deputy Director on August 23<sup>rd</sup> in regards to the COA Loan Closet, the response did not affirm that County policies were followed or provide any proof that the County assets were not destroyed.

As a result, the following information is being requested from the Deputy Director in order to assess compliance with the requirements and best practices for oversight and supervision of the CNA's, oversight and supervision of the MedMinder Program, and management and disposal of county assets?

- What are the requirements and best-practices for the oversight and supervision of the CNA staff? How is this currently being achieved?
- What are the requirements and best-practices for the oversight and supervision of the MedMinder program? How are these currently being achieved? What policies and procedures have been established to ensure compliance and reduce the County's potential liability?
- When was the last inventory completed of the COA Loan Closet? Please provide documentation.
- What is the current inventory of the COA Loan Closet? Please provide documentation.
- What equipment was loaned out of the COA Loan Closet? Please provide documentation.
- How was the status of the equipment loaned out from the COA Loan Closet verified? Please provide documentation.



- What accounts were prior revenues deposited into during 2016 from the "scrapping" of equipment from the COA Loan Closet in 2016? Please provide documentation.

**A response to the above stated questions is requested to be provided by the Deputy Director no later than 8/26/2016.**

The purpose of this communication is to ensure that the COA Board members understand the intent of the creation of the Quality Assessment Panel and that it is necessary and essential to ensuring that the clients of the COA are receiving the best care available under the proper supervision and management.

Should you have any questions or wish to discuss further, please contact us.

c: Paula Sagala, HR Consultant  
Aimee Carroll, Human Resources  
Jody Lundquist, Finance Director

R E S O L U T I O N

County Fixed Asset Disposal Policy

WHEREAS, The County Financial Task Force has received recommendations from the Director of Finance, and has reviewed these recommendations; and,

WHEREAS, The County Financial Task Force recommends that County Board Approval is required for the disposal of county fixed assets, with the exception of the following agencies which maintain separate general ledger accounting records: Mental Health, Social Services, Medical Care Facility and the County Road Commission. These exempt agencies will have approval to dispose of fixed assets from their appropriate governing boards.

WHEREAS, The County Financial Task Force recommends that county fixed assets with a value up to \$5,000 may be disposed of upon the approval of the County Administrator, and fixed assets valued at over \$5,000 require County Board of Commissioners approval in order to be disposed. All disposal requires a County Fixed Asset Disposal Request form to be filled out and filed with the Accounting Department of Grand Traverse County.

WHEREAS, The Financial Task Force believes that the disposal of county fixed assets should be by trade-in, the annual auction, or by competitive bid under the direction of the County Administrator; and,

WHEREAS, The Ways & Means Committee has reviewed the recommendations of the Financial Task Force and concurs with same,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT, The County Fixed Asset Disposal Policy be adopted as recommended. This policy to be effective July 1, 1993.

Dated: June 30, 1993

R E S O L U T I O N

Fixed Asset Capitalization Policy

WHEREAS, The County Financial Task Force has received a recommendation from the Director of Finance to establish a Fixed Asset Capitalization Policy; and,

WHEREAS, The County Financial Task Force has reviewed this recommendation that fixed assets with a minimum value of \$250 will be capitalized and shown as assets of the County in its accounting records. Fixed assets with a value of less than \$250 will not be shown as assets, but will be expensed when purchased; and,

WHEREAS, The County Financial Task Force recommends a County Fixed Asset Capitalization Policy; and,

WHEREAS, The Ways & Means Committee has reviewed the recommendation of the Financial Task Force and concurs with same,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT, The County Fixed Asset Capitalization Policy will require that fixed assets with a value in excess of \$250 will be capitalized, and fixed assets with a value of less than \$250 will be expensed when purchased. Fixed assets include Land and Improvements, Building and Improvements, Machinery and Equipment. This policy to be effective July 1, 1993.

Dated: June 30, 1993

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
POLICY**

**POLICY: ASSET DISPOSAL POLICY**

**DATE:** October 19, 2010

**REVISED:** May 19, 2015

**POLICY DESCRIPTION:**

This policy sets standards for the discarding/sale of all equipment as scrap material. Scrap material can consist of items such as; walkers, wheel chairs, lawnmower blades, sharpening stones, lawn maintenance and snow removal equipment, vacuum cleaners, and all other items with a value of \$50 or more.

1. All scrap material will be disposed of at a pre-approved (by Director) scrap site (Rifkin only).
2. Home Chore or Homemaker Aide staff will drop off the equipment and return the internal scrap form to the Deputy Director.
3. A mechanic from the approved Equipment Repair and Maintenance contractor or the vacuum repair company (Home Chore and Homemaker Aide), will evaluate equipment to determine if it/they should be scrapped or repaired. If it is recommended that the equipment be scrapped, a written recommendation, on the estimate, stating "Do Not Repair" must be obtained, forwarded to and approved by the Director.
4. Staff will complete a scrap form (K:\commage\forms\scrap drop off form) listing all items being scrapped, attached #2 above, and forward to their supervisor. (copy below)
5. The supervisor will write down the account that the revenue will be deposited in and forward to the Deputy Director for review. The Deputy Director will then forward the scrap form to the Director for approval.
6. The Deputy Director will forward the scrap form to the Office Clerk(s) to hold for receipting of check, once received.
7. Payment (in the form of a check) from the scrap company should be mailed directly to Commission on Aging.
8. Once the check is received, the office clerk will deposit the revenue into the appropriate account and the scrap form will be filed in the appropriate location.
9. In the event, that a check is not received after one month, the Clerk will notify the Director immediately. The Director will contact the scrap company to identify the reason for lack of payment.

March 19, 2015

## SCRAP DROP-OFF SITE REPORTING FORM (RIFKIN)

Date	Quantity	Type of Scrap Material (walkers/mower blades/grind stones)	Employee's Name

TURN IN TO THE DEPUTY DIRECTOR

Revenue Account Number: \_\_\_\_\_  
Deputy Director's Approval: \_\_\_\_\_  
Date: \_\_\_\_\_

Date taken to RIFKIN \_\_\_\_\_  
Delivered by: \_\_\_\_\_

Attach documentation from RIFKIN



## Change Record

Policy requires approval by:   X   COA Director;      COA Board;      HR;      BOC

Revised Date	Description of Change	Change Requested By	Change Reviewed By	Reviewed Date	Change Revised By
10/19/2010	New Policy		Dean Bott	10/26/2010	
10/26/2010	Added Quantity column to Scrap form	Dean Bott			JLC
10/26/2010	Added the word "to" to line number 6	Dean Bott			JLC
6/26/13	Requires Updating				
5/19/15	Updated – Changed from Scrap Materials to Asset Disposal & directed authority to Deputy Director from Program Supervisor. Replacing previous Asset Disposal and Scrap Materials policies.	Dean Bott & Georgia Durga	Dean Bott & Bob Cooney	5/12/15	LMG

K:\COMIMAGE\Policies\CURRENT COA POLICIES\Asset Disposal.doc

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
POLICY**

**POLICY: INVENTORY POLICY**

**DATE:** October 19, 2010

**REVISED:** December 8, 2014

**POLICY DESCRIPTION:**

This policy sets standards for inventory management. Record keeping and conducting regular inventory review of Commission on Aging assets is the responsibility of the Deputy Directors. This process is imperative in assuring assets are retained and maintained in proper working order.

- All fixed assets, valued at \$100 or more, acquired (purchased or donated) by the Commission on Aging will be recorded as assets on the GTCOA Inventory List.
- All these items will be labeled with metal "tags" that are sequentially numbered. Each item labeled will also be logged on the Inventory List.
- Inventory review will be conducted by the Deputy Directors once annually (January), using the Inventory List, to assure assets are retained and maintained in good working order.
- Any item that is broken or unable to be repaired, should be disposed of as described in the Asset/Scrap Disposal Policy. Anything being scrapped and having a value of \$5,000 or more must have Director and County Administrator approval using the County Fixed Asset Disposal Request form.
- The Director shall be informed of any items not located during the Inventory process and provided with an explanation of why the item is missing. Assets disposed of without proper approvals may result in disciplinary action.

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
POLICY**

**POLICY: ASSET DISPOSAL POLICY**

**DATE:** October 19, 2010

**REVISED:** May 19, 2015

**POLICY DESCRIPTION:**

This policy sets standards for the discarding/sale of all equipment as scrap material. Scrap material can consist of items such as; walkers, wheel chairs, lawnmower blades, sharpening stones, lawn maintenance and snow removal equipment, vacuum cleaners, and all other items with a value of \$50 or more.

1. All scrap material will be disposed of at a pre-approved (by Director) scrap site (Rifkin only).
2. Home Chore or Homemaker Aide staff will drop off the equipment and return the internal scrap form to the Deputy Director.
3. A mechanic from the approved Equipment Repair and Maintenance contractor or the vacuum repair company (Home Chore and Homemaker Aide), will evaluate equipment to determine if it/they should be scrapped or repaired. If it is recommended that the equipment be scrapped, a written recommendation, on the estimate, stating "Do Not Repair" must be obtained, forwarded to and approved by the Director.
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March 19, 2015

## SCRAP DROP-OFF SITE REPORTING FORM (RIFKIN)

Date	Quantity	Type of Scrap Material (walkers/mower blades/grind stones)	Employee's Name

TURN IN TO THE DEPUTY DIRECTOR

Revenue Account Number: \_\_\_\_\_  
Deputy Director's Approval: \_\_\_\_\_  
Date: \_\_\_\_\_

Date taken to RIFKIN \_\_\_\_\_  
Delivered by: \_\_\_\_\_

Attach documentation from RIFKIN

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
POLICY**

**POLICY:**     **DONATIONS**

**DATE:**       February 7, 2008

**REVISED:**   February 8, 2010  
                  January 11, 2013  
                  June 26, 2013

**POLICY DESCRIPTION:**

This policy has been prepared to set standards for donations received by the Grand Traverse County Commission on Aging.

- A. Donations, made to the Commission on Aging, of \$10,000, or more, must be accepted by the County Board of Commissioners. The GTCOA Board shall also be informed through the Finance Committee. A year-end report of all donations will be provided to the County Board of Commissioners annually.
- B. Donations, made to the Commission on Aging, of \$ 5,000 to \$9,999 must be accepted by the GTCOA Board through the Finance Committee.
- C. Any donation of \$500, or more, received by the Grand Traverse County Commission on Aging or the Commission on Aging Endowment Fund shall be handled in the following way:
  - 1. The Director or Deputy Director is to be notified immediately of donations \$500.00 and over. If possible, the Director would ask to meet the donor. If the director is out of the building, contact her/him via telephone. This is to assure proper use of donor funds.
  - 2. Staff shall obtain the following information from the donor:
    - a. Donor's Name
    - b. Donor's Telephone number
    - c. Donor's Address
    - d. If Donation is for specific purpose – this should be noted in memo section of check.
    - e. Attach the above information to the check and place it in the safe in a sealed, labeled envelope.
    - f. E-Mail the director to inform her/him that a donation is in the safe. Include information above (a., b., c.) in your email.
    - g. Advise the Donor that the director may be contacting them to get additional information. Give her/him the director's card.

K:\COMIMAGE\Policies\CURRENT COA POLICIES\Donations.doc



**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
POLICY**

**POLICY:**     **INFORMATION & ASSISTANCE RESOURCES**

**DATE:**       February 2, 1999

**REVISED:**    August 11, 2004, March 1, 2013, June 26, 2013

**POLICY DESCRIPTION:**

One role of the Commission on Aging is to distribute information and make referrals as needed and requested by older adults.

1.     In order to assure safety and ease of use for the older adults contacting the Commission, the following criteria will be used for inclusion of individuals/organizations on the Commission on Aging referral list:
  - A.     Licensing and/or certification for a given field of service if required
  - B.     Proof of Professional insurance
  - C.     Two letters of professional reference for new listings
  
2.     The following may be included in the Commission on Aging Information & Referral files:
  - A.     Non-profit organizations and government agencies providing a community service
  - B.     Organizations, such as churches and social clubs, that offer a service to the community at large, not just their members
  - C.     Self-help support groups
  - D.     Elected representatives
  - E.     Hospitals, health clinics, personal and intermediate care homes and home health agencies
  - F.     Professional organizations related to community service
  - G.     Community service advocacy groups
  - H.     Local businesses that meet I&A criteria stated above
  
3.     The Commission on Aging may use one or more of the following to validate an organization or individual's credentials:
  - A.     Site visit or face-to-face interview.
  - B.     References from clients or affiliated professionals.
  - C.     Consultation with others in the same field of service or geographic area.
  - D.     Local law enforcement and/or consumer complaint agencies.

K:\COMMA\G\ Policies\CURRENT COA POLICIES\I&A.doc

4. The following will not be included in the Commission on Aging Information & Referral files:
  - A. Agencies or organizations that deny service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law.
  - B. Agencies or organizations that offer or provide services which are unlawful under any cognizant federal, state or local statute, ordinance, regulation or order.
  - C. Agencies or organizations that misrepresent, by omission, pertinent facts regarding their services, organizational structure or any other pertinent matter, in any way.
  - D. Agencies or organizations who have been convicted of a crime against seniors citizens, or who have one or more employees who have been convicted of a crime against senior citizens, when those employees may be used to provide services to older adults.

The Commission on Aging reserves the right to refuse to include any agency and or organization in its resource file that does not meet the mission of the Commission.

The disclaimer below will be used on all material forwarded to the public:

Disclaimer

The Grand Traverse County Commission on Aging will not knowingly include incorrect information in any items forwarded to the public. The Commission makes no warranty or representation relative to accuracy of any individual item or items, whatsoever. Further, the Commission on Aging expressly disclaims all warranties of merchantability and/or fitness for a particular purpose, to the extent allowed by law. The Commission on Aging further disclaims any and all liability or responsibility for the loss of time, inconvenience, commercial loss or consequential damages of any sort.

The listing of an organization/agency in this resource packet does not constitute an endorsement by real services/the Commission on Aging, nor does the omission of an agency/organization constitute disapproval.

The Commission on Aging cannot guarantee any services, programs or providers.

# SCRAP DROP-OFF SITE REPORTING FORM (RIFKIN)

Date	Quantity	Type of Scrap Material (walkers/mower blades/grind stones)	Employee's Name
01/08/16		Donated walkers, canes,	
		Bath benches, wheelchairs	
		Items received for loan	
		closet.	
		Nothing a fixed asset.	

## RETURN TO THE DEPUTY DIRECTOR

Revenue Account Number: 297-717-673.00

Deputy Director's Approval: [Signature]

Date: 1/8/16

Date taken to RIFKIN 1/8/16

Delivered by: Home Chore Crew

Attach documentation from RIFKIN

GT County Commission on Aging  
400 Boardman Avenue  
Traverse City, MI 49684  
231-922-4688

Date 1/08/2016  
Received of RIFKIN SCRAP IRON & METAL  
Notes LOAN CLOSET BROKEN/UNREPAIRABLE EQUIPMENT

Receipt Number 14750

Cash Amount  
Check Amount 16.20 Credit N  
Check/Doc# 135665

Description	Amount
FXDASSET SALE IA 297-717-67300	16.20
=====	
/TREDMAN Total	16.20



VOID AFTER 90 DAYS  
Traverse City Division

2762 Cass Rd.  
Traverse City, MI 49684  
231 / 946-3499

JP Morgan Chase Bank, N.A.  
Detroit, MI

9-32/720

135665

NUMBER	DATE	AMOUNT
135665	01/08/2016	*****16.20

PAY EXACTLY \*\*\*\*\*16 DOLLARS AND 20 CENTS

PAY TO THE ORDER OF

GRAND TRAVERSE COMMISSION ON A  
520 FRONT ST STE B  
TRAVERSE CITY, MI 49684

⑈ 135665 ⑈ ⑆ 072000326 ⑆ 777625872 ⑈



# FIXED ASSET DISPOSAL REQUEST

DATE: 02/22/16 DEPARTMENT NAME: COMMISSION ON Aging  
 DESCRIPTION OF ASSET: 2002 GMC 3/4 TRUCK W/ PLW  
 SERIAL NUMBER: VIN# 1GTHK241103E147381  
 TAG NUMBER: NA

REASON FOR DISPOSAL REQUEST: NO LONGER USING. TRUCK IN POOR SHAPE  
VERY RUSTY. MILEAGE 112,932  
 DATE PURCHASED: 9/3/2002

COST OF ITEM WHEN PURCHASED: \$22,902.00  
 CURRENT CONDITION OF ITEM: POOR pictures attached

**DISPOSAL RECOMMENDATION:** sell on MTRN Kelly Blue Book value  
17,499  
net min. bid  
 TRADE IN \_\_\_\_\_ SCRAP \_\_\_\_\_  
 DEPARTMENT HEAD APPROVAL: Clare Sherr

## DISPOSAL APPROVAL:

COUNTY ADMINISTRATOR: [Signature] DATE: 2-26-16  
 COUNTY BOARD (ITEMS OVER \$5000.00 VALUE) \_\_\_\_\_

DATE: \_\_\_\_\_

## DISPOSAL METHOD:

TRADE IN AMOUNT \$ \_\_\_\_\_ ITEM TRADED IN ON: \_\_\_\_\_

SALE AMOUNT \$ \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT # \_\_\_\_\_

SCRAP \_\_\_\_\_

SURPLUS \_\_\_\_\_ STORED AT: \_\_\_\_\_

SALVAGE \_\_\_\_\_ GIVEN TO: \_\_\_\_\_



**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
PROCEDURES**

**PROCEDURE NAME:**      **Med Minder Activity Log**

**STAFF:**                      Program Supervisor

**DATE:**                        August 1, 2016

**REVISED DATE:**

**PROCEDURE DESCRIPTION:**

When a client uses a Med Minder unit, Guardian Medical Monitoring will e-mail the caregiver an activity report advising the caregiver of the call, date, time, and what was needed. The Commission on Aging will not be handling any of these activities or act as the caregiver at this time except for our study client in which the Program Supervisor receives the emails. When the Program Supervisor receives the email, she notifies the LPN of the need.

K:\COMIMAGE\Procedures\Program Supervisor\Med Minder Activity Log.doc

GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
PROCEDURES

**PROCEDURE NAME:** MedMinder Data Entry – Entering monthly Charges

**STAFF:** Program Supervisor

**DATE:** August 1, 2016

**REVISED DATE:**

**PROCEDURE DESCRIPTION:**

1. Once a month, a bill will be received from the Contractor (currently Guardian Medical Monitoring).
2. From the client household, check to see if each client is active for the MedMinder Unit.
3. E-Mail contact persons(s) at Guardian Medical Monitoring with any discrepancies/questions. After reviewing discrepancies with Guardian and invoice is verified incorrect, advise your contact person to send a corrected invoice if needed. We are not allowed to make changes to any invoices. If invoice is correct, forward to office specialist for payments.
4. To charge MedMinder to client accounts, follow these steps:
  - a. Go to the main client database
  - b. Add/review/service assessments
  - c. Add new service records
  - d. Type in the last name of the client and choose the correct client
  - e. Pick a date for the service (within that month) and enter
  - f. Program Code = Med\_Unit
  - g. Tab to program worker = program supervisor
  - h. Service units = 1
  - i. Crew units = 1
  - j. Tab to Save and click on the button.
  - k. Repeat b – j for each client.

GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
PROCEDURES

PROCEDURE NAME: MedMinder Contractor Equipment Forms for Returns

STAFF: Program Supervisor

DATE: August 1, 2016

REVISED DATE:

PROCEDURE DESCRIPTION:

If you are in need of additional Equipment Return Forms, FED EX Ground Shipping Labels, or boxes, e-mail your contact person at Guardian Medical Monitoring advising what you need and they will send it to our office. Current contact information is Marion (MDAgostin@guardianmedicalmonitoring.com).

K:\COMMAGE\Procedures\Program Supervisor\MedMinder Forms.doc

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
PROCEDURES**

**PROCEDURE NAME:**      **MedMinder New Service Requests**

**STAFF:**                      Program Supervisor

**DATE:**                        August 1, 2016

**REVISED DATE:**

**PROCEDURE DESCRIPTION:**

Currently the GTCOA will do the MedMinder program through Guardian Medical Monitoring. Arrangements need to be made for clients on our waiting list for MedMinder to receive a MedMinder unit. There are spreadsheets created to aid with this process located in k:\commage\waitlist file and the k:\commage\MedMinder – spreadsheets. Client information can be cut and pasted from one to the other.

1. Open the Wait List Master spreadsheet located in Commage\Waiting Lists\Master – choose the worksheet MedMinder.
2. Clients are removed from the wait list based on the length that they have stayed on. Longest to shortest.
3. Determine which client/clients will be next to receive a MedMinder unit. Call them to confirm they are still interested in receiving a MedMiner unit.
4. Cut and paste their information from the wait list to the MedMiner spreadsheet page “Request Form” – remove any extra information in which the contractor will not need.
5. Copy the information from the MedMinder spreadsheet into an email to the contacts at Guardian requesting new service for them.
6. After the email requesting new service is sent to Guardian, move this information to the “Requests Sent to Guardian” page
7. Guardian will send the Program Supervisor a daily activation sheet that tells which clients have had the MedMinder unit installed.
8. Once installed, transfer their information to the MedMinder spreadsheet page “MASTER INSTALLTION LIST” and note the date the unit was installed.
9. Update the client database with the install date. If he/she is a new client, see new client procedure (K:\COMMAGE\PROCEDURES\OFFICE\NEW CLIENT).



**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
PROCEDURES**

**PROCEDURE NAME:**      **MedMinder Unit Returns**

**STAFF:**                      Program Supervisor

**DATE:**                        August 1, 2016

**REVISED DATE:**

**PROCEDURE DESCRIPTION:**

When a unit is returned to the GTCOA office, follow these steps:

Upon receiving the yellow Guardian slip from the clerk(s), follow these steps:

1.      Go into the client database to update the client's information as follows:
  - a.    Go into Client Households
  - b.    Search for the correct client
  - c.    Go into the client's personal information
  - d.    Uncheck the client for being MedMinder active
  - e.    Under the notes section indicate that the MedMinder Unit was returned and the date.
2.      Do not uncheck a MedMinder Client from being active until the unit is returned to the GTCOA office or if you have heard from Guardian that they have received the unit back directly to them.
3.      Email contacts at Guardian. Include:
  - a.    Client name, unit #, and reason for return
4.      Place the yellow copy of the Equipment Return Form on the file room door in the appropriate box: Inactive (no longer receiving any services) or Active (only cancelled MedMinder but still receiving other services).

K:\COMMAGE\Procedures\Program Supervisor\MedMinder Unit Returns.doc

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
BOARD ORIENTATION**

**POLICY:     PROGRAM ELIGIBILITY CRITERIA**

**DATE:       November 1, 1993**

**REVISED:    January 4, 2013, June 26, 2013**

**POLICY DESCRIPTION:**

1.     To be eligible for Commission on Aging services, a person must meet the following criteria:
  - A.     60 years of age or older
  - B.     A resident of Grand Traverse County
  - C.     Clients must be willing to pay for services (charges based on a sliding fee scale).
2.     Home health care and foot care clients must be homebound as defined by Medicare.
3.     Respite clients must have a diagnosis that prevents them from being left home alone (e.g. Alzheimer's Disease).
4.     To qualify for homemaker aide or home chore services, there cannot be anyone living in the household under the age of 60 unless they have a physical or mental disability for which they receive SSI or SSD. In the absence of that proof, a letter from a doctor stating the existence of a physical or mental disability may be accepted, at the discretion of the deputy director.
5.     Services are restricted to the primary home or apartment. Chore services are restricted to the client's main home or apartment, and to one acre of property. Rental properties, vacation homes, and vacant homes owned by the client will not be serviced.
6.     If a client has renters living with them in the same house, the renter's age is not considered a factor in eligibility. COA staff will not provide housecleaning services to shared areas of the home, but will clean the client's individual space. The income from the rent shall be included in the total household income.
7.     If clients are placed in long term care, a physician's letter will be required to continue Commission on Aging services or hold a spot in the program. The letter must indicate the date the client will be returning home. If the client will not be returning home, after 30 days, all Commission on Aging services will be discontinued.

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### *Appeals process*

Our goal is to provide a quality test and a pleasant testing experience for every candidate. If you are dissatisfied with either and believe we can correct the problem, we would like to hear from you. We provide an opportunity for general comments at the end of your test. Our personnel will review your comments, but you will not receive a direct response.

If you are requesting a response about test content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal in writing within 60 days of your test date. Your appeal letter must provide your name and Prometric ID number, the test title, the date you tested and the details of your concern, including all relevant facts. Be sure to include your signature and return address. Mail your appeal letter to:

Prometric  
ATTN: Appeals Committee  
7941 Corporate Dr.  
Nottingham, MD 21236

The Appeals Committee will review your concern and send you a written response with acknowledgement of receipt within 10 business days.

 **Important** Faxed or emailed appeals will not be accepted because an original signature is required.

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### *Certified Nurse Aide Registry*

After you successfully pass the Competency Evaluation Program — both the Clinical Skills Test and the Knowledge Test — you will receive a Registry document and be placed on the Michigan Nurse Aide Registry. Your Nurse Aide Registry document is valid for two years from the time of issue. An expiration date will appear on the document.

To request a duplicate Michigan Registry Certificate Document, complete the Request for Materials form located online at [www.prometric.com/NurseAide/MI](http://www.prometric.com/NurseAide/MI). Mail the form with a \$20 money order made payable to Prometric to the address listed on the form. Checks will not be accepted.

#### **Registry verification**

Before an individual can be hired as a nurse aide, the employer must contact the Registry and verify that the person has met the competency evaluation requirements and that the individual is in good standing on the Registry. Verification can be done online at [www.prometric.com/NurseAide/MI](http://www.prometric.com/NurseAide/MI) or by calling 800.748.0252.

Nurse aides with findings of resident abuse, neglect, and/or misappropriation of resident property will remain on the Registry with the findings placed in their record. This information will be disclosed to the health facilities that call to verify a person's standing. Findings placed on the Registry are permanent and will be removed only when:

- The findings have been made in error;
- An individual has been found not guilty in a court of law; or
- The state is informed of a registrant's death.

A nurse aide under investigation for resident abuse, neglect and/or misappropriation of resident property is given a hearing and has an opportunity to rebut findings in the Registry. Only validated findings are placed on the Registry. This is public information.

**Moving out of state.** If you are a nurse aide moving from Michigan to another state, you must contact the Registry of that state to see if your CNA status can be transferred to that state as requirements vary from state to state. If the new state requires verification of your Michigan Registry information, the state must send the necessary paperwork requesting this information to Prometric.

### **Renewal eligibility**

You are eligible for renewal if you have worked as a Certified Nurse Aide (CNA) for pay for at least eight consecutive hours within the immediate 24-month period prior to your current Registry document expiration date.

You must have been performing nursing or nursing-related services for pay under the supervision of a licensed registered nurse. This experience must be verifiable by an R.N. who has directly supervised you performing nursing or nursing related services.

Nurse aides that are flagged on the Registry for resident abuse, neglect, or misappropriation of property are not eligible for renewal.

### **Renewing the Registry document**

Approximately 45 to 60 days prior to the expiration of the Registry document, a renewal notification will be mailed to you. The notice will go to your home address currently listed on the Registry. You are then required to go to the website at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) and print off a registry renewal application. Applications must be completed and returned to Prometric with the required Registry document renewal fee and requested supporting documentation.

It is your responsibility to keep your information correct and current with the Michigan Nurse Aide Registry. You may update your address in the Registry by calling 800.752.4724. There is no charge for correcting this information.



**Note** If you have not received a renewal notification letter within 30 days prior to the expiration date, please obtain a Registry Renewal form online at [www.prometric.com/NurseAide/MI](http://www.prometric.com/NurseAide/MI) or by calling Prometric at 800.752.4724.

### **Completing the Registry Renewal form**

Your renewal form must be signed and verified by the licensed Registered Nurse supervising your duties.

A letter, written on the employer's letterhead, documenting the current or former employment with the facility/agency as a nurse aide, must accompany all renewal forms. The Director of Nursing, Facility Administrator or Staff Development Coordinator must sign it. Human Resource personnel signatures are not acceptable.

If you are not currently working as a nurse aide, you will be recertified for two years beginning from the last day you worked as a nurse aide for an approved nurse aide employer. A letter from the employer verifying your last date of qualifying employment is required.

**Renewal fees.** The renewal fee is \$20. This is a nonrefundable processing fee. You will not get your money back if you are not eligible for renewal. If you have any

questions as to whether or not you are eligible, you should resolve this issue before submitting your form.



**Important** It is your responsibility to renew your Registry document prior to its expiration date. If your Registry document expires, you will be required to retrain and retest. There is no grace period for an expired Registry document. There are no exceptions.



Run Date 08/09/2016

GRAND TRAVERSE COUNTY  
TRIAL BALANCEPeriod End Date 07/31/2016 PAGE 1  
ACR099

DEBIT

CREDIT

DEBIT

CREDIT

## FUND 297 G. T. COUNTY COMMISSION ON AGING

ASSETS	001.00	CASH	2,811,730.14	.00		
	018.00	IMPREST CASH	100.00	.00		
LIABILITIES	201.00	VOUCHERS PAYABLE	.00	14,998.00		
	389.11	F. BAL. RES. - CAPITAL OUTLAY	.00	147,000.00		
	390.00	FUND BALANCE	.00	1,380,554.51		
	391.00	F. BALANCE-RES/REST. CONTR.	.00	87,768.80		
REVENUES	400.00	REVENUE CONTROL	.00	2,427,210.23		
EXPENDITURES	700.00	EXPENDITURE CONTROL	1,245,701.40	.00		
					4,057,531.54	4,057,531.54
					4,057,531.54	4,057,531.54

Run Date 08/09/2016

GRAND TRAVERSE COUNTY  
TRIAL BALANCE

Period End Date 07/31/2016 PAGE 1  
ACR099

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FUND 297 G. T. COUNTY COMMISSION ON AGING

ASSETS	001.00	CASH	2,811,730.14	.00		
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REVENUES	400.00	REVENUE CONTROL	.00	2,427,210.23		
EXPENDITURES	700.00	EXPENDITURE CONTROL	1,245,701.40	.00		
					4,057,531.54	4,057,531.54
					4,057,531.54	4,057,531.54

RUN DATE: 8/09/16

GRAND TRAVERSE COUNTY  
LINE ITEMS AS OF 07/31/2016

PAGE 1

SELECTION: FUND RANGE 297 TO 297  
LINE ITEM RANGE 701.00 TO 999.00  
DEPARTMENTS

	INITIAL BUDGET	BUDGET ADJUSTMENTS	ADJUSTED BUDGET	THIS MONTH	THIS YEAR	CURRENT ENCUMBRANCES	BUDGET BALANCE	% EXPENDED / REALIZED
701.00 DEPARTMENT HEAD	57818.00	.00	57818.00	.00	.00	.00	57818.00	.00
701.01 PER DIEM	8333.00	.00	8333.00	385.00	2345.00	.00	5988.00	28.14
702.00 FULL TIME & REGULAR PART TIM	1140376.00	38813.00-	1101563.00	113290.91	559083.67	.00	542479.33	50.75
702.01 LONGEVITY	6753.00	.00	6753.00	.00	160.40	.00	6592.60	2.38
702.10 POST-STORM 8/2/2015	.00	.00	.00	.00	.00	.00	.00	N/A
703.00 PART TIME TEMPORARY	27000.00	.00	27000.00	.00	.00	.00	27000.00	.00
704.00 OVERTIME	100.00	4000.00	4100.00	783.07	5023.89	.00	923.89-	122.53
705.00 PERSONAL LEAVE	23156.00	.00	23156.00	.00	.00	.00	23156.00	.00
715.00 FICA	96814.00	.00	96814.00	8493.33	41767.40	.00	55046.60	43.14
716.00 HEALTH, OPTICAL & DENTAL	380409.00	.00	380409.00	24356.39	171231.84	.00	209177.16	45.01
716.02 SHORT & L-T DISABILITY	11495.00	.00	11495.00	648.48	5093.11	.00	6401.89	44.31
716.03 PAYMENT IN LIEU OF INSURANCE	2000.00	.00	2000.00	.00	1000.02	.00	999.98	50.00
717.00 LIFE INSURANCE	3053.00	.00	3053.00	173.54	1343.55	.00	1709.45	44.01
718.00 RETIREMENT	19010.00	.00	19010.00	1437.56	7449.51	.00	11560.49	39.19
718.01 RETIREMENT DC	91142.00	.00	91142.00	8106.85	41615.17	.00	49526.83	45.66
718.05 RETIREMENT - DB UAL	132937.00	.00	132937.00	12100.35	61239.84	.00	71697.16	46.07
719.00 WORKER'S COMP INS	25749.00	.00	25749.00	2368.00	11920.91	.00	13828.09	46.30
720.00 UNEMPLOYMENT COMPENSATION	.00	15200.00	15200.00	9372.00	14998.00	.00	202.00	98.67
727.00 OFFICE SUPPLIES	8000.00	1.00-	7999.00	1113.88	3042.01	283.02	4673.97	38.03
729.00 PRINTING AND BINDING	4800.00	2881.00	7681.00	.00	4004.22	.00	3676.78	52.13
729.02 COPY MACHINE USE	1000.00	1425.00	2425.00	167.67	927.13	177.21	1320.66	38.23
729.08 RISOGRAPH COPIES	.00	.00	.00	.00	.00	.00	.00	N/A
730.00 POSTAGE	18772.00	.00	18772.00	432.00	7698.58	.00	11073.42	41.01
743.00 OTHER SUPPLIES	200.00	.00	200.00	.00	7.58	.00	192.42	3.79
743.29 BASKETS OF BOUNTY	2500.00	.00	2500.00	.00	325.95	.00	2174.05	13.04
743.35 PROPERTY DAMAGE	5000.00	.00	5000.00	.00	225.00	.00	4775.00	4.50
745.00 UNIFORMS & ACCESSORIES	5110.00	50.00	5160.00	2304.00	2454.00	1025.16	1680.84	47.56
747.00 SMALL TOOLS & SUPPLIES	28000.00	550.00-	27450.00	2014.89	8957.31	937.42	17555.27	32.63
747.11 EQUIPMENT	14600.00	500.00	15100.00	5473.29	9016.13	.00	6083.87	59.71
748.00 GAS, OIL & GREASE	25000.00	.00	25000.00	1714.15	6747.38	.00	18252.62	26.99
807.00 AUDITING	.00	.00	.00	.00	.00	.00	.00	N/A
810.00 SUBSCRIPTIONS	325.00	.00	325.00	.00	3.37-	.00	328.37	1.04-
810.01 DUES	702.00	50.00	752.00	.00	100.00	.00	652.00	13.30
811.00 SERVICE CONTRACTS	50.00	.00	50.00	.00	.00	.00	50.00	.00

July  
EXPENSES – IN HOME  
SRVCS.  
GOAL 58.3%

RUN DATE: 8/09/16

GRAND TRAVERSE COUNTY  
L I N E I T E M S A S O F 07/31/2016

PAGE 2

SELECTION: FUND RANGE 297 TO 297  
LINE ITEM RANGE 701.00 TO 999.00  
DEPARTMENTS

	INITIAL BUDGET	BUDGET ADJUSTMENTS	ADJUSTED BUDGET	THIS MONTH	THIS YEAR	CURRENT ENCUMBRANCES	BUDGET BALANCE	% EXPENDED / REALIZED
812.00 MIS CHARGES	25000.00	.00	25000.00	.00	9129.59	.00	15870.41	36.52
812.11 COMPUTER EQUIPMENT	.00	.00	.00	.00	.00	.00	.00	N/A
818.00 CONTRACT SERVICES	148540.00	2125.00	150665.00	10951.03	64090.78	470.00	86104.22	42.54
818.07 SECRETARIAL	.00	19613.00	19613.00	2941.92	2941.92	776.34	15894.74	15.00
818.89 HARDSHIP FUND	3000.00	.00	3000.00	.00	.00	.00	3000.00	.00
818.92 SENIOR HEATING	10000.00	.00	10000.00	.00	4057.27	.00	5942.73	40.57
818.93 SENIOR SUPPORT	20000.00	4000.00	24000.00	1142.72	8075.20	.00	15924.80	33.65
818.94 TRANSPORTATION	12000.00	.00	12000.00	.00	9000.00	.00	3000.00	75.00
818.99 VOUCHERS	77200.00	.00	77200.00	4985.00	35010.69	3895.00	38294.31	45.35
819.32 EVENTS	600.00	.00	600.00	.00	187.00	.00	413.00	31.17
850.00 TELEPHONE	5500.00	.00	5500.00	29.66	2312.16	.00	3187.84	42.04
850.01 TELEPHONE LOCAL & L.D.	300.00	.00	300.00	.86	10.44	.00	289.56	3.48
850.04 TELE-CELLULAR NETWORK	10300.00	.00	10300.00	727.38	3801.89	.00	6498.11	36.91
860.00 TRAVEL	84100.00	.00	84100.00	4936.57	32312.54	2510.94	49276.52	38.42
860.01 CONVENTIONS & CONFERENCES	3030.00	.00	3030.00	.00	603.00	.00	2427.00	19.90
860.15 EVENTS TRAVEL	200.00	.00	200.00	.00	.00	.00	200.00	.00
862.00 VEHICLE RENTAL	165.00	.00	165.00	.00	.00	.00	165.00	.00
909.00 ADVERTISING	6130.00	700.00	6830.00	1285.92	3870.37	122.10	2837.53	56.67
910.00 INSURANCE & BONDS	1500.00	.00	1500.00	.00	166.00	.00	1334.00	11.07
920.50 UTILITIES - HEAT	2300.00	.00	2300.00	.00	1587.37	.00	712.63	69.02
921.00 UTILITIES - ELECTRIC	900.00	.00	900.00	51.93	380.16	.00	519.84	42.24
930.00 BLDG REPAIR & MAINT	3000.00	.00	3000.00	.00	.00	.00	3000.00	.00
932.00 EQUIP REPAIR & MAINT	14800.00	.00	14800.00	662.34	5177.32	.00	9622.68	34.98
933.00 OFFICE EQUIP REPAIR & MAINT	.00	.00	.00	.00	.00	.00	.00	N/A
934.00 VEHICLE REPAIR & MAINT	15000.00	782.00-	14218.00	691.67	3590.51	.68-	10628.17	25.25
940.00 BUILDING RENT	46800.00	.00	46800.00	.00	46699.85	.00	100.15	99.79
941.02 SYSTEM SOFTWARE	.00	.00	.00	.00	.00	.00	.00	N/A
942.00 INDIRECT COSTS	45200.00	.00	45200.00	.00	.00	.00	45200.00	.00
955.00 EMPLOYEE TUITION REIM.	.00	.00	.00	.00	.00	.00	.00	N/A
956.00 EMPLOYEE TRAINING & DEVELOP.	4752.00	.00	4752.00	238.11	562.11	.00	4189.89	11.83
963.00 APPROPRIATION	35460.00	35460.00-	.00	.00	.00	.00	.00	N/A
963.76 OUTSIDE AGENCY MILLAGE DISB	.00	35460.00	35460.00	.00	34170.00	.00	1290.00	96.36
975.00 BUILDINGS	.00	.00	.00	.00	.00	.00	.00	N/A
977.00 MACHINERY AND EQUIPMENT	19000.00	.00	19000.00	.00	10191.00	.00	8809.00	53.64

RUN DATE: 8/09/16

GRAND TRAVERSE COUNTY  
L I N E I T E M S A S O F 07/31/2016

PAGE 3

SELECTION: FUND RANGE 297 TO 297  
LINE ITEM RANGE 701.00 TO 999.00  
DEPARTMENTS

	INITIAL BUDGET	BUDGET ADJUSTMENTS	ADJUSTED BUDGET	THIS MONTH	THIS YEAR	CURRENT ENCUMBRANCES	BUDGET BALANCE	% EXPENDED / REALIZED
978.00 VEHICLE	26000.00	.00	26000.00	.00	.00	.00	26000.00	.00
980.00 OFFICE EQUIP & FURNITURE	.00	.00	.00	.00	.00	.00	.00	N/A
992.00 CONTINGENCY	9050.00	3517.00-	5533.00	.00	.00	.00	5533.00	.00
992.05 FUNDS FOR SUBSEQUENT YEARS	.00	.00	.00	.00	.00	.00	.00	N/A
GRAND TOTALS	2770031.00	6881.00	2776912.00	223380.47	1245701.40	10196.51	1521014.09	44.86



RUN DATE: 8/09/16

GRAND TRAVERSE COUNTY  
L I N E I T E M S A S O F 07/31/2016

PAGE 1

SELECTION: FUND RANGE 297 TO 297  
LINE ITEM RANGE 401.00 TO 699.00  
DEPARTMENTS

	INITIAL BUDGET	BUDGET ADJUSTMENTS	ADJUSTED BUDGET	THIS MONTH	THIS YEAR	CURRENT ENCUMBRANCES	BUDGET BALANCE	% EXPENDED / REALIZED
401.00 FUND BALANCE FORWARD	237669.00	6881.00	244550.00	.00	.00	.00	244550.00	.00
403.00 CURRENT TAX	2189992.00	.00	2189992.00	399.81-	2236280.33	.00	46288.33-	102.11
417.00 UNPAID PERSONAL PROP TAX	1000.00	.00	1000.00	979.07	8603.20	.00	7603.20-	860.32
427.00 IN LIEU OF TAXES	2100.00	.00	2100.00	1609.92	4091.19	.00	1991.19-	194.82
543.00 STATE GRANT	.00	.00	.00	.00	.00	.00	.00	N/A
582.00 LOCAL GRANTS	22700.00	.00	22700.00	.00	6824.00	.00	15876.00	30.06
607.00 CHARGES FOR SERVICES - FEES	255000.00	.00	255000.00	15912.56	118063.07	24.00-	136960.93	46.30
607.06 CHARGES FOR FOOT CARE VOUCHER	.00	.00	.00	.00	.00	.00	.00	N/A
607.08 CHARGES FOR BATA PASS SALES	1800.00	.00	1800.00	218.00	978.22	.00	821.78	54.35
607.09 CHARGES FOR TRANSPORT COUPON	4000.00	.00	4000.00	595.64	3564.76	.00	435.24	89.12
607.60 CHARGES FOR SERV -HC VOUCHER	.00	.00	.00	958.67	6866.61	.00	6866.61-	N/A
608.05 SPONSORSHIPS	.00	.00	.00	.00	.00	.00	.00	N/A
615.05 SALES COMMISSIONS	.00	.00	.00	.00	.00	.00	.00	N/A
642.00 CHARGES FOR SERVICES	18500.00	18500.00-	.00	.00	3520.10	.00	3520.10-	N/A
642.01 OUTSIDE AGENCY CONTRACT FEES	.00	18500.00	18500.00	3599.25	23143.00	.00	4643.00-	125.10
665.00 INTEREST EARNED	3900.00	.00	3900.00	.00	.00	.00	3900.00	.00
673.00 SALES OF FIXED ASSETS	.00	.00	.00	2102.00	2118.20	.00	2118.20-	N/A
675.00 CONTRIBUTIONS,PRIVATE SOURCE	11920.00	.00	11920.00	1298.22	12532.55	.00	612.55-	105.14
675.01 BASKETS OF BOUNTY	2000.00	.00	2000.00	.00	205.00	.00	1795.00	10.25
675.02 CONTRIBUTIONS, MEMORIALS	19450.00	.00	19450.00	75.00	170.00	.00	19280.00	.87
675.03 FUNDRAISING	.00	.00	.00	.00	.00	.00	.00	N/A
675.06 CONTRIBUTIONS-HEATING GRANT	.00	.00	.00	.00	.00	.00	.00	N/A
686.00 REIMBURSEMENTS	.00	.00	.00	.00	250.00	.00	250.00-	N/A
695.00 CASH - OVER OR SHORT	.00	.00	.00	.00	.00	.00	.00	N/A
GRAND TOTALS	2770031.00	6881.00	2776912.00	26948.52	2427210.23	24.00-	349725.77	87.41

**July  
REVENUE – IN HOME  
SRVCS.  
GOAL 58.3%**

**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING  
BYLAWS**

**Approved by the Commission on Aging Board: December 15, 2015  
Approved by the County Board of Commissioners: Not necessary per  
Commissioner Maxbauer December 15, 2015**

**1. AUTHORITY**

These bylaws are adopted in accordance with the Rules and Regulations of the Commission on Aging, as approved by the County Board of Commissioners,

**2. MEETINGS**

**2.1. Regular Monthly Meetings.**

Regular meetings of the Commission on Aging Board, hereinafter referred to as the GTCOA Board, shall be held on the Third Tuesday of each month.

**2.2. Location of Meetings.**

All meetings of the GTCOA Board shall be held at the Grand Traverse County Governmental Center located at 400 Boardman Avenue, Traverse City, Michigan, unless otherwise indicated in the public notice of the meeting. All meetings of the GTCOA Board's Committees shall be held at its offices located at 520 West Front Street, Traverse City, Michigan, unless otherwise indicated in the public notice of the meeting.

**2.3. Changes in Meeting Schedule; Recessed Meetings; Special Meetings.**

By a majority vote of the members elected and serving, changes may be made to the meeting schedule including time and place, or to recess any meeting to a later date. All changes in meeting schedule must comply with the Open Meetings Act, including the following - a special meeting shall be held only when requested by at least one-third (1/3) of the members, the request shall be in writing, shall be addressed to the secretary, and shall specify the time, date, place, and purpose of the meeting, upon the receipt of a request, the secretary, with the assistance of designated staff, shall give notice to each of the members at least Eighteen (18) hours prior to the meeting.

#### 2.4. Committee Meetings.

Committee meetings may be called at the discretion of the Committee Chairperson, unless otherwise directed by the Executive Committee. Notice of Committee Meetings and Minutes shall be kept in accordance with the Open Meetings Act.

#### 2.5. Quorum.

A quorum shall consist of a majority of the members appointed and serving.

#### 2.6. Public Comment.

Public comment shall be allowed at both the beginning and the end of each GTCOA Board meeting and at the end of each GTCOA Committee meeting. Each speaker will be allowed three (3) minutes, with additional time allowed for questions from the GTCOA Board, at the discretion of the GTCOA Board Chair. Other than removal of an item from the consent calendar, members of the public are limited to speaking only during public comment, unless questioned by the GTCOA Board. If several members representing an organization or group of individuals wish to speak, the Chairperson may request that the organization or group select an individual to speak on their behalf, and may extend the time period allowed for that representative to ten minutes unless otherwise extended at the GTCOA Board Chairperson's discretion. Members of the public shall be allowed to speak only once during each public comment period unless otherwise allowed by the GTCOA Board. Topics must be relevant to Commission on Aging Business. All persons wishing to address the GTCOA Board shall provide their name and address prior to speaking.

### **3. NOTICE OF MEETINGS**

#### 3.1. Public Notice.

Designated staff, shall provide notice of all meetings of the GTCOA Board and any Committee of the GTCOA Board in accordance with the Open Meetings Act. A meeting of the GTCOA Board shall not be held unless public notice is given as provided in this section. Such notice shall include, but not be limited to, the following:

##### 3.1.A. Regular Meetings.

Designated staff shall post a notice within ten (10) days of the first meeting of the year stating the dates, times and place of the GTCOA Board's regular meetings.

##### 3.1.B. Re-scheduled and Special Meetings.

If there is a change in the schedule of a regular meeting, there shall be posted within three (3) days after the meeting at which the change is made, a public notice stating the new dates, times and places of its regular meetings. Except as provided in this subsection, for a rescheduled regular or a special meeting of the GTCOA Board, a public notice stating the date, time and place of the meeting shall be posted at least eighteen (18) hours before the meeting. Notice of all re-scheduled and special meetings shall be prominently posted on the Commission on Aging website.

**3.1.C. Recessed Meetings.**

A meeting of the GTCOA Board, which is recessed for more than thirty-six (36) hours, shall be reconvened only after public notice, which is equivalent to that required under section 3.1.B, has been posted.

**3.1.D. Emergency Meetings.** Nothing in this section shall bar the GTCOA Board from meeting in emergency session in the event of a severe and imminent threat to the health, safety, or welfare of the public when two-thirds (2/3) of the members serving on the GTCOA Board determine that delay would be detrimental to efforts to lessen or respond to the threat.

**3.1.E. Notice to the Media and Others.** Designated staff shall notify, without charge, any newspaper, radio or television station, of the GTCOA Board's meeting schedule, including notice of any re-scheduled, special or emergency meetings whenever such media establishment has filed with designated staff a written request for such notice. Designated staff shall also notify other individuals or organizations of all regular, re-scheduled, special and emergency meetings upon written request and agreement to pay the County for printing and postage expenses. Designated staff shall mail all such notices required by the rule by first class mail or email.

## **4. OFFICERS; SELECTION; DUTIES**

**4.1. Officers and Selection.**

The Commission shall elect every two years from among its members a Chairperson, Vice-chairperson, Secretary and Treasurer.

#### 4.2. Chairperson.

The Chairperson shall preside at all meetings of the GTCOA Board, and will work closely with staff in connection with day-to-day operations of the Commission. He or she will also serve as an ex-officio member of all committees created by the Executive Committee. The Chairperson shall serve as the Chair of the Executive Committee.

#### 4.3. Vice-chairperson.

The Vice-chairperson shall act as Chairperson in his or her absence, and perform all duties delegated to him or her by the Chairperson.

#### 4.4. Secretary.

The Secretary shall review the minutes of each meeting of the full GTCOA Board. The minutes shall include all action and decisions of the GTCOA Board with respect to substantive (non-procedural) motions. The minutes shall include the names of the mover, the person seconding the motion, and the vote of each member. The Secretary shall perform such other duties as delegated by the Chairperson.

#### 4.5. Treasurer.

The Treasurer shall work with staff to review all financial reports. The Treasurer shall review the budget each year prior to approval by the full GTCOA Board. The Treasurer shall perform such other duties as delegated by the Chairperson. The Treasurer shall be the Chairperson of the Finance Committee.

#### 4.6. Nomination; Procedure; Time of Election.

The Governance Committee shall nominate one (1) candidate for the offices to be filled and provide those nominations to the Board at least one (1) month prior to its regular November meeting.

#### 4.7. Election of Officers.

All Officers shall be elected every other year at the November regular GTCOA Board Meeting.

#### 4.8. Term.

All Officers shall serve from January 1 of the year following their election, and through and including December 31 of the following (2<sup>nd</sup>) year.



#### **4.9. Limitation on Office Holding.**

No member shall hold more than one (1) office at any given time, and no member shall be eligible to serve more than two (2) years in the same office, not inclusive of any term of office less than one (1) year.

#### **4.10. Vacancies.**

In the event that there is a vacancy in any office, the GTCOA Board shall act to fill the vacancy at its next regular meeting following receipt of notice of the vacancy by the Chairperson, or, if the vacancy is with the Chairperson, the Vice-chairperson. A vacancy occurs when the GTCOA Board, by majority vote, determines that a member has been absent without good cause for three (3) consecutive meetings.

#### **4.11. Removal from Office.**

An officer may be removed from office only upon the vote of two-thirds (2/3) of the members of the Board appointed and serving.

### **5. FINANCES AND BUDGET**

#### **5.1. Annual Budget.**

Staff shall prepare an annual budget to be reviewed and approved by the Finance Committee and GTCOA Board. If the due date of the completed budget is prior to the next regularly scheduled Finance Committee meeting, the Treasurer shall review the budget before submission. The annual budget shall be forwarded for final approval to the Grand Traverse County Board of Commissioners.

#### **5.2. Fiscal Year.**

The fiscal year shall be from January 1 through December 31.

#### **5.3. Receipt of Funds and Payment of Claims.**

All funds, other than those designated for the Commission on Aging Endowment Fund received by the Commission on Aging shall be deposited with the County Treasurer. All claims shall be approved by the County Board of Commissioners and paid by the County Treasurer.

### **6. COMMITTEES**

#### **6.1. Executive Committee.**

The Executive Committee shall consist of the Chairperson, the most recent past Chairperson, if serving, the Vice-chairperson, Secretary, Treasurer and a member of the County Commission appointed by the County Board of Commissioners.

The Chairperson shall also act as the Chairperson of the Executive Committee. The Executive Committee shall have the following duties and responsibilities, subject to approval of the GTCOA Board:

- (1) Make all appointments to standing committees, unless otherwise provided in these bylaws.
- (2) Take emergency action as may be required between regular meetings, subject to approval by the full GTCOA Board at its next regularly scheduled meeting.
- (3) Annually review these bylaws and make recommendations to the GTCOA Board for any amendments.
- (4) Respond to any legislative issues and report those to the GTCOA Board.
- (5) Review staffing increase and decrease recommendations.
- (6) Perform such other functions as may be delegated to it by the GTCOA Board and which is not reserved to other committees.

#### 6.2. Finance Committee.

The Finance Committee shall be composed of the Treasurer and a minimum of two (2) other members appointed by the Executive Committee. The Treasurer shall be the Finance Committee Chairperson. The Finance Committee shall have the following duties and responsibilities:

- (1) Make recommendations regarding fiscal priorities, policies, and the securing of available resources.
- (2) Act as the financial fact-finding committee to advise the GTCOA Board on all matters relating to the financing of the Commission on Aging and its programs.
- (3) Review and recommend an annual budget.
- (4) Review monthly finance reports

#### 6.3. Governance Committee.

The Governance Committee shall be composed of a minimum of three (3) members. The Governance Committee members shall not simultaneously serve on the Executive Committee. The Governance Committee shall have the following duties and responsibilities:

- (1) Nominate one (1) candidate for each office every other year and forward those nominations to the GTCOA Board at least thirty (30) days prior to the November regular Board meeting.
- (2) Nominate candidates for offices that have become vacant.

- (3) Recommend candidates for GTCOA Board vacancies, when they occur, to the County Board of Commissioners.

#### 6.4. Program Committee.

The Program Committee shall be composed of a minimum of three (3) members. The Program Committee shall have the following duties and responsibilities:

- (1) Monitor all In-Home Services programs and recommend new programs, changes or improvements
- (2) Annually provide information to the GTCOA Board on the status of each program.
- (3) Marketing. Increase awareness of the Commission on Aging programs, and their effectiveness, among potential clients, client families, caregivers, referral sources and the general public.
- (4) Public Relations. Promote the positive image of the Commission on Aging as a preferred provider of senior services.
- (5) Advocacy. Act as an advocate for seniors on local, state and federal issues impacting senior citizens.

6.5. Ad Hoc Committees. In addition to the above standing committees, the GTCOA Board may establish such other committees as it may deem necessary or advisable. Ad hoc committees shall have whatever duties and responsibilities assigned to them by the GTCOA Board.

#### 6.6. Open Meetings Act.

All standing and ad hoc committees of the GTCOA Board shall comply with the Open Meetings Act.

### **7. CONTRACTS BETWEEN PUBLIC OFFICERS AND THE COUNTY**

A member shall not be interested, directly or indirectly, in any contract or other business transaction with the County, or any Office of the County, during the time for which he or she is appointed, nor for one (1) year after the end of his or her term unless the contract or transaction has been approved by three-quarters (3/4) of the members the County Board of Commissioners.

### **8. PARLIAMENTARY AUTHORITY**

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern at all meetings of the GTCOA Board in all cases in which they are applicable and not inconsistent with these bylaws and the Rules and

Regulations of the Commission on Aging as adopted by the County Board of Commissioners. The Commission on Aging Board may adopt or amend rules of order as it sees fit.

## **9. AMENDMENT**

These bylaws may be amended by the GTCOA Board only by a two-thirds (2/3) vote provided that the amendment has been submitted in writing and provided to members at least two (2) weeks prior to the meeting.

## **10. ATTENDANCE AT MEETINGS; PROXY VOTING NOT ALLOWED**

Members may attend either GTCOA Board or Committee meetings via teleconferencing or videoconferencing for good cause and with approval of the GTCOA Board. Members may cast votes by teleconference but not by speaker phone (there must be video). Proxy voting is not allowed.