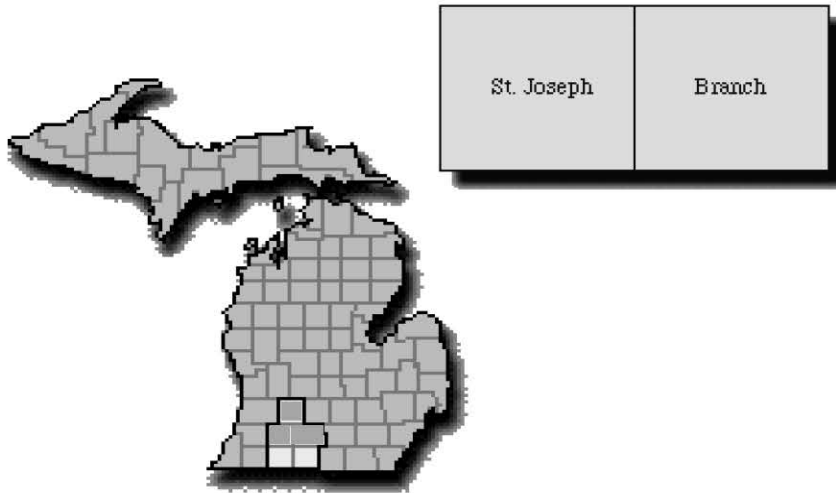


2023-2025 Multi Year Plan  
**FY 2025 ANNUAL IMPLEMENTATION PLAN**  
BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C

**DRAFT**



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**Planning and Service Area**

Branch, St. Joseph

**Branch-St. Joseph Area Agency on Aging 3-C**

Branch-St. Joseph  
Community Health Agency  
570 N. Marshall Road  
Coldwater, MI 49036  
517-278-2538 (phone)  
888-615-8009 (toll-free)  
517-278-2494 (fax)  
Rebecca A. Burns, Health Officer  
Laura Sutter, Director  
Area Agency on Aging  
[www.bhsj.org/aaa](http://www.bhsj.org/aaa)

**Field Representative Ashley Ellsworth**

[EllsworthA2@michigan.gov](mailto:EllsworthA2@michigan.gov)  
517-294-9680

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STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

Branch-St. Joseph Area Agency on Aging

FY 2025

**Table of Contents**

Executive Summary

County/Local Unit of Government Review

Public Hearings

Regional Service Definitions

Access Services

Direct Service Request

Regional Direct Service Request

Approved MYP Program Development Objectives

2025 Program Development Objectives

Supplemental Documents

Planned Service Array

Planned Service Array Narrative

### Executive Summary

**Include a summary that describes the AAA and the implementation plan including a brief description of the PSA, the AAA's mission, and primary focus for FY 2025.**

#### **Instructions**

**Please include in the Executive Summary a brief description of the following:**

**A. The PSA and any significant new priorities, plans, or objectives set by the AAA for the use of federal and state funding during FY 2025. If there are no new activities or changes, note that in your response.**

**B. Describe how the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need including populations that have been historically underserved.**

**C. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).**

**D. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2025.**

**E. A brief description of AAA's successes over the past year and any anticipated challenges.**

The Branch-St. Joseph Area Agency on Aging (Region IIIC AAA) mission is to provide a full range of high-quality services, programs and opportunities which promote the independence and dignity of older adults, while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAAs in the State of Michigan responsible for administering Older Americans Act (OAA) and Older Michiganians Act (OMA) funding to address the needs of older adults age 60 and over, and family caregivers living in Branch and St. Joseph Counties.

Our Vision states: We envision inclusive communities filled with enriching activities and opportunities for older adults. Where people who have questions or needs can find assistance and support in a manner that suits their preferences.

Our Values include:

1. We place the people we serve at the center of our operations, honoring their preferences and privacy.
2. We assure efficient use of public and private resources.
3. We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
4. We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation throughout the communities we serve.
5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

The two-county planning and service area (PSA) is entirely rural, yet we have a diverse population and a wide continuum of agencies providing supports and services. We also acknowledge diverse and growing community partnerships which continue to develop and thrive. Further, one of our most unique features as an area agency is our organizational structure. We are a division within local public health. The cross-agency collaboration and efficiencies are evident in every aspect of our day-to-day work and proved successful by working alongside a team of public health officials during a pandemic! We continue to thrive as a small but mighty agency.

Our staff of 5 full-time employees continues to answer these calls in real time. As a core function, we continue person-centered Information and Assistance (I&A), referral and over the phone options counseling with families, individuals and professional seeking answers. We will continue to serve vulnerable adults who've been victims of abuse, neglect and/or exploitation through our Victim Assistance Program funded by the Michigan Department of Health and Human Services (MDHHS) Division of Victim Services. Friendly Reassurance calls and Gap Filling services have continued and address unique situations and needs among those individuals who reside alone and without many family supports. Further, the community partnerships that were built as we addressed food insecurity, housing emergencies and service delays during the pandemic have remained intact and further leveraged to support ongoing needs. We've also continued to focus on immunization support and outreach in our communities. Offering information about accessing clinic services, testing support and a way to get to the clinic of their choice. Our link with the Community Health Agency clinic division has supported coordinated communication, work with long term care facilities in support of their immunization efforts and access for hard to reach/homebound individuals via the mobile clinic unit. These efforts to promote and link individuals to adult immunizations will, forever, be a part of what we do.

Targeting our resources toward those whom are 60 or greater, in the greatest social and/or economic need, is something we also do every day. Staff time and grant funding are limited, therefore focusing on those who need us the most are at the forefront of our operational goals. At the time of a call or inquiry, we're listening, observing, and responding with respectful questions to understand stated needs. We will continue our efforts to reach those who don't speak English, are of another culture or have been historically underserved. Our providers, like us, strive to be open to all individuals seeking information and/or supports and we show this through staff training and the way we offer outreach in our communities. Focusing on certain neighborhoods or attending new community partners' events, for example, are real examples of how we are focusing on inclusion via outreach and education.

The FY25 AIP does not outline any significant new priorities, plans or major objectives for the use of Older Americans Act (OAA) or state funding during FY 2025. As always, we will continue to work transparently with providers, the ACLS Bureau and our leadership team to address local needs and utilize federal and state funds in an efficient manner. Advocacy efforts are ongoing with our elected officials in the State Legislature and US Congress. We utilize our established relationships with fellow AAAs, Area Agencies on Aging Association of Michigan (4AM), the Michigan Senior Advocates Council and local Advisory Committee members to share our local stories, invite legislators to local events and also participate in home visits when possible. FY 2025 will be a continuation of these efforts, both locally and in Lansing, with legislators and their staff. Funding challenges in Region IIIC will arise in FY25 as the ARPA funds will have been expended and regular federal and/or state funds are reduced. Waiting lists will persist. Our messages and advocacy will need to continue to paint an accurate picture of how it "looks" in Region IIIC. We remain

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

diligent and committed to serving those greatest in social and/or financial need in a manner that is respectful of their preferences and goals. Working in conjunction with a dynamic array of service providers and community partners at the local level, we intend to maintain high quality and accessible services for all who may seek assistance.

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**County/Local Unit of Government Review**

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non OAA resources.

The Area Agency on Aging (AAA) must send a notification of the complete AIP to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 21, 2024. For a Planning and Service Area (PSA) comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 22, 2024, of any comments or feedback received from their county/local unit of government. If no comments or feedback were received, please indicate that in your response. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government as well. The AAA may use electronic communication, including email and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request email notification from the local unit of government of their feedback of the AIP or concerns.

**Instructions**

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

**TRIBAL NOTIFICATION**

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA).

AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still expected to send their AIP to Tribes within the PSA. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 21, 2024. The AAA will notify their ACLS Bureau Field

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

Branch-St. Joseph Area Agency on Aging

FY 2025

**Representative by July 22, 2024, of any comments or feedback received from their Tribe(s). If no comments or feedback are received, please indicate that in your response. The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:**

- **Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA's website (instructions for how to view and print the document must be included).**
- **Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.**
- **Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.**
- **Request email notification from the Tribe of their comments and feedback of the AIP or concerns.**

**Instructions**

**Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.**

The Branch-St. Joseph Area Agency on Aging (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency (CHA). The CHA Board of Health serves as the AAA Policy Board. The Board of Health is comprised of two County Commissioners from each county in the public health jurisdiction. The FY 2025 Area Implementation Plan (AIP) was formally presented to the Board of Health's Program, Policy and Appeals Committee on May \_\_\_\_, 2024 for discussion and thorough review. The Committee took action to bring the FY 2025 AIP to the full Board of Health at their regular meeting on May \_\_\_\_, 2024. At their May \_\_\_\_, 2024 meeting, the Board of Health <<INSERT BOH ACTION TAKEN support/unanimously supported the FY 2025 AIP for submission to the ACLS Bureau>>.

The AAALIC Advisory Committee received an electronic copy of the FY2025 Annual Implementation Plan draft on April 24, 2024 in advance of the Public Hearing being held on May 8, 2024. Discussion about the Plan began in February 2024, with the Director offering monthly updates to Board and Advisory Committee members along with encouragement to share input, pose questions, and attend the Public Hearing in Coldwater. The Advisory Committee unanimously supported the FY 2025 AIP at their May \_\_\_\_, 2024 meeting.

The FY25 AIP final draft will be sent via electronic mail <<INSERT DATE>> to both County Administrators after the AIP was approved by the Board of Health at their May meeting. Should county's wish to have an AIP presentation, the AAA Director and/or Health Officer will present highlights, as in the past, to County Boards of Commissioners at their requested meeting date/time. The Branch-St. Joseph AAA Director will

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

share feedback and any subsequent county action taken with our ACLS Bureau Field Representative

And finally, there are no Federally Recognized Sovereign Indian Tribes in Region IIIC - Branch and St. Joseph counties.



STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Public Hearings**

At least one public hearing on the FY 2025 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; as well as news sources geared toward communities of color, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

**Instructions**

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

In addition, the AAA should also upload a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

For FY 2025, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s)?

Date	Location	Time	Barrier Free?	No. of Attendees
05/08/2024	BHSJ Community Health Ager	10:30 AM	Yes	0

The Region IIIC AAA utilized multiple methods to encourage public and community partner input on the AIP. The Public Hearing was released via formal Press Release on April 15, 2024 to all print and radio new outlets across the two-county PSA. Press Releases also go to network television stations who carry national affiliation. Paid advertisements were not sought this year as the pricing has inflated so greatly. The full Press Release is attached in the "budget and other documents" section of the AIP and complies

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

with Bureau Operating Standards for AAA's.

Aging network providers, the Board of Health (AAA IIC Policy Board) and the AAA Advisory Committee were also engaged in and sent notices for the Public Hearings. The FY 2025 AIP Draft (including the budget) was posted on our AAA website along with the Public Hearing listed in the "Upcoming Events" section.

The Public Hearing was hosted at the main office of the Community Health Agency/ Region IIC AAA at 10:30 am on Wednesday, May 8, 2024. <<INSERT UPDATE ON ATTENDANCE AND ANY TESTIMONY SHARED or GIVEN>> Discussion about the AIP will continue among the Advisory Committee and Board of Health at their May meetings.

STATE OF MICHIGAN  
 Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
 FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Regional Service Definitions**

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included in this section.

**Instructions**

Enter the new regional service name, identify the service category, and fund source, include unit of service, minimum standards and why activities cannot be funded under an existing service definition.

**Service Name/Definition**

Rationale (Explain why activities cannot be funded under an existing service definition.)

Service Category	Fund Source			Unit of Service
Access	Title III PartB	Title III PartD	Title III PartE	
In-Home	Title VII	State Alternative Care	State Access	
Community	State In-home	State Respite		
	Other _____			

**Minimum Standards**

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Access Services**

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded transportation. If the AAA is planning to provide any of the above noted access services directly during FY 2025, complete this section.

**Instructions**

Select from the list of access services those services the AAA plans to provide directly during FY 2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

**Care Management**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$44,954.00	Total of State Dollars	\$91,973.00

Geographic area to be served

Branch & St. Joseph counties

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal #1: Implement more flexible service options in order to provide a more self-directed care model.

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants to each level of care outlined in the "Access and Service Coordination Continuum"
- ~Seek additional service providers (Purchase of Service vendors) to serve participants in Region IIIC AAA
- ~Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan/care plan
- ~Care consultants will discuss with participants adult immunizations (including COVID-19 immunization/boosters, flu, pneumonia and shingles) for themselves, their family members and/or caregivers

Goal #2: Continue staff education and skill building including staff collaboration to better serve victims of elder abuse, neglect and exploitation

Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect and/or exploitation

Goal #3: Minimize wait times for individuals seeking access/care management services

Activities:

~ Continue implementation of the tiered approach to Access Services (Care Management funded)

~ Care Consultants will complete a thorough intake and referral making process

~ Care Consultants will continue to monitor the Waiting List for access services weekly

Number of client pre-screenings:	Current Year: 60	Planned Next Year: 70
Number of initial client assessments:	Current Year: 50	Planned Next Year: 60
Number of initial client care plans:	Current Year: 50	Planned Next Year: 60
Total number of clients (carry over plus new):	Current Year: 80	Planned Next Year: 90
Staff to client ratio (Active and maintenance per Full time care manager):	Current Year: 1:35	Planned Next Year: 1:40

**Information and Assistance**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$25,057.00	Total of State Dollars	\$0.00

Geographic area to be served

Branch & St. Joseph counties

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal #1: Provision of comprehensive, unbiased Information and Assistance (I&A)/referral

Activities:

~ Continue to provide referrals according to the ACLS Bureau and national Alliance for Information and Referral Systems (AIRS) standards

~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - Aging and Disability Resource Center Information Center (ADRCIS) database

~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality information & assistance services

~ Staff shall support education efforts among callers regarding immunization, including COVID-19 vaccination/testing/support as well as other adult immunizations, as needed

Goal #2: Continue ongoing outreach and education activities among local and regional aging/disability network partners and among general community audiences as well

Activities:

~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration

~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners

~ Staff shall continue to attend and participate in outreach events and seasonal community-based activities throughout the planning and service area

Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to ACLS

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

Bureau Standards and reporting requirements, for inclusion in the statewide resource database and National Aging Program Information Systems (NAPIS) reporting tool

Activities:

- ~ Staff shall continue to develop and monitor the ADRCIS resource database for accurate data entries , as necessary
- ~ Staff shall continue to seek updated information through contact with programs , service agencies, and organizations for inclusion in the database
- ~ Staff shall continue to complete accurate data entry into the database according to the ACLS Bureau standards

Goal #4: Continue to use and promote a person-centered approach

Activities:

- ~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners
- ~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Direct Service Request**

This section applies only if the AAA is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA’s administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

**Instructions**

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2025 are to be included under the Direct Service Budget tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified on the Support Services Detail page.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2025.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

Branch-St. Joseph Area Agency on Aging

FY 2025

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).



STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Regional Direct Service Request**

This section applies only if the AAA is submitting a new request to provide a regional service directly that was not previously approved in the multi-year planning cycle.

It is expected that regionally defined services, as identified in the category above, will be provided under contract with community-based service providers, but when appropriate, a regional service provision request may be approved by the CSA to be provided directly. The basis for requesting direct provision of a regional direct service by the AAA would be if, in the judgment of the ACLS Bureau: A) provision is necessary to assure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

**Instructions**

AAAs that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional direct service request for FY 2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Regional Direct Service Budget details for FY 2025 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

Branch-St. Joseph Area Agency on Aging

FY 2025

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Approved MYP Program Development Objectives**

**APPROVED MYP GOALS AND OBJECTIVES**

Goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established objectives, a text box is included for the AAA to provide information on progress toward the objectives to date. This text box is editable.

**Instructions**

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity, and Inclusion (DEI) objective, the ACLS Bureau Operating Standards for AAAs have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly.

*Please refer to Operating Standards for AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP Cycle.*

Within the progress tab, ensure to address, at a minimum, the below:

**Objective 1- Increase services provided to veterans Black, Indigenous (Tribal), and People of Color (BIPOC), and LGBTQ+ seniors served in your region. Please share progress made from FY 2023 through FY 2024 on this objective including any data that the AAA has collected and/or tracked that supports efforts to outreach and/or serve more BIPOC and LGBTQ+ seniors within the PSA. New for FY 2025 AIP, AAAs please describe current methods of outreach and/or targeting of older adults who have served in the US military and ways the AAA could potentially increase services and coordination for veterans and their spouses within the PSA.**

**Objective 2- Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. Please describe how the AAA ensures cultural competency trainings reflect the demographics of the seniors residing within the PSA and how the AAA evaluates how staff, providers, caregivers, and volunteers apply this training.**

**Objective 3- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure staff are trained to identify a possible linguistic translation need of a senior, caregiver, and/or family member?**

**Area Agency on Aging Goal**

**A. Work with community partners to develop an adult day program in Branch County.**

**Objectives**

1. Work to develop a viable community partner to develop an adult day program for individuals and families in

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

Branch County.

Timeline: 10/01/2022 to 09/30/2023

Progress

We've been giving our community partners some additional time to recoup from the pandemic as previously reported. We intend to approach them in early fall 2024 to discuss a Branch County Adult Day program. We had last approached specific contacts in 2019, then the pandemic began in 2020, so we've paused our efforts. Our most viable entity to examine the feasibility of an adult day program is our County Medical Care facility, MapleLawn. We will work to set meetings to discuss these efforts in fall 2024.

**B. Provide advocacy, information, and training to support the rights of older/vulnerable adults to live free from abuse, neglect and/or exploitation.**

Objectives

1. Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/task forces, and community groups.

Timeline: 10/01/2022 to 09/30/2023

Progress

FY2024 has definitely been a very busy year for our team in responding to victims of abuse, neglect and exploitation. As of the end of the second quarter, we've served nearly 20 individuals and also worked with multiple new community partners through our Interdisciplinary Team efforts in each county. Our team has been working diligently to provide victim-centered advocacy, support, resources and safety planning to assure victims stated goals are achieved. Each county's Interdisciplinary Team is meeting monthly, discussing complex cases and working to address community-specific issues related to the prevention of abuse, neglect and exploitation. Ongoing communication and collaboration with local community partners, including law enforcement and other first responders, has been a strongly held priority for our agency. Additional community partners include the Twin County Probation, Hope United (a faith-community collaborative), Restored Hope Furniture Ministry, Keystone Place, Integrated Services, and multiple food pantries. In 2025 our efforts will process and further develop these relationships as well as revising the "St. Joseph County Vulnerable Adult Protocol" to address new laws/mandates and practices.

**C. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

Objectives

1. Assure AAA staff and local aging network providers are trained in diversity, equity and inclusion topics. This will include training topics on how to recognize and address unconscious bias.

Timeline: 10/01/2022 to 09/30/2023

Progress

All new AAA staff (new RN Care Consultant and new Elder Abuse Victim Specialist) have completed multiple trainings surrounding diversity, equity and inclusion. Our HR staff person at the Community Health Agency is assisting us establish a baseline orientation and training checklist to include DEI training. Our local aging network partners are monitored annually in which their progress is also discussed and noted. As of July 2023,

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

all contracted providers (8 total with over 300 staff total) had participated in some form of cultural diversity training and/or implicit bias training. We intend to continue monitoring the networks' success in maintaining these trainings annually during our monitoring visits.

To address Objective 3:

Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure staff are trained to identify a possible linguistic translation need of a senior, caregiver, and/or family member?

Linguistic translation services have been requested multiple times by our local Branch County Commission on Aging office to support an individual seeking, first, health insurance counseling and most recently additional information related to other in-home supports and services. Our BHSJ Community Health Agency Prevention Services Division has a translation service available and is quite user friendly to use via an iPad and internet-based translation.

Our most requested languages via our translation service are Arabic, Spanish, American Sign Language, and Haitian Creole. All staff (providers and their volunteers where applicable) are oriented and trained on identifying the need for possible translation and how to utilize the service.

The BHSJ Community Health Agency also just updated their entire website, including the Area Agency on Aging page, to offer Google translation to visitors. We'll share statistics once they become available.

2. Ensure that AAA3C staff and providers use outreach methods which are culturally sensitive and welcoming to all individuals. This targeted outreach includes sensitivity for individuals from other cultures, backgrounds, and whom use other language(s) than English.

Timeline: 10/01/2022 to 09/30/2023

Progress

The Region IIIC AAA brochure is currently being translated into Arabic and Spanish and is due from the printer any day now as the AIP is being written! Thanks to the ACLS Bureau for supporting our efforts to translate our main outreach tool into languages spoken in our planning and service area.

In May 2023, our provider assessments/monitoring visits will begin. During these visits we will be discussing, observing and noting providers outreach methods including items published, images used, and language used in their materials. More to come on this objective!

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**2025 Program Development Objectives**

**FY 2025 AIP COLLABORATION WITH STATE PLAN GOALS**

Please provide information for any new goals and objectives that are proposed by the AAA during FY 2025.

**Instructions**

The AAA may enter a new goal in the appropriate text box. It is acceptable, though not required, if some of the AAA's goals correspond to the ACLS Bureau's state plan goals. There is an entry box to identify which, if any, state plan goal(s) correlate with the entered goal. See the Document Library for Michigan's State Plan on Aging for FY 2024 – FY 2026.

A narrative for each goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box.

Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective (see Document Library for additional instructions on completing this section).

**Area Agency on Aging Goal**

**A.**

State Goal Match:

Narrative

Objectives

1.

Timeline:                      to

Activities

Expected Outcome

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Supplemental Documents**

**Document A: Policy Board Membership (Required).**

**Document B: Advisory Council Membership (Required).**

**SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL**

**Select the supplemental document(s) from the list below only if applicable to the AAA's FY 2025 AIP. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.**

**Document C: Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers (only if applicable).**

**Document D: Cash-In-Lieu-Of-Commodity Agreement (only if applicable).**

**Document E: Waiver of Minimum Percentage of a Priority Service Category (only if applicable).**

**Document F: Request to Transfer Funds (only if applicable).**

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**SUPPLEMENTAL DOCUMENT A**  
**Board of Directors Membership**

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	0	0	0	0	0	3	6
Age 60 and Over	1	0	0	0	0	0	1	1
Identifies as Female	0	0	0	0	0	0	0	0
Identifies as Male	1	0	0	0	0	0	2	3
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	0	0



STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

---

Branch-St. Joseph Area Agency on Aging

FY 2025

Board Member Name	Geographic Area	Affiliation	Membership Status
Jon Houtz	Branch County	County Commissioner	Elected Official
Brent Leininger	Hillsdale County	County Commissioner	Elected Official
Jared Hoffmaster	St. Joseph County	County Commissioner	Elected Official
Rusty Baker	St. Joseph County	County Commissioner	Elected Official
Tom Matthew	Branch County	County Commissioner	Elected Official
Steve Lanius	Hillsdale County	County Commissioner	Elected Official

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**SUPPLEMENTAL DOCUMENT B**  
**Advisory Board Membership**

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	0	0	0	0	0	0	10
Age 60 and Over	0	0	0	0	0	0	4	4
Identifies as Female	0	1	0	0	0	0	5	6
Identifies as Male	0	0	0	0	0	0	4	0
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	0	0

Board Member Name	Geographic Area	Affiliation
Amy Duff	Branch County	Focal Point
Pamela Riley	St. Joseph County	Focal Point
Richard Jacoby	Branch County	Human Service/Social Service Representative
Madelene Wirgau	St. Joseph County	Human Service/Social Service Representative
Sandra Leslie	St. Joseph County	Human Service/Social Service Representative
Trish Wood	Branch, St. Joseph County	Health Services Representative

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
**FY2023-2026 Multi Year Plan**

---

**Branch-St. Joseph Area Agency on Aging**

**FY 2025**

Kelly Jonker	Branch, St. Joseph County	Health Services Representative
Denny Brieske	Branch County	Consumer/Volunteer/Community Leader
James Cook	Branch County	Consumer/Volunteer/Community Leader
Rick Shaffer	St. Joseph County	Consumer/Volunteer/Community Leader

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**SUPPLEMENTAL DOCUMENT F**  
**Request to Transfer Funds**

<b>1</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  0
<b>2</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer  60,000
<p>As a result of our community needs assessment for many years, in home and other supportive services such as care management/case coordination &amp; support are in greater demand in Region IIIC than of Congregate Meals. This request to transfer funds allows us to better fulfill needs throughout the planning and service area.</p> <p>As such, the \$60,000 transfer out of Title IIIC-1 shall be allocated as follows: C1 to 3B --- \$35,000 C1 to C2 --- \$25,000</p>		
<b>3</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer  0

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Planned Service Array**

Complete the FY 2025 AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> </ul>	
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair *</li> <li>• Legal Assistance</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Caregiver Education, Support and Training</li> </ul>
<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> <li>• Information and Assistance</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies *</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair *</li> <li>• Caregiver Education, Support and Training</li> </ul>
<b>Participant Private Pay</b>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair *</li> <li>• Legal Assistance</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Home Repair</li> <li>• Legal Assistance</li> <li>• Caregiver Education, Support and Training</li> </ul>

\* Not PSA-wide

STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**  
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.**

**Instructions**

**Use the provided text box to detail the Planned Service Array narrative.**

Branch-St. Joseph AAA (IIC) develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our RFP process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care/homemaking, wound care, durable medical equipment/supplies, medication management, and more. County senior millages are available in each county in the PSA. They are administered by the County's Commission on Aging departments. They utilize the millage funds to match federal and state grants, as well as support senior centers, special trips and programming outside the ACLS Bureau's funded services array.

The two services that are contracted by the Area Agency but not available PSA-wide are Home Repair and Adult Day Services. Since 2014 our agency has been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains a goal for FY 2025. Home repair was put out for bid 2022 Request for Proposals, but as has occurred historically, there has only been one bidder who responded and their services are offered in St. Joseph County only.

There are also two services not listed on the Planned Service Array table which are approved Regional Service Definitions that are available PSA wide: Community Living Program Services (CLPS) and Gap Filling. Both services are based upon other regions' successes, and now include multiple years of success in Region IIC! CLPS offers clients of our Care Management Program flexibility in their service plans and offers the most flexibility to the agency(ies) providing direct care and support to them. Gap filling is also a flexible definition to offer a good or service not met by other means/services to support an individuals' safety and well being.

Caregiver Support, Caregiver Education and Caregiver Training are also listed as one service (Caregiver EST) in the Planned Services Array table, however, the Operating Standards have been updated and we are proposing to utilize all three separate services in Region IIC, beginning October 1, 2024.