

BOARD OF HEALTH Agenda for June 24, 2021 at 9:00 AM

- 1. Call to Order
 - a. Opening ceremonies Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda *
 - d. Approval of the Minutes*
- 2. Public Comment
 - a. MERS Actuarial Report Presentation
- 3. Health Officer's Report
- 4. Medical Director's Report
- 5. <u>Committee Reports</u>
 - a. Finance Committee Did not meet
 - b. Program, Policies, and Appeals June 10, 2021 Meeting
- 6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
- 7. <u>Unfinished Business</u> a.
- 8. <u>New Business</u>
 - a. Medical Director*
 - b. Purchase Cards*
 - c. FY2022 Annual Implementation Plan*
- 9. Departmental Reports
 - a. Area Agency on Aging
 - b. Personal Health & Disease Prevention
 - c. Environmental Health
- 10. Adjournment Next meeting: July 22, 2021



May 27, 2021 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Kathy Pangle at 9:00 a.m. with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Kathy Pangle, Tom Matthew, Jon Houtz, Jared Hoffmaster, and Brent Leininger. Mark Wiley joined the meeting at 9:06 during the Health Officer's report.

Also present from BHSJ: Rebecca Burns, Dr. Vogel, Theresa Fisher, Paul Andriacchi, Laura Sutter, and Kali Nichols.

Mr. Houtz moved to approve the agenda with support from Mr. Matthew and the motion passed.

Mr. Houtz moved to approve the minutes from the previous meetings with support from Mr. Wiley and the motion passed.

Public comment:

• None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Vaccinations Continue, COVID-19 Cases, American Rescue Plan Funds, New Medical Director Candidate, Mobile Clinic Van, COVID-19 testing, Board of Health Education, Health Education and Promotion Updates, and Strategic Planning.

Dr. Vogel, Medical Director, reviewed the Medical Director's monthly report. This month's report was on Vaccine Hesitancy in the COVID-19 Pandemic.

Financial Reports/Expenditures

Mr. Houtz moved to approve the expenditures as reported and place the financials on file with support from Mr. Matthew. A roll call vote was taken and the motion passed 6-0 (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; Mr. Hoffmaster, yes; Mr. Leininger, yes).

Unfinished Business

 Mr. Houtz moved to continue the past practice of approving minutes from the BOH subcommittees at the next full Board of Health Meeting, with support from Mr. Matthew. A roll call vote was taken and the motion passed 5-1 (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; Mr. Hoffmaster, yes; Mr. Leininger, no).

Committee Reports:

• Finance Committee –Mr. Hoffmaster moved to approve the minutes from the May 12, 2021 Finance Committee meeting with support from Mr. Houtz. The motion passed. • Program, Policy, and Appeals Committee – Mr. Wiley moved to approve the minutes from the April 22, 2021 Program, Policy, and Appeals Committee meeting with support from Mr. Hoffmaster. The motion passed.

New Business:

- Mr. Houtz moved amend the current 2021 Board of Health Meeting Schedule to hold the remainder of this year's meetings to in person, in the Coldwater office. The motion was supported by Mr. Wiley. A roll call vote was taken and the motion passed 6-0 (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; Mr. Hoffmaster, yes; Mr. Leininger, ves).
- Mr. Wiley moved to approve payment of \$2 per hour hazard pay, calculated retroactively based on the number of hours actually worked between October 1, 2020 and June 18, 2021, to all employees who receive payment for hours worked in the payroll ending June 18, 2021. The motion was supported by Mr. Hoffmaster. A roll call vote was taken and the motion passed 5-1 (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; Mr. Hoffmaster, yes; Mr. Leininger, no).
- Mr. Houtz moved to temporarily remove the vacation accrual maximum cap, retroactively 0 from October 1, 2020 through September 30, 2021, with support from Mr. Hoffmaster. A roll call vote was taken and the motion passed 6-0 (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; Mr. Hoffmaster, yes; Mr. Leininger, yes).
- Mr. Houtz moved to approve payments up to \$750,000 to the under-funded MERS DB Retirement plan by September 30, 2021, with support from Mr. Leininger. A roll call vote was taken and the motion passed 6-0 (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; Mr. Hoffmaster, yes; Mr. Leininger, yes).
- 0

Departmental Reports:

- Personal Health & Disease Prevention
- Environmental Health
- Area Agency on Aging

With no further business the meeting was adjourned at 10:54 AM.

Respectfully Submitted by: Theresa Fisher, BS



Municipal Employees' Retirement System of Michigan

Annual Actuarial Valuation Report December 31, 2020 - Branch-Hillsdale-St Joseph Comm Hlth Agcy (1202)





Spring, 2021

Branch-Hillsdale-St Joseph Comm HIth Agcy

In care of: Municipal Employees' Retirement System of Michigan 1134 Municipal Way Lansing, Michigan 48917

This report presents the results of the Annual Actuarial Valuation, prepared for Branch-Hillsdale-St Joseph Comm HIth Agcy (1202) as of December 31, 2020. The report includes the determination of liabilities and contribution rates resulting from the participation in the Municipal Employees' Retirement System of Michigan ("MERS"). This report contains the minimum actuarially determined contribution requirement, in alignment with the MERS Plan Document, Actuarial Policy, the Michigan Constitution, and governing statutes. Branch-Hillsdale-St Joseph Comm HIth Agcy is responsible for the employer contributions needed to provide MERS benefits for its employees and former employees.

The purposes of this valuation are to:

- Measure funding progress as of December 31, 2020,
- Establish contribution requirements for the fiscal year beginning January 1, 2022,
- Provide information regarding the identification and assessment of risk,
- Provide actuarial information in connection with applicable Governmental Accounting Standards Board (GASB) statements, and
- Provide information to assist the local unit of government with state reporting requirements.

This valuation assumed the continuing ability of the plan sponsor to make the contributions necessary to fund this plan. A determination regarding whether or not the plan sponsor is actually able to do so is outside our scope of expertise and was not performed.

The findings in this report are based on data and other information through December 31, 2020. The valuation was based upon information furnished by MERS concerning Retirement System benefits, financial transactions, plan provisions and active members, terminated members, retirees and beneficiaries. We checked for internal reasonability and year-to-year consistency, but did not audit the data. We are not responsible for the accuracy or completeness of the information provided by MERS.

Branch-Hillsdale-St Joseph Comm HIth Agcy Spring, 2021 Page 2

The Municipal Employees' Retirement Act, PA 427 of 1984 and the MERS' Plan Document Article VI sec. 71 (1)(d), provides the MERS Board with the authority to set actuarial assumptions and methods after consultation with the actuary. As the fiduciary of the plan, MERS Retirement Board sets certain assumptions for funding and GASB purposes. These assumptions are checked regularly through a comprehensive study, called an Experience Study. Studies were completed in 2018 and 2020, and are the basis of the economic and demographic assumptions and methods currently in place. Updated economic assumptions were adopted by the MERS Retirement Board at the February 28, 2019 board meeting and were effective with the December 31, 2019 annual actuarial valuation. At the February 27, 2020 board meeting, the MERS Retirement Board adopted demographic assumptions effective with the December 31, 2020 annual actuarial valuations assumptions effective with the December 31, 2020 annual actuarial valuations and methods assumptions effective with the December 31, 2020 annual actuarial valuations assumptions effective with the December 31, 2020 annual actuarial valuations beginning in 2022.

The Michigan Department of Treasury provides required assumptions to be used for purposes of Public Act 202 reporting. These assumptions are for reporting purposes only and do not impact required contributions. Please refer to the State Reporting page found at the end of this report for information for this filing.

For a full list of all the assumptions used, please refer to the division-specific assumptions described in table(s) in this report, and to the Appendix on the MERS website at: http://www.mersofmich.com/Portals/0/Assets/Resources/AAV-Appendix/MERS-2020AnnualActuarialValuation-Appendix.pdf

The actuarial assumptions used for this valuation, including the assumed rate of investment return, are reasonable for purposes of the measurement.

This report reflects the impact of COVID-19 experience through December 31, 2020. It does not reflect the ongoing impact of COVID-19, which is likely to influence demographic and economic experience, at least in the short-term. We will continue to monitor these developments and their impact on the MERS Defined Benefit and Hybrid plans. Actual future experience will be reflected in each subsequent annual valuation, as experience emerges.

This report has been prepared by actuaries who have substantial experience valuing public employee retirement systems. To the best of our knowledge the information contained in this report is accurate and fairly presents the actuarial position of Branch-Hillsdale-St Joseph Comm HIth Agcy as of the valuation date. All calculations have been made in conformity with generally accepted actuarial principles and practices, with the Actuarial Standards of Practice issued by the Actuarial Standards Board, and with applicable statutes.

David T. Kausch, Rebecca L. Stouffer, and Mark Buis are members of the American Academy of Actuaries. These actuaries meet the Academy's Qualification Standards to render the actuarial opinions contained herein. The signing actuaries are independent of the plan sponsor. GRS maintains independent consulting agreements with certain local units of government for services unrelated to the actuarial consulting services provided in this report.

The Retirement Board of the Municipal Employees' Retirement System of Michigan confirms that the System provides for payment of the required employer contribution as described in Section 20m of Act No. 314 of 1965 (MCL 38.1140m).



Branch-Hillsdale-St Joseph Comm Hlth Agcy Spring, 2021 Page 3

This information is purely actuarial in nature. It is not intended to serve as a substitute for legal, accounting or investment advice.

This report was prepared at the request of the MERS Retirement Board and may be provided only in its entirety by the municipality to other interested parties (MERS customarily provides the full report on request to associated third parties such as the auditor for the municipality). GRS is not responsible for the consequences of any unauthorized use. This report should not be relied on for any purpose other than the purposes described herein. Determinations of financial results, associated with the benefits described in this report, for purposes other than those identified above may be significantly different.

If you have reason to believe that the plan provisions are incorrectly described, that important plan provisions relevant to this valuation are not described, that conditions have changed since the calculations were made, that the information provided in this report is inaccurate or is in anyway incomplete, or if you need further information in order to make an informed decision on the subject matter in this report, please contact your Regional Manager at 1.800.767.MERS (6377).

Sincerely,

David Thauseh

David T. Kausch, FSA, FCA, EA, MAAA

Rebecca J. Stough

Rebecca L. Stouffer, ASA, FCA, MAAA

Mark Buis, FSA, FCA, EA, MAAA



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Executive Summary

Funded Ratio

The funded ratio of a plan is the percentage of the dollar value of the actuarial accrued liability that is covered by the actuarial value of assets. While funding ratio may be a useful plan measurement, understanding a plan's funding trend may be more important than a particular point in time. Refer to Table 7 to find a history of this information.

	12/31/2020	12/31/2019
Funded Ratio*	83%	83%

* Reflects assets from Surplus divisions, if any.

Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS's technology service provider.



Required Employer Contributions

Your required employer contributions are shown in the following table. Employee contributions, if any, are in addition to the employer contributions.

Effective for the December 31, 2020 valuation, the MERS Retirement Board has adopted updated demographic assumptions. Changes to these assumptions are effective for contributions beginning in 2022. Effective with the 2019 valuation, the MERS Retirement Board adopted updated economic assumptions. The combined impact of these assumption changes may be phased in. This valuation reflects the second year of phase-in for the economic assumption update and the first year of phase-in for the demographic assumption update. The remaining combined phase-in period is four years for all assumption changes.

By default, MERS will invoice you based on the amount in the "No Phase-in" columns. This amount will be considered the minimum required contribution unless you request to be billed the "Phase-in" rates. If you wish to be billed using the phased-in rates, please contact MERS, at which point the alternate minimum required contribution will be the amount in the "Phase-in" columns.

		Percentage	e of Payroll		Monthly \$ Based on Projected Payroll																
	Phase-in	No Phase-in	Phase-in	No Phase-in	P	Phase-in		Phase-in	Phase-in	No Phase-in											
Valuation Date:	12/31/2020	12/31/2020	12/31/2019	12/31/2019	12/31/2020		12/31/2020		12/31/2020		12	2/31/2020	12/31/2019	12	2/31/2019						
	January 1,	January 1,	January 1,	January 1,	January 1,		January 1,		January 1, Jan		January 1,	J	anuary 1,								
Fiscal Year Beginning:	2022	2022	2021	2021		2022		2022		2022		2022		2022		2022 20		2022 2021		2021	
Division																					
01 - Gnrl	-	-	-	-	\$	39,596	\$	49,349	\$ 31,252	\$	34,933										
Total Municipality -																					
Estimated Monthly Contribution					\$	39,596	\$	49,349	\$ 31,252	\$	34,933										
Total Municipality -																					
Estimated Annual Contribution					\$	475,152	\$	592,188	\$ 375,024	\$	419,196										

Employee contribution rates:

	Employee Contribution Rate						
Valuation Date:	12/31/2020 12/31/2019						
Division							
01 - Gnrl	3.00% 3.00%						

The employer may contribute more than the minimum required contributions, as these additional contributions will earn investment income and may result in lower future contribution requirements. Employers making contributions in excess of the minimum requirements may elect to apply the excess contribution immediately to a particular division, or segregate the excess into one or more of what MERS calls "Surplus" divisions. An election in the first case would immediately reduce any unfunded accrued liability and lower the amortization payments throughout the remaining amortization period. An election to set up Surplus divisions would not immediately lower future contributions, however the assets from the Surplus division could be transferred to an unfunded division in the future to reduce the unfunded liability in future years, or to be used to pay all or a portion of the minimum required contribution in a future year. For purposes of this report, the assets in any Surplus division have been included in the municipality's total assets, unfunded accrued liability and funded status, however, these assets are not used in calculating the minimum required contribution.

MERS strongly encourages employers to contribute more than the minimum contribution shown above.



Assuming that experience of the plan meets actuarial assumptions:

• To accelerate to a 100% funding ratio in 10 years, estimated monthly employer contributions for the fiscal year beginning in 2022 for the entire employer would be \$57,925, instead of \$49,349.

How and Why Do These Numbers Change?

In a defined benefit plan, contributions vary from one annual actuarial valuation to the next as a result of the following:

- Changes in benefit provisions (see Table 2),
- Changes in actuarial assumptions and methods (see the Appendix), and
- Experience of the plan (investment experience and demographic experience); this is the difference between actual experience of the plan and the actuarial assumptions.

These impacts are reflected in various tables in the report. For more information, please contact your Regional Manager.

Comments on Investment Rate of Return Assumption

A defined benefit plan is funded by employer contributions, participant contributions, and investment earnings. Investment earnings have historically provided a significant portion of the funding. The larger the share of benefits being provided from investment returns, the smaller the required contributions, and vice versa. Determining the contributions required to prefund the promised retirement benefits requires an assumption of what investment earnings are expected to add to the fund over a long period of time. This is called the **Investment Return Assumption**.

The MERS Investment Return Assumption is **7.35%** per year. This, along with all of our other actuarial assumptions, is reviewed at least every five years in an Experience Study that compares the assumptions used against actual experience and recommends adjustments if necessary. If your municipality would like to explore contributions at lower assumed investment return assumptions, please review the "what if" projection scenarios later in this report.

Assumption Change in 2020

A 5-year experience study analyzing historical experience from 2013 through 2018 was completed in February 2020. In addition to changes to the economic assumptions which took effect with the fiscal year 2021 contribution rates, the experience study recommended updated demographic assumptions, including adjustments to the following actuarial assumptions: mortality, retirement, disability, and termination rates. Changes to the demographic assumptions resulting from the experience study have been approved by the MERS Retirement Board and are effective beginning with the December 31, 2020 actuarial valuation, first impacting 2022 contributions. A complete description of the assumptions may be found in the Appendix to the valuation.

Comments on Asset Smoothing

To avoid dramatic spikes and dips in annual contribution requirements due to short term fluctuations in asset markets, MERS applies a technique called **asset smoothing**. This spreads out each year's investment gains or losses over the prior year and the following four years. This smoothing method is used to determine your actuarial value of assets (valuation assets), which is then used to determine both your funded ratio and your



required contributions. **The (smoothed) actuarial rate of return for 2020 was 8.17%, while the actual market rate of return was 12.70%.** To see historical details of the market rate of return, compared to the smoothed actuarial rate of return, refer to this report's Appendix, or view the "<u>How Smoothing Works" video</u> on the <u>Defined Benefit resource page</u> of the MERS website.

As of December 31, 2020, the actuarial value of assets is 97% of market value due to asset smoothing. This means that the rate of return on the actuarial value of assets should exceed the actuarial assumption in the next few years provided that the annual market returns exceed the 7.35% investment return assumption. When all assumptions are met, contribution rates are expected to stay approximately level as a percent of payroll (dollar amounts are expected to increase with wage inflation of 3.0% each year).

If the December 31, 2020 valuation results were based on market value instead of actuarial value:

- The funded percent of your entire municipality would be 86% (instead of 83%); and
- Your total employer contribution requirement for the fiscal year starting January 1, 2022 would be \$550,332 (instead of \$592,188).

Alternate Scenarios to Estimate the Potential Volatility of Results ("What If Scenarios")

The calculations in this report are based on assumptions about long-term economic and demographic behavior. These assumptions will never materialize in a given year, except by coincidence. Therefore, the results will vary from one year to the next. The volatility of the results depends upon the characteristics of the plan. For example:

- Open divisions that have substantial assets compared to their active employee payroll will have more volatile employer contribution rates due to investment return fluctuations.
- Open divisions that have substantial accrued liability compared to their active employee payroll will have more volatile employer contribution rates due to demographic experience fluctuations.
- Small divisions will have more volatile contribution patterns than larger divisions because statistical fluctuations are relatively larger among small populations.
- Shorter amortization periods result in more volatile contribution patterns.

Many assumptions are important in determining the required employer contributions. In the following table, we show the impact of varying the Investment Return assumption. Lower investment returns would result in higher required employer contributions, and vice-versa. The three economic scenarios below provide a quantitative risk assessment for the impact of investment returns on the plan's future financial condition for funding purposes.

The relative impact of the economic scenarios below will vary from year to year, as the participant demographics change. The impact of each scenario should be analyzed for a given year, not from year to year. The results in the table are based on the December 31, 2020 valuation, and are for the municipality in total, not by division. These results do not reflect a phase-in of the impact of the new actuarial assumptions.

It is important to note that calculations in this report are mathematical estimates based upon assumptions regarding future events, which may or may not materialize. Actuarial calculations can and do vary from one valuation to the next, sometimes significantly depending on the group's size. Projections are not predictions. Future valuations will be based on actual future experience.



	Lower Future		Lower Future		Valuation
12/31/2020 Valuation Results	Annual Returns	Annual Returns			Assumptions
Investment Return Assumption	5.35%	6.35%			7.35%
Accrued Liability	\$ 22,623,507	\$	20,130,001	\$	18,048,699
Valuation Assets ¹	\$ 15,017,999	\$	15,017,999	\$	15,017,999
Unfunded Accrued Liability	\$ 7,605,508	\$	5,112,002	\$	3,030,700
Funded Ratio	66%		75%		83%
Monthly Normal Cost	\$ 20,871	\$	15,641	\$	11,698
Monthly Amortization Payment	\$ 69,129	\$	52,857	\$	37,651
Total Employer Contribution ²	\$ 90,000	\$	68,498	\$	49,349

¹ The Valuation Assets include assets from Surplus divisions, if any.

² If assets exceed accrued liabilities for a division, the division may have an overfunding credit to reduce the division's employer contribution requirement. If the overfunding credit is larger than the normal cost, the division's full credit is included in the municipality's amortization payment above but the division's total contribution requirement is zero. This can cause the displayed normal cost and amortization payment to not add up to the displayed total employer contribution.

Projection Scenarios

The next two pages show projections of the plan's funded ratio and computed employer contributions under the actuarial assumptions used in the valuation and alternate economic assumption scenarios. All three projections take into account the past investment experience that will continue to affect the actuarial rate of return in the short term.

The 7.35% scenario provides an estimate of computed employer contributions based on current actuarial assumptions, and a projected 7.35% market return. The other two scenarios may be useful if the municipality chooses to budget more conservatively, and make contributions in addition to the minimum requirements. The 6.35% and 5.35% projection scenarios provide an indication of the potential required employer contribution if these assumptions were met over the long-term.

Your municipality includes one or more Surplus divisions. The assets in a Surplus division may be used to reduce future employer contributions or to accelerate the date by which the municipality becomes 100% funded. The timing and use of these Surplus assets is discretionary.

The Funded Percentage graph shows projections of funded status under the 7.35% investment return assumption, both including the Surplus assets (contributed as of the valuation date), and without the Surplus assets. The graph including the Surplus assets assumes these Surplus assets grow with interest and are not used to lower future employer contributions. We modeled the projections including the Surplus assets in this fashion because the use of these assets is discretionary by the employer and we do not know when and how the employer will use them. Once the employer uses these Surplus assets, any future employer contributions are expected to be lower than those shown in the projections.

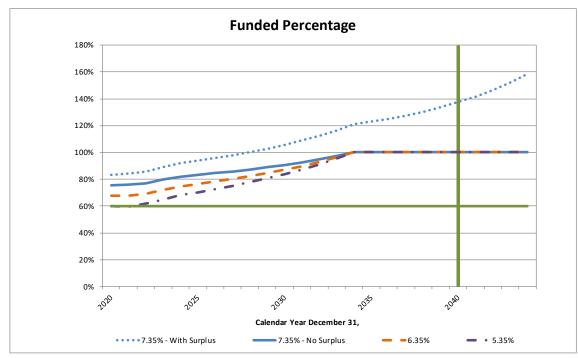


Valuation	Fiscal Year						Esti	mated Annual	
Year Ending	Beginning	Actuarial Accrued				Funded	Employer		
12/31	1/1	Liability		Liability Valuation Asset		Percentage	C	Contribution	
7.35% ¹ - NO	PHASE-IN								
2020	2022	\$	18,048,699	\$	13,590,913	75%	\$	592,188	
2021	2023	\$	18,500,000	\$	14,000,000	76%	\$	589,000	
2022	2024	\$	18,900,000	\$	14,500,000	77%	\$	595,000	
2023	2025	\$	19,200,000	\$	15,300,000	80%	\$	564,000	
2024	2026	\$	19,500,000	\$	15,900,000	82%	\$	544,000	
2025	2027	\$	19,700,000	\$	16,400,000	83%	\$	548,000	
6.35% ¹ - NO	PHASE-IN								
2020	2022	\$	20,130,001	\$	13,590,913	68%	\$	821,976	
2021	2023	\$	20,500,000	\$	13,900,000	68%	\$	827,000	
2022	2024	\$	20,900,000	\$	14,500,000	69%	\$	836,000	
2023	2025	\$	21,300,000	\$	15,300,000	72%	\$	810,000	
2024	2026	\$	21,500,000	\$	16,100,000	75%	\$	795,000	
2025	2027	\$	21,700,000	\$	16,600,000	77%	\$	803,000	
5.35% ¹ - NO	PHASE-IN								
2020	2022	\$	22,623,507	\$	13,590,913	60%	\$	1,080,000	
2021	2023	\$	23,000,000	\$	13,700,000	60%	\$	1,090,000	
2022	2024	\$	23,400,000	\$	14,500,000	62%	\$	1,100,000	
2023	2025	\$	23,800,000	\$	15,400,000	65%	\$	1,080,000	
2024	2026	\$	24,000,000	\$	16,300,000	68%	\$	1,070,000	
2025	2027	\$	24,200,000	\$	17,000,000	70%	\$	1,080,000	

¹ Represents both the interest rate for discounting liabilities and the future investment return assumption on the Market Value of assets.

² Valuation Assets do not include assets from Surplus divisions, if any.

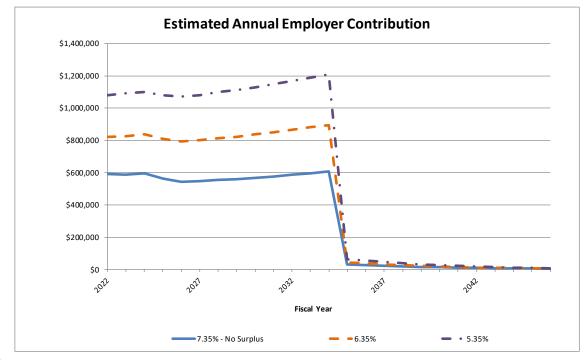




Notes:

All projected funded percentages are shown with no phase-in.

Assumes assets from Surplus divisions will not be used to lower employer contributions during the projection period. The green indicator lines have been added at 60% funded and 20 years following the valuation date for PA 202 purposes.



Notes:

All projected contributions are shown with no phase-in.

Projected employer contributions do not reflect the use of any assets from the Surplus divisions.



Table 1: Employer Contribution Details for the Fiscal Year Beginning January 1, 2022

			En	ployer Contributio	ons ¹				
	Total	Employee	Employer	Payment of the Unfunded	Computed Employer	Computed Employer	Blended ER	Blended ER	Employee Contribut.
	Normal	Contribut.	Normal	Accrued	Contribut. No	Contribut.	Rate No	Rate With	Conversion
Division	Cost	Rate	Cost ⁶	Liability ⁴	Phase-In	With Phase-In	Phase-In ⁵	Phase-In ⁵	Factor ²
Percentage of Payroll									
01 - Gnrl	12.82%	3.00%		-	-	-			
Estimated Monthly Contribution ³									
01 - Gnrl			\$ 11,698	\$ 37,651	\$ 49,349	\$ 39,596			
Total Municipality			\$ 11,698	\$ 37,651	\$ 49,349	\$ 39,596			
Estimated Annual Contribution ³			\$ 140,376	\$ 451,812	\$ 592,188	\$ 475,152			

¹ The above employer contribution requirements are in addition to the employee contributions, if any.

² If employee contributions are increased/decreased by 1.00% of pay, the employer contribution requirement will decrease/increase by the Employee Contribution Conversion Factor. The conversion factor is usually under 1%, because employee contributions may be refunded at termination of employment, and not used to fund retirement pensions. Employer contributions will all be used to fund pensions.

³ For divisions that are open to new hires, estimated contributions are based on projected fiscal year payroll. Actual contributions will be based on actual reported monthly pays, and will be different from the above amounts. For divisions that will have no new hires (i.e., closed divisions), invoices will be based on the above dollar amounts which are based on projected fiscal year payroll. See description of Open Divisions and Closed Divisions in the Appendix.

⁴ Note that if the overfunding credit is larger than the normal cost, the full credit is shown above but the total contribution requirement is zero. This will cause the displayed normal cost and unfunded accrued liability contributions to not add across.

⁵ For linked divisions, the employer will be invoiced the Computed Employer Contribution No Phase-in rate shown above for each linked division (a contribution rate for the open division; a contribution dollar for the closed-but-linked division), unless the employer elects to contribute the Blended Employer Contribution rate shown above, by contacting MERS at 800-767-MERS (6377).

⁶ For divisions with a negative employer normal cost, employee contributions cover the normal cost and a portion of the payment of any unfunded accrued liability.

Please see the Comments on Asset Smoothing in the Executive Summary of this report.



Table 2: Benefit Provisions

	2020 Valuation	2019 Valuation
Benefit Multiplier:	2.00% Multiplier (no max)	2.00% Multiplier (no max)
Normal Retirement Age:	60	60
Vesting:	6 years	6 years
Early Retirement (Unreduced):	55/25	55/25
Early Retirement (Reduced):	50/25	50/25
	55/15	55/15
Final Average Compensation:	5 years	5 years
COLA for Future Retirees:	2.50% (Non-Compound)	2.50% (Non-Compound)
COLA for Current Retirees:	2.50% (Non-Compound)	2.50% (Non-Compound)
Employee Contributions:	3.00%	3.00%
DC Plan for New Hires:	8/1/2015	8/1/2015
Act 88:	Yes (Adopted 8/16/1963)	Yes (Adopted 8/16/1963)

01 - Gnrl: Closed to new hires



	2020) Va	luation	2019	Va	luation		2020 Valuat	ion
								Average	Average
			Annual			Annual	Average	Benefit	Eligibility
Division	Number		Payroll ¹	Number		Payroll ¹	Age	Service ²	Service ²
01 - Gnrl									
Active Employees	31	\$	1,590,755	32	\$	1,439,800	52.8	16.4	17.9
Vested Former Employees	18		176,703	20		196,248	52.7	11.8	12.9
Retirees and Beneficiaries	69		1,004,974	66		952,092	71.6		
Pending Refunds	20			20					
Total Municipality									
Active Employees	31	\$	1,590,755	32	\$	1,439,800	52.8	16.4	17.9
Vested Former Employees	18		176,703	20		196,248	52.7	11.8	12.9
Retirees and Beneficiaries	69		1,004,974	66		952,092	71.6		
Pending Refunds	<u>20</u>			<u>20</u>					
Total Participants	138			138					

Table 3: Participant Summary

¹ Annual payroll for active employees; annual deferred benefits payable for vested former employees; annual benefits being paid for retirees and beneficiaries.

² Descriptions can be found under Miscellaneous and Technical Assumptions in the Appendix.



		2020 Va	ion	2019 Valuation				
	En	nployer and	ind			mployer and		
Division		Retiree ¹	ree ¹ Employee ²		Retiree ¹		Employee ²	
01 - Gnrl	\$	\$ 13,001,612		\$ 975,675		11,987,513	\$	989,381
S1 - Surplus Unassociated		1,467,656		0		340,678		0
Municipality Total ³	\$	14,469,268	\$	975,675	\$	12,328,191	\$	989,381
Combined Assets ³		\$15,44	14,94	13		\$13,3	17,573	3

¹ Reserve for Employer Contributions and Benefit Payments.

² Reserve for Employee Contributions.

³ Totals may not add due to rounding.

The December 31, 2020 valuation assets (actuarial value of assets) are equal to 0.972357 times the reported market value of assets (compared to 1.013179 as of December 31, 2019). Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.

Assets in the Surplus division(s) are employer assets that have been reserved separately and may be used within the plan at the employer's discretion at some point in the future. These assets are not used in calculating the employer contribution for the fiscal year beginning January 1, 2022.



Table 5: Flow of Valuation Assets

Maran				Investment		E		Mahaattaa	
Year				Income		Employee		Valuation	
Ended	Employer Co	ontributions	Employee	(Valuation	Benefit	Contribution	Net	Asset	
12/31	Required	Additional	Contributions	Assets)	Payments	Refunds	Transfers	Balance	
2010	\$ 156,587		\$ 72,902	\$ 577,299	\$ (436,060)	\$ (5,198)	\$ 0	\$ 11,006,427	
2011	151,695	\$0	70,906	563,898	(441,636)	(20,994)	0	11,330,296	
2012	156,324	0	69,438	519,180	(464,665)	(18,180)	0	11,592,393	
2013	141,200	0	73,865	688,536	(525,060)	(1,511)	0	11,969,423	
2014	181,018	0	71,723	681,958	(587,518)	(3,183)	0	12,313,421	
2015	219,053	0	85,602	609,083	(613,919)	(2,351)	0	12,610,889	
2016	226,464	0	64,400	640,744	(703,219)	(12,094)	0	12,827,184	
2017	266,448	0	55,364	763,561	(767,980)	(9,208)	0	13,135,369	
2018	258,445	46,080	50,404	471,387	(854,096)	(6,575)	0	13,101,014	
2019	276,576	360,686	47,927	622,746	(910,624)	(5,240)	0	13,493,085	
2020	316,727	947,935	48,270	1,173,623	(961,641)	0	0	15,017,999	

Notes:

Transfers in and out are usually related to the transfer of participants between municipalities, and to employer and employee payments for service credit purchases (if any) that the governing body has approved.

Additional employer contributions, if any, are shown separately starting in 2011. Prior to 2011, additional contributions are combined with the required employer contributions.

The investment income column reflects the recognized investment income based on Valuation Assets. It does not reflect the market value investment return in any given year.

The Valuation Asset balance includes assets from Surplus divisions, if any.

Years where historical information is not available will be displayed with zero values.



Table 6: Actuarial Accrued Liabilities and Valuation Assetsas of December 31, 2020

		Actuarial Accrued Liability									ι	Infunded		
				Vested									(0	verfunded)
		Active		Former	R	etirees and		Pending				Percent		Accrued
Division	Er	mployees		Employees	В	eneficiaries		Refunds	Total	Val	uation Assets	Funded	L	iabilities
01 - Gnrl	\$	5,713,136	\$	1,655,052	\$	10,632,268	\$	48,243	\$ 18,048,699	\$	13,590,913	75.3%	\$	4,457,786
S1 - Surplus Unassociated		0		0		0		0	0		1,427,086			(1,427,086)
Total	\$	5,713,136	\$	1,655,052	\$	10,632,268	\$	48,243	\$ 18,048,699	\$	15,017,999	83.2%	\$	3,030,700

Please see the Comments on Asset Smoothing in the Executive Summary of this report.

The December 31, 2020 valuation assets (actuarial value of assets) are equal to 0.972357 times the reported market value of assets. Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.



Table 7: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date	Actuarial		Percent	Unfunded (Overfunded) Accrued
December 31	Accrued Liability	Valuation Assets	Funded	Liabilities
2006	\$ 9,242,746	\$ 9,318,862	101%	\$ (76,116)
2007	9,482,221	10,006,351	106%	(524,130)
2008	9,927,472	10,353,922	104%	(426,450)
2009	10,250,691	10,640,897	104%	(390,206)
2010	10,697,591	11,006,427	103%	(308,836)
2011	10,827,507	11,330,296	105%	(502,789)
2012	11,406,292	11,592,393	102%	(186,101)
2013	12,163,363	11,969,423	98%	193,940
2014	12,735,860	12,313,421	97%	422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,493,085	83%	2,745,808
2020	18,048,699	15,017,999	83%	3,030,700

Notes: Actuarial assumptions were revised for the 2008, 2009, 2010, 2011, 2012, 2015, 2019 and 2020 actuarial valuations.

The Valuation Assets include assets from Surplus divisions, if any.

Years where historical information is not available will be displayed with zero values.

Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS's technology service provider.



Tables 8 and 9: Division-Based Comparative Schedules

Division 01 - Gnrl

				Unfunded (Overfunded)
Valuation Date	Actuarial		Percent	Accrued
December 31	Accrued Liability	Valuation Assets	Funded	Liabilities
2010	\$ 10,697,591	\$ 11,006,427	103%	\$ (308,836)
2011	10,827,507	11,330,296	105%	(502,789)
2012	11,406,292	11,592,393	102%	(186,101)
2013	12,163,363	11,969,423	98%	193,940
2014	12,735,860	12,313,421	97%	422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,147,917	81%	3,090,976
2020	18,048,699	13,590,913	75%	4,457,786

Table 8-01: Actuarial Accrued Liabilities - Comparative Schedule

Notes: Actuarial assumptions were revised for the 2010, 2011, 2012, 2015, 2019 and 2020 actuarial valuations.

Table 9-01: Computed Employer Contributions - Comparative Schedule	Table 9-01:	Employer Contributions - Comparative Schedule
--	-------------	--

	Active En	nployees	Computed	Employee
Valuation Date		Annual	Employer	Contribution
December 31	Number	Payroll	Contribution ¹	Rate ²
2010	60	\$ 2,289,722	6.79%	3.00%
2011	59	2,294,630	5.76%	3.00%
2012	64	2,374,536	7.60%	3.00%
2013	61	2,317,690	9.00%	3.00%
2014	61	2,383,929	9.50%	3.00%
2015	58	2,408,692	\$ 27,324	3.00%
2016	49	1,974,029	\$ 25,380	3.00%
2017	42	1,727,981	\$ 25,608	3.00%
2018	40	1,673,482	\$ 27,694	3.00%
2019	32	1,439,800	\$ 34,933	3.00%
2020	31	1,590,755	\$ 49,349	3.00%

1 For open divisions, a percent of pay contribution is shown. For closed divisions, a monthly dollar contribution is shown.

2 For each valuation year, the computed employer contribution is based on the employee rate. If the employee rate changes during the applicable fiscal year, the computed employer contribution will be adjusted.

Note: The contributions shown in Table 9 for the 12/31/2015 through 12/31/2020 valuations do not reflect the phase-in of the change in contribution requirements associated with the new actuarial assumptions. The full contribution without phase-in is shown in Table 9 above.

See the Benefit Provision History, later in this report, for past benefit provision changes.

Years where historical information is not available will be displayed with zero values.



				Unfunded (Overfunded)
Valuation Date	Actuarial		Percent	Accrued
December 31	Accrued Liability	Valuation Assets	Funded	Liabilities
2010	\$ 0	\$ 0		\$ 0
2011	0	0		0
2012	0	0		0
2013	0	0		0
2014	0	0		0
2015	0	0		0
2016	0	0		0
2017	0	0		0
2018	0	0		0
2019	0	345,168		(345,168)
2020	0	1,427,086		(1,427,086)

 Table 8-S1: Actuarial Accrued Liabilities - Comparative Schedule

Notes: Actuarial assumptions were revised for the 2010, 2011, 2012, 2015, 2019 and 2020 actuarial valuations.

Years where historical information is not available will be displayed with zero values.



Division 01 - Gnrl

				Amounts for Fiscal Year Beginning 1/1/2022				
			Original			Remaining	Α	nnual
	Date	Original	Amortization	Ou	tstanding	Amortization	Amo	ortization
Type of UAL	Established	Balance ¹	Period ²	UA	L Balance ³	Period ²	Ра	lyment
Initial	12/31/2015	\$ 1,722,846	21	\$	1,762,017	13	\$	177,816
(Gain)/Loss	12/31/2016	35,723	19		36,685	13		3,708
(Gain)/Loss	12/31/2017	138,446	17		142,245	13		14,352
(Gain)/Loss	12/31/2018	137,878	15		142,630	13		14,400
(Gain)/Loss	12/31/2019	391,419	14		409,499	13		41,328
Assumption	12/31/2019	530,789	14		545,687	13		55,068
Experience	12/31/2020	1,339,721	13		1,438,191	13		145,140
Total				\$	4,476,954		\$	451,812

Table 10-01: Layered Amortization Schedule

¹ For each type of UAL (layer), this is the original balance as of the date the layer was established.

² According to the MERS amortization policy, each type of UAL (layer) is amortized over a specific period (see Appendix on MERS website).

³ This is the remaining balance as of the valuation date, projected to the beginning of the fiscal year shown above.

The unfunded accrued liability (UAL) as of December 31, 2020 (see Table 6) is projected to the beginning of the fiscal year for which the contributions are being calculated. This allows the 2020 valuation to take into account the expected future contributions that are based on past valuations. Each type of UAL (layer) is amortized over the appropriate period. Please see the Appendix on the MERS website for a detailed description of the amortization policy.

Note: The original balance and original amortization periods prior to 12/31/2018 were received from the prior actuary.



GASB Statement No. 68 Information

The following information has been prepared to provide some of the information necessary to complete GASB Statement No. 68 disclosures. GASB Statement No. 68 is effective for fiscal years beginning after June 15, 2014. Additional resources, including an Implementation Guide, are available at <u>http://www.mersofmich.com/</u>.

Actuarial Valuation Date: Measurement Date of the Total Pension Liability (TPL):	12/31/2020 12/31/2020
At 12/31/2020, the following employees were covered by the benefit terms: Inactive employees or beneficiaries currently receiving benefits: Inactive employees entitled to but not yet receiving benefits (including refunds): Active employees:	69 38 <u>31</u> 138
Total Pension Liability as of 12/31/2019 measurement date:	\$ 15,839,984
Total Pension Liability as of 12/31/2020 measurement date:	\$ 17,582,753
Service Cost for the year ending on the 12/31/2020 measurement date:	\$ 184,846
Change in the Total Pension Liability due to:	
- Benefit changes ¹ :	\$ 0
- Differences between expected and actual experience ² :	\$ 423,704
- Changes in assumptions ² :	\$ 921,539
Average expected remaining service lives of all employees (active and inactive):	2
¹ A change in liability due to benefit changes is immediately recognized when calculating pension experiences in liability due to differences between actual and expected experience, and changes in as recognized in pension expense over the average remaining service lives of all employees.	
Covered employee payroll (Needed for Required Supplementary Information):	\$ 1,590,755
Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.	
Sensitivity of the Net Pension Liability to changes in the discount rate:	

	1	% Decrease	Currer	nt Discount	1	% Increase
		<u>(6.60%)</u>	Rate	e (7.60%)		<u>(8.60%)</u>
Change in Net Pension Liability as of 12/31/2020:	\$	1,991,801	\$	0	\$	(1,680,989)

Note: The current discount rate shown for GASB Statement No. 68 purposes is higher than the MERS assumed rate of return. This is because for GASB Statement No. 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes it is net of administrative expenses.



GASB Statement No. 68 Information

This page is for those municipalities who need to "roll-forward" their total pension liability due to the timing of completion of the actuarial valuation in relation to their fiscal year-end.

The following information has been prepared to provide some of the information necessary to complete GASB Statement No. 68 disclosures. GASB Statement No. 68 is effective for fiscal years beginning after June 15, 2014. Additional resources, including an Implementation Guide, are available at www.mersofmich.com.

Actuarial Valuation Date: Measurement Date of the Total Pension Liability (TPL):					
At 12/31/2020, the following employees were covered by the benefit terms: Inactive employees or beneficiaries currently receiving benefits: Inactive employees entitled to but not yet receiving benefits (including refunds): Active employees:		69 38 <u>31</u> 138			
Total Pension Liability as of 12/31/2020 measurement date:	\$	16,148,572			
Total Pension Liability as of 12/31/2021 measurement date:	\$	17,982,347			
Service Cost for the year ending on the 12/31/2021 measurement date:	\$	182,185			
Change in the Total Pension Liability due to: - Benefit changes ¹ : - Differences between expected and actual experience ² : - Changes in assumptions ² :	\$ \$ \$	0 551,604 998,358			
Average expected remaining service lives of all employees (active and inactive):		2			
¹ A change in liability due to benefit changes is immediately recognized when calculating pension ex ² Changes in liability due to differences between actual and expected experience, and changes in as recognized in pension expense over the average remaining service lives of all employees.	xpense f sumptic	for the year. ons, are			
Covered employee payroll (Needed for Required Supplementary Information):	\$	1,590,755			
Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.					
Sensitivity of the Net Pension Liability to changes in the discount rate:					
1% Decrease Current Discount (6.60%) Rate (7.60%)	1	% Increase (8.60%)			

	-	/0 Decrease	currer	it Discount	1/0 mercuse
		<u>(6.60%)</u>	Rate	e (7.60%)	<u>(8.60%)</u>
Change in Net Pension Liability as of 12/31/2021:	\$	2,001,605	\$	0	\$ (1,692,210)

Note: The current discount rate shown for GASB Statement No. 68 purposes is higher than the MERS assumed rate of return. This is because for GASB Statement No. 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes it is net of administrative expenses.



Benefit Provision History

The following benefit provision history is provided by MERS. Any corrections to this history or discrepancies between this information and information displayed elsewhere in the valuation report should be reported to MERS. All provisions are listed by date of adoption.

01 - Gnrl	
12/1/2020	Non-Accelerated Amortization
1/1/2018	Non Standard Compensation Definition
1/1/2017	Service Credit Purchase Estimates - No
8/1/2015	Option B Yes
8/1/2015	Accelerated to 15-year Amortization
8/1/2015	DC Adoption Date 08-01-2015
10/1/2012	Exclude Temporary Employees requiring less than 12 months
1/1/2002	6 Year Vesting
1/1/2002	Benefit B-2
1/1/1992	E1 2.5% COLA for past retirees (01/01/1992)
1/1/1992	E2 2.5% COLA for future retirees (01/01/1992)
1/1/1990	Benefit F55 (With 25 Years of Service)
1/1/1989	Benefit B-1
1/1/1989	Member Contribution Rate 3.00%
1/1/1988	E1 2.5% COLA for past retirees (01/01/1988)
1/1/1967	Benefit C-1 (Old)
8/16/1963	Covered by Act 88
7/1/1958	Benefit FAC-5 (5 Year Final Average Compensation)
7/1/1958	10 Year Vesting
7/1/1958	Benefit C (Old)
7/1/1958	Member Contribution Rate 3.00% Under \$4,200.00 - Then 5.00%
	Fiscal Month - January
	Defined Benefit Normal Retirement Age - 60
	Early Reduced (.5%) at Age 50 with 25 Years or Age 55 with 15 Years
	_

S1 - Surplus Unassociated

Fiscal Month - January



Plan Provisions, Actuarial Assumptions, and Actuarial Funding Method

Details on MERS plan provisions, actuarial assumptions, and actuarial methodology can be found in the Appendix. Some actuarial assumptions are specific to this municipality and its divisions. These are listed below.

Increase in Final Average Compensation

Division	FAC Increase Assumption
All Divisions	2.00%

Miscellaneous and Technical Assumptions

Loads – None.

Amortization Policy for Closed Not Linked Divisions: The default funding policy for closed not linked divisions, including open divisions with zero active members, is to follow a non-accelerated amortization, where each closed period decreases by one-year each year until the period is exhausted. In select instances, closed not linked division(s) may follow an accelerated amortization policy.



Risk Commentary

Determination of the accrued liability, the employer contribution, and the funded ratio requires the use of assumptions regarding future economic and demographic experience. Risk measures, as illustrated in this report, are intended to aid in the understanding of the effects of future experience differing from the assumptions used in the course of the actuarial valuation. Risk measures may also help with illustrating the potential volatility in the accrued liability, the actuarially determined contribution and the funded ratio that result from the differences between actual experience and the actuarial assumptions.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions due to changing conditions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period, or additional cost or contribution requirements based on the Plan's funded status); and changes in plan provisions or applicable law. The scope of an actuarial valuation does not include an analysis of the potential range of such future measurements.

Examples of risk that may reasonably be anticipated to significantly affect the plan's future financial condition include:

- Investment Risk actual investment returns may differ from the expected returns;
- Asset/Liability Mismatch changes in asset values may not match changes in liabilities, thereby altering the gap between the accrued liability and assets and consequently altering the funded status and contribution requirements;
- Salary and Payroll Risk actual salaries and total payroll may differ from expected, resulting in actual future accrued liability and contributions differing from expected;
- Longevity Risk members may live longer or shorter than expected and receive pensions for a period of time other than assumed; and
- **Other Demographic Risks** members may terminate, retire or become disabled at times or with benefits other than assumed resulting in actual future accrued liability and contributions differing from expected.

The effects of certain trends in experience can generally be anticipated. For example, if the investment return since the most recent actuarial valuation is less (or more) than the assumed rate, the cost of the plan can be expected to increase (or decrease). Likewise, if longevity is improving (or worsening), increases (or decreases) in cost can be anticipated.



PLAN MATURITY MEASURES

Risks facing a pension plan evolve over time. A young plan with virtually no investments and paying few benefits may experience little investment risk. An older plan with a large number of members in pay status and a significant trust may be much more exposed to investment risk. Generally accepted plan maturity measures include the following:

	<u>12/31/2020</u>	<u>12/31/2019</u>	<u>12/31/2018</u>
1. Ratio of the market value of assets to total payroll	9.7	9.2	7.1
Ratio of actuarial accrued liability to payroll	11.3	11.3	9.1
3. Ratio of actives to retirees and beneficiaries	0.4	0.5	0.7
4. Ratio of market value of assets to benefit payments	16.1	14.5	13.9
5. Ratio of net cash flow to market value of assets (boy)	2.6%	-1.9%	-3.9%

RATIO OF MARKET VALUE OF ASSETS TO TOTAL PAYROLL

The relationship between assets and payroll is a useful indicator of the potential volatility of contributions. For example, if the market value of assets is 2.0 times the payroll, a return on assets 5% different than assumed would equal 10% of payroll. A higher (lower) or increasing (decreasing) level of this maturity measure generally indicates a higher (lower) or increasing (decreasing) volatility in plan sponsor contributions as a percentage of payroll.

RATIO OF ACTUARIAL ACCRUED LIABILITY TO PAYROLL

The relationship between actuarial accrued liability and payroll is a useful indicator of the potential volatility of contributions for a fully funded plan. A funding policy that targets a funded ratio of 100% is expected to result in the ratio of assets to payroll and the ratio of liability to payroll converging over time.

RATIO OF ACTIVES TO RETIREES AND BENEFICIARIES

A young plan with many active members and few retirees will have a high ratio of actives to retirees. A mature open plan may have close to the same number of actives to retirees resulting in a ratio near 1.0. A super-mature or closed plan may have significantly more retirees than actives resulting in a ratio below 1.0.

RATIO OF MARKET VALUE OF ASSETS TO BENEFIT PAYMENTS

The MERS' Actuarial Policy requires a total minimum contribution equal to the excess (if any) of three times the expected annual benefit payments over the projected market value of assets as of the participating municipality or court's Fiscal Year for which the contribution applies. The ratio of market value of assets to benefit payments as of the valuation date provides an indication of whether the division is at risk for triggering the minimum contribution rule in the near term. If the division triggers this minimum contribution rule, the required employer contributions could increase dramatically relative to previous valuations.

RATIO OF NET CASH FLOW TO MARKET VALUE OF ASSETS

A positive net cash flow means contributions exceed benefits and expenses. A negative cash flow means existing funds are being used to make payments. A certain amount of negative net cash flow is generally expected to occur when benefits are prefunded through a qualified trust. Large negative net cash flows as a percent of assets may indicate a super-mature plan or a need for additional contributions.



State Reporting

The following information has been prepared to provide some of the information necessary to complete the Public Act 202 pension reporting requirements for the State of Michigan's Local Government Retirement System Annual Report (Form No. 5572). Additional resources are available at www.mersofmich.com and on the State website.

Form 5572 Line Reference	Description	Result
10	Membership as of December 31, 2020	
11	Indicate number of active members	31
12	Indicate number of inactive members (excluding pending refunds)	18
13	Indicate number of retirees and beneficiaries	69
14	Investment Performance for Calendar Year Ending December 31, 2020 ¹	
15	Enter actual rate of return - prior 1-year period	13.59%
16	Enter actual rate of return - prior 5-year period	9.35%
17	Enter actual rate of return - prior 10-year period	7.91%
18	Actuarial Assumptions	
19	Actuarial assumed rate of investment return ²	7.35%
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Level Percent
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any ³	13
22	Is each division within the system closed to new employees? ⁴	Yes
23	Uniform Assumptions	
24	Enter retirement pension system's actuarial value of assets using uniform assumptions	\$14,912,988
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions ⁵	\$18,735,713
27	Actuarially Determined Contribution (ADC) using uniform assumptions, Fiscal Year Ending December 31, 2021	\$672,756

^{1.} The Municipal Employees' Retirement System's investment performance has been provided to GRS from MERS Investment Staff and is included here for reporting purposes. The investment performance figures reported are net of investment expenses on a rolling calendar-year basis for the previous 1-, 5-, and 10-year periods as required under PA 530.

^{2.} Net of administrative and investment expenses.

^{3.} Populated with the longest amortization period remaining in the amortization schedule, across all divisions in the plan. This is when each division and the plan in total is expected to reach 100% funded if all assumptions are met.

^{4.} If all divisions within the employer are closed, "yes." If at least one division is open (including shadow divisions) indicate "no."

^{5.} Line 25 actuarial accrued liability is determined under PA 202 uniform assumptions which differ from the valuation assumptions. In particular, the assumed rate of return for PA 202 purposes is 7.00%.





Health Officer's Report to the Board of Health for June 24, 2021 Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

COVID-19 Vaccination Continues: The Agency is continuing to offer vaccination opportunities. Once each week in our offices and also at community events. Last weekend we were at Strawberry Fest in Coldwater and at the Three Rivers Water Festival. Vaccine appointments can be made from our website at <u>www.bhsj.org/scheduling</u> and we have opportunities to get vaccinated available in each county each week. The Agency has all three vaccines available, so individuals can choose the one they are interested in receiving.

COVID-19 Cases: Generally, the trends are continuing this past month downward with the exception of Branch County which saw a brief uptick but in recent days is looking better. Overall risk levels for each county today are Branch = D, Hillsdale = B, and St. Joseph = C.

New Medical Director Candidate: Program, Policy and Appeals Committee have completed their interviews of the candidates for Medical Director and have requested that I engage in contract negotiations with Dr. Karen Luparello, DO. I'm pleased today to bring to the full board a draft contract for your action. The terms of the contract have been reviewed by the committee members and received their approval. Dr. Luparello has agreed to come on-board as of July 1, 2021 so that she can meet with, learn from, and provide the smoothest transition from Dr. Vogel. This period of overlap will also allow the Agency the time to transition to a new billing provider. Once approved by the full board, formal approval by MDHHS will be sought. MDHHS has indicated that conditional approval can be granted for Dr. Luparello to assume the Medical Director position at our Agency. Conditional approval is routinely granted when a new Medical Director does not currently hold the degree required in the Public Health Code (an MPH) and is provided a period of time in which to obtain that degree. During the conditional approval timeframe, the new Medical Director is assigned a mentoring Medical Director who works for another local health department in Michigan.

Board of Health Education: Not a scheduled education session today, but we will be joined by our MERS representative Marne Daggett. Ms. Daggett will be available to discuss the status of our defined benefit plan and answer any of your questions.

Clinic Changes: Our waiver to see WIC clients remotely ends in August, so as we prepare to start seeing clients in the office we are moving to begin bringing in our 1 year old's as of July 19th. We will also begin seeing STD clients in our offices on July 9th. Our WIC program also received a good news letter this week, when we received word that the Management Evaluation done in 2020 has received final approval and the corrective action plan that was put in place has been completed. Congratulations to our WIC team!

Grants to Improve Vaccination Rates: I'm aware of two grants that have been received recently by partner organizations with the goal to increase the vaccination rate for COVID-19. Hillsdale Hospital

has been funded as well as the St. Joseph County United Way. Hillsdale Hospital has invited me to attend a meeting on Friday to discuss their project and plans. The St. Joseph County United Way Director, Kelly Hostetler, mentioned receipt of the grant and for initial suggestions just yesterday.

Coldwater Office Event: On June 16th, our team members in Coldwater noted an odd odor in the building when they reported to work. The building was cleared and the fire department was called to investigate. What they found were the batteries used in our Vectorborne program which had been charging overnight had overheated, were emitting a gaseous odor, and were bulging. They were immediately disconnected from the charging devices and taken outside the building. Fans were used to move fresh air into the building and remove the bad odor. The fire department advised that the Environmental Health department area of the building where the batteries were located could be re-occupied by noon. Paul has reported the incident to our state partner at EGLE and those particular batteries and charging devices are no longer being used pending their investigation.

Improving Access to Vaccine and Reducing Waste: We are continuing to encourage local providers to offer COVID vaccination during visits to their offices and upon discharge from the hospital. Recently, Three Rivers Health and Sturgis Hospital have both accepted vials of the J&J vaccine from our office so that they can offer vaccination to patients they are discharging. We are also encouraging providers to use us as their "hub" for the Pfizer vaccine and get what they need every week or so, so that we can provide more opportunities to vaccinate adolescents.

Delta Variant: The Delta variant of the COVID-19 virus is more highly contagious and was first found in India. Within the district there have now been 8 cases of COVID that have been determined to be from the Delta variant, 4 each in St. Joseph and Branch counties. Because this variant is more highly contagious and because of the low vaccination rate in the tri-county area, this Delta variant could cause an increase in cases which is worrying.

October Board of Health Meeting: This year the Michigan Premiere Public Health Conference is planned in October on the Board of Health meeting day. Last year the meeting was cancelled due to COVID and I'd really like to get staff from our Agency back to this conference. It is in Grand Rapids. I would like to request that this meeting be moved to either October 21st or November 4th. This will take Board action to move this.

Committee Meeting Request: I am requesting a Finance Committee meeting in advance of the July meeting. Items for discussion include; original budget for FY22, budget amendment for FY 21, health insurance for FY22, and AAA3C provider amendments.

Mobile Clinic Van: The mobile clinic van and our nurse who is in charge of it, Carol Drews, was featured in the paper recently. Carol has been busy getting too homebound and businesses to provide COVID vaccination. Soon, we will be looking at how we can use this resource to do offsite WIC and childhood immunizations.

COVID-19 Testing: We continue to offer COVID-19 testing at our facility in Coldwater on Thursday's but have expanded to providing testing in Hillsdale on Friday's as of 5/21 and in Three Rivers as of 5/28. Honu is providing no-cost rapid testing in addition to the PCR test. Providing this opportunity in each county involves no staff time from our Agency team and supports existing testing available in the community. This arrangement is working out well and individuals are utilizing the testing sites.

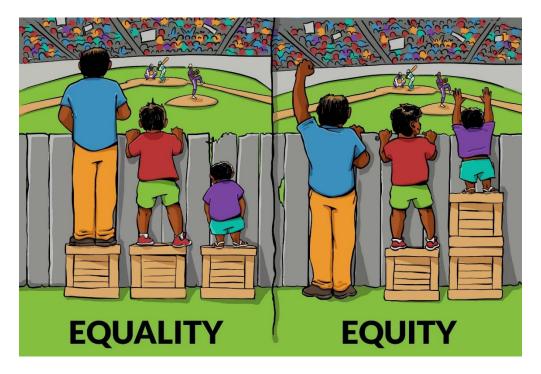
American Rescue Plan Funds: As the counties make plans for these funds, Your Local Health Department asks that you keep our Agency in mind. We currently have grant funds that are coming to the Agency for COVID-19 work, for example, work in Case Investigation and Contact Tracing and a separate grant for COVID Immunization, but these funds have specific uses attached. As we look to the

future and the public health needs in the tri-county area we would like to be funded to meet those needs. I am available to be present for any discussions at the county level on how some of these dollars can be used for public health and safety and support for our programs targeted at Aging. Thank you.

Health Promotion & Education Updates – Beginning next month, I will be bringing you a separate report from this section of our Agency. The health educators were at both Strawberry Fest and Three Rivers Water Festival to engage with community members. They have written and sent out several press releases.

Strategic Planning: This continues to be paused.

Because I find it helpful to be reminded to consider equity in all we do in Public Health, I'm keeping this graphic on my report.



Medical Director's Report to the Board of Health H. Lauren Vogel, D.O., M.P.H. June 2021 - Adolescent Vaccination COVID-19

In the US the SARS-CoV-2 pandemic has evolved. The WHO declared the infection a pandemic in March 2020. The novel mRNA vaccines were released in December 2020. Some 5 months later we have administered over 300 millions doses - 44.4% of our population. In Michigan we have fully vaccinated 44.9% of our population (June 8, 2021). Infection rates are declining and the current Michigan infection rate is measured at 1.85%.¹

In the earlier days of the pandemic vaccines were in limited supply and the public struggled to find vaccination sites. Now, we have more than adequate supplies of the three EUA approved vaccines but the public vaccination response has fallen over 70%. With immunity either from infection and recovery or vaccination increasing, guidelines for social distancing and masking are relaxing.

WHO and CDC data document that the vaccines are safe and effective (~95% effective) and reinfection from SARS-CoV-2 is about 0.4% of the vaccinated population. Propagation of the virus continues and variants continue to evolve and risk of primary infection continues. There are some persons that cannot or will not vaccinate against SARS-CoV-2. It is this population that has increased risk for infection and adverse outcomes. Within this group are the children and adolescents.

A recent article reported a disturbing trend of increasing spikes of covid19 infection among children and teens.² As of May 2021, 4 million children in the US have been infected with COVID-19. The Delta variant (B.!.617.2) is increasing in the US and is now the dominant circulating variant in the UK This variant is more contagious and transmissible and poses a significant risk to children with children aged 7-20 years of age.^{3,4} This variant rate is doubling every two weeks in the US currently and is now infecting over 10% of the new cases.

The recent increases of covid19 in the pediatrics population may be because earlier in the pandemic quarantines and school closures reduced community exposure to the infection. Many of the recent outbreaks in teens have been associated with extracurricular activities, youth sports, social gatherings or travel versus exposure during in-person school or from the classroom.

SARS-CoV-2 infection in the pediatric population is not a benign phenomenon. About one-third of children with the infection require ICU support and about 5% require ventilator care.⁴ The majority of pediatric infections are mild but during recovery MIS-C is a risk occurring in about 150 Michigan children to date. MIS-C is a severe delayed immune response to COVID-19 marked by shock, fever, and multi-organ inflammation. Permanent damage to the heart, lungs, blood vessels, kidneys, digestive system, brain, skin or eyes can also occur.⁵

Lingering symptoms after SARS-CoV-2 infection occurs in about one-half of the pediatric population with symptoms impairing daily activities lasting several months.⁶ Symptoms have included fatigue, headache and upper respiratory and gastrointestinal complaints. Relapses after improvement from the lingering symptoms are not uncommon. An effective treatment to relieve the chronic symptoms has not been determined. As the frequency of infectivity increases in the pediatric population "long covid19 syndrome" follows.

The EUA for Pfizer covid19 vaccine is approved for children aged 12 and above. Moderna approval for the same is anticipated soon. With 22% of our population being children, providing vaccinations against SARS-CoV-2 not only benefits the child but also contributes to community protection by increasing herd immunity. Our current community data does not document significant recovery from SARS-CoV-2 pandemic.

REFERENCE

1. COVID Data Tracker. CDC. June 2021. <u>https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days</u>. Accessed June 2021.

2. Mostafaci B. COVID Upticks Among Kids and Teens: What Parents Should Know. University of Michigan Health. April 2021. <u>https://healthblog.uofmhealth.org/childrens-health/covid-upticks-among-kids-and-teens-what-parents-should-know</u>. Accessed June 2021.

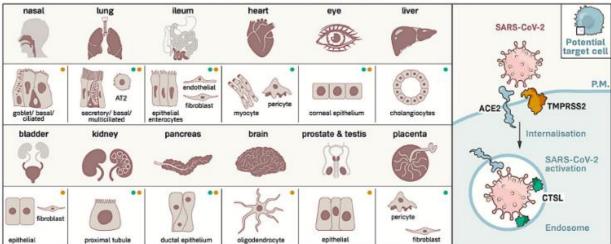
3. COVID-19: Delta Variant Is Now Uk's Most Dominant Strain And Spreading Through Schools. BMJ. June 2021. <u>https://www.bmj.com/content/373/bmj.n1445</u>. Accessed June 2021.

4. Hospitalization of Adolescents Aged 12-17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020-April 24, 2021. CDC. June 2021. https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e1.htm?s_cid=mm7023e1_w. Accessed June 2021.

5. Mostafaci B. MIS-C: The COVID-Related Condition Parents Need to Know About. March 2021. <u>https://healthblog.uofmhealth.org/childrens-health/mis-c-covid-related-condition-parents-need-to-know-about</u>. Accessed June 2021.

6. Thompson H. Children With Long Covid. NIH. February 2021. <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927578/</u>. Accessed June 2021.

Long-Term Effects of Covid-19 Infection



COVID-19 Affects Multiple Organs

The Scientist, April 2020



 SARS-CoV-2 Evolution First cases announced December 2019 in China. February 2020 – US declares SARS-CoV-2 a public health emergency. March 2020 – WHO declares the infection a pandemic. December 2020 - Moderna and Pfizer receive approval for the vaccine distribution. March 2021 – J&J vaccine is granted EUA approval. June 2021 – Michigan complete vaccination is 44.9%. 	Infection Complications • 35% - Asymptomatic recovery • 58% - Mild symptoms • 5% - Severe Disease • 33% required ICU care if severely affected • 50% - Developed lingering symptoms • 0.5% - Developed MIS-C
 Pediatrics SARS-CoV-2 Trends May 2021 – Over 4 Million children have been infected with SARS-CoV-2. Children comprise 22% of the U.S. population. Cases in children in the US have been steadily increasing since March 2020. Delta variant (B.1.617.2) is increasing in the US and may become the dominant variant. Children ages 7-20 are at higher risk for infection especially from Delta. 	MIS-C Post infection severe immune response Systemic altered immune response Multiple organ failure common Onset after recovery from COVID-19 Treatment as for Kawasaki syndrome
 Long COVID-19 Syndrome Probably post-infection inflammation. Affects about 50% of children recovering from SARS-CoV-2. Most common symptoms: Fatigue, headache, upper respiratory and GI symptoms. Impairs daily activities and can last for several months. 	

References

[1] COVID Data Tracker. CDC. June 2021. <u>https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days</u>.

[2] COVID-19: Delta Variant Is Now Uk's Most Dominant Strain June 2021. https://www.bmj.com/content/373/bmj.n1445

[3] Hospitalization of Adolescents Aged 12–17 Years. https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e1.htm?s cid=mm7023e1 w.

[4] MIS-C. https://healthblog.uofmhealth.org/childrens-health/mis-c-covid-related-condition-parents-need-to-know-about.



June 10, 2021 – Board of Health Program, Policy, and Appeals **Committee Meeting Minutes**

The meeting was called to order at 10:30 a.m. by Chairman, Kathy Pangle, with roll call as follows: Kathy Pangle, Tom Matthew, and Mark Wiley.

Also present from BHSJ: Rebecca Burns, and Theresa Fisher.

New Business:

- The Program, Policy, and Appeals Committee, by consensus, recommends the full board 0 approve entering into contract with the candidate that was selected as the new Medical Director.
- o The Program, Policy, and Appeals Committee, by consensus, recommends the full board approve the Agency to obtain purchase cards.
- Employment issues were discussed but no action was taken.

With no further business the meeting was adjourned at 11:49 AM.

Respectfully Submitted by: Respection, Theresa Fisher, BS

	May 1 through May 31, 2021	
2nd Story Marketing, LLC.	LARA Grant Marketing	3,000.00
A+ Nursing	Care Management	324.77
ACD.Net	Telephones 3 offices	2,601.50
Action Quick Print Plus	Permits & Covid Flyers	2,203.00
AFLAC	Payroll Deduction	1,181.74
Aimmee Mullendore	Covid Clinic Reimbursements	9.98
Alerus Financial (Retirement)	Payroll Deduction	2,326.00
Amazon	Office Supplies - 1 invoice	137.97
Amazon	Medical Supplies - 6 invoices	1,646.23
Area Agencies On Aging	License for Self-Management Resource Center 5/1/21-5/1/24	500.00
Armstrong Health Care	WIC / AAA Contractual Consultant	3,938.47
Availity	Eligibility Software - EMR	55.00
Blue Cross Blue Shield	Health Insurance	57,959.92
Branch Area Transit Authority	Elderly Transportation Service	435.42
Branch County Commission COA	Home & Community Based Services	8,487.59
Branch County Complex	Rent - Coldwater Office	5,694.28
Branch County Fair	3/18-5/12/21 Dearth Rental	1,100.00
CAA of South Central	Home & Community Based Services	17,920.31
Carol Drews	Fuel Reimbursement for Mobile Unit	298.46
Century Bank - Master Card	Newspaper Subscription	49.99
Century Bank - Master Card	Office Supplies	55.38
Century Bank - Master Card	Covid Lunches	503.76
Century Bank - Master Card	Zoom Annual Subscription	1,648.90
Century Bank Basic Flex Health Plan	Payroll Deduction	1,284.62
Century Bank EFPTS	Federal & Fica Taxes	49,683.01
Century Bank Mers	MERS DB /Retirement	40,360.79
Century Bank State	Michigan Tax	8,090.90
Charter Communications	Sturgis Internet & Phone Line	137.97
Cintas	Lab Coats/Rugs - Cleaning	133.43
City of Jonesville	Water Lab Test	60.00
City Of Three Rivers	Water / Sewage	207.74
Companion Life Insurance Co.	Life Insurance Premiums	989.70
Crossroads Health & Home Services	Care Management	2,517.83
CSHCS Client	Refund - Out of Pocket Expense	199.00
CSHCS Client	Out of Pocket Expense	285.00
Current Office Solutions	Copier Charges & Office Supplies - 4 Invoices	2,253.10
David Fowler	Fuel Reimbursement for Mobile Unit	67.07

	May 1 through May 31, 2021	
Dr. Vogel	Medical Director - Contractual	4,296.15
Erich Petushek	Analysis & collation of data	6,000.00
Frontier	Sensaphone & Fax Line Service	305.05
GDI	Building Supplies Expense - TR	87.62
GDI	Building Supplies Expense - HD	183.16
GDI	Building Cleaning Expense - TR	1,749.00
GDI	Building Cleaning Expense - HD	2,649.00
Graphics 3	Printing - Rack Cards	1,066.70
Heartsmart.com	AED	1,358.98
Hillsdale Board Of Utilities	Building Expense - HD	1,441.18
Hillsdale County Treasurer	Building Supplies Expense - HD	42.26
Hillsdale County Treasurer	Building Labor Expense - HD	160.00
Hillsdale County Treasurer	Building Refuse Expense - HD	165.00
Hillsdale County Treasurer	Building Supplies Expense - HD - Gas 2 months	165.68
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	225.00
Home Care Wellness	Care Management	816.12
HomeJoy Care-N-Assist	Care Management	2,607.51
Hospital Network Health	Medical Waste Removal	715.00
Indiana Michigan Power	Building Expense - TR	813.56
Internal Revenue Service	941 Fee	529.59
Jackson Publishing Co.	Senior Preferences Ad	625.00
Karri Doty	Contracted Services	1,838.96
Katelyn Hamlin	Contracted Services	395.98
Kevin Piggott, MD, MPH	Analysis & collation of data	6,000.00
Legal Service Of South Central Mi.	Older Adult Legal Assistance	1,210.00
Macks Fire Protection	Fire Extinguisher Inspection Three Rivers	205.00
Maplecrest	Rent - Sturgis Office	590.00
Marana Group	Postage Pick Up Service	142.00
Maxim Healthcare Staffing Services Inc.	Contracted Services	17,668.54
McKesson	Medical Supplies - 5 Invoices	620.94
McKibbin Media Group	Covid Clinic Advertising	390.00
Medical Care Alert	Care Management	359.60
MediSys	Billing Service	782.93
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	10,448.61
Michigan Center for Rural Health	RCOR Planning	2,500.00
Michigan Public Health	Workforce Contract	3,306.11

	May 1 through May 31, 2021	
Michigan State Disbursement Unit	Payroll Deduction	380.22
Minimed Distribution	CSHCS Client - Diabetic Pump	438.70
Nationwide	Payroll Deduction	2,380.00
OfficeTeam	Contracted Covid	12,941.10
Perspective Enterprise	Calibration	1,030.00
Prompt Care	Drug Testing - 3 Employees	207.00
Reserve Account	Postage	3,000.00
Richard Clark	Building Cleaning Expense - Sturgis	325.00
Richard Clark	Building Cleaning Expense - CW	1,940.00
Riley Pumpkin Farm	TR Building Expense - Winter Care	700.00
Ronald Rayba	EH Refund	186.00
Rosati Schultz Joppich Amtsbueshler	Attorney	3,368.80
Rose Exterminator	Building Maintenance - TR Quarterly	207.00
Ruth Brown	Contractual	4,224.19
Sanofi Pasture	Medical Supplies - 1 Invoice	812.50
SEMCO Energy	Building Expense - TR	79.44
Shred It	Document Destruction	90.00
St Joseph County COA	Home & Community Based Services	20,201.88
St Joseph County Grange Fair	2021 Fair Booth Rental	90.00
St Joseph Trans Authority	Older Adult Transportation	1,344.50
St. Joseph County United Way	4/17-5/3/21 Covid Clinic Lunches	740.81
Staples	Office Supplies - 6 Invoices	1,224.61
State Of Michigan	STD Lab Fees	53.01
State Of Michigan	Food Licenses Surcharge	111.00
State Of Michigan	CSHCS Client Fees	372.00
State Of Michigan EGLE	Water Lab Test	90.00
Steve Laring	EH Refund	69.00
Stratus Video	Translator - 3/21 & 4/21	2,766.87
Sturgis Hospital	X-Ray	137.00
Swick Broadcasting	Advertising - Covid Vaccine	689.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Three Rivers Petty Cash	Petty Cash	33.27
Thurston Woods	Home & Community Based Services	1,833.08
Verizon	Cell Phones	977.98
VRI Lifeline Of Michigan	Care Management	562.00
Wal Mart	Covid Clinic Supplies	705.42
		357,895.44

Branch-Hillsdale-St Joseph Community Health Agency Balance Sheet As of 5/31/2021

Assets	
Cash on Hand	4,221.83
Cash with County Treasurer	4,862,340.46
Community Foundation Grant	309,955.94
Accounts Receivable	89,208.32
Due from State	(890,380.13)
Due from Other Funding Sources	239,568.70
Prepaid Expenses	114,979.06
Biologic Inventory	71,678.84
Total Assets	4,801,573.02
Liabilities	
Accounts Payable	149,931.93
Payroll Liabilites	104,483.62
Capital Improvements	25,000.00
Deferred Revenue	1,256,389.69
Deferred Revenue BR	17,829.00
Deferred Revenue HD	19,531.00
Deferred Revenue SJ	25,642.00
Biologics	71,678.84
Total Liabilities	1,670,486.08
Net Assets	
Operation Fund Balance	734,855.43
Restricted Fund Balance	419,189.55
Designated Fund Balance	<u>1,977,041.96</u>
Total Net Assets	3,131,086.94
Total Liabilities and Net Assets	4,801,573.02
Prior Year Fund Balance Comparison at 5/31/2020:	
Operation Fund Balance	610,285.63
Restricted Fund Balance	438,827.04
Designated Fund Balance	<u>1,753,399.19</u>
Total Fund Balance	\$ 2,802,511.86

BHSJ Community Health Agency Schedule of Cash Receipts and Disbursements December 31, 2020 thru May 31, 2021

Plus: Cash Receipts	\$	737,139.69
	-	-
Less: Cash Disbursements For Payroll/AP	\$	(786,499.45)
12/31/2020 Cash Balance	\$	2,964,751.13
Plus: Cash Receipts	\$	1,634,935.97
Less: Cash Disbursements For Payroll/AP	\$	(609,594.00)
1/31/2021 Cash Balance	\$	3,990,093.10
Plus: Cash Receipts	\$	541,765.32
Less: Cash Disbursements For Payroll/AP	\$	(570,712.10)
2/28/2021 Cash Balance	\$	3,961,146.32
Plus: Cash Receipts	\$	1,095,594.79
Less: Cash Disbursements For Payroll/AP	\$	(500,209.66)
3/31/2021 Cash Balance	\$	4,556,531.45
Plus: Cash Receipts	\$	1,208,125.34
Less: Cash Disbursements For Payroll/AP	\$	(657,784.61)
4/30/2021 Cash Balance	\$	5,106,872.18
	-	
Plus: Cash Receipts	\$	586,165.15
Less: Cash Disbursements For Payroll/AP	\$	(520,740.93)
5/31/2021 Cash Balance	\$	5,172,296.40

BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

Expense by Program - 5/1/2021 - 5/31/2021

	Program	Program Title	Current Month	Year to Date	Total Budget - Amendment2	Percent Total Expended Amend2
	008	Salary & Fringe Payoff	8,746.93	73,297.88	70,000.00	104.71%
#	353	CRFLCT Contact Tracing	0.00	322,774.81	322,808.00	99.98%
#	354	CRF LHD Testing	0.00	151,669.77	152,120.00	99.70%
*	362	COVID Immunizations	26,227.48	112,648.78	120,254.00	93.67%
*	010	Agency Support	12,618.08	22,255.19	26,728.00	83.26%
**	032	Emergency Preparedness	11,012.01	94,836.42	117,406.00	80.77%
**	326	Vision (ELPHS)	4,845.49	60,049.30	86,603.00	69.33%
*	200	ELPHS Marketing	1,651.50	15,013.59	21,919.00	68.49%
	021	Dental Clinic - Three Rivers	2,775.00	22,200.00	33,300.00	66.66%
	012	Area Agency on Aging	77,487.69	839,551.06	1,275,371.00	65.82%
	745	Type II Water	6,799.82	54,796.75	83,945.00	65.27%
	327	Hearing (ELPHS)	4,051.77	54,042.82	83,736.00	64.53%
	325	CSHCS	17,105.27	119,832.10	187,311.00	63.97%
	338	Immunization Vaccine Handling	27,759.63	218,719.54	344,597.00	63.47%
	029	Dental Clinic - Hillsdale	743.96	5 <i>,</i> 048.74	8,000.00	63.10%
	345	Lead Testing	1,741.29	13,604.96	22,044.00	61.71%
	605	General EH Services	2,705.16	21,727.11	35,484.00	61.23%
	714	Onsite Sewage Disposal	25,698.97	206,407.41	337,097.00	61.23%
	721	Drinking Water Supply	25,698.97	206,407.41	337,097.00	61.23%
	351	CELC Infection Prevention	6,121.47	53,452.36	91,721.00	58.27%
	704	Food Service	33,473.52	240,243.87	416,148.00	57.73%
	331	STD	10,943.15	70,603.13	122,540.00	57.61%
	360	CRFIMM - Immunization COVID Response	0.00	34,661.72	61,989.00	55.91%
	321	CHC Tele-A-Health	17.32	22,918.84	42,782.00	53.57%
	109	WIC	69,812.73	495,139.50	924,737.00	53.54%
	341	Infectious Disease	18,692.25	139,604.98	269,355.00	51.82%
	108	WIC Breastfeeding	7,245.16	51,803.34	100,799.00	51.39%
	201	CSF Carseats	1,057.20	10,429.38	20,370.00	51.19%
	332	HIV Prevention	2,094.56	13,190.99	27,872.00	47.32%
	101	Workforce Development	3,410.23	19,936.87	44,135.00	45.17%
	329	MCH Enabling Children	3,123.14	17,168.75	39,034.00	43.98%
	352	ELCCT Contact Tracing, testing doord, violation	52,949.97	373,143.03	869,197.00	42.92%
	275	Medical Marijuana SJ	1,096.34	3,391.94	8,402.00	40.37%
	014	VOCA	7,563.04	83,158.65	226,338.00	36.74%
	138	Immunization IAP	19,126.69	233,401.27	721,359.00	32.35%
	115	MCH Enabling Women	1,779.56	17,517.98	55,375.00	31.63%
	400	HRSA 20RCORP	15,963.97	57,250.77		28.96%

723	PFAS Response - White Pigeon	3,209.96	4,639.24	17,721.00	26.17%
363	363 CVDIMS Covid Immz Supplemental	19,553.26	174,489.00	674,831.00	25.85%
230	Medical Marijuana HD	1,065.77	3,571.26	14,034.00	25.44%
212	Medical Marijuana BR	1,338.00	4,524.39	23,152.00	19.54%
107	Medicaid Outreach	1,036.93	10,548.36	80,440.00	13.11%
035	Vector Borne Disease Surveillance	2,229.18	2,229.18	27,000.00	8.25%
024	MERS Pension Underfunded Liability	0.00	5,818.99	122,590.00	4.74%
722	PFAS Response	32.67	32.67	1,028.00	3.17%
023	Capital Expenditures	0.00	0.00	128,000.00	0.00%
038	COVID-19	0.00	0.00	263,415.00	0.00%
112	CSHCS Medicaid Outreach	0.00	0.00	36,276.00	0.00%
361	CVIS Covid/Flu Immz	0.00	0.00	55,371.00	0.00%
	Total Total Expense	540,605.09	4,757,754.10	9,349,473.00	<u>50.89</u> %

The Agency is currently 15.77% under budget.

*8/12 Months = 66.66% **8/9 Months = 88.88% # 3/3 Months = 100% *CRF Ended 1/31/2021 **9-Month Program # 3-Month Program

Programs Over Budget as of 5/31/2021

RU 008: 104.71%	Over budget due to annual Sick Time Payout and staff leaving employment. This will be addressed at the upcoming budget amendment.
RU 362: 93.67%	Grant deadline was expected to end on 6/30/21 but has now been extended. We are currently on track to spend the grant by the original deadline.
RU 010: 83.26%	Program shows as over budget due to the indirect cost not being spread to the other programs. Indirect costs are spead based on salary projections and many programs are under budget at this time. Expenses are withing budget. Will address during amendment.
RU 032: 80.77%	9-Month Program - under budget by 8.11%
RU 326: 69.33%	9-Month Program - under budget by 19.55%
RU 200: 68.49%	Over budget due to an increase in staff time - will monitor and adjust in amended budget

CRF - 3 Month Grant Programs Ended 1-31-31

RU 353:
99.98%3-Month Program - Within budget, Grant Deadline was Feb 15thRU 354:
99.70%3-Month Program - Within budget, Grant Deadline was Feb 15thRU 360:
55.91%3-Month Program - Within budget, Grant Deadline was Feb 15th

Contractual Agreement for Public Health Medical Direction between the Branch-Hillsdale-St. Joseph Community Health Agency and Dr. Karen Luparello, D.O.

I. Purpose

This contract is executed by and between the Branch-Hillsdale-St. Joseph Community Health Agency (Agency) and Dr. Karen Luparello (Medical Director) for the purpose of providing qualified Public Health Medical Direction to the Agency as required by the Public Health Code (Act 368 of Public Acts of 1978). The term of this Agreement shall be for three (3) years and 3 months beginning July 1, 2021 through September 30, 2024.

II. Responsibilities of the Branch-Hillsdale-St. Joseph Community Health Agency

The Agency shall supply the following accommodations and personnel for the Medical Director.

- a. Access to office space in the Agency's buildings;
- b. Office supplies and materials necessary to discharge responsibilities as the Agency's Medical Director;
- c. Technical assistance in the form of data collection, research, and report preparation.
- III. Responsibilities of the Medical Director

The Medical Director is responsible for developing and reviewing policies, providing advice, and issuing medical orders to Agency's personnel with reference to public health medical concerns.

The Medical Director will serve as the medical consultant for the Board of Health and the Agency's Administrative team and the direct service personnel. The Medical Director will also be a resource for communication with other health care providers.

Specifically, the Medical Director shall:

- a. Function as part of the administrative team by providing appropriate medical input to the administrative decision-making process as it relates to the health of the community and the functioning of the Agency. Collaborate with and be responsible to the Health Officer.
- b. Review, revise and update medical policies and procedures and sign guidelines, protocols, and standing orders for services provided by the Agency; including Communicable Disease Control, Immunizations, etc.
- c. Evaluate medical components of clinical programs and make recommendations to Health Officer.
- d. Will be a medical liaison for the Agency with the physician community; provide advice and consultation on public health issues, respond to inquiries from physicians on medical matters.
- Assist administrative personnel in assessing continuing education needs of professional staff; provide necessary training and/or make recommendations for meeting continuing education needs.
- f. Serve in the capacity as Lab Director for Agency for CLIA/Accreditation purposes.

- g. Assist the Agency personnel in determining public health trend analysis.
- h. Maintain reliable contact methods such that the Agency personnel are able to establish contact at all times.
- i. Provide for a qualified back-up in the event that reliable contact is not possible.
- j. Pursue continuing medical education to maintain licensure.
- k. Maintain current Drug Control licenses for each the Agency's sites.
- I. Function as an integral member of the Agency's Emergency Preparedness Team addressing the medical and health components of an All Hazards plan, which includes, but is not limited to, WMD, CBRNE and other public health threats.

The above list of job areas is intended to describe the general nature and level of work performed by the Medical Director and is not intended to be an exclusive list of responsibilities.

IV. Time Commitment of Medical Director to Agency

The Medical Director shall commit such time and effort as may be required to discharge medical director duties as described above in a professional and competent manner.

It is understood by the parties to this Agreement that the average documented direct and indirect medical direction time committed to the Agency shall be no less than sixteen (16) hours per week. Indirect time refers to those medical direction activities which apply to development of a communicable disease control policy, attending Public Health related meeting, attending the Board of Health meeting, and completing and maintaining educational courses necessary to comply with the requirements of a local public health Medical Director. It is specifically understood and agreed that a minimum of four hours per week will be performed on-site at one of the Agency's facilities.

V. Professional Liability Insurance

The Medical Director shall be covered by the Agency's malpractice liability insurance while performing duties & activities as the Agency's Medical Director. The insurance coverage shall be in effect for the term of this Agreement.

VI. Compensation

Compensation to the Medical Director shall be \$50,000 per fiscal year. The first 3 months of the contract (July 1, 2021 through September 30, 2021) will be compensated at \$4166.00 per month. The Agency shall process payment on a monthly basis. Reimbursement for travel that is necessary to perform the duties as the Agency's Medical Director shall be paid at the Agency's mileage rate as set by the Agency's Board of Health. Mileage will be calculated from the Medical Director's residence. The amount of the mileage reimbursement paid to the Medical Director may not exceed \$6,000 in any fiscal year and for the first three months of the contract (July 1, 2021 through September 30, 2021) not exceed \$500 per month. A cell phone allowance of \$20.00 per month will be paid to the Medical Director.

VII. Educational Reimbursement

In order for the Medical Director to obtain the required Master of Public Health degree (as outlined in P.A. 368 of 1978 as amended), a tuition reimbursement program is offered by the Agency as follows:

- Medical Director must maintain employment throughout the degree program.
- The Medical Director is eligible for reimbursement of courses taken, not to exceed \$12,000 in any academic year (including the Fall, Winter, and Summer semesters). Maximum reimbursement is \$36,000.
- Pre-approval from the Health Officer for expenses must be obtained prior to the beginning of the school term.
- Covered course expenses are tuition and books.
- All courses must be through an accredited institution.
- Reimbursement for all courses is to be submitted to accounting with a copy of the receipt showing that the fee had been paid by the employee along with the following:
 - The Medical Director must obtain a grade of "B" or better.
 - Upon the completion of the course(s) and the posting of grades the employee must present the grades to the Health Officer.
- Should the Medical Director leave before one year's time after the last staff development reimbursement payment is received, the Medical Director must reimburse the agency a pro-rate share of that last payment.

VIII. Changes in the Agreement

Any changes which will significantly affect the provision of medical direction services shall be agreed upon, in writing, by the parties prior to implementation of the changes with an appropriate addendum attached to this Agreement.

IX. Independent Contractor Status.

The parties agree that Medical Director is an independent contractor. In her capacity as an independent contractor, Medical Director agrees to and represents the following:

- Medical Director has the right and does fully intend to perform services for third parties during the term of this Agreement.
- Medical Director has the sole right to control and direct the means, manner, and method by which the services required by this Agreement will be performed.
- Subject to the limitations set forth in this agreement, Medical Director has the right to perform the services required by this Agreement at any place or location and at such times as she may determine.

The parties acknowledge and agree that Health Department is entering into this Agreement with reliance on the representations made by the Medical Director relative to its independent contractor status.

X. With Holding of State and Federal Taxes.

Health Department will not withhold FICA (Social Security and Medicare taxes) from Medical Director's payments or make FICA payments on his behalf, or make state or federal unemployment compensation contributions on Medical Director's behalf, or withhold state or federal income tax from his payments. Medical Director shall pay all taxes incurred while performing services under this Agreement.

XI. Fringe Benefits.

Medical Director is not eligible to participate in the Agency's employee pension, health, vacation pay, sick pay, or other fringe benefit plan the Agency may offer.

XII. Insurance.

Medical Director, as an independent contractor, agrees to indemnify, defend, and hold harmless Health Department from any and all liability arising out of or in any way related to Medical Director's performance of services during the term of this Agreement.

XIII. Termination

It is agreed upon by both parties that the Medical Director shall meet all Federal, State and local license authorization requirements to practice medicine. Failure to obtain and or maintain said license and authorization requirements to practice medicine and or loss of the same shall result in the immediate termination of this agreement.

It is agreed upon by both parties that the Medical Director shall be approved by the Michigan Department of Health & Human Services to serve as the Medical Director for this agency.

This Agreement may be terminated by either party by giving sixty (60) days written notice of the intention to terminate.

The individual or officer signing this Agreement certifies by his/her signature that he/she is authorized to sign on behalf of the responsible governing board, individual, official, or agency.

Agency			
Rebecca A. Burr	s, MPH, RS	, Health	Officer

Date

Medical Director Karen Luparello, D.O. Date

Your business Your control Mastercard Purchase Card



What is a P-Card?

Purchase cards-also known as P-Cards or procurement cards -provide businesses with significant opportunities to streamline processing and improve working capital. By replacing paper invoices and manual systems, P-Cards help businesses cut operating costs, automate expense reconciliation processes and provide valuable insights on spend patterns. In addition, risk controls are enhanced and quicker payments improve supplier relations and help businesses earn valuable rebates and discounts.

Three Options:

- Fuel Only
- Fuel, Car Rental, Hotels & Restaurants
- Business or Travel & Entertainment

Benefits:

- Simplify your purchasing and accounting process
- Increase control over spend
- Strengthened fraud monitoring capabilities
- Electronic control & accountability through 360Control site*
- Faster payment transactions
- Access 24/7 customer service

Improved Working Capital

Delaying the payment of purchases for up to 30 days increases working capital.

Enhanced Expense Management

Automation of expense reconciliation processes provides more transaction data and better spend analysis.

Employees Refocused on Value-Added Work

Reduced overhead and administrative costs in an accounts payable department frees up resources for other priorities.

Strengthened Fraud Monitoring Capabilities

Real-time on line tools can improve account-level controls.

Faster Payment Transactions

Quicker payments can lead to preferred vendor status.

Potential Economic Incentives

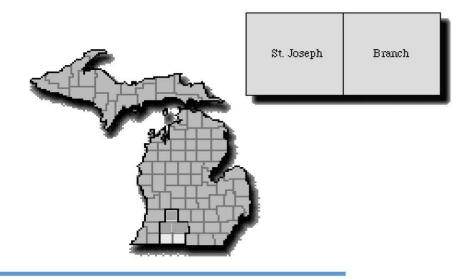
P-Cards provide the opportunity for revenue share in the form of a cash rebate back to the buying organization.



Purchase Card*
N/A - Pay in Full Requied
N/A
N/A
N/A
2.99%
\$O
\$0
\$0
N/A
0%

*Applicants should read the application disclosure for complete terms and conditions. APR will vary with the market based on the Prime Rate. Cardholders should read the Guide to Benefits that they receive with their credit card for a full and detailed description of all benefits, terms and conditions. Benefits are effective as of July 1, 2019 and are subject to change. For the most up to date list of benefits, please refer to the Guide to Benefits that came with your card.

2020—2022 Multi Year Plan FY 2022 ANNUAL IMPLEMENTATION PLAN BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



Planning and Service Area Branch, St. Joseph

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

Branch-Hillsdale-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

Field Representative Ashley Ellsworth

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Branch-St. Joseph Area Agency on Aging

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Branch-St. Joseph Area Agency on Aging

Executive Summary

The Branch-St. Joseph Area Agency on Aging (IIIC) 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 AAA's in the State of Michigan responsible for administering Older Americans Act and Older Michiganians Act funding to address the needs of older adults, age 60 and over, and family caregivers living in Branch & St. Joseph Counties. The two-county planning and service area is completely rural yet we have a diverse population and a wide continuum of agencies providing supports and services. The Plan outlines a few new approaches to deliver access services and offer outreach to our diverse communities. IIIC is not planning any new program development objectives in FY2022, just continuing our MYP and FY21 goals which include efforts surrounding diversity, equity and inclusion. Friendly Reassurance and Gap Filling are services that were added in FY20 under AASA waiver and have remained viable, needed and well-utilized throughout 2021. We have again included these services (under contract as well as to provide directly) in the FY22 AIP. The Plan does not outline significant new priorities, plans or objectives for the use of Older Americans Act (OAA) or state funding during FY 2022. Other federal funding, of course, is evolving as we are all planning for the new "American Recovery Plan Act" to be issued. As always, we will work with providers, AASA and our leadership team to plan and address its best use according to local needs across Branch and St. Joseph counties.

The COVID-19 pandemic is something that our agency responded to directly because the AAA is a division within local public health . Our operations remained open and fully functioning, continuity of our operations was prioritized so we could work remotely and then we re-integrated back into the workplace seamlessly. During 2021 we remained active in our local vaccination efforts while remaining responsive to all inquiries within our area agency division. In November/December of 2020 we braced for vaccine deployment and were asked to develop & maintain a waiting list for those who couldn't make their own appointment or didn't have access to the internet. In addition, our team answered COVID related "hotline" calls. From January 2021 through April 2021 we addressed over 10,000 calls and scheduled over 3,000 appointments - all with a team of 5 staff. This was a tremendous effort of monumental proportions! In addition, we kept up with Friendly Reassurance calls, intakes/referrals as well as on-going AAA business and communication with all of our network providers. The new community partnerships that were built as we addressed food insecurity, housing crisis and service delays/pauses during the height of the pandemic (summer 2020) gave the opportunity to develop new ways of delivering services. Better communication, use of volunteers and efficient sharing of resources are all ways in which we rose as a network to solve complex issues and are 'take-aways' as we reflect back upon the past two vears. Personal protective equipment issued by AASA was also distributed to agencies providing direct care throughout 2021. This will continue throughout 2022, as long as we have it available as reopening of services & community facilities occur. We will also continue to address social isolation and the lack of available technology/devices to connect with people virtually. The ADRC initiative has been of great resource, technical assistance and support for this effort. Sharing of best-practices and testing new products/services/practices are priorities of this initiative. Another initiative underway in FY2021 that will continue through most of FY2022 is the "Age-Friendly Public Health" project. Region IIIC Area Agency on Aging, the Branch-Hillsdale-St. Joseph Commuty Health Agency and Region 2 Area Agency on Aging collaborated on submission of a mini-grant to examine & revise our current Emergency Preparedness documents, perform specific community needs

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Branch-St. Joseph Area Agency on Aging

assessments and share best practices as it relates to our work together as aging and public health partners. We are excited to continue valuable partnerships across the two-county PSA and the three-county public health jurisdiction to address ongoing needs and solutions to potential needs as pandemic restrictions are lifted and we experience a "new normal".

Throughout fiscal year 2021 our advocacy remained consistent with our state/federal agencies and associations: do not cut home and community based services and enhance direct care worker wages. Our local Michigan Senior Advocate delegate and State Advisory Council member both remained active in meetings and offered regular updates to our local Advisory Committee. Funding as we near the end of FY21 and going into 2022 sounds to be almost plentiful to address the increase in demand for services. We will remain fully engaged in local, state and federal advocacy efforts and hope to resume in-person meetings with legislators to introduce them formally to our network partners and participants.

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Branch-St. Joseph Area Agency on Aging

County/Local Unit of Government Review

The Branch-St. Joseph Area Agency on Aging's approach to gaining support from each County Board of Commissioners is the same as it has been since our agency's designation in fiscal year 1997. Because Area Agency on Aging 3C (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, the Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district.

The DRAFT FY2022 Area Implementation Plan was formally sent to each County Board of Commissioners on June 15, 2021 for review and consideration of passing a Resolution of Support for the Plan's submission. Requests to formally present the FY22 AIP at Branch County's June 17th Working Meeting and St. Joseph County's July 14th Executive Committee Meeting were made. Region IIIC will share formal Resolutions of Support once they are received.

STATE OF MICHIGAN Michigan Department of Health & Human Services AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

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Branch-St. Joseph Area Agency on Aging

Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
06/15/2021	Via Zoom	10:30 AM	Yes	6

The Branch-St. Joseph Area Agency on Aging (IIIC) held it's Public Hearing via <u>virtual</u> platform (Zoom) on Tuesday, June 15, 2021 at 10:30am. The Notice was sent via email to all community partners, Board of Health members, and Advisory Committee members on May 27, 2021. For three months preceeding the Public Hearing, input and discussion occurred at Board of Health meetings, Advisory Committee meetings and among our local community partners to gain feedback about funding priorities and service needs across the two-county planning and service area. The FY2022 AIP draft was also placed on the AAA IIIC website for download at: www.bhsj.org/aaa. The AAA IIIC Advisory Committee unanimously supported the FY2022 AIP draft at their June 15, 2021 meeting.

At the Hearing, an overview of the budget, program development objectives and continuing efforts to support individuals in greatest need, with emphasis on the COVID 19 pandemic, was presented. AAA IIIC staff also provided information related to the planning process itself as well as our intent to gain Resolutions of Support from each County Board of Commissioners.

There was no formal testimony given at the Public Hearing. Compliments were offered related to the process, thorough highlights and content of the Plan.

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Branch-St. Joseph Area Agency on Aging

Regional Service Definitions

Service Name/Definition							
Rationale (Explain wh	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

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Branch-St. Joseph Area Agency on Aging

Access Services							
Care Management	Care Management						
Starting Date	10/01/2021	Ending Date	09/30/2022				
Total of Federal Dollars	\$50,000.00	Total of State Dollars	\$92,686.00				
Geographic area to be served							

Branch and 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 CLP participants in Region IIIC ~Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accomodate participants' person-centered support plan.

Expected Outcomes:

~ Increase number of Purchase of Service vendors to serve CLP participants

~ Better identify the needs of individuals through a more comprehesive intake process

~ Better meet the needs of participants with additional categories/levels of care available

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 contiue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation

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

Expected Outcomes:

~ Care Consultants will have an increased capacity to build stronger person-centered support plans by including resources and knowledge about abuse, neglect and exploitation

~ Care Consultants will continue to build their skill set to provide supports/services and arrange services through attending available state & locally available training events

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

~ Implement a new tiered approach to Access Services (Care Management funded)

 \sim Care Consultants will complete a thorough intake and referral making process

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

~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers in a more timley manner

~ Care Consultants will be able to better identify needed services as a result of implementing the tiered

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Branch-St. Joseph Area Agency on Aging

approach

Number of client pre-screenings:	Current Year:	65	Planned Next Year:	65
Number of initial client assesments:	Current Year:	50	Planned Next Year:	50
Number of initial client care plans:	Current Year:	50	Planned Next Year:	50
Total number of clients (carry over plus new):	Current Year:	115	Planned Next Year:	115
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:38	Planned Next Year:	1:38

Information and Assistance

Starting Date	10/01/2021	Ending Date	09/30/2022				
Total of Federal Dollars	\$20,980.00	Total of State Dollars					
Geographic area to be served							
Branch and St. Joseph Counties							

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

Goal #1: Provision of comprehensive, unbiased information & assistance/referral Activities:

~ Continue to provide referrals according to AASA & national AIRS standards

 \sim Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database

~ Seek MIBridges training and become established as a "community partner/referral partner" to address any inquiries being forwarded via the MDHHS/MIBridges platform.

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

Expected Outcomes:

~ Staff will continue to provide the highest quality information & assistance/referral services to any person with an inquiry. Individuals will experience timely, accurate information to their questions and requests.

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.

Expected Outcome:

~ Local and regional aging/disability network partners will continue to seek and receive accurate information from AAA 3C.

~ AAA3C will contiue to see an increase in information & assistance/referral calls

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Branch-St. Joseph Area Agency on Aging

Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to AASA Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.

Activities:

~ Staff shall continue to develop and monitor the ADRCIS resource database, implementing corrections/additions/deletions 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 AASA standards, including new NAPIS questions being implemented in FY2022.

Expected Outcome:

All requested and required data and reports will be submitted accurately and timely.

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.

Expected Outcomes:

~ People contacting and interacting with the Area Agency on Aging 3C will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences.

~ Community partners will have an increased awareness of PCT and its practice within their organizations .

Friendly reassurance

Branch-St. Joseph Area Agency on Aging

Direct Service Request

Total of Federal Dollars \$2,500.00 Total of State Dollars

Geographic Area Served Branch and St. Joseph Counties

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

Goal: Provide and promote Friendly Reassurance as a service offered by the AAA3C to local aging network partners and other community partners to address social isolation among older adults in our communities.

Objective: Decrease social isolation among older adults.

Activities: Adhere to AASA Operating Standards for Friendly Reassurance by offering weekly (or as requested by the individual) telephonic check-ins to address emotional and physical well being, talk about current events, and other topics as raised by the participant. Work with individuals on ways to stay engaged in the community and with others.

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.

The direct service provision request is intended to respond to the need to reduce social isolation in PSA 3C. Adequacy of Friendly Reassurance has been challenging due to staffing at provider agencies, therefore AAA3C plans to continue to provide the service moving forward as it compliments our Information & Assistance service. We've also wanted to support people where they feel comfortable versus having to make referrals to other agencies (a more streamlined process for the person).

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.

The COVID-19 pandemic has propelled our agency into providing additional services and supports through both community partner/agencies and added to our provision of service. Since FY20, under AASA waiver, we provided Friendly Reassurance to those seeking the service via web-based requests and through contracts with local partner agencies. We would like to continue this into FY22 as we know the issue of social isolation will remain evident in our communities. We do have provider agencies who will keep receiving grant funds to

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Branch-St. Joseph Area Agency on Aging

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provide Friendly Reassurance.

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

N/A

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Branch-St. Joseph Area Agency on Aging

Regional Direct Service Request

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.

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).

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Branch-St. Joseph Area Agency on Aging

Approved MYP Program Development Objectives

Area Agency on Aging Goal

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

Objectives

 Work to develop a viable community partner to develop an adult day program for individuals and families in Branch County. Timeline: 10/01/2019 to 09/30/2020

Progress

Unfortunately, there has been no progress in development of an adult day provider for Branch County... The St. Joseph County "Thurston Cares" program does serve Branch County residents, so it does support families on the west side of the county. Those further west in Branch County tend to think the drive to Sturgis is too long from Coldwater, Union City and Quincy areas for example.

B. Work with key leaders and community partners in Branch County to explore an aging-friendly community assessment and seek designation as a Community for A Lifetime.

Objectives

 In FY2020, the AAA Coordinator will network and make connections with Branch County Board of Health/County Commissioners as well as the County Administrator to present the Communities for A Lifetime program. We will contact AASA staff lead for the CFL Program to participate and/or make presentation to the interested parties to allow for open dialogue, questions and answers. Timeline: 10/01/2019 to 09/30/2020

Progress

In FY2021 there was no progress in PSA 3C to make connections in Branch County to explore Communities for A Lifetime designation.

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

Objectives

 Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/taskforces, and community groups. Timeline: 10/01/2019 to 09/30/2020

Progress

In FY2021, and throughout FY2022, Region IIIC AAA staff will continue to support and implement our elder abuse prevention, awareness and outreach to address abuse neglect and exploitation. We will further support Victim Specialist staff, who are funded by the Division of Victim Services "Services to Victims of Elder Abuse" program

FY 2022

Branch-St. Joseph Area Agency on Aging

funding to work directly with victims of abuse, neglect and/or exploitation. Since 2018 we've served over 150 victims, provided hundreds of hours of training to professionals and community groups and continue to support each county's coalition/Interdisciplinary Team efforts.

D. Improve the accessibility of services to Michigan's communities and people of color, immigrants and LGBTQ+ individuals

Objectives

 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: 10/01/2020 to 09/30/2021

Progress

During FY2021, Region IIIC has not made significant progress with formalized training for our staff and community partners/providers. We've raised the discussion at Advisory and Board meetings and its been received well. We anticipate more active recruitment of speakers/trainers and involvement in regional trainings in FY2022 including AASA's sponsored DEI training for the network.

 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: 10/01/2020 to 09/30/2021

Progress

During our provider assessments (held virtually in FY2021) we've addressed the topic of more welcoming & accommodating outreach materials and methods among all of our annual contract providers. We are also working collaboratively with the Community Health Agency to make revisions and additions of language on our webpage regarding non-discrimination practices and our approach of serving all who seek services from us. We will continue this work throughout FY2022 as it remains a high priority!

Branch-St. Joseph Area Agency on Aging

FY 2022 Annual Implementation Plan

FY 2022

2022 Program Development Objectives

Area Agency on Aging Goal

Α.

State Goal Match:

Narrative

Objectives

1.

Timeline: to

Activities

Expected Outcome

FY 2022 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

Supplemental Documents

FY 2022

Branch-St. Joseph Area Agency on Aging

FY 2022

SUPPLEMENTAL DOCUMENT A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	1	0	0	0	1	1	6
Aged 60 and Over	1	0	0	0	1	1	4

Board Member Name	Geographic Area	Affiliation	Membership Status
Brent Leininger	Hillsdale County	County Commissioner	Elected Official
Mark E. Wiley	Hillsdale County	County Commissioner	Elected Official
Jared Hoffmaster	St. Joseph County	County Commissioner	Elected Official
Kathy Pangle	St. Joseph County	County Commissioner	Elected Official
Tom Matthew	Branch County	County Commissioner	Elected Official
Jon Houtz	Branch County	County Commissioner	Elected Official

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2022

SUPPLEMENTAL DOCUMENT B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	1	8	11
Aged 60 and Over	0	2	0	0	1	4	7

Board Member Name	Geographic Area	Affiliation		
Charles Asher	Branch County	Service Provider		
Pamela Riley	St. Joseph County	Service Provider		
Dennis Breske	Branch County	Community Advocate		
Steve Todd	St. Joseph County	Community Advocate		
Alisha Carr	Branch County	Service Provider		
Sandra Leslie	St. Joseph County	MDHHS - Adult Services		
Kristi Gatke	Branch County	MDHHS - Supervisor		
Benita Armstrong	St. Joseph County	MDHHS - Supervisor		
Kathy Pangle	St. Joseph County	Policy Board liaison, County Commissioner		
Kelly Jonker	Branch & St. Joseph Count	Service Provider & Advocate		
Amy Duff	Branch County	Service Provider		

FY2020-2022 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

SUPPLEMENTAL DOCUMENT D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:	165,000
These meals are administered by the contractor(s) as part of the Nutrition Progra the meals served are in compliance with all State and Federal requirements appli of the Older Americans Act of 1965, as amended.	
Therefore, the GRANTEE agrees to report monthly on a separate AASA Financia number of meals served utilizing the local funds, and in consideration of these me separate reimbursement at the authorized per meal level cash-in-lieu of United Stagriculture commodities, to the extent that these funds are available to AASA.	eals will receive

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

FY 2022

FY2020-2022 Multi Year Plan

FY 2022

Branch-St. Joseph Area Agency on Aging

SUPPLEMENTAL DOCUMENT F

Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services 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							
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services 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 50,000							
de ful	As in years past, in-home and other supportive services such as care management are in greater demand in PSA 3C than that of Congregate Meals. This request of transferred funds allows us to better fulfill needs in the planning and service area.								
C1	such, the \$50,000 transfer out of Title IIIC-1 shall be allocated as follows: to 3B \$35,000 to C2 \$15,000								
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition 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							

	FY 2022	AREA PLAN GRANT BUDGE	ET			
						Rev. 3/2/21
Agency: E	Branch-St. Joseph AAA	Budget Period:	10/01/21	to	09/30/22	
_				-		
PSA:	3C	Date: 06/09/21		Rev. No.:	original	Page 1of 3
				-		

SERVICES SUMMARY											
	SUPPORTIVE	NUTRITION									
FUND SOURCE	SERVICES	SERVICES	TOTAL								
1. Federal Title III-B Services	151,780		151,780								
2. Fed. Title III-C1 (Congregate)		104,075	104,075								
3. State Congregate Nutrition		2,676	2,676								
4. Federal Title III-C2 (HDM)		97,422	97,422								
5. State Home Delivered Meals		133,495	133,495								
8. Fed. Title III-D (Prev. Health)	8,795		8,795								
9. Federal Title III-E (NFCSP)	55,543		55,543								
10. Federal Title VII-A	-		-								
10. Federal Title VII-EAP	-		-								
11. State Access	7,989		7,989								
12. State In-Home	142,429		142,429								
13. State Alternative Care	31,400		31,400								
14. State Care Management	80,228		80,228								
15. St. ANS	12,458		12,458								
16. St. N ursing Home Ombs (NHO)	-		-								
17. Local Match											
a. Cash	284,454	55,231	339,685								
b. In-Kind	20,250	41,900	62,150								
18. State Respite Care (Escheat)	36,311		36,311								
19. MATF	33,416		33,416								
19. St. CG Support	4,122		4,122								
20. TCM/Medicaid & MSO	50,000		50,000								
21. NSIP		102,662	102,662								
22. Program Income	88,050	173,000	261,050								
TOTAL:	1,007,225	710,461	1,717,686								

ADMINISTRATION										
Revenues		Local Cash	Local In-Kind	Total						
Federal Administration	46,402	32,504	20,250	99,156						
State Administration	8,019			8,019						
MATF Administration	3,300	-	-	3,300						
St. CG Support Administration	408	-	-	408						
Other Admin	96,800			96,800						
Total AIP Admin:	154,929	32,504	20,250	207,683						

Expenditures									
	FTEs								
1. Salaries/Wages	4.65	165,600							
2. Fringe Benefits		31,583							
3. Office Operations		10,500							
Total:		207,683							

Cash Match Detail		In-Kind Match Detail	Amount 20,250	
Source	Amount	Source	Amount	
Branch County	15,515	Local Appropriation	20,250	
St. Joseph County	16,989			
Total:	32,504	Total:	20,250	

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature

Health Officer Title



	FY 2022 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL																			
	Agency: Branch-St. Joseph AAA Budget Period: 10/01/21 to 09/30/22 Rev. 3/2/21																			
													page 2 of 3							
*Opera	ting Standards For AAA's																			p-3
Ор						Title VII A	State	State	St. Alt.	State Care	State	St. ANS	St. Respite	MATE	St. CG Suppl	I CIVI-Medicaid	Program	Cash	In-Kind	1
Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - F	Title VII/EAP	OMB	Access	In-Home	Care	Mgmt	NHO		(Escheat)			MSO Fund	Income	Match	Match	TOTAL
A	Access Services	The fir B	Theo III D	Huo III E		OND	7100000	In nome	Guio	Mgritt	NITO		(Loonour)			Moorand	moome	matori	matori	TOTAL
A-1	Care Management	21,000		29,000						80,228		12,458				50,000		32,504	8,000	233,190
A-1 A-2	Case Coord/supp	21,000		6,000			7,989			00,220		12,430				50,000		30,000	0,000	43,989
-	Disaster Advocacy & Outreach Program			0,000			1,505											00,000		
A-4	Information & Assis	20,980																	3,000	23,980
A-4	Outreach	20,000																	0,000	
A-6	Transportation	29,750		6,300										8,000			22,000	28,000		94,050
A-0	Options Counseling	23,130		0,000										0,000			22,000	20,000		
B	In-Home																			-
	Chore	5,200															500	2,650		8,350
B-1 B-2	Home Care Assis	5,200						112,429	31,400								38,550	2,650		8,350 300,879
B-2 B-3	Home Injury Cntrl	15,000						112,429	51,400								30,550	103,500		300,879
	Homemaking																			
-	Home Health Aide																			-
B-6 B-7	Medication Mgt							9,000												- 9,000
_	Personal Care				-			9,000												9,000
B-8								0.000												
B-9								8,000				-								8,000
_	Respite Care	- 100						13,000					13,500	5,416			5,200	18,550		55,666
B-11	Friendly Reassure	7,100										-						600	1,500	9,200
C-10		10,250															500	1,400		12,150
С	Community Services																			
	Adult Day Services											-	22,811	20,000	4,122		20,000	31,250		98,183
C-2																				-
C-6	Disease Prevent/Health Promtion		8,795														250	2,500		11,545
	Health Screening											-								-
	Assist to Hearing Impaired & Deaf Cmty																			-
C-9	-	6,000															500	3,500		10,000
	LTC Ombudsman	2,000																18,000		20,000
	Sr Ctr Operations																			-
	Sr Ctr Staffing																			-
C-14																				-
	Prevnt of Elder Abuse,Neglect,Exploitation																			-
	Counseling Services	2,500															100	1,500		4,100
-	Creat.Conf.CG® CCC																			-
C-18	Caregiver Supplmt Services																			-
C-19				3,500													250	2,500		6,250
	Caregiver E,S,T			10,743													200	8,000		18,943
_	Program Develop	23,000																	6,000	29,000
	Region Specific																			
	Community Living Program Services	3,500																	1,100	4,600
	Gap Filling	5,500																	650	6,150
	C.																			-
	d.																			-
	7. CLP/ADRC Services	-		-																-
Sp Co	8. MATF Adm													3,300						3,300
Sp Co	9. St CG Sup Adm														408					408
	SUPPRT SERV	TOTAL 151,780	8,795	55,543	-	-	7,989	142,429	31,400	80,228	-	12,458	36,311	36,716	4,530	50,000	88,050	284,454	20,250	1,010,933

		FY 2022	NUTRITION	/ OMBUDSM	AN / RESPIT	E / KINSHIP -	PROGRAM	BUDGET DE	TAIL	
										Rev. 3/2/21
	Agency:	Budget Period:	10/01/21	to	9/30/22					
	PSA:	3C		Date:	06/09/21	Rev. Number	original			page 3 of 3
		FY 2022	AREA PLAN	I GRANT BU	DGET - TITLE	III-C NUTRI	FION SERVIC	ES DETAIL		
Ор	SERVICE CATEGORY	Title III C-1	Title III C-2	State	State HDM	NSIP	Program	Cash	In-Kind	TOTAL
Std				Congregate		Title III-E	Income	Match	Match	
	Nutrition Services									
C-3	Congregate Meals	103,125		2,676			48,000	15,000	6,500	175,301
B-5	Home Delivered Meals		97,422		133,495	102,662	125,000	40,231	35,400	534,210
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	950								950
	Nutrition Services Total	104,075	97,422	2,676	133,495	102,662	173,000	55,231	41,900	710,461

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

		FY 2022 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL											
Ор	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program	Cash	In-Kind	TOTAL			
Std							Income	Match	Match				
	LTC Ombudsman Ser												
C-11	LTC Ombudsman	2,000	-	-	-	-	-	18,000	-	20,000			
C-15	Elder Abuse Prevention	-		-			-	-	-	-			
	Region Specific	-	-		-		-	-	-	-			
	LTC Ombudsman Ser Total	2,000	-	-	-	-	-	18,000	-	20,000			

	FY 2022 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL									
Ор	SERVICES PROVIDED AS A	Title III-B	Title III-E	State Alt Care	State	State In-Home	Merit Award	Program	Cash/In-Kind	TOTAL
Std	FORM OF RESPITE CARE				Escheats		Trust Fund	Income	Match	
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	Respite Service Total	-	-	-	-	-	-	-	-	-

	FY 2022 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL										
Ор	SERVICE CATEGORY	Title III-B	Title III-E				Program	Cash	In-Kind	TOTAL	
Std							Income	Match	Match		
	Kinship Ser. Amounts Only										
C-18	Caregiver Sup. Services	-					-		-	-	
C-19	Kinship Support Services	-	3,500				250	2,500	-	6,250	
C-20	Caregiver E,S,T	-	-				-	-	-	-	
		-	-				-	-	-	-	
	Kinship Services Total	-	3,500				250	2,500	-	6,250	

Budgeted Percent of the Total Method of Provision ACCESS SERVICES Contract Contract Contract Case Coordination & Support \$ 233.190 13.55% x x Disaster Advocacy & Outreach Program Information & Assistance, \$ 23.300 13.95% x x Disaster Advocacy & Outreach Program Information & Assistance, \$ 23.900 1.33% x x Outreach S - 0.00% x x x Option Counseling \$ - 0.00% x x Home Care Assistance \$ 300.879 17.48% x x Home Delivered Meals \$ 534,210 31.03% x x Home Health Aide - 0.00% x x x Personal Care S 5.000 0.65% x x x Home Health Aide - 0.00% x x x Personal Emergency Response System 8.000 0.65% x x Personal Lare Sistem Promotion 1.15%0	Planned Service	s S	Summary	Page for	FY 2022	PSA:	3C	
Service Funds of the Total Purchased Contract ACCESS SERVICES - <						hod of Provis	sion	
ACCESS SERVICES x Case Coordination & Support \$ 4.3,989 2.66% x Disaster Advocacy & Outreach Program \$ - 0.00% x Information & Assistances \$ 2.3,980 1.39% x Outreach \$ - 0.00% x x Outreach \$ - 0.00% x x Option Counseling \$ - 0.00% x x INHOME SERVICES - 0.00% x x Home Injury Control \$ - 0.00% x x Home Injury Control \$ - 0.00% x x Home Belivered Meals \$ 5.534.210 31.03% x x Medication Management \$ 9.000 0.52% x x x Personal Emergency Response System \$ 8.000 0.46% x x x CoMMUNITY SERVICES - 0.00% x x x Comgenet Meals \$ 10.110.11% x x x </th <th></th> <th></th> <th>•</th> <th>of the</th> <th></th> <th></th> <th></th>			•	of the				
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Option Counseling - 0.00% IN-HOME SERVICES -			-					
IN-HOME SERVICES Image: Chore \$ 8,350 0.49% x Home Care Assistance \$ 300,879 17.48% x x Home Injury Contol \$ 0.00% x x x Home Injury Contol \$ 0.00% x x x Home Health Aide \$ 0.00% x x x Medication Management \$ 9,000 0.52% x x x Personal Emergency Response System \$ 8.000 0.46% x x x Respite Care \$ 9,200 0.53% x x x x COMMUNITY SERVICES - 0.00% x x x x Dementia Adult Day Care \$ - 0.00% x x x x Dementia Adult Day Care \$ - 0.00% x x x x Dementia Adult Day Care \$ - 0.00% x x x x Dementia Adult Day Care \$ - 0.00% x			94,050			Х		
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	TOTAL PERCENT	Ψ	5,700	100.00%	8.75%	83.08%	x 8.17%	
		\$	1.721.394	100.0070			\$140,660	

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

FY 2022 BUDGET REVIEW SPREADSHEET

Agency:	Branch St. los	eptof AAA	Dor	lione	Fiscal Year:	FY 2022
Date of SGA:	2/24/2021	SGA No.		Cost Allocation Pla		
Date of Budget:	06/09/21	Revision N		original	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOU		TOTAL	AAA COMMENTS	
Title III Administration	\$ 46,40	2		\$ 46,402		
State Administration	\$ 8,0	9		\$ 8,019	Transfer request (appendix f)	
Title III-B Services	\$ 151,78			\$ 151,780	From (-) Title IIIC1 (\$60,000)	
Title III-C-1 Services	\$ 104,07			\$ 104,075	To Title IIIC2 +\$25,000	
Title III-C-2 Services	\$ 97,42			\$ 97,422	To Title IIIB +\$35,000	
Federal Title III-D (Prev. Health)	\$ 8,79			\$ 8,795		
Title III-E Services (NFCSP)	\$ 55,54	.3		\$ 55,543		
Title VII/A Services (LTC Ombuds)				\$ -		
Title VII/EAP Services	* 70			\$ -		
St. Access St. In Home	\$ 7,98 \$ 142,42			\$ 7,989 \$ 142,429		
St. Congregate Meals	\$ 142,42 \$ 2,67			\$ 142,429 \$ 2,676		
St. Home Delivered Meals	\$ 133,49			\$ 133,495	AASA COMMENTS	
St. Alternative Care	\$ 31,40			\$ 31,400		
St. Aging Network Srv. (st. ANS)	\$ 12,45			\$ 12,458		
St. Respite Care (Escheats)	\$ 36,3			\$ 36,311		
Merit Award Trust Fund (MATF)	\$ 36,7			\$ 36,716		
St. Caregiver Support (St. CG Sup.)	\$ 4,53			\$ 4,530		
St. Nursing Home Ombuds (NHO)		-		\$ -		
MSO Fund-LTC Ombudsman				\$ -	1	
St. Care Mgt.	\$ 80,22	8		\$ 80,228]	
NSIP	\$ 102,66	2		\$ 102,662]	
				\$ -		
SGA TOTALS:	\$ 1,062,93	0 \$	-	\$ 1,062,930		
					Administrative Match Requirements	
ADMINISTRATION	BUDGET	SGA		DIFFERENCE	Minimum federal administration match amount	\$15,467
Federal Administration	\$ 46,40		,402		Administration match expended (State Adm. + Local Match)	\$60,773
State Administration	\$ 8,0	9 \$ 8	,019	\$-	Is the federal administration matched at a minimum 25%?	Yes
Cub Tatala	C		404	¢	Does federal administration budget equal SGA?	Yes
Sub-Total: MATF	\$ 54,42 \$ 3,30		,421	ک -	Does state administration budget equal SGA?	Yes
ST CG Supp	\$ 3,30 \$ 40					
Local Administrative Match	φ 40	0			Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or belov	v 9% of
Local Cash Match	\$ 32,50	4			Total Merit Award Trust Fund & St. Caregiver Support Admin Hust be expended at or below	8%
Local In-Kind Match	\$ 20,25				Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 52,75					\$ 20,000
Other Admin		0 AIP TOT AD	MIN	DIFFERENCE	is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 207,68		,683		Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA		% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 151,78	0 \$ 151	,780	100.0000%		
Fed. Title III C-1 (Congregate)	\$ 104,07	5 \$ 104	,075	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition			,676		For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
Federal C-2 (HDM)			,422		Title III-B Long Term Care Ombudsman Maintenance of Effort Requirem	
State Home Delivered Meals	\$ 133,49		,495	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	#N/A
Federal Title III-D (Prev. Health)			,795		Budgeted amount Title III-B for LTC Ombudsman.	\$2,000
Federal Title III-E (NFCSP)	\$ 55,54		,543	100.0000%	Is required maintenance of effort met?	#N/A
St. Access						
	\$ 7,98			100.0000%	•	
St. In Home	\$ 142,42	9 \$ 142	,429	100.0000%	Sanvias Notab Baguiramenta	
St. Alternative Care	\$ 142,42 \$ 31,40	9 \$ 142 0 \$ 31	,429 ,400	100.0000% 100.0000%	Service Match Requirements	004 503
St. Alternative Care St. Care Mgt.	\$ 142,42 \$ 31,40 \$ 80,22	9 \$ 142 0 \$ 31 8 \$ 80	,429 ,400 ,228	100.0000% 100.0000% 100.0000%	Minimum service match amount required	\$92,490 \$401 825
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO)	\$ 142,42 \$ 31,40 \$ 80,22 \$ -	9 \$ 142 0 \$ 31 8 \$ 80 \$,429 ,400 ,228 -	100.0000% 100.0000% 100.0000% #DIV/0!	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind)	\$401,835
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,45	9 \$ 142 0 \$ 31 8 \$ 80 \$ 8 \$ 12	,429 ,400 ,228 - ,458	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required	
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total:	\$ 142,42 \$ 31,40 \$ 80,22 \$ -	9 \$ 142 0 \$ 31 8 \$ 80 \$ 8 \$ 12	,429 ,400 ,228 -	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%?	\$401,835
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,43 \$ 828,25	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828	,429 ,400 ,228 - ,458	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints	\$401,835
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total:	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,43 \$ 828,29 \$ 339,68	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828	,429 ,400 ,228 - ,458	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%?	\$401,835 Yes
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,43 \$ 828,29 \$ 339,68	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828	,429 ,400 ,228 - ,458	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services:	\$401,835
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,43 \$ 828,29 \$ 339,68	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828	,429 ,400 ,228 - ,458	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access:	\$401,835 Yes \$71,730
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,43 \$ 828,29 \$ 339,68	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828 5 0	,429 ,400 ,228 - ,458	100.0000% 100.0000% #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services:	\$401,835 Yes \$71,730 \$27,300
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match	\$ 142,42 \$ 31,44 \$ 80,22 \$ - \$ 12,45 \$ 828,22 - \$ 339,66 \$ 62,15 - \$ 401,85 \$ -	9 \$ 142 0 \$ 31 8 \$ 80 \$ 28 0 \$ 28 5 0 \$ 828 5 5 0 \$,429 ,400 ,228 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B	\$401,835 Yes \$71,730 \$27,300 \$10,250
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/EAP Services	\$ 142,42 \$ 31,44 \$ 80,22 \$ - \$ 12,44 \$ 828,25 \$ 339,68 \$ 62,15 \$ 7 6 \$ 7	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 0 8 \$ 12 0 \$ 828 5 \$ 5 5 \$ \$ \$ \$ \$,429 ,400 ,228 - ,458 ,290 - -	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds)	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,45 \$ 828,25 \$ 339,60 \$ 62,15 \$ 7,15 \$ 7,15	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 \$ \$ 80 \$ \$ 80 \$ \$ 80 \$ \$ 80 \$ \$ 80 \$ \$ 828 5 \$ 828 5 \$ 828 5 \$ 828 5 \$ 828 5 \$ 80 5 \$ 90 5 \$ 90 5 \$ 90 5 \$ 90	,429 ,400 ,228 ,458 ,290 - - - - ,662	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! #DIV/0! 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 10% of Original ACL Title III-B	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes Yes
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Cash Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/A Services NSIP St. Respite Care (Escheats)	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,45 \$ 828,29 \$ 339,66 \$ 62,15 - \$ 62,15 \$ 7 7 \$	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 \$ \$ 8 0 \$ 828 5 \$ 5 \$ 5 \$ 2 \$ 1 \$,429 ,400 ,228 - ,458 ,290 - - - - ,662 ,311	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! #DIV/0! 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/EAP Services NSIP St. Respite Care (Escheats) MATF	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,44 \$ 828,29 \$ 339,66 \$ 62,19 	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828 5 \$ \$ 5 \$ \$ 2 \$ 102 1 \$ 36 6 \$ 33	,429 ,400 ,228 - ,458 ,290 - ,458 ,290 - ,662 ,311 ,416	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! #DIV/0! 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B (Actual % of Legal)	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes Yes 6,75%
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/EAP Services NSIP St. Respite Care (Escheats) MATF St. CG Support	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,43 \$ 828,25 \$ 339,66 \$ 62,15 - \$ 401,86 \$ - \$ - \$ - \$ 102,66 \$ 36,37 \$ 33,47 \$ 4,12	9 \$ 142 0 \$ 31 8 \$ 80 8 \$ 12 0 \$ 828 5 \$ 5 \$ 2 \$ 1 \$ 6 \$ 2 \$ 4 \$,429 ,228 ,228 ,458 ,290 - ,458 ,290 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B (Actual % of Legal) Title III-B award w/o carryover or Transfers in current SGA	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes 6.75% \$151,780
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match Sub-Total: Title VII/AA Services (LTC Ombuds) Title VII/EAP Services NSIP St. Respite Care (Escheats) MATF St. CG Support MSO Fund-LTC Ombudsman	\$ 142,42 \$ 31,44 \$ 80,22 \$ - \$ 12,44 \$ 828,22 - \$ 339,66 \$ 62,15 - \$ 62,15 - \$ 62,15 - \$ 102,66 \$ 36,37 \$ 33,47 \$ 3,47 \$ - \$ 102,66 \$ 3,33,47 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 \$ \$ 8 0 \$ 828 5 \$ 5 \$ 5 \$ 5 \$ 2 \$ 1 \$ 6 \$ 2 \$ 4 \$,429 ,228 ,228 ,458 ,290 - ,458 ,290 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! #DIV/0! 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B (Actual % of Legal) Title III-B award w/o carryover or Transfers in current SGA Amount budgeted for Program Development:	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes 6.75% \$151,780 \$23,000
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/EAP Services NSIP St. Respite Care (Escheats) MATF St. CG Support MSO Fund-LTC Ombudsman TCM-Medicaid / CM	\$ 142,42 \$ 31,44 \$ 80,22 \$ - \$ 12,44 \$ 828,25 \$ 339,68 \$ 62,15 \$ 62,15 \$ 62,15 \$ 102,66 \$ 36,33 \$ 102,66 \$ 36,33 \$ 33,44 \$ 3,44 \$ 3,50,00 \$ 50,000	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 0 \$ 828 5 \$ 5 \$ 2 \$ 1 \$ 36 6 6 \$ 2 \$ 4 \$,429 ,228 ,228 ,458 ,290 - ,458 ,290 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 6.5% of Original ACL Title III-B (Actual % of Legal) Title III-B award w/o carryover or Transfers in current SGA Amount budgeted for Program Development: % of Title III-B Program Development (must be 20% or less):	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes 6,75% \$151,780 \$23,000 15.0%
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/EAP Services NSIP St. Respite Care (Escheats) MATF St. CG Support MSO Fund-LTC Ombudsman	\$ 142,42 \$ 31,44 \$ 80,22 \$ - \$ 12,44 \$ 828,22 - \$ 339,66 \$ 62,15 - \$ 62,15 - \$ 62,15 - \$ 102,66 \$ 36,37 \$ 33,47 \$ 3,47 \$ - \$ 102,66 \$ 3,33,47 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 0 \$ 828 5 \$ 5 \$ 2 \$ 1 \$ 36 6 6 \$ 2 \$ 4 \$,429 ,228 ,228 ,458 ,290 - ,458 ,290 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 10% of Original ACL Title III-B (Actual % of Legal) Title III-B award w/o carryover or Transfers in current SGA Amount budgeted for Program Development: % of Title III-B Program Development (must be 20% or less): Is Program Development budgeted at 20% or less?	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes Yes 6,75% \$151,780 \$151,780 \$23,000 15.0% Yes
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Cash Match Local In-Kind Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/A Services (LTC Ombuds) NSIP St. Respite Care (Escheats) MATF St. CG Support MSO Fund-LTC Ombudsman TCM-Medicaid / CM Program Income	\$ 142,42 \$ 31,40 \$ 80,22 \$ - \$ 12,45 \$ 828,25 \$ 339,66 \$ 62,15 \$ 7 6 \$ 62,15 \$ 7 6 \$ 7 6 \$ 7 6 \$ 7 6 \$ 7 6 \$ 7 6 \$ 7 7 6 \$ 7 6 \$ 7 6 \$ 7 7 7 6 \$	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 8 \$ 12 0 \$ 828 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 2 \$ 1 \$ 6 \$ 2 \$ 0 \$,429 ,228 ,228 ,458 ,290 - ,458 ,290 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B (Actual % of Legal) Title III-B award w/o carryover or Transfers in current SGA Amount budgeted for Program Development: % of Title III-B Program Development (must be 20% or less): Is Program Development budgeted at 20% or less? Title III-D allotment with carryover:	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes 6,75% \$151,780 \$23,000 \$23,000 15.0% Yes \$8,795
St. Alternative Care St. Care Mgt. State Nursing Home Ombs (NHO) St ANS Sub-Total: Local Service Match Local Cash Match Local In-Kind Match Sub-Total: Title VII/A Services (LTC Ombuds) Title VII/A Services NSIP St. Respite Care (Escheats) MATF St. CG Support MSO Fund-LTC Ombudsman TCM-Medicaid / CM	\$ 142,42 \$ 31,44 \$ 80,22 \$ - \$ 12,44 \$ 828,25 \$ 339,68 \$ 62,15 \$ 62,15 \$ 62,15 \$ 102,66 \$ 36,33 \$ 102,66 \$ 36,33 \$ 33,44 \$ 3,44 \$ 3,50,00 \$ 50,000	9 \$ 142 0 \$ 31 8 \$ 80 \$ \$ 80 \$ \$ 8 0 \$ 828 5 \$ 5 \$ 5 \$ 2 \$ 1 \$ 6 \$ 0 \$ 0 \$ 6 \$,429 ,228 ,228 ,458 ,290 - ,458 ,290 - ,458 ,290	100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% #DIV/0! 100.0000% 100.0000% 100.0000% 100.0000%	Minimum service match amount required Service matched budgeted: (Local Cash + In-Kind) Is the service allotment matched at a minimum 10%? Miscellaneous Budget Requirements / Constraints Amounts budgeted for OAA / AASA Priority Services: Access: In-Home: Legal: Total Budgeted for Priority Services: Are Access Services budgeted at minimum 10% of Original ACL Title III-B Are In Home Services budgeted at minimum 10% of Original ACL Title III-B Are Legal Services budgeted at minimum 10% of Original ACL Title III-B (Actual % of Legal) Title III-B award w/o carryover or Transfers in current SGA Amount budgeted for Program Development: % of Title III-B Program Development (must be 20% or less): Is Program Development budgeted at 20% or less?	\$401,835 Yes \$71,730 \$27,300 \$10,250 \$109,280 Yes Yes Yes 6,75% \$151,780 \$151,780 \$23,000 15.0% Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$21,000
b. Case Coord/supp	
c. Disaster Advocacy	\$0
d. Information & Assis	\$20,980
e. Outreach	\$0
f. Transportation	\$29,750
g. Options Counceling	\$0
Access Tota	al: \$71,730

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$5,200
b. Home Care Assis	\$15,000
c. Home Injury Cntrl	
d. Homemaking	
e. Home Health Aide	\$0
f. Medication Mgt	
g. Personal Care	
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassure	\$7,100
In Home Services Total:	\$27,300

(AAA Regional In-Home Service) (AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$3,500
3. Caregiver E,S,T - Kinship Amount Only	\$0
0	\$0
Kinship Services Total:	\$3,500

(Other Title III-E Kinship Service) (Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA	Title III-B Award	(1
Title III-B award w/o carryover in SGA	\$151,780	1
a. Amt. Transferred into Title III-B		()
b. Amt. Transferred out of Title III-B		()
AoA Title III-B Award Total:	\$151,780	

Use ONLY If SGA Reflects Transfers)

Always Enter Positive Number) Always Enter Positive Number)

NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.

FY 2022 Annual Implementation Plan Direct Service Budget Detail #1

AAA: Branch-St. Joseph AAA

FISCAL YEAR: FY 2022

SERVICE:

Care Management

	Federal OAA	Other Fed Funds	State	Program	Mat	ch	Other	Total
LINE ITEM	Title III Funds	(non-Title III)	Funds	Income	Cash	In-Kind	Resources	Budgeted
Wages/Salaries	24,500		58,000		16,500	3,500	14,000	116,500
Fringe Benefits	4,500		4,686		4,004	1,500	2,000	16,690
Travel	1,000					1,000		2,000
Training	1,000					500		1,500
Supplies	800							800
Occupancy	1,000					1,000		2,000
Communications	1,000					500		1,500
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)	16,200		30,000		12,000		34,000	92,200
								0
Totals	50,000	0	92,686	0	32,504	8,000	50,000	233,190

SERVICE AREA: Branch & St. Joseph Counties

(List by County/City if service area is not entire PSA)

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2022

	MATCH		OTHER RESOUR	CES	Explanation for Other Expenses:
	VALU	LUE VALUE			
SOURCE OF FUNDS	Cash	In-Kind	Cash	In-Kind	
County Appropriation	32,504				
Medicaid Targeted Case Management			50,000		
Local Appropriation		8,000			
Totals	32,504	8,000	50,000	0	
Difference	e 0	0	0		
	OK	OK	OK		

FY 2022 Annual Implementation Plan Direct Service Budget Detail #2

AAA: Branch-St. Joseph AAA

FISCAL YEAR: FY 2022

SERVICE: Information & Assistance

	Federal OAA	Other Fed Funds	State	Program	Ма	tch	Other	Total
LINE ITEM	Title III Funds	unds (non-Title III)	Funds	Income	Cash	In-Kind	Resources	Budgeted
Wages/Salaries	18,500					3,000		21,500
Fringe Benefits	2,480							2,480
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	20,980	0	0	0	0	3,000	0	23,980

SERVICE AREA: Branch & St. Joseph Counties

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? ____Yes X No ____Yes X No

Explanation for Other Expenses: SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2022

	МАТСН С		OTHER RESOURCES		Explanation for Other Expenses:
	VA	VALUE		LUE	
SOURCE OF FUNDS	Cash	In-Kind	Cash	In-Kind	
Local Appropriation		3,000			
Totals	6 (3,000	0	0	
Difference	e () 0	0		
	OK	OK	OK		

		F١		Implementati				
AAA:	Branch-St. Josepl	h AAA				FISCAL YEAR:	FY 2022	
SERVICE:	(Sap Filling Services	3	<u> </u>				
	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Ma Cash	tch In-Kind	Other Resources	Total Budgeted
Wages/Salaries						650		650
Fringe Benefits								(
Travel								(
Training								(
Supplies	2,500							2,500
Occupancy								(
Communications								(
Equipment								(
Other:								(
Service Costs								(
Purchased Services (CM only)								(
								(
Totals	2,500	0	0	0	0	650	0	3,150

(List by County/City if service area is not entire PSA)	

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2022

		МАТСН		OTHER RESOU	RCES	Explanation for Other Expenses:
		VAI	VALUE		LUE	
SOURCE OF FUN	IDS	Cash	In-Kind	Cash	In-Kind	
Local Appropriation			650			
	Totals	(650	0	0	
	Difference	() 0	0		
		OK	OK	OK		



June 24, 2021 Director's Report

Enclosure:

1. AASA correspondence: Aging & Adult Services Agency Assessment of the AAA (IIIC) to be held on July 20, 2021 at 10:00am

2. FY2022 Annual Implementation Plan *

Updates:

- 1. Services to Victims of Elder Abuse Program Updates
 - Feedback from the Division of Victim Services regarding the March Contract Review has not been received yet...
 - Our presentation at the Area Agencies on Aging Association of Michigan's Annual Conference was a success! 45 people attended our session to learn about our SVEA program, Region 2's Safe Haven program, and about statewide multi-disciplinary teams. Attendees shared rave reviews!
- We continue to search for candidates to fill our open full-time positions including: Nurse Care Consultant, Program Specialist, Elder Abuse Victim Specialist, and Social Work Care Consultant.
- 3. We are steps closer to being able to present budget amendments to you... All providers seeking budget amendments and/or adjustments have submitted their requests for consideration. Amendments are proposed to the Board of Health in summary format and have taken into consideration the following factors:
 - Federal and state laws sets prioritization requirements for all programs, establishes funding allowability/restrictions, sets service/admin match requirements, etc.
 - AASA guidance & Statement of Grant Award documents
 - Local planning documents establishing the region's funded services and prioritization of funding
 - Service delivery experience (for example: an agency planned to offer 12 education sessions but, due to restrictions on gathering, they've not offered classes and request a shift in funding to another allowable service; an agency planned on providing 5,000 hours of home care assistance but has exceeded that goal and they are now requesting additional funds if available)

We have also received FY2020 AASA "Close Out Letters" which indicate any funding categories that may have balances (carry forward). We have received \$24,873 in "regular" funding and zero balances (\$0) in the CARES/FFCRA relief funds. We spent every dollar of the COVID relief funds (\$332,924 total) by awarding funds to our providers & addressing unique community needs that arose during the pandemic.

4. Annual provider monitoring visits are complete. I'm still working on feedback letters to each provider. A summary of these virtual assessments will be shared with the Board.



STATE OF MICHIGAN

GRETCHEN WHITMER GOVERNOR DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING AGING & ADULT SERVICES AGENCY

ELIZABETH HERTEL DIRECTOR

June 18, 2021

Rebecca A. Burns, Health Officer Branch-St. Joseph Area Agency on Aging (3C) c/o Branch-Hillsdale-St. Joseph Comm. Health Agency 570 N. Marshall Rd. Coldwater, MI 49036

Dear Ms. Burns:

The Michigan Department of Health and Human Services, Aging & Adult Services Agency (AASA) has the responsibility to assess the performance of agencies that are awarded funds under the Older Americans Act and from the Michigan legislature. This letter is to inform you of our intent to conduct a virtual review of information submitted to this office by Branch-St. Joseph Area Agency on Aging (AAA) 3C, in the AAA Assessment Guide.

The assessment is scheduled for **10:00 a.m., on July 20, 2021**. The intent of the assessment will be to determine if ongoing management and organizations procedures are established, in use, and in compliance with statewide operating standards. Please have appropriate staff available. Sample documentation will be examined. In addition, a review of past assessment recommendations, if any, will be made.

Members of the advisory council and/or policy board who wish to observe the assessment are invited to do so. Should you have any questions regarding this matter, please direct questions to your AASA Field Representative, Ashley Ellsworth, at <u>ellswortha2@michigan.gov</u>, or Cindy Albrecht, at <u>albrechtc@michigan.gov</u>.

Sincerely,

Cindy Musterson

Cindy Masterson, Director Operations & Aging Network Support Division

CM/ae/cll

cc: Kathy Pangle, Region 3C Board Chairperson Laura Sutter, AAA Director Steve Betterly, Manager, Technical Assistance and Quality Improvement Section Ashley Ellsworth, AASA Field Representative Cindy Albrecht, AASA Field Representative



Personal Health and Disease Prevention: June 24, 2021

Communicable Disease:

Covid response has reduced significantly. Our staff is diving back into the long to-do list of items that were dropped while in the midst of a pandemic. Cases and outbreaks are low so it has been great to focus our attention on other daily programs. I have enjoyed it very much! A few updates for Covid-related items...

-Variants continue to be a concern (Delta) -Breakthrough case increase: 20 Region 1/ 50 Region 5 (March-June 8, 2021) Last report was 17 Region 1/ 43 Region 5 -Sending recall letters for Covid immunizations

Immunizations/STI/HIV:

Our staff has been busy attending community events like Water Fest in Three Rivers and Project Connect in Hillsdale. We offered Covid vaccination at both of these events. The mobile clinic is still out and about in the community almost every day making visits. We are working on filling the Mobile Clinic Clerk position so Carol will have a permanent team member dedicated to that role.

We will now be carrying Bicillin in our offices for Syphilis treatment. We see very few cases in our jurisdiction but it will be a convenient way of quickly treating someone if needed. I'm glad we are able to have this available and accessible to the community. STDs like Chlamydia and Gonorrhea have been quite prevalent in the tri-county area. We have experienced an increase in these cases during the pandemic along with a lot of other Michigan health departments. We will resume in-person STD clinics in August.

June 27th, 2021 is National HIV Testing Day.

Women, Infant, and Children (WIC):

A few of our Breastfeeding Peers plan to attend Strawberry Fest in Coldwater to meet our community and do some outreach efforts. They are very excited to get back out at these events!

The physical presence waiver that allows local agencies to provide certification appointments remotely will end in August. We are preparing to open our doors and discuss how this restart will look. Some health departments are doing hybrid models before reopening or only seeing certain people who meet specific criteria in the office first.

Children's Special Health Care Services (CSHCS), Lead, and Hearing & Vision:

The have been planning for the next off site hearing clinic in Branch County with Mott's University of Michigan.

Branch - Hillsdale - St. Joseph Community Health Agency Personal Health and Disease Prevention

			May-21				YTD	2020-21				YTD	2019-202	20	
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIO	NS														
# Vaccines Given CHA	450	159	-	202	811	1,383	1,207	87	1,347	4,024	1,039	949	274	562	2,824
All VFC Doses Given	629	327	-	703	1,659	6,228	4,175	-	7,557	17,960	5,845	4,161	-	7,095	17,101
Waivers	2	-	-	-	2	27	22	8	24	81	32	39	1	43	115
ADULT IMMUNIZATIO	ONS									[[
# Vaccines Given	756	476	-	890	2,122	15,961	12,598	14	22,076	50,649	973	421	105	417	1,916
All AVP Doses Given	15	9	-	10	34	117	72	-	125	314	241	153	-	190	584
TRAVEL VACCINATIO	NS									[[
Branch Office	-				-	-	-	-	-	-	9	-	-	-	9
COMMUNICABLE DISI		10			10	10				100					
TB Tests Done	6	12	-	-	18	48	71	-	4	123	55	65	-	23	143
New LTBI on Rx	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
				-	-		47	-	05			10			-
STD treatments	-	2	-	5	7	-	17	2	25	44	4	13	3	80	100
New STD Investigations	13	10	-	29	52	114	119	-	183	416	94	90	-	181	365
HIV Testing	1	-	-	-	1	1	2	2	4	9	-	6	-	25	31
ENROLLMENTS															
Medicaid & Michild	2	-	-	-	2	2	-	-	-	2	19	3	-	12	34
REFERRAL SERVICE															
MCDC Referrals	7	31	6	4	48	63	228	60	86	437	115	284	8	81	488
MIHP referrals	16	7	13	20	56	135	36	149	148	468	30	25	109	148	312
Hearing Screens															
Pre-school	_	-	-	-	-	155	337	-	401	893	86	102	-	313	501
School Age	_	-	_	-	-	828	922	_	1,782	3,532	1,088	795	-	1,999	3,882
						020			1,1 02	0,001	1,000	100		1,000	0,002
Vision Screens															
Pre-school	25	-	-	47	72	211	362	-	493	1,066	102	86	-	330	518
School Age	-	-	-	247	247	2,249	1,699	-	3,193	7,141	3,151	2,139	-	4,560	9,850
Children's Special Health C	<u>are Ser</u> vi	ces													
Diagnostics	2	2	-	-	4	7	11	-	-	18	10	22	-	1	33
Assessments-Renewal	24	27	-	16	67	137	177	-	184	498	144	162	-	195	501
Assessments-New	6	4	-	12	22	20	36	-	52	108	36	37	-	44	117

Branch - Hillsdale - St. Joseph Community Health Agency Personal Health and Disease Prevention

May-21		2020-				FYTD 20				2019-20	FYTD	
·	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	2	5	_	7	28	34	-	62	21	32	1	54
Campylobacter		2	1	3		4	6	10	6	3	7	16
Chicken Pox	-	-	-	-	-	-	-	-	-	1	-	1
Chlamydia	9	7	18	34	74	71	119	264	64	65	126	255
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
Colds W/O Fever	126	69	134	329	714	584	1,110	2,408	572	284	1,023	1,879
CRE Carbapenem Resistant Enterobac.		-	-	-	-	1	-	1	-	1	1	2
Cryptosporidiosis	-	1	-	1	-	1	1	2	3	1	-	4
Ehrlichiosis, Anaplasma	-	-	-	-	-	-	-	-	-	-	-	-
Flu Like Disease	110	28	72	210	838	174	548	1,560	1,390	1,093	1,653	4,136
GI Illness	208	146	182	536	1,390	817	1,168	3,375	2,017	1,158	1,804	4,979
Giardiasis	-	-	-	-	-	-	-	-	3	2	5	10
Gonorrhea	4	3	11	18	40	47	63	150	28	25	55	108
Guillian-Barre Syndrome	_	-	-	-	-	-	-	-	1		-	1
H. Influenzae Disease - Inv.	-	-	-	-	-	1	-	1	-	1	3	4
Head Lice	15	3	28	46	120	46	223	389	236	90	317	643
Hepatitis A	-	-	-	-		-			1	-	-	1
Hepatitis B - Acute	-	-	-	-	-	-	1	1		-	2	2
Hepatitis B - Chronic	-	-	-	-	1	-	1	2	-	1	-	1
Hepatitis C - Acute	-	1	-	1	3	2	2	7	2	-	4	6
Hepatitis C - Chronic	2	-	-	2	15	5	5	25	16	14	25	55
Hepatitis C Unknown		1	-	1	-	1	-	1	-	-	-	-
Histoplasmosis	-	-	-	-	-	-	-	-	-	1	1	2
HIV/AIDS	-	-	-	-	-	-	-	-	2	-	-	2
Impetigo	-	-	-	-	10	3	4	17	7	3	18	28
Influenza	-	-	-	-	-	-	-	-	205	644	87	936
Legionellosis	-	-	-	-	-	-	-	-		2	1	3
Lyme Disease	-	1	-	1	-	1	-	1	1		5	6
Menengitis - Aseptic	-	-	-	-	-	-	-	-	1	-	-	1
Mononucleosis	-	1	1	2	3	4	5	12	6	9	19	34
Mycobacterium - Other	-	-	-	-	-	2	1	3	-	3	3	6
Norovirus	-	-	-	-	-	1	1	2	-	-	1	1
Novel Coronavirus	220	239	339	798	4,182	4,025	5,392	13,599	132	176	128	436
Pertussis		- 107	-	-	-	-			-	1	2	3
Pink Eye	1	1	5	7	12	12	32	56	120	57	173	350
Q Fever	-	-	-	-	-		-	-		-	1	1
Salmonellosis	1	_	1	2	5	1	2	8	3	4	2	9
Scabies	-	-	-	-	6	-	-	6	2	2	4	8
Shiga Toxin-prod. (STEC)	-	1	-	1	-	1	-	1	2	4	2	8
Shigellosis	_	-		-		-	-	-	-	т -	2	2
Shingles	_	-		-			-	-	2	1	1	4
Staphylococcus Aureus Infect.	_	_	-	-			-		2	-	-	
Stephylococcus Alreus Infect. Strep Invasive Gp A	-	-	-	-	-	-	- 1	- 1	- 4	3	- 4	- 11
Strep Pneumonia Inv Ds.	-	-	- 1	- 1	- 1	- 1	4	6	3	2	3	8
Strep Throat	29	13	27	69	154	102	184	440	312	288	424	1,024
Sucp Intoat	29	13	21	09	154	102	104	440	312	200	424	1,024

Branch-Hillsdale-St. Joseph Community Health Agency Environmental Public Health Services Report for the June 24, 2021 Board of Health Meeting Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation

As we are conducting our routine food service establishment inspections our staff has been encouraging the owners and managers to get their staff vaccinated for Covid 19. The current guidelines allow food workers to work without a mask if they are fully vaccinated. The owners and managers are responsible for checking with their workers to ensure they are vaccinated if they



are not wearing a mask. We were informed during a recent teleconference with MIOSHA that restaurant operators can ask for proof of vaccination without risk of violating HIPPA regulations.

We have noticed a significant decline in the number of complaints related to the Covid-19 restrictions in the recent weeks. On July 1, the mask requirement is scheduled to be lifted by MDHHS, however, we are not clear if MIOSHA is going to follow suit for restrictions in the workplace.

Well and Septic Program

The general field staff work related to well and septic services has risen dramatically this fiscal year. The total number of services we have provided in those two programs for the first eight months of the fiscal year has risen from 1159 (2019-2020) to 1575 (2020-2021). This translates to an increase of just under 36%. When compared to the previous fiscal year (a non-Covid year), the percent increase is even higher at 40% (1125 total services). Our sanitarians are working very hard to keep up with the pace of service requests but our turn around time is currently running about 3 weeks from the time of application. The lead time could increase in the coming weeks as our seasonal inspections (campgrounds, swimming pools, children's camps and septage haulers) all need to be completed in the next month or two as well.

General Programs

The two Senate Bill (353 &354) that proposed the waiver of all food establishment license fees has stalled out at this point. Our legislative liaison in MALEHA, reported that the legislators have been busy with budget issues and that many of them have realized the financial implications of the bills to local public health department budgets. The bills are not necessarily dead but have at the very least been put on the back burner.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2020/2021

	BD	I HD	YAN	TOTAL		YTD 2020/2021 BR HD SJ TOTAL			BR	YTD 20 HD	019/202 SJ	20 TOTAL
	DK	пр	33	IUIAL	DK	nD	35	IUTAL	DR	Ш	35	IUIAL
WELL/SEWAGE SYSTEM EVAL.	-	-	-	-	2	2	5	9	4	1	7	12
CHANGE OF USE EVALUATIONS - FIELD CHANGE OF USE EVALUATIONS - OFFICE	2 9	3 5	6 14	11 28	24 46	34 27	27 84	85 157	19 43	28 12	16 20	63 75
	3	5	14	20	40	21	04	157	40	12	20	75
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION REPAIR/REPLACEMENT	9	10	9	28	32	56	53	141	19	27	50	96
VACANT LAND EVALUATION	13 1	10 2	16 1	39 4	60 10	40 14	107 11	207 35	36 2	29 9	62 13	127 24
PERMITS DENIED	-	-	-	-	-	-	3	3	-	-	1	1
TOTAL	23	22	26	71	102	110	172	386	57	65	126	248
SEWAGE PERMITS INSPECTED	8	14	18	40	62	77	124	262	50	59	65	174
WELL PERMITS ISSUED	16	23	17	56	122	115	133	370	84	86	153	323
WELL PERMITS INSPECTED	7	12	5	24	98	99	109	306	60	66	138	264
FOOD SERVICE INSPECTION												
PERMANENT	23	17	16	56	171	148	216	553	112	138	174	424
NEW OWNER / NEW ESTABLISHMENT	1	-	3	4	3	4	5	12	6	3	5	14
FOLLOW-UP INSPECTION	1	1	1	3	5	2	5	16	6	1	7	14
TEMPORARY MOBILE/STFU	4 1	2 2	9 5	15 8	5 1	11 3	33 19	49 23	4	11	18 7	33 7
PLAN REVIEW APPLICATIONS	1	-	2	3	5	3	6	23 14	-	-	1	1
FOOD RELATED COMPLAINTS	-	2	1	3	8	31	10	43	8	8	9	25
FOODBORNE ILLNESS INVESTIGATED	-	-	1	1	-	-	1	1	1	-	1	2
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
FOOD HANDLERS CLASS	-	-	-	-	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	-	-	-	-	-	-	-	-	-
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	-	-	-
		0		2		0		0				
CAMPGROUND INSPECTION	-	3	-	3	-	3	-	3	-	-	-	-
NON-COMM WATER SUPPLY INSP.	-	1	6	-	4	7	11	15	8	12	14	34
SWIMMING POOL INSPECTION	2	5	1	8	9	8	1	18	1	4	-	5
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	2	-	-	2	2	-	4	6	-	-	-	-
DHS LICENSED FACILITY INSP.	-	2	2	4	3	21	18	42	6	29	16	51
COMPLAINT INVESTIGATIONS	1	-	1	2	3	18	6	27	1	4	-	5
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	-	-
BODY ART FACILITY INSPECTIONS	1	-	-	1	4	3	4	9	2	3	2	8

Inspection Type Count by County

For Date Range: 5/1/2021 - 5/31/2021 and Program: Food Service

County	Inspection Type	Gount
Branch	Consult	2
	Follow-Up	1
	Pre-opening/New	1
	Routine	23
	STFU/Mobile	1
	Temporary	4
Hillsdale	Complaint	2
	Follow-Up	1
	Progress Note	1
	Routine	17
	STFU/Mobile	2
	Temporary	2
St. Joseph	Complaint	1
	Follow-Up	1
	Pre-opening/New	3
	Progress Note	1
	Routine	16
	STFU/Mobile	; 5
	Temporary	9
	Total number of inspections	93

Inspection Type Count

For Date Range: 5/1/2021 - 5/31/2021 and Program: Food Service

Inspection Type Count	
Complaint	3
Consult	2
Follow-Up	3
Pre-opening/New	4
Progress Note	2
Routine	56
STFU/Mobile	8
Temporary	15
Total number of inspections	93

Establishment Inspection Report

For Date Range: 5/1/2021 - 5/31/2021 and Program: Food Service

For Date Range: 5/1/2021 -		Program: Foo	od Service				
Name	Location	Date	Inspection Type	# P #	Pf # P/Pf Fixed During Inspec	Co	ore
AMBASSADORS FOR CHRIST CHURCH	T Three Rivers	5/21/2021	Routine	0	0	0	0
American Legion Post 196	Union City	5/12/2021	Temporary	· • • • • •	0	0	0
AMERICAN LEGION POST 360	READING	5/24/2021	Routine	1	1	2	0
APPLEBEE'S # 8393	COLDWATER	5/12/2021	Routine	1	0	1	3
Bavarian Nut Tent	Centreville	5/13/2021	Progress Note	0	0	0	0
BIRD LAKE BIBLE SCHOOL	OSSEO	5/10/2021	Routine	0	0	0	0
BRANCH AREA CAREERS CENTER	COLDWATER	5/13/2021	Routine	0 :	0	0	0
Branch County Coalition Against Domestic Violence	Coldwater	5/28/2021	Temporary	0	0	0	0
BURGER KING #13790	HILLSDALE	5/12/2021	Complaint	0	0	0	0
BURGER KING #13790	HILLSDALE	5/17/2021	Complaint	0	0	0	0
BURGER KING #13790	HILLSDALE	5/17/2021	Routine	2	1	2	3
BURGER KING #13790	HILLSDALE	5/27/2021	Follow-Up	0	0	0	0
CAMDEN-FRONTIER SCHOOL	Camden	5/11/2021	Routine	0	0	0	2
Charcoal Grilling 101	Jones	5/1/2021	Temporary	0	0	0	0
CITY OF COLDWATER- HERITAGE BALL DIAMOND	COLDWATER	5/25/2021	Routine	0	0	0	0
Clemen's food group- Avi foodsystems	COLDWATER	5/25/2021	Follow-Up	3	1	3	0
COLDWATER HIGH SCHOOL	COLDWATER	5/4/2021	Routine	0	0	0	0
COLDWATER UNITED METHODIST CHURCH	COLDWATER	5/19/2021	Routine	0	0	0	0
COLDWATER WINGS ETC	COLDWATER	5/25/2021	Routine	0	0	0	0
Coldwater Youth Baseball/Softball	COLDWATER	5/25/2021	Routine	0	0	0	0
COMMUNITY ACTION AGENCY (HEAD START)	HILLSDALE	5/12/2021	Routine	0	1	0	0
CONSTANTINE LITTLE LEAGUE	Three Rivers	5/19/2021	Routine	0	0	0	0
Dairy Queen	Sturgis	5/20/2021	Routine	1	0	0	1
DAVIS SIDEKICK CAFE	OSSEO	5/21/2021	Progress Note	0:	0	0	0
DENISE'S DINER	Camden	5/11/2021	Routine	0	1	1	1
DQ Grill & Chill	Coldwater	5/12/2021	Routine	0	0	0	0

6/15/2021 2:36:38 PM

Name		Date	Inspection Type			Co Ig ection	
DR. ROBERT W. BROWNE RECREATION CENTER	COLDWATER	5/25/2021	Routine	0	1	0	0
Eats at the Airport	Three Rivers	5/29/2021	Temporary	0	0	0	0
EL CERRITO	HILLSDALE	5/10/2021	Routine	0	0	0	1
EL CERRITO MEXICAN RESTAURANT	COLDWATER	5/25/2021	Routine	0	1	0	0
El Sembrador LLC	Sturgis	5/6/2021	Follow-Up	1	2	3	1
Elke's	Constantine	5/26/2021	Pre- opening/New	0	0	0	0
Factoryville Bible Church	Athens	5/8/2021	Temporary	0	0	0	0
GIRARD HEAD START BISD	COLDWATER	5/6/2021	Routine	0	0	0	0
GIRARD UNITED METHODIST CHURCH	COLDWATER	5/6/2021	Routine	0	0	0	0
GREAT LAKES HEALTH & FITNESS	COLDWATER	5/19/2021	Routine	0	0	0	0
Harvey House	Constantine	5/21/2021	Routine	0	0	0	1
Hawaiian Shaved Ice	Sturgis	5/21/2021	Routine	2	4	1	0
HILLSDALE ACADEMY	HILLSDALE	5/14/2021	Routine	0	0	0	0
HILLSDALE HIGH SCHOOL	HILLSDALE	5/7/2021	Routine	0	0	0	0
HOT 'N NOW	STURGIS	5/6/2021	Routine	1	0	0	0
JEFFERSON ELEMENTARY SCHOOL	COLDWATER	5/4/2021	Routine	0	0	0	0
JERRY PRICE FISKE - FRENCH FRIES - BRANCH CO	Brooksville	5/28/2021	Temporary	0	0	0	1
Jerry Price Fiske - Lemonade - Branch Co	Brooksville	5/28/2021	Temporary	0	0	0	1
Jonesville Fire Department	Jonesville	5/15/2021	Temporary	0	0	0	0
Jonesville Middle School	JONESVILLE	5/4/2021	Routine	0	0	0	0
Lakeland Elementary	Coldwater	5/13/2021	Routine	0	0	0	0
Majoor's Concessions	Comstock Park	5/7/2021	STFU/Mobile	0	0	0	0
MaMazzoni's Italian Beef	Sturgis	5/28/2021	STFU/Mobile	0	0	0	0
MARIA'S	Sturgis	5/19/2021	Routine	1	2	0	2
MARIA'S	Sturgis	5/19/2021	Complaint	0	1	0	0
MAX LARSEN ELEM SCHOOL	COLDWATER	5/4/2021	Routine	0	0	0	0
MCDONALD'S-JONESVILLE	JONESVILLE	5/26/2021	Routine	0	0	0	1
Micharepas Cafe	Coldwater	5/17/2021	Consult	0	0	0	0
Micharepas Cafe	Coldwater	5/25/2021	Pre- opening/New	0	0	0	1

Name		Date	Inspection Type		Pf # P/Pf Fixed During Inspect	loorgeneratie Axeeseannes	
Momma's Snack Shack	Three Rivers	5/17/2021	Pre- opening/New	0	0	0	0
MONTGOMERY FIRE DEPARTMENT	Montgome Ry	5/29/2021	Routine	0	0	0	0
MOOSE LODGE #677	COLDWATER	5/19/2021	Routine	0	0	0	0
MYSTIC STAR #354/MASONIC TEMPLE	BRONSON	5/18/2021	Routine	0	0	0	0
NEW DRAGON EXPRESS	STURGIS	5/6/2021	Routine	1	1	2	0
NEW YORK TACO	Hillsdale	5/17/2021	Routine	0.	1	1	0
Ohana Kalea Shave Ice LLC	Howe	5/6/2021	STFU/Mobile	0	0	0	0
Ol' Papp's Kettle Corn	Coldwater	5/12/2021	Routine	0 ¹	0	0	0
PANSOPHIA ACADEMY	COLDWATER	5/13/2021	Routine	0:	0	0	0
PIGHEADED BBQ	LEONIDAS	5/7/2021	STFU/Mobile	0	0	0	0
PITTSFORD AREA SCHOOLS	Pittsford	5/5/2021	Routine	0	0	0	0
PREMIERE THEATRE/UNITED ENTERTAINMENT	Hillsdale	5/28/2021	Routine	0	0	0	0
Refuge Coffee House LLC	Quincy	5/19/2021	Consult	0	0	0	0
Shafer Concessions	Sparta	5/28/2021	STFU/Mobile	0	0	0	0
SOMERSET CONGREGATIONAL CHURCH	SOMERSET	5/28/2021	Routine	0	1.	1	0
SOUTHWEST MICHIGAN SPEEDWAY	White Pigeon	5/12/2021	Routine	0	0	0	1
Sozo Church of Hillsdale	Hillsdale	5/20/2021	Routine	0	0	0	0
St Joseph County United Way	Sturgis	5/27/2021	Temporary	0	0	0	0
ST. CHARLES SCHOOL	COLDWATER	5/13/2021	Routine	0	0	0	0
ST. JOE VALLEY GOLF CLUB, INC.	Sturgis	5/7/2021	Routine	0	0	0	1
st. John's Episcopal Church	Sturgis	5/21/2021	Routine	0	0	0:	0
St. Joseph Co United Way @ Remax	Centreville	5/12/2021	Temporary	0	0	0	0
St. Joseph County United Way	Centreville	5/7/2021	Temporary	0	0	0 ;	0
STINGER'S GRILL & BAR	BRONSON	5/18/2021	Routine	1	1	2	0
STREET DOGS	Hillsdale	5/20/2021	STFU/Mobile	0	0	0	0
SUPER 8: Food	Three Rivers	5/4/2021	Routine	0	0	0	0
Tacos Guerrense's	Constantine	5/14/2021	Temporary	0	0	0	0
Tacos Guerrense's	Constantine	5/28/2021	Temporary	0	0	0	0
Taqueria El Tejano	Three Rivers	5/4/2021	Temporary	0	0	0	0

Name	Location	Date	Inspection Type	# P		# P/Pf Fixed During Inspection	# Core
Taqueria El Tejano	Three Rivers	5/21/2021	STFU/Mobile	0	0	0	0
The Coney Cart	Osseo	5/12/2021	STFU/Mobile	0	0	0	0
THREE RIVERS HIGH SCHOOL	THREE RIVERS	5/4/2021	Routine	0	0	0	1
Three Rivers Life Skills Center	Three Rivers	5/19/2021	Routine	1	0	1	0
THREE RIVERS LITTLE LEAGUE CONSTANTINE F	Three Rivers	5/26/2021	Pre- opening/New	0	0	0	0
THREE RIVERS MIDDLE SCHOOL	Three Rivers	5/4/2021	Routine	0	0	0	0
VETERANS FOREIGN WARS	STURGIS	5/21/2021	Routine	0	0	0	0
WILLOWS BAR & GRILL	COLDWATER	5/4/2021	Routine	0	0	0	0
Woodbridge Township Fire Dept	Hillsdale	5/29/2021	Temporary	0	0	0	0

Food Inspection Codes:

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P-This indicates a priority violation which is a violation which includes a quantifiable measure to show control of hazards such as cooking, cooling, reheating and handwashing. It is in general terms a violation that can potentially lead directly to an illness.

Pf-This is a priority foundation violation which is a violation that supports a priority violation. For example, the lack of soap or towels at a handwash sink is a Pf. This supports the priority violation of not washing hands.

C-This is a core violation-This is an item the usually relates to general sanitation, operational controls and maintenance of facilities and equipment.