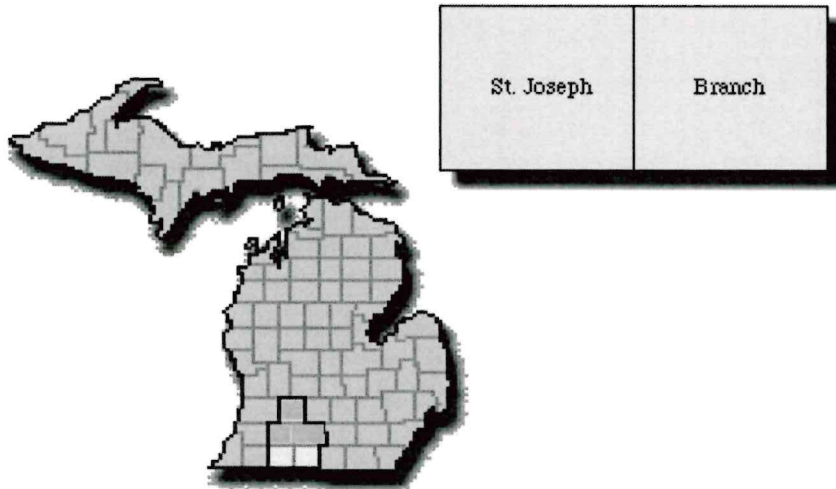


FY 2026 ANNUAL IMPLEMENTATION PLAN

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-St. Joseph

Community Health Agency

570 N. Marshall Road

Coldwater, MI 49036

517-278-2538 (phone)

888-615-8009 (toll-free)

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Rebecca A. Burns, Health Officer

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Area Agency on Aging

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Regional Aging Representative

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Table of Contents

Executive Summary

County/Local Unit of Government and Tribal Review

Public Hearings

Regional Service Definitions

Access Services

Direct Service Request

Regional Direct Service Request

Program Development Objectives

Planned Service Array

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Executive Summary

Instructions

Please include in the Executive Summary a brief description of the following (**note - if you need additional space, you may upload a Word document via the Budget and Other Documents tab*):

A. Any substantive changes in priorities, plans, or objectives set by the Area Agency on Aging (AAA) for the use of federal and state funding during FY 2026. If none, indicate, "no" to the question: *"Have there been any substantive changes since the previous year?"*

B. How the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need.

C. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2026.

D. AAA's successes over the past year, highlights of new services or other topics, as well as any anticipated challenges.

E. Ways in which your agency will support the Veteran population and a description of any partnerships and/or collaborations with Veteran service organizations within your region.

F. Please provide, in the spaces below, information on counties served, Federally Recognized Tribes in your Planning and Service Area (PSA), and accreditations awarded to your AAA.

Please provide demographic data in the chart below for your PSA (using the most currently available data from the American Community Survey (ACS), the Decennial Census Survey, and NAPIS--see chart entitled: *FY 26 AIP Demographic Data* in the Document Library).

Upload the required supplemental document entitled: *Contingency Planning*, addressing a contingency plan for lack of funding or in the event of a government shutdown/continuing resolution, in the Budget and Other Documents section

Have there been substantive changes since the previous year? (If yes, please describe below.)

☐ Yes ☒ No

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

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

Branch-St. Joseph Area Agency on Aging

FY 2026

(OMA) funding to address the needs of older adults age 60 and over, and family caregivers living in Branch and St. Joseph Counties.

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

Our Values include:

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

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

Our staff of 7 full-time and one part-time employees continue to answer calls in real time. As a core function, we continue person-centered Information and Assistance (I&A), referral and options counseling with families, individuals and professional seeking answers. We will continue to serve vulnerable adults who've been victims of abuse, neglect and/or exploitation through our Victim Assistance Program funded by the Michigan Department of Health and Human Services (MDHHS) Division of Victim Services. Friendly Reassurance calls and Gap Filling services have continued and address unique situations and needs among those individuals who reside alone and without many family supports. Further, the community partnerships that were built as we addressed food insecurity, housing emergencies and service delays during the pandemic have remained intact and further leveraged to support ongoing needs. In collaboration with our public health partners, we continue to educate individuals and our communities about immunizations and support their access to clinics of their choice. Our link with the Community Health Agency clinic division has supported coordinated communication, work with long term care facilities, creating access to services for hard to reach and/or home-bound individuals. These efforts to promote and link individuals to adult immunizations will, forever, be a part of what we do.

Region IIC has well-established connections with both County's Office of Veterans Affairs. In Branch County they are co-located in our building which offers the convenience of prompt referral-making and introductions to the aging network. In St. Joseph County, the Veteran's Office is centrally located and, again, convenient for checking in, networking and referral-making when we are close to the county building. AAA staff will be formally trained by the ACLS Bureau and Michigan Veteran's Affairs office in the summer of 2025. This is a welcomed opportunity to learn the dynamics and culture of serving veterans and their families. In FY2026, we will remain a provider for the Battle Creek VA Medical Center under the VA Veteran

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Directed Home & Community Based Services program which has been a success since 2009 in our PSA. Targeting our resources toward those whom are 60 or greater, in the greatest social and/or economic need, is something we also do every day. Staff time and grant funding are limited, therefore focusing on those who need us the most are at the forefront of our operational goals. At the time of a call or inquiry, we're listening, observing, and responding with respectful questions to understand stated needs. We will continue our efforts to reach those who don't speak English, are of another culture or have been historically underserved. Our providers, like us, strive to be open to all individuals seeking information and/or supports and we show this through staff training and the way we offer outreach in our communities. Focusing on certain neighborhoods or attending new community partners' events, for example, are real examples of how we are focusing on our unique regional needs via outreach and education.

The FY 2026 AIP does not outline any significant new priorities, plans or major objectives for the use of Older Americans Act (OAA) or state (Older Michiganians Act) funding during FY 2026. As always, we will continue to work transparently with providers, the ACLS Bureau and our leadership team to address local needs and utilize federal and state funds in an efficient manner. Advocacy efforts are ongoing with our elected officials in the

State Legislature and US Congress. We utilize our established relationships with fellow AAAs, Area Agencies on Aging Association of Michigan (4AM), the Michigan Senior Advocates Council and local Advisory Committee members to share our local stories, invite legislators to local events and also participate in home visits when possible. FY 2026 will be a continuation of these efforts, both locally and in Lansing, with legislators and their staff. During FY2025 we spent significant time educating new legislators and re-framing our story as it relates to the effect of pauses in funding and how it affects our administration and ultimately how it affects service provision to older adults. Funding challenges in Region IIIC arose in FY25 as we fully expended ARPA (American Rescue Plan Act) funding early in the fiscal year. This coupled with month-to-month funding awards and pull backs of certain federal sources have hindered service provision and caused disturbances in our network. Waiting lists are affected and continue to grow. Our communication with elected officials will need to continue to share data and paint a picture of the affects of the funding flow.

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

Planning and Service Area (counties) Served.

Branch County and St. Joseph County

Is there a Federally Recognized Tribe within your PSA? (If yes, list below.)

☐ Yes ☒ No

Please list any accreditations your AAA has received.

None at this time.

Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
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STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Total Population 60+ (%)	26,700.00	3,686.00
Race/Ethnicity 60+ (%)		
a. Black/African American	489.00	35.00
b. Asian	29.00	4.00
c. White	25,425.00	3,398.00
d. Hispanic/Latino	399.00	25.00
e. Other	29.00	14.00
Total 60+ Population in Rural areas (%)	27,049.00	3,669.00
Total 60+ Population at Poverty Level (%)	2,355.00	628.00
LGBTQ+ Clients served		2.00
Total 85+ Population (%)	1,705.00	673.00
Total 60+ Non-English-Speaking Population (%)	1,120.00	

Did the AAA upload the required supplemental document addressing a contingency plan for lack of funding or in the event of a government shutdown?

☒ Yes ☐ No

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

Branch-St. Joseph Area Agency on Aging

FY 2026

County/Local Unit of Government and Tribal Review

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

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

The AAA must send a notification of the complete AIP to the chairperson of each County Board of Commissioners, and to any Tribes within the Planning and Service Area (PSA) for notification and consultation. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 20, 2025. For a PSA comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government and Tribes within the PSA as well. The AAA may use electronic communication, including e-mail and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

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

Instructions

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

Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

The Branch-St. Joseph Area Agency on Aging FY2026 Annual Implementation Plan final draft will be

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

Branch-St. Joseph Area Agency on Aging

FY 2026

shared with both Branch and St. Joseph County Board of Commissioners once supported by our Advisory Committee and approved by the Board of Health. Both Advisory and Board of Health groups have been in discussion about the Plan since February and will be taking action at their May meetings. The FY26 AIP Draft was shared on April 15th with the Advisory Committee at their regular meeting. Once approved, we will forward the Plan to the County Board of Commissioners via electronic transmission to their respective County Administrators. As in years past, both Boards request an Annual Implementation Plan update at either their working meeting and/or at a regular meeting in June.

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Public Hearings

At least one public hearing on the FY 2026 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Instructions

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

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

AAAs are also required to upload document entitled: *Newspaper and Media Outlets Notification List*.

For FY 2026, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s).

Date	City	Time	Barrier Free?	No. of Attendees
04/28/2025	Three Rivers, MI	10:00 AM	Yes	0

The Region IIIC AAA utilized multiple methods to encourage public and community partner input on the FY2026 AIP. The Public Hearing was released via formal Press Release on March 27, 2025 to all print and radio

news outlets across the two-county PSA. (see list in the document library) Press Releases also go to network television stations who carry national affiliation. Paid advertisements were not sought this year as the pricing is so cost prohibitive. The full Press Release is attached in the "budget and other documents"

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

Branch-St. Joseph Area Agency on Aging

FY 2026

section of the AIP and complies with Bureau Operating Standards & AIP Instructions. Aging network providers, the Board of Health (AAA IIIC Policy Board) and the AAA Advisory Committee were also engaged in and sent notices for the Public Hearings. The FY 2026 AIP Draft (including the budget) was posted on our AAA website along with the Public Hearing listed in the "Upcoming Events" section. Virtual participation in the Public Hearing was also an option. The virtual meeting link was publicized within our Public Notice and posted on our website.

The Public Hearing was hosted at the Three Rivers office of the Community Health Agency at 10:00 am on Monday, April 28, 2025. The Plan was discussed and a summary of each section was presented by the Area Agency on Aging Director.

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Regional Service Definitions

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) regional service that is not included in the Operating Standards for Service Programs, provide rationale as to why activities cannot be funded under an existing service definition, and information about the proposed service in this section.

Instructions

Enter the new regional service name, fund source(s), unit of service, and minimum standards.

Service Name/Definition

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

Service Category	Fund Source		Unit of Service
Access	Title III PartB	Title III PartD	
In-Home	Title III PartE	Title VII	
Community	State Alternative Care	State Access	
Nutrition	State In-home	State Respite	
Caregivers of Older Adults	Other		
Older Relative (Kinship) Caregiver			

Minimum Standards

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Caregiver Case Management; Caregiver Information and Assistance; Caregiver Options Counseling; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2026, complete this section.

Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2026, and provide the information requested.

Care Management

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$36,000.00	<u>Total of State Dollars</u>	\$92,404.00

Geographic area to be served

Branch & St. Joseph Counties

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

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

Activities:

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

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

Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation
- ~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect and/or exploitation

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

Activities:

- ~ Continue implementation of the tiered approach to Access Services (Care Management funded)
- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services weekly

Information and Assistance

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Starting Date 10/01/2025 Ending Date 09/30/2026

Total of Federal Dollars \$36,000.00 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 and Assistance (I&A)/referral

Activities:

- ~ Continue to provide referrals according to the ACLS Bureau and national Alliance for Information and Referral Systems (AIRS) standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - Aging and Disability Resource Center Information Center (ADRCIS) database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality I&A services
- ~ Staff shall support education efforts among callers regarding adult immunizations, including vaccination, testing, support and access, as requested

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

Activities:

- ~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration
- ~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners
- ~ Staff shall continue to attend and participate in outreach events and seasonal community-based activities throughout the planning and service area

Goal #3: Continue to maintain accurate data and submit accurate data/ program reporting related to ACLS Bureau Standards and reporting requirements, for inclusion in the statewide resource database and National Aging Program Information Systems (NAPIS) reporting tool

Activities:

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

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

Activities:

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

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Direct Service Request

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

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

Instructions

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2026. Specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, nutrition, caregiver, or kinship caregiver service directly during FY 2026.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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.

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

Branch-St. Joseph Area Agency on Aging

FY 2026

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Regional Direct Service Request

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

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

Instructions

AAAs that have a new request to provide a regional service directly must complete this tab for each service. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional service request for FY 2026. Also specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

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.

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

Branch-St. Joseph Area Agency on Aging

FY 2026

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2026

Program Development Objectives

Please provide information for any new goals and objectives that are proposed by the AAA during FY 2026.

For FY 2026, this is also where you will provide updates to the current Approved MYP Objectives.

Instructions

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

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

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

*Please work with your Regional Aging Representative on updating current MYP objectives.

Area Agency on Aging Goal

A.

State Goal Match:

Narrative

Objectives

1.

Timeline: to

Activities

Expected Outcome

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

Branch-St. Joseph Area Agency on Aging

FY 2026

	Regional Services <ul style="list-style-type: none"> • Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable.
Local Millage Funded	Access <ul style="list-style-type: none"> • Case Coordination and Support • Transportation In-Home <ul style="list-style-type: none"> • Chore • Friendly Reassurance • Homemaking • Personal Care Community <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair * Nutrition Services <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals Caregivers of Older Adults Services <ul style="list-style-type: none"> • Caregiver Education • Caregiver Support Groups • Caregiver Training • Respite Care Regional Services <ul style="list-style-type: none"> • Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable.
Funded by Other Sources	Access <ul style="list-style-type: none"> • Options Counseling

* Not PSA-wide

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

Diversity, Equity, and Inclusion Goal

Aging and Community Living Services Bureau (ACLS) *Operating Standards for Area Agencies on Aging* have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to *Operating Standards for Area Agencies on Aging* sections C-2 and C-4.

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.
2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

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

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau's State Plan Goals (listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. Additional instructions on completing the Program Development section can be found in the Documents Library.

Area Agency on Aging Goal

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

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

State Goal Match: 4

Narrative

Since the loss of Branch County's Senior Respite Program in 2014, an adult day program operated by Pines Behavioral Health Services, we have been engaged in development, research and feasibility of another program. In the past we've held a number of community meetings with potential partners, yet nothing has come to fruition. At this time only private pay options are available to families/individuals seeking daytime respite care in a community setting. As a way to meet some of the need in the community, both County's Commission on Aging offices have utilized additional respite care funding to offer additional hours and contract with other home health agencies to provide respite care outside of regular business hours. We do not see this method of service provision as meeting the need of the community, nor is it a sustainable method. The priorities of our key leaders and board members remain strong, that an adult day program needs to be cultivated as soon as it is feasible.

Objectives

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

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

Activities

Work with local provider networks, faith-based organizations and community partners to identify potential adult day program providers. Build upon existing connections and re-examine feasibility of their potential to develop an adult day program.

The 2022 Request for Proposals will include Adult Day Services. Should an interested party(ies) be identified outside the 2022 RFP timeline, the AAA will initiate a Request for Proposal for the service.

Expected Outcome

A new adult day program in Branch County would start-up in the first quarter of FY2023

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

State Goal Match: 4

Narrative

Reports of vulnerable adult abuse, neglect, and/or exploitation have steadily increased nearly every year since 2012 in both Branch and St. Joseph County (MDHHS APS data run, March 2018). In 2017, more than half of each county's substantiated cases were in the type of "neglect" and "self-neglect" (MDHHS APS data run, March 2018). A coordinated community response has been implemented in each county since 2016 and will continue to be built upon and enhanced over the next three years through additional training, education, and outreach.

Objectives

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

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

Activities

AAA staff will notify all providers, community partners, and community advocates upon our knowledge of current scams/schemes being reported in the state or local area.

AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY 2023 will include revision and enhancement of the Vulnerable Adult Protocol and creation of a coordinated response via an Interdisciplinary Team approach to serve those identified by team members as vulnerable/at risk. Promotion of elder abuse prevention materials and local trainings will also be provided, as a collaborative effort with the AAA Victims of Crimes Act (VOCA)-funded "Elder Abuse Victim Specialists" under the Services to Victims of Elder Abuse grant.

AAA staff will continue progress with St. Joseph County officials to enhance the Interdisciplinary Team (IDT) that has been meeting since 2017. Additional efforts, as in collaboration with the VOCA-funded "Elder Abuse Victim Specialist", will include training local agencies/organizations, development of an Elder Death Review Team component, and enhancing membership on the IDT to include financial institutions. Again, these efforts across the PSA are in collaborating with the Services to Victims of Elder Abuse grant initiative.

Expected Outcome

Increased awareness among community members, potential victims, and reporting agencies about the identification and reporting of suspected abuse, neglect and exploitation.

Enhanced collaboration and inter-agency communication as it relates to coordinated community response in vulnerable adult abuse/neglect/exploitation cases.

Increase knowledge of agencies/organizations who've been trained regarding the "red flags" of abuse/neglect/exploitation.

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

State Goal Match: 1

Narrative

Branch-St. Joseph AAA will continue to learn and support our local network providers' learning surrounding diversity, equity and inclusion. Training and development of more accommodating and culturally sensitive outreach materials are needed, broadly, among our local aging network to continue to represent all individuals including those who are black, indigenous and people of color, and, among the LGBTQ+ community. Our providers have begun training and planning for translation of materials. With this emphasis among all network providers, we shall illuminate the effects of racial and ethnic disparities on health, well being and lifespans of individuals.

Objectives

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

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BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

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

Activities

Branch-St. Joseph AAA staff will participate in and share training opportunities with the broad aging network on the topics of diversity, inclusion and implicit/unconscious bias.

Branch-St. Joseph AAA staff will inquire among contracted providers during annual assessments how many staff/volunteers have participated in DEI/implicit bias-type trainings in order to gauge how much additional training may be needed or desired.

Expected Outcome

Branch-St. Joseph AAA staff will have participated in all state-sponsored training opportunities related to diversity, equity and inclusion and implicit bias.

Branch-St. Joseph AAA providers will have at least 50% of their staff/volunteers attend training to enhance their knowledge diversity, equity and inclusion and assess their own unconscious biases.

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

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

Activities

Branch-St. Joseph AAA staff will request providers during annual assessment to demonstrate examples of outreach materials and methods which show how their organizations are reaching to diverse cultures and LGBTQ+ individuals.

Branch-St. Joseph AAA staff will also request providers to share training records specific to DEI and LGBTQ+ topics.

Expected Outcome

AAA staff and Providers will have attempted multiple outreach methods and attempts to reach diverse communities and among LGBTQ+ communities to share information about supports and services.

Reporting in National Aging Program Information System (NAPIS) of individuals served among different racial/ethnic categories as well as identity categories will be more representative and accurate of whom we serve.

FY 2026 AREA PLAN BUDGET

AAA: Branch-St. Joseph Area Agency on Aging
PSA: 3C

Date: 4/14/2025
Budget Period: 10/1/2025

Rev No: original
to 9/30/2026

Area Plan Budget Overview

Area Plan Budget Summary	Federal/State Award	Other	Program Income	Cash Match	In-Kind Match	Grand Total
Administration	\$ 60,357	\$ 96,800	\$ -	\$ 35,902	\$ 25,000	\$ 218,059
Program Development	\$ 22,523	\$ -	\$ -	\$ -	\$ 2,503	\$ 25,026
AAA RD/Nutritionist	\$ 950	\$ -	\$ -	\$ -	\$ 106	\$ 1,056
Services	\$ 1,023,102	\$ 60,000	\$ 233,000	\$ 294,397	\$ 18,087	\$ 1,628,586
Total	\$ 1,106,932	\$ 156,800	\$ 233,000	\$ 330,299	\$ 45,696	\$ 1,872,727

Administration Budget

Administration Revenue	Federal / State / Other Administration	Local Cash Match	Local In-Kind Match	Grand Total
Federal	\$ 48,377	\$ 35,902	\$ 25,000	\$ 109,279
Title III Administration	\$ 48,377	\$ 35,902	\$ 25,000	\$ 109,279
State	\$ 11,980			\$ 11,980
State Administration	\$ 8,481			\$ 8,481
State Merit Award (MATF) Administration	\$ 3,115			\$ 3,115
State Caregiver Support Administration	\$ 384			\$ 384
Other	\$ 96,800			\$ 96,800
Other Administration	\$ 96,800			\$ 96,800
Grand Total	\$ 157,157	\$ 35,902	\$ 25,000	\$ 218,059

Administration Expenditures	Amount	FTEs
Salaries/Wages	\$ 178,400	5.00
Fringe Benefits	\$ 35,600	
Office Operations	\$ 4,059	
Total	\$ 218,059	

Services Budget

Fund Sources	Access Services	In-Home Services	Community Services	Nutrition Services	Caregivers of Older Adults Services	Older Relative (Kinship) Caregiver Services	Grand Total
Federal	\$ 60,395	\$ 35,200	\$ 38,131	\$ 289,783	\$ 52,180	\$ 500	\$ 476,189
Title III-B Supportive Services	\$ 60,395	\$ 35,200	\$ 29,500	\$ -	\$ -	\$ -	\$ 125,095
Title III-C1 Congregate Meals	\$ -	\$ -	\$ -	\$ 95,188	\$ -	\$ -	\$ 95,188
Title III-C2 Home-Delivered Meals	\$ -	\$ -	\$ -	\$ 130,325	\$ -	\$ -	\$ 130,325
Title III-D Preventive Health	\$ -	\$ -	\$ 8,631	\$ -	\$ -	\$ -	\$ 8,631
Title III-E National Family Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 52,180	\$ 500	\$ 52,680
Title VII-A Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Title VII EAP Elder Abuse Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition Services Incentive Program (NSIP)	\$ -	\$ -	\$ -	\$ 64,270	\$ -	\$ -	\$ 64,270
State	\$ 100,212	\$ 216,520	\$ -	\$ 127,688	\$ 102,493	\$ -	\$ 546,913
State Access Services	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,808
State In-Home Services	\$ -	\$ 119,000	\$ -	\$ -	\$ 20,207	\$ -	\$ 139,207
State In-Home Services (Direct Care Worker Pay)	\$ -	\$ 67,000	\$ -	\$ -	\$ 1,582	\$ -	\$ 68,582
State Congregate Meals	\$ -	\$ -	\$ -	\$ 2,523	\$ -	\$ -	\$ 2,523
State Home Delivered Meals	\$ -	\$ -	\$ -	\$ 125,165	\$ -	\$ -	\$ 125,165
State Alternative Care	\$ -	\$ 30,520	\$ -	\$ -	\$ -	\$ -	\$ 30,520
State Aging Network Services	\$ 12,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,176
State Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ 3,887
State Respite Care	\$ -	\$ -	\$ -	\$ -	\$ 45,316	\$ -	\$ 45,316
State Merit Award (MATF)	\$ -	\$ -	\$ -	\$ -	\$ 31,501	\$ -	\$ 31,501
State Nursing Home Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Michigan State Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Care Management	\$ 80,228	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,228
Medicaid	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,000
Targeted Case Management	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,000
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,500	\$ -	\$ 233,000
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,500	\$ -	\$ 233,000
Local	\$ 70,902	\$ 91,732	\$ 27,050	\$ 105,000	\$ 17,800	\$ -	\$ 312,484
Cash Match	\$ 60,902	\$ 88,300	\$ 26,450	\$ 105,000	\$ 13,745	\$ -	\$ 294,397
In-Kind Match	\$ 10,000	\$ 3,432	\$ 600	\$ -	\$ 4,055	\$ -	\$ 18,087
Grand Total	\$ 303,509	\$ 376,452	\$ 66,681	\$ 697,471	\$ 183,973	\$ 500	\$ 1,628,586

FY 2026 AREA PLAN BUDGET

Branch-St. Joseph Area Agency on Aging
3C

Date: 4/14/2025
Budget Period: 10/1/2025

Rev No: original
to 9/30/2026

Expenditures by Service & Fund Category

	29.24%	33.58%	3.68%	14.31%	19.19%	100.00%
Services	Federal	State	Medicaid	Program Income	Local	Grand Total
Access Services	\$ 60,395	\$ 100,212	\$ 60,000	\$ 12,000	\$ 70,902	\$ 303,509
Access Services	\$ 60,395	\$ 100,212	\$ 60,000	\$ 12,000	\$ 70,902	\$ 303,509
Care Management	\$ 36,000	\$ 92,404	\$ 60,000	\$ -	\$ 40,902	\$ 229,306
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ 15,000	\$ 29,808
Transportation	\$ 17,395	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ 44,395
In-Home Services	\$ 35,200	\$ 216,520	\$ -	\$ 33,000	\$ 91,732	\$ 376,452
In-Home Services	\$ 35,200	\$ 216,520	\$ -	\$ 33,000	\$ 91,732	\$ 376,452
Assistive Devices & Technologies	\$ -	\$ 15,000	\$ -	\$ -	\$ 1,666	\$ 16,666
Chore Services	\$ 8,000	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ 900	\$ 8,900
Homemaker	\$ 10,200	\$ 119,020	\$ -	\$ 16,500	\$ 40,000	\$ 185,720
Medication Management	\$ 5,000	\$ 10,000	\$ -	\$ -	\$ 1,666	\$ 16,666
Personal Care	\$ 4,000	\$ 72,500	\$ -	\$ 16,000	\$ 45,000	\$ 137,500
Community Services	\$ 38,131	\$ -	\$ -	\$ 1,500	\$ 27,050	\$ 66,681
Community Regional Services	\$ 10,500	\$ -	\$ -	\$ -	\$ 1,250	\$ 11,750
Community Living Program Services (RSD)	\$ 5,000	\$ -	\$ -	\$ -	\$ 600	\$ 5,600
Gap Filling/Special Needs(RSD)	\$ 5,500	\$ -	\$ -	\$ -	\$ 650	\$ 6,150
Community Services	\$ 27,631	\$ -	\$ -	\$ 1,500	\$ 25,800	\$ 54,931
Disease Prevention/Health Promotion	\$ 8,631	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,631
Home Repair	\$ 5,000	\$ -	\$ -	\$ 500	\$ 3,500	\$ 9,000
Legal Assistance	\$ 12,000	\$ -	\$ -	\$ 500	\$ 1,800	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ -	\$ 18,000	\$ 20,000
Nutrition Services	\$ 289,783	\$ 127,688	\$ -	\$ 175,000	\$ 105,000	\$ 697,471
Nutrition Services	\$ 289,783	\$ 127,688	\$ -	\$ 175,000	\$ 105,000	\$ 697,471
Congregate Meals	\$ 106,188	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 178,711
Home-Delivered Meals	\$ 183,595	\$ 125,165	\$ -	\$ 120,000	\$ 90,000	\$ 518,760
Caregivers of Older Adults Services	\$ 52,180	\$ 102,493	\$ -	\$ 11,500	\$ 17,800	\$ 183,973
Access Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ 4,000	\$ 40,000
Caregiver Information and Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ 4,000	\$ 40,000
Counseling/Support Groups/Training	\$ 8,180	\$ -	\$ -	\$ 500	\$ 1,055	\$ 9,735
Caregiver Support Groups	\$ 7,680	\$ -	\$ -	\$ 500	\$ 1,000	\$ 9,180
Caregiver Training	\$ 500	\$ -	\$ -	\$ -	\$ 55	\$ 555
Information Services	\$ 8,000	\$ -	\$ -	\$ 500	\$ 10,000	\$ 18,500
Caregiver Education (use for Caregiver Outreach)	\$ 8,000	\$ -	\$ -	\$ 500	\$ 10,000	\$ 18,500
Respite Services	\$ -	\$ 87,105	\$ -	\$ 500	\$ 2,245	\$ 89,850
Adult Day Services	\$ -	\$ 47,000	\$ -	\$ 500	\$ -	\$ 47,500
Respite Care – In-Home Respite	\$ -	\$ 40,105	\$ -	\$ -	\$ 2,245	\$ 42,350
Supplemental Services	\$ -	\$ 15,388	\$ -	\$ 10,000	\$ 500	\$ 25,888
Caregiver Supplemental - Transportation	\$ -	\$ 15,388	\$ -	\$ 10,000	\$ 500	\$ 25,888
Older Relative (Kinship) Caregiver Services	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
Counseling/Support Groups/Training	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
Kinship Caregiver Support Groups	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
Grand Total	\$ 476,189	\$ 546,913	\$ 60,000	\$ 233,000	\$ 312,484	\$ 1,628,586

FY 2026 AREA PLAN BUDGET

Branch-St. Joseph Area Agency on Aging
3C

Date: 4/14/2025 Rev No: original
Budget Period: 10/1/2025 to 9/30/2026

Access Services Expenditures by Fund Source

Service	Title III-B Supportive Services	State Access Services	State Aging Network Services	State Care Management	Targeted Case Management	Program Income	Cash Match	In-Kind Match	Grand Total
Access Services	\$ 60,395	\$ 7,808	\$ 12,176	\$ 80,228	\$ 60,000	\$ 12,000	\$ 60,902	\$ 10,000	\$ 303,509
Care Management	\$ 36,000	\$ -	\$ 12,176	\$ 80,228	\$ 60,000	\$ -	\$ 30,902	\$ 10,000	\$ 229,306
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ -	\$ 29,808
Transportation	\$ 17,395	\$ -	\$ -	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ -	\$ 44,395
Grand Total	\$ 60,395	\$ 7,808	\$ 12,176	\$ 80,228	\$ 60,000	\$ 12,000	\$ 60,902	\$ 10,000	\$ 303,509

In-Home Services Expenditures by Fund Source

Row Labels	Title III-B Supportive Services	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	State Alternative Care	Program Income	Cash Match	In-Kind Match	Grand Total
In-Home Services	\$ 35,200	\$ 119,000	\$ 67,000	\$ 30,520	\$ 33,000	\$ 88,300	\$ 3,432	\$ 376,452
Assistive Devices & Technologies	\$ -	\$ 15,000	\$ -	\$ -	\$ -	\$ -	\$ 1,666	\$ 16,666
Chore Services	\$ 8,000	\$ -	\$ -	\$ -	\$ 500	\$ 2,500	\$ -	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 800	\$ 100	\$ 8,900
Homemaker	\$ 10,200	\$ 53,500	\$ 40,000	\$ 25,520	\$ 16,500	\$ 40,000	\$ -	\$ 185,720
Medication Management	\$ 5,000	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ 1,666	\$ 16,666
Personal Care	\$ 4,000	\$ 40,500	\$ 27,000	\$ 5,000	\$ 16,000	\$ 45,000	\$ -	\$ 137,500
Grand Total	\$ 35,200	\$ 119,000	\$ 67,000	\$ 30,520	\$ 33,000	\$ 88,300	\$ 3,432	\$ 376,452

Community Services Expenditures by Fund Source

Sum of Amount	Column Labels					
Row Labels	Title III-B Supportive Services	Title III-D Preventive Health	Program Income	Cash Match	In-Kind Match	Grand Total
Community Regional Services	\$ 10,500	\$ -	\$ -	\$ 650	\$ 600	\$ 11,750
Community Living Program Services (RSD)	\$ 5,000	\$ -	\$ -	\$ -	\$ 600	\$ 5,600
Gap Filling/Special Needs(RSD)	\$ 5,500	\$ -	\$ -	\$ 650	\$ -	\$ 6,150
Community Services	\$ 19,000	\$ 8,631	\$ 1,500	\$ 25,800	\$ -	\$ 54,931
Disease Prevention/Health Promotion	\$ -	\$ 8,631	\$ 500	\$ 2,500	\$ -	\$ 11,631
Home Repair	\$ 5,000	\$ -	\$ 500	\$ 3,500	\$ -	\$ 9,000
Legal Assistance	\$ 12,000	\$ -	\$ 500	\$ 1,800	\$ -	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ 18,000	\$ -	\$ 20,000
Grand Total	\$ 29,500	\$ 8,631	\$ 1,500	\$ 26,450	\$ 600	\$ 66,681

Nutrition Services Expenditures by Fund Source

Row Labels	Title III-C1 Congregate Meals	Title III-C2 Home- Delivered Meals	Nutrition Services Incentive Program (NSIP)	State Congregate Meals	State Home Delivered Meals	Program Income	Cash Match	Grand Total
Nutrition Services	\$ 95,188	\$ 130,325	\$ 64,270	\$ 2,523	\$ 125,165	\$ 175,000	\$ 105,000	\$ 697,471
Congregate Meals	\$ 95,188	\$ -	\$ 11,000	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 178,711
Home-Delivered Meals	\$ -	\$ 130,325	\$ 53,270	\$ -	\$ 125,165	\$ 120,000	\$ 90,000	\$ 518,760
Grand Total	\$ 95,188	\$ 130,325	\$ 64,270	\$ 2,523	\$ 125,165	\$ 175,000	\$ 105,000	\$ 697,471

Caregivers of Older Adults Services Expenditures by Fund Source

Row Labels	Title III-E National Family Caregiver Support	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	State Caregiver Support	State Respite Care	State Merit Award (MATF)	Program Income	Cash Match	In-Kind Match	
Access Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$
Caregiver Information and Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$
Counseling/Support Groups/Training	\$ 8,180	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,000	\$ 55	\$
Caregiver Support Groups	\$ 7,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,000	\$ -	\$
Caregiver Training	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55	\$
Information Services	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 10,000	\$ -	\$
Caregiver Education (use for Caregiver Outreach)	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 10,000	\$ -	\$
Respite Services	\$ -	\$ 20,207	\$ 1,582	\$ -	\$ 45,316	\$ 20,000	\$ 500	\$ 2,245	\$ -	\$
Adult Day Services	\$ -	\$ -	\$ -	\$ -	\$ 27,000	\$ 20,000	\$ 500	\$ -	\$ -	\$
Respite Care – In-Home Respite	\$ -	\$ 20,207	\$ 1,582	\$ -	\$ 18,316	\$ -	\$ -	\$ 2,245	\$ -	\$
Supplemental Services	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ 11,501	\$ 10,000	\$ 500	\$ -	\$
Caregiver Supplemental - Transportation	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ 11,501	\$ 10,000	\$ 500	\$ -	\$
Grand Total	\$ 52,180	\$ 20,207	\$ 1,582	\$ 3,887	\$ 45,316	\$ 31,501	\$ 11,500	\$ 13,745	\$ 4,055	\$

Older Relative (Kinship) Caregiver Services Expenditures by Fund Source

Row Labels	Title III-E National Family Caregiver Support	Grand Total
Counseling/Support Groups/Training	\$ 500	\$ 500
Kinship Caregiver Support Groups	\$ 500	\$ 500
Grand Total	\$ 500	\$ 500

FY 2026 AREA PLAN BUDGET

Branch-St. Joseph Area Agency on Aging

3C

Date: 4/14/2025

Budget Period: 10/1/2025

Rev No:

to

original

9/30/2026

Method of Service Provision

	9.57%	71.91%	18.52%	100.00%
Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Access Services	\$ 109,306	\$ 74,203	\$ 120,000	\$ 303,509
Access Services	\$ 109,306	\$ 74,203	\$ 120,000	\$ 303,509
Care Management	\$ 109,306	\$ -	\$ 120,000	\$ 229,306
Case Coordination & Support	\$ -	\$ 29,808	\$ -	\$ 29,808
Transportation	\$ -	\$ 44,395	\$ -	\$ 44,395
In-Home Services	\$ 4,000	\$ 196,400	\$ 176,052	\$ 376,452
In-Home Services	\$ 4,000	\$ 196,400	\$ 176,052	\$ 376,452
Assistive Devices & Technologies	\$ -	\$ -	\$ 16,666	\$ 16,666
Chore Services	\$ -	\$ 11,000	\$ -	\$ 11,000
Friendly Reassurance	\$ 4,000	\$ 4,900	\$ -	\$ 8,900
Homemaker	\$ -	\$ 108,000	\$ 77,720	\$ 185,720
Medication Management	\$ -	\$ -	\$ 16,666	\$ 16,666
Personal Care	\$ -	\$ 72,500	\$ 65,000	\$ 137,500
Community Services	\$ 2,500	\$ 58,581	\$ 5,600	\$ 66,681
Community Regional Services	\$ 2,500	\$ 3,650	\$ 5,600	\$ 11,750
Community Living Program Services (RSD)	\$ -	\$ -	\$ 5,600	\$ 5,600
Gap Filling/Special Needs(RSD)	\$ 2,500	\$ 3,650	\$ -	\$ 6,150
Community Services	\$ -	\$ 54,931	\$ -	\$ 54,931
Disease Prevention/Health Promotion	\$ -	\$ 11,631	\$ -	\$ 11,631
Home Repair	\$ -	\$ 9,000	\$ -	\$ 9,000
Legal Assistance	\$ -	\$ 14,300	\$ -	\$ 14,300
Ombudsman	\$ -	\$ 20,000	\$ -	\$ 20,000
Nutrition Services	\$ -	\$ 697,471	\$ -	\$ 697,471
Nutrition Services	\$ -	\$ 697,471	\$ -	\$ 697,471
Congregate Meals	\$ -	\$ 178,711	\$ -	\$ 178,711
Home-Delivered Meals	\$ -	\$ 518,760	\$ -	\$ 518,760
Caregivers of Older Adults Services	\$ 40,000	\$ 144,473	\$ -	\$ 184,473
Access Assistance	\$ 40,000	\$ -	\$ -	\$ 40,000
Caregiver Information and Assistance	\$ 40,000	\$ -	\$ -	\$ 40,000
Counseling/Support Groups/Training	\$ -	\$ 10,235	\$ -	\$ 10,235
Caregiver Support Groups	\$ -	\$ 9,680	\$ -	\$ 9,680
Caregiver Training	\$ -	\$ 555	\$ -	\$ 555
Information Services	\$ -	\$ 18,500	\$ -	\$ 18,500
Caregiver Education (use for Caregiver Outreach)	\$ -	\$ 18,500	\$ -	\$ 18,500
Respite Services	\$ -	\$ 89,850	\$ -	\$ 89,850
Adult Day Services	\$ -	\$ 47,500	\$ -	\$ 47,500
Respite Care – In-Home Respite	\$ -	\$ 42,350	\$ -	\$ 42,350
Supplemental Services	\$ -	\$ 25,888	\$ -	\$ 25,888
Caregiver Supplemental - Transportation	\$ -	\$ 25,888	\$ -	\$ 25,888
Grand Total	\$ 155,806	\$ 1,171,128	\$ 301,652	\$ 1,628,586