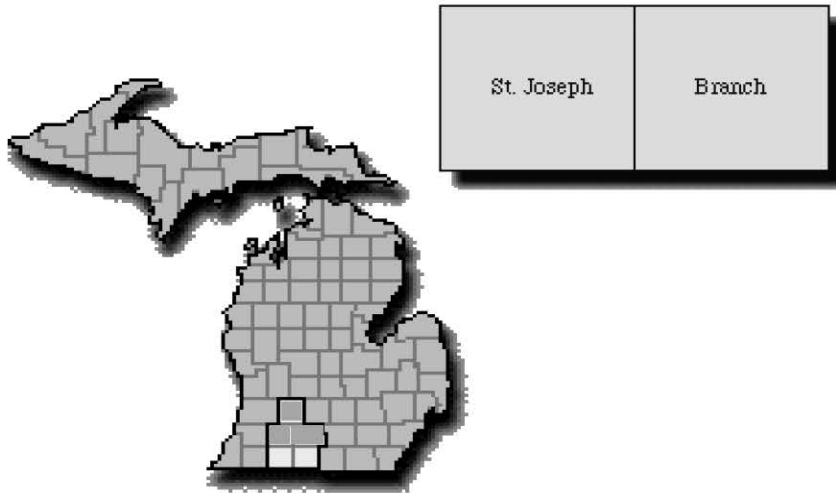


2027-2029 Multi Year Plan

FY 2027 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
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570 N. Marshall Road
Coldwater, MI 49036
517-278-2538 (phone)

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Rebecca A. Burns, Health Officer
Laura Sutter, Director
Area Agency on Aging
www.bhsj.org/aaa

Regional Aging Representative

Ashley Ellsworth

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Executive Summary

Instructions

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

A. The history of your Area Agency on Aging (AAA) and Planning and Service Area (PSA) including mission statement, vision, and primary focus for the next three years

B. How the AAA used data from assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. (OAA 1321.65(b)(3), OMA 400.586(y))

C. The AAA's Strategic/Long-Term Plan

D. Awards and Accreditations received by the AAA

Please review demographic data for the PSA provided in the *Document Library* and confirm accuracy with the AAA's Regional Aging Representative for inclusion in the demographic data chart.

1. Provide a brief history of your AAA and PSA including the mission statement, vision, service population, and primary focus for the next three years.

The Branch-St. Joseph 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 and Older Michiganians Act 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 completely rural, yet we have a diverse population and a wide continuum of agencies providing supports and services. One of our biggest strengths has been our organizational structure as an autonomous division within local public health. Some of our most notable work occurred during the COVID-19 pandemic including our continuity of operations, maintaining the agency's call center, and supporting clinics and services to hard to reach populations. This was a tremendous effort, among 6 staff, in addition to maintaining Friendly Reassurance calls, intakes/referrals as well as on-going AAA business and communication with all of our network providers. We continue to build community partnerships

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which address everything from food insecurity, housing crisis, vulnerable adult abuse/elder justice issues, and service delays/waiting lists. Our primary focus over the next three years will be maintaining a strong array of in-home & community-based services, strengthening our Community Living Program both with providers/vendors, staffing, and resources, as well as continuing to support direct care workers.

The 2026 Community Needs Survey implemented in early April, 2026 gathered data over the telephone, in person and via printed copies from over 300 individuals across Branch and St. Joseph Counties. We asked questions related to health and social engagement, living and working status, as well as other social determinant of health questions. Prioritization of services was a main component of the survey to glean which services meant the most to people now and into the future. Results gathered, as with every previous Multi-Year Area Plan, in home and access services (like transportation) rank as highest importance, while options counseling, information & assistance, health promotion and caregiver services are not far behind in the rankings.

Overall we've seen steady growth in the 60+ age category, and our "older old" (those age 80+) is growing dramatically. As compared to our statistics in 2019, the 60+ population grew from just over 23% of the total population to now nearly 26%. The total population in Branch and St. Joseph County is now 107,358 which is an increase from our last plan cycle as indicated in the Michigan Department of Health and Human Services (MDHHS) Vital Records data for 2024. As we examined poverty data, the number of individuals at or below poverty in Branch County was 13.2% in 2024, St. Joseph County was 12.2%. 10% of older adults in Region IIC are considered in poverty. This data has not significantly changed since our last Plan. Our efforts to reach individuals and families who are of racial and ethnic minorities, health and/or social disparities, and other disadvantaged groups will remain a high priority for our agency as well as our network providers. We must prevent and address unmet need, health disparities and access to supports and service with a holistic eye and approach.

The 2027-2029 MYP and 2027 AIP has fully incorporated feedback from each of the Input Forums, Public Hearing and Board/Advisory Committee meetings as well as the full results of the Community Needs Assessment. Our budget, program development goals and objectives, scope of services and array of planned services encompass the sentiments of our communities. 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.

2. Describe how the AAA used data from the assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. [See OAA §1321.65(b)(3); OMA 400.586; Operating Standard for AAAs C-2(4).]

The Branch-St. Joseph Area Agency on Aging formally initiated our 2026 Community Needs Assessment on Tuesday, April 7, 2026 at a community event being sponsored by Congressman Tim Walberg in Sturgis, Michigan. The CNA is conducted in order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service. Our intent was to gain insight on the perception of need for services, how individuals obtain information about services AAA staff and Community Health Agency staff revised the tool in many ways including: more social determinant of health questions, condensing the survey into one tool (previously we ran two distinct surveys for different populations - one older adult needs assessment, one key leader needs assessment), and we refined language used. We kept the full list of home and community-based services for survey participants to rank as "Most Useful/currently use", "Might be useful in the future", or "Not useful to me". The survey was available in hard copy, or via electronic format via

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Alzheimer survey online. We also took responses over the telephone, with/without translation, with community members who chose that method. Our service provider network was provided hard copies for current service recipients to share their input. A press release was issued on April 16, 2026 encouraging feedback for our Needs Assessment, whether via Survey or via attendance at one of four different Community Input Forums throughout the planning & service area in early May. Press release distribution included all local and regional radio, press, news and media outlets including larger markets in Battle Creek and Kalamazoo. The press release is included in the “budget & other documents” tab of AMPS.

AAAIIC staff shared an overview of our planning process and the Community Needs Assessment component at all community meetings throughout April and May 2026. Community meetings & community organizations invited to participate included: Board of Health, AAA Advisory Committee, Branch County Community Network, St. Joseph County Human Services Commission, Branch County Interdisciplinary Team, St. Joseph County Interdisciplinary Team, Improving the Lives of Seniors, Branch and St. Joseph County Commission on Aging staff, in home participants, support group participants, and community center participants, Branch and St. Joseph County Transit provider staff & riders, Union City Senior Center, county United Way offices, county elected officials, and many many more.

Over 300 individuals across Branch and St. Joseph Counties completed the Community Needs Assessment survey. We asked questions related to health and social engagement, living and working status, as well as other social determinant of health questions. Prioritization of services was also a main component of the survey to glean which services meant the most to people now and into the future. After results were gathered, and as with every previous Multi-Year Area Plan, in home and access services rank as highest importance, while options counseling, information & assistance, health promotion and caregiver services are not far behind in the rankings. Further, during each of our four (4) Input Sessions, we discussed unmet need and heard from attendees what was missing from their perspective as a resident of their community. The input sessions illuminated more interest in additional health promotion classes, inter-generational programming and awareness/outreach to share what services/supports are available to older adults and family caregivers. The Plan was certainly developed with the community at the center, welcoming their input and participation, reaching them where they live and spend time!

3. List all awards and accreditations received by the AAA.

The Branch-St. Joseph Area Agency on Aging (IIIC) has not sought accreditation from NCQA or other accrediting bodies to date. We remain open to the national “Inform USA” (formerly AIRS) accreditation for information and referral (I&R) and community navigation services as it would be valuable to our agency's core service. Historically the certification has been cost prohibitive based on the status of funding. In terms of accolades and recognition, our team & director has been awarded locally and in the state for our elder justice efforts, with particular attention to the fact that our two county's were early developers of our Vulnerable Adult Protocol documents. Ongoing enhancement to the Protocols, multiple trainings and inter-agency collaboration are also noted among local and state officials in regard to Region IIIC.

4. Does your AAA have a Strategic/Long-Term Plan?

Yes No

Please describe your Strategic/Long-Term Plan and how it informed the development of the MYP.

Our agency is beginning the process of Strategic Planning with our public health partners this spring/summer. Our current Strategic Plan, though coming to closure, enhanced our AAA division's training on continuous quality improvement and emergency preparedness. These core functions of public health have enhanced the AAA division both at the staff level and the service level. These enhancements and training will remain in place permanently and have definitely informed the development of our 2027-2029 Multi Year Area Plan.

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Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	25.64	13.46
Race/Ethnicity 60+ (%)		
a. Black/African American	1.51	0.97
b. Asian	0.41	0.14
c. White	94.69	89.79
d. Hispanic/Latino	1.88	0.70
e. Other	3.38	0.53
Total 60+ Population in Rural areas (%)	100.00	98.30
Total 60+ Population at Poverty Level (%)	9.76	17.06
Total 85+ Population (%)	6.38	19.17
Total 60+ Non-English-Speaking Population (%)	4.68	0.06

Public Feedback

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration, including consultation on the complete multi-year plan (MYP), for each AAA with the county/local unit of government to encourage and foster collaboration between Older American Act (OAA) programming and services provided by other non-OAA resources.

MDHHS also has an established relationship working directly with Federally Recognized Sovereign Tribes in Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification and consultation of the complete MYP for each AAA with a Tribe in the PSA to encourage and foster collaboration between Title III and Title VI programming (as required by the final rule for implementing OAA services). For AAAs without a Tribe in the PSA, MDHHS strongly encourages engagement with and targeting of elders and organizations within the PSA, such as Tribal health clinic or other Tribal affiliated organizations, to capture feedback.

Instructions

-The AAA will hold at least one public hearing on the FY 2027-2029 MYP 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 MYP is made available. *Note - Additional testimony received after the MYP has been submitted to the ACLS Bureau can be forwarded to the AAA's Regional Aging Representative no later than July 31, 2026.

-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. (Operating Standards for AAAs B-s(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 MYP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the MYP should be available for the public hearing(s).

-The AAA is required to upload a copy of the official notice and/or press release(s) for a public hearing using the link in the *Budget and Other Documents* tab.

-AAA will describe the strategy/approach employed to encourage public attendance and testimony on the MYP, describing all methods used to gain public input and any impacts on the MYP; and how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

- AAAs will describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). and if a representative from either the Policy and/or Advisory Board attended the hearing(s).

Please provide answers to the questions below:

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1. Did the AAA hold at least one public hearing on the MYP in your PSA? Yes No
2. Was the meeting held in an accessible facility or virtually following AAA requirements? Yes No
3. Did the AAA send an official notification of the complete MYP to your county/local government and Tribes within the PSA for review and consultation? Yes No
4. Was the Notice of Public Hearing(s) sent at least 30 days in advance of the scheduled hearing(s)? Yes No
5. Did the hearing notice include accessibility information for participants seeking to attend either in person or virtually? Yes No
6. Did a representative from either the Policy and/or Advisory Board(s) attend the hearing(s)? [See OAA 1321.63(a)(2)(3)(4)(5).] Yes No
7. Describe how your agency involved the Policy and/or Advisory Boards in encouraging and promoting participation to capture public feedback.

The Branch-St. Joseph Area Agency on Aging utilized multiple methods to encourage public and community partner input on the Multi-Year Area Plan. The Community Needs Survey was broadly distributed to key community leaders, community partners, and aging network providers. Many attended Input Sessions as well! At all community meetings, where AAA staff are in attendance, we offered updates and encouraged participation in the Community Needs Survey. The Public Hearing was advertised, 30 days in advance, as a "public notice ad" in the largest newspaper in our planning & service area, The Coldwater Daily Reporter. Aging network providers, community partners, the Board of Health/AAA Policy Board and the AAA Advisory Committee were also sent Public Hearing notices and reminders.

We added two more Community Input Sessions this planning cycle to have more dialogue and gather more input from our communities. We held Input Sessions at local senior/community centers which serve as accessible, welcoming, and focal points in each of our two counties' main cities:

Monday, May 4, 2026 at 11:00am - Union City Senior Center (new!)

Monday, May 4, 2026 at 2:00pm - Burnside Center, Coldwater (new!)

Key takeaways from the discussion in Branch County:

1. Increase transportation options for out of county medical appointments
2. Outreach to the community more about who agencies are and what they provide
3. Health insurance is confusing, more counseling is needed!

Wednesday, May 6, 2026 at 11:00am - Oaks Enrichment Center, Sturgis

Wednesday, May 6, 2026 at 2:00pm - Rivers Enrichment Center, Three Rivers

Key takeaways from the discussion in St. Joseph County:

1. Explore inter-generational programming more. Programs like chore or home repair at the COA could use the high school CTE building trades students to help fix safety issues, install grab bars, do heavy lifting/organizing, etc. Students could also help older adults learn more about smart phone technology and assist in understanding how to use technology more.
2. Health and wellness classes are very popular and they'd like to see more variety! Falls prevention class, like the evidence-based program "Matter of Balance", was discussed as well as caregiver classes.

During the Public Hearing, Laura Sutter, AAA Director, provided an overview of the Plans, highlighting Program Development, other grants/initiatives, FY 2027 Budget items as well as the Planned Service Array. The Hearing was held at the BHSJ Community Health Agency office in Coldwater which is a fully accessible building & meeting space. There were 8 people in attendance. One attendee was a Branch County Commissioner and Board of Health member with additional affiliations among multiple community boards

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and committees. Two Branch County residents also attended and shared they are still working, but have caregiving roles and are affiliated with multiple community organizations. All comments shared by attendees were supportive and complimentary of the Plans. Discussion and comments surrounded many topic areas including: the changes in the Senior Project Fresh program which have negatively impacted farmers and older adults in Branch County, we need to get the word out to the community about food bank and food pantries as well as understand what barriers people have to getting to food distributions, transportation needing to be more user friendly (schedules) and we need to outreach among minority/ethnic populations more. The Hearing began at 9:30am and concluded at 10:00am.

Discussion about the MYP began in March 2026 with the Director offering monthly updates to all Board and Advisory Committee members along with encouragement to share input, pose questions, attend the Public Input Forums and Public Hearing scheduled for May 20, 2026 in Coldwater.

The Board of Health (Branch-St. Joseph AAA Policy Board) and Branch-St. Joseph AAA Advisory Committee members have actively participated in the planning process by completing the Needs Survey, attending an Input Session, or via communication at meetings and with the Director as well. The Draft MYP was shared at the BOH Program, Policy & Appeals Committee level at their May 20th meeting. Then, the full Board reviewed the Plan at their May 28th meeting. Advisory Committee reviewed and supported the FY27-29MYP/FY27AIP draft at their May 19th meeting.

We are grateful to have the level of valuable participation and feedback from individuals at each of these input forums, multiple public meetings, board and advisory groups. It gives our agency the direction we need to proceed with confidence in wholeheartedly meeting the needs of older adults, people with disabilities and family caregivers across our planning and service area.

8. Please provide a description of the use of U.S. Mail and electronic means for MYP distribution.

The FY2027-2029 MultiYear Area Plan was solely shared via electronic mail to all County Board of Commissioners, County Administrators, the CHA Board of Health (AAAIIC Policy Board), the AAAIIC Advisory Committee and anyone from the community who requested it. It would be mailed, via U.S. Mail, if requested, to any address at any time.

9. Please provide a summary of oral and written testimony received, and its impact on the development of the MYP.

Community Input Forums were held (2) in Branch County on May 4th and (2) in St. Joseph County on May 6th. Key takeaways from the group discussion in Branch County included: a desire for more transportation options for out of county medical appointments, a need for outreach to the community about who agencies are and what they provide, and the need for additional assistance with navigating health insurance.

St. Joseph County Input forums were held in Sturgis and Three Rivers on May 6th. Key takeaways from the groups included: a desire for more disease prevention/health promotion activities, including fall prevention class; more inter-generational programming, such as high school students coming to help older adults understand their smart phones or to help with household chores/repairs. Both counties Input Forum participants hadn't really interacted with or knew what the Area Agency on Aging was - with the exception of one retired Adult Services staff from local MDHHS office, who wholeheartedly said she knew the area agency and what we did.

Community conversations and input that we receive directly impacts how the Plan is narrated and how priorities are set. We also incorporate more specific data results gathered from the Community Needs Survey data itself. In the last planning cycle, the Input Forum discussion was nearly identical to what we experienced in this cycle: a high priority to understand what services are provided and by what agency; health insurance counseling is highly regarded; and, transportation both in/out of county are very valuable

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services to older adults and caregivers.

Discussion and input gleaned from those in attendance at the Public Hearing surrounded many topic areas including: the changes in the Senior Project Fresh have negatively impacted farmers and older adults in Branch County, we need to get the word out to the community about food bank and food pantries as well as understand what barriers people have in getting to food distribution sites, our public transportation service needs to be more user friendly (schedules easier to understand) and we need to outreach among minority/ethnic populations more to support families.

Formal testimony on the 2027-2029 Multi Year Area Plan and 2027 Annual Implementation Plan was received via email from Jim Cook, current Advisory Committee Chairperson and MI Senior Advocate delegate. The 1-page testimony is saved under "Budget & Other Documents" tab. In summary, Jim speaks to the need for in home services, specifically Home Delivered Meals and re-balancing long term care resources [in home care versus long term care facility-based care] in the state of Michigan to assure individuals have home and community based service options. Finally, "Our local AAA does a remarkable job of efficiently spending it's allocated funding, but, as always, they can use more."

10. Describe the AAA's approach to ensure the MYP was shared with the aging network, family caregivers, service providers and the public.

The FY2027-2029 Multi Year Area Plan is shared far and wide among the local aging network, community partners, health/human service agency leadership, service providers, family caregivers and the public. It is posted on the front page of the AAA IIC website www.bhsj.org/aaa and is sent via email/USMail to anyone requesting the Plan. Generally we also receive media attention on the Plan if/when we present to the County Board of Commissions in both Branch and St. Joseph Counties. Should media attention be given, the AAAIIC Director will share feedback and related news articles with the ACLS Bureau Regional Aging Representative.

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Regional Service Definitions

Because this is the beginning of a multi-year cycle, all requests for service definitions must be included in the MYP for approval.

If the AAA is proposing to fund a 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.

Prior to adding requests for any regional service definitions, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

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

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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; 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 2027-2029 MYP cycle, complete this section.

Instructions

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

Care Management

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$26,000.00	<u>Total of State Dollars</u>	\$142,404.00

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
- ~ Seek additional service providers (purchase of service vendors) to serve participants in Region IIIC
- ~ 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 work to implement new ACLS Bureau "Care Management" Operating Standards

Expected Outcomes:

- ~ Increase number of Purchase of Service vendors to serve CLP participants
- ~ Better identify the needs of individuals through a more comprehensive intake process
- ~ Better meet the needs of participants with additional categories/levels of care available
- ~ Adherence to ACLS Bureau Operating Standards by 2nd quarter FY2027.

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

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~ 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:

- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services monthly

Expected Outcomes:

- ~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers in a more timely manner
- ~ Care Consultants will be able to better identify needed services as a result of implementing the tiered approach

Information and Assistance

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$29,000.00	<u>Total of State Dollars</u>	

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 the ACLS Bureau and Inform USA standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database
- ~ Staff shall complete satisfaction surveys with (10% as per Information and Assistance standard) callers each quarter to assure high quality information & assistance services

Expected Outcomes:

- ~ Staff will continue to provide the highest quality Information and Assistance/referral services to any person with an inquiry.
- ~ Survey respondents/individuals will indicate they experiences timely, accurate information to their questions and requests

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

Activities:

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

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- ~ 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 Outcomes:

- ~ Local and regional aging/disability network partners will continue to seek and receive accurate information from Branch-St. Joseph AAA.
 - ~ Branch St. Joseph AAA will continue to see an increase in Information and Assistance/referral calls
- 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 NAPIS reporting tool.**

Activities:

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

Expected Outcomes:

- ~ 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 Branch-St. Joseph AAA 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 person-centered thinking and its practice within their organizations

Options Counseling

Starting Date 10/01/2026 Ending Date 09/30/2027

Total of Federal Dollars \$12,607.00 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 Continue implementation of person-centered options counseling according to ACLS

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Bureau Operating Standards

Activities:

- ~ Participate in all ACLS Bureau sponsored OC training and education opportunities including all LTSS programs throughout Michigan
- ~ Continue development of internal intake and referral procedures for OC

Expected Outcomes:

- ~ Staff conducting OC services will be trained in provision of person-centered OC services
- ~ Staff will continuously monitor process of intake procedures and internal communication strategies to maximize efficient service delivery

Goal #2 Development of an outreach and education strategy to support community awareness of Options Counseling

Activities:

- ~ Establish monthly outreach and education efforts related to promotion of OC services among community & network partners

Expected Outcomes:

- ~ Staff will engage with new community partners and continuously share program information about Options Counseling, Information & Assistance, and other aging network services

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Direct Service Request

Because this is the beginning of a multi-year cycle, all requests to provide services directly must be included in the MYP for approval.

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.

Prior to adding requests for direct service provision, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

Instructions

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for all Direct Service Request for FY 2027-2029. *If you think you may wish to provide a service directly at any time during the multi-year cycle, even if it's not in year one, please submit the request with your MYP.

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

Friendly reassurance

Total of Federal Dollars \$4,000.00

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 with Branch and St. Joseph counties to address social isolation among older adults

Objective: Decrease social isolation among older adults.

Activities: Adhere to ACLS Bureau Operating Standards for Friendly Reassurance by offering weekly

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(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.**

A) The direct service provision request is intended to respond to the need to reduce social isolation in PSA3C and assure adequate supply of the service

Since 2020, Friendly Reassurance has been provided by Region IIIC (as a direct service) and both of the County Commission on Aging offices (under annual contract). We've continued the service, as intended, to support older adults to address loneliness, boredom and social isolation. We remain committed to provide the service based on client choice so that no matter where an individual calls, they can talk to someone rather than having to be transferred or leave messages for a call back. We also remain committed to provide the service based on client preference so that they can set the frequency of the calls as well as the time of day for example. This is how we assure person-centered service delivery and more streamlined access to the service as well.

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.

Since FY 2020 we've been providing Friendly Reassurance to those seeking the service via online request, call in and via referral from local partner agencies. After successful implementation, we propose to continue to offer Friendly Reassurance into FY 2027 as we know the issue of social isolation remains an issue in our communities. Results of our 2026 Community Needs Survey indicated that nearly half of the 300 respondents lived alone, nearly 22% of respondents "felt nervous, on edge, or anxious" and nearly 14% "felt isolated or lonely" in the past 6 months. Nearly 20% of respondents said "I felt down, hopeless, or depressed".

We do have the service slated to be put out to bid in the FY 2026 RFP so that provider agencies may continue to offer the services with grant funds.

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

During the May 20th Public Hearing held in the PSA on May 20, 2026, Friendly Reassurance was discussed as a part of the Plan overview and highlights.

As stated in written testimony received "Keeping up with the needs of the community is essential to making

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

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Regional Direct Service Request

Because this is the beginning of a multi-year cycle, all requests for regional direct services must be added to the MYP for approval.

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.

Prior to adding requests for any regional direct service, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

Instructions

AAAs that have a request to provide a regional service directly must complete this tab for each service. *If you think you may wish to provide a regional service directly at any time during the multi-year cycle, even if it's not in year one, please submit the request with your MYP.

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 2027-2029.

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.

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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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2027–2029 MYP Goals

For each State Plan on Aging (SPoA) goal, AAAs are asked to identify the objectives and planned activities that will guide their work related to the goal during this multi-year cycle.

AAA may also enter goals, in addition to those corresponding with the SPoA goals.

The State Unit on Aging has identified the following four goals for their 2027-2029 State Plan on Aging (AAAs can type these in, under the Add MYP Goal tab, when creating their SPoA goals):

Goal 1 - Enhance access to services for older adults and caregivers to support their health, independence, and social connectedness.

Goal 2 - Promote collaborations and partnerships across MDHHS and other state departments, AAAs, Title VI Tribal grantees, and other agencies and organizations.

Goal 3 - Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.

Goal 4 -Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care.

Instructions

Select the link entitled Add MYP Goal

Provide the title of goal in the MYP Goal tab. A narrative for each goal can be entered in this text box.

Objectives related to each goal can be entered in the Objectives tab and timeline, planned activities and expected outcomes for each objective can be entered in the Planned Activities tab.

This same process can be used to add additional,non-SPoAgoals.

-

MYP Goal

A. Develop out-of-home respite care options for individuals and families as a way to support their health, well-being and social connectedness.

State Goal Match: 1

Objectives

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Region IIC AAA will develop out of home respite care options for individuals who need a break from caregiving for an older adult or to a kinship caregiver. Options to be explored include: expansion of existing in-home respite care provided through local Commission on Aging's, adult day services development, and Respite Care Voucher program development.

Respite care and caregiver support services seem to be more and more requested locally, and have also ranked as "important to me now" or "important in the future" by more than half of the respondents in the 2026 Community Needs Survey. Development of a voucher program could allow more community members access to temporary, substitute supports and/or living arrangement options for their loved one. This could be helpful to a family if they need a long weekend away to attend a special life event out of town/state (graduation, wedding, special milestone event) but need a safe, caring environment/living arrangement for their parent/loved one who can not be left alone. The voucher could support the family to have that break, assist in payment of the cost of care, and provide needed care to their loved one.

Our intent with this objective is to enhance and develop additional care options for individuals and families in need of a break from their caregiving role.

Planned Activities

1. Provide additional respite funding to successful bidders to expand their respite care options to support out of home respite care. 2. Work with existing Purchase of Service Vendors to develop intake and referrals from the AAAIIC under existing POS agreements to support day time and/or overnight respite options.

Timeline: 10/01/2026 to 09/30/2027

Planned

1. Develop funding allocations to support out of home respite for the 2026 Request for Proposal.
2. Develop/refine intake tool to support community members seeking respite care, outlining the Respite Voucher Program.
3. Develop & enhance POS vendor contracts, specifically with home care agencies, to support respite care voucher families.
4. Develop & initiate new contracts with local assisted living or homes for the aged to support respite care voucher families.

Expected Outcome

1. 2026 Request for Proposal has planned allocations for In home and Out of Home Respite
2. AAA IIC intake tool will reflect new program type(s) and intake information to support community members seeking respite care
3. Revise 4 local home care agency POS vendor contracts to support respite care voucher program
4. Develop & initiate 4 new POS vendor contracts with local assisted living, adult foster care, or homes for the aged to support respite care voucher program

Progress

B. Promote collaboration and partnership across MDHHS, AAAs, and other agencies/organizations

State Goal Match: 2

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Objectives

Throughout the FY2027-2029 planning cycle, AAIIIC will continue our collaborative work with multiple agencies at the local, regional and state-levels to enhance services and supports across Branch and St. Joseph Counties. AAA IIC intends to maintain our involvement in multiple projects and with multiple collaborative partners over the next three years.

At the time the FY27-29 MYP was being developed, the “MDHHS Bureau of Policy and Planning” issued a Request for Letters of Intent to Apply for the Rural Health Transformation Program Grant. The entire project encompasses partnerships & collaboration to develop a framework to address chronic disease, limited access to physical and behavioral health care, socioeconomic vulnerability and areas where there is a higher proportion of aging adults. We are hopeful to be successful in our proposal(s). We have ongoing collaborations with the local Federally Qualified Health Center, local health department, victim service organizations, and the AAA-based MiCommunity Care Collaborative.

Planned Activities

1. Continue collaborative work with local health care and social care partners to deliver high quality, accessible services to those in the Mi Coordinated Health and Rural Health Transformation Project.
Timeline: 10/01/2026 to 09/30/2029

Planned

1. Among local collaborative partners, including BHSJ CHA, attend all relevant local and state-sponsored meetings to continue development of the Rural Health Transformation Project.
2. Among AAA collaborative partners, continue development of clinical, quality and compliance work under Mi Community Care Collaborative in response to the MDHHS-MICH program.
3. Respond to funding opportunities from the MDHHS - Division of Victim Services to support the Victim Assistance Program at Region IIC AAA.

Expected Outcome

1. If funded for the MDHHS Rural Health Transformation Project, our local collaboration and development work will result in stronger cross sector communication, more successful hospital to home discharges via BHSJ/AAA staff development, and further develop collaborative partners among the Southwest Michigan HUB and health care sectors.
2. Development of strong clinical, quality and compliance practices and approaches for the Mi Community Care Collaborative MDHHS-MICH program.
3. Secure stable funding from MDHHS - Division of Victim Services to support the Victim Assistance Program at Region IIC AAA.

Progress

- C. Enhance outreach, awareness, and education efforts within Region IIC to assure communication is clear, celebrates aging and honors the value of older adults and those who provide care.**

State Goal Match: 3, 4

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Objectives

For more than 25 years, Region IIIC AAA has prioritized outreach, education and promotional efforts of our agency programs and the larger aging network's programs. Discussion at each of the four (4) Public Input Hearings and within the 2026 Community Needs Survey indicated that people want to continue to hear more about what services, supports, and resources are available to them to live in their homes and communities for as long as possible. Most of the Survey respondents (nearly 60%) indicated they are engaging with others in social settings, we intend to work with our community partners to build upon their engaging centers and promote their events. We also gleaned that people seek information from friends, family or neighbors primarily. Secondly, they get information from their doctors & providers and third, they seek information on websites/social media. The website/social media source of information is ranked higher in 2026 than it ever has. Again, we'll work with our provider and internally to continue promotion and education according to how our communities prefer to receive information!

Planned Activities

1. The Branch-St. Joseph AAA (Region IIIC) strives to develop a comprehensive outreach plan to coordinate and promote our agency, our providers and all home & community based programs. Our AAA Outreach Specialist will work directly with BHSJ CHA health education & promotion division to support external communications and promotional activities for all AAA programs, including: Information & Assistance, Options Counseling, SHIP/MIPPA, Senior Medicare Patrol, Victim Assistance Program, and Community Living Program.
Timeline: 10/01/2026 to 09/30/2029

Planned

- 1.AAA staff will develop an outreach calendar with detailed themes, including local/state/federal level celebrations
- 2.AAA staff will work directly with health education & promotion to update them on current events, service highlights, themes/celebrations, promotional opportunities
- 3.AAA staff will engage in local, regional and state-level community events to promote the AAA and other aging network partners and programs
- 4.AAA staff will share aging & disability related materials with all local community partners and health care partners across the region

Expected Outcome

- 1.By September 1st, a 12-month outreach calendar will reflect detailed themes, including local/state/federal level celebrations, and planned events (for the upcoming fiscal year)
- 2.AAA staff will develop a meeting schedule and cadence to plan with health education & promotion to share current events, service highlights, themes/celebrations, promotional opportunities
- 3.Regular & ongoing communication and information sharing among local community partners and health care partners across the region will occur monthly/as needed

Progress

- D. State Plan Goal 4**
State Goal Match:

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Objectives

Planned Activities

1. Timeline: to

Planned

Expected Outcome

Progress

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Supplemental Documents

SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL

Select the supplemental document(s) from the Document Library only if applicable in FY 2027. Provide all requested information for each selected document. Completed documents can be uploaded to the *Budget & Other Documents* tab.

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

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

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

***If you have any questions as to whether your AAA should complete any of these documents, contact your Regional Aging Representative.**

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SUPPLEMENTAL DOCUMENT C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	10/01/1996
Outline new or changed criteria that will be used to select providers: None.	

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Planned Service Array

Instructions

Complete the FY 2027-2029 MYP Planned Service Array for the PSA.

Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

***Prior to finalizing the Planned Service Array, AAAs should meet with their Regional Aging Representative to discuss goals for service delivery.**

Category	Services
Provided by Area Agency	<p>Access</p> <ul style="list-style-type: none"> • Care Management • Information and Assistance • Options Counseling <p>In-Home</p> <ul style="list-style-type: none"> • Friendly Reassurance <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Options Counseling • Respite Care
Contracted by Area Agency	<p>Access</p> <ul style="list-style-type: none"> • Transportation <p>In-Home</p> <ul style="list-style-type: none"> • Assistive Devices & Technologies • Chore • Friendly Reassurance • Homemaking • Medication Management • Personal Care <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair • Legal Assistance <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals

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	<p>Nutrition Services</p> <ul style="list-style-type: none"> • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services • Caregiver Education • Caregiver Information and Assistance • Caregiver Support Groups • Caregiver Training • Respite Care
<p>Local Millage Funded</p>	<p>Access</p> <ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation <p>In-Home</p> <ul style="list-style-type: none"> • Assistive Devices & Technologies • Chore • Friendly Reassurance • Homemaking • Personal Care <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair * • Senior Center Operations • Senior Center Staffing <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Education • Caregiver Information and Assistance • Caregiver Supplemental Services • Caregiver Support Groups • Caregiver Training • Respite Care

* Not PSA-wide

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Program Development Spending Plan

AAAs may use up to 20% of their OAA Title III-B allocation for program development during the 12-month fiscal year.

If approved by the State Unit on Aging, AAAs may use service funds for program development and coordination activities. (OAA 1321.17)

Instructions

Please provide answers to the question(s) below:

Does the MYP budget reflect the use of Program Development funds?

Yes No

If yes, please describe how the funds will be used.

Program development funds are utilized among all 5 staff positions in Region IIIC. The Director, Care Consultants, Program Specialist and Outreach Specialist are engaged in program development and coordination activities daily. As previously noted in the Plan, staff attend monthly meetings, interact with individuals and families, and have ongoing communication with key leaders and community partners. This time is related to program development, addressing community needs, and are considered coordination activities. Some of our recent topic areas considered program development in nature include: health & wellness, community based care options, housing/homelessness, in home services, gaps in services, access to care/support, kinship care and caregiver supports, eligibility requirements, program enhancements/revisions, and alternative care options. Referral making & taking, coordinating return calls, quality improvement efforts and overall community partnership development & relationship building are also encompassing in Region IIIC's program development efforts.

Advocacy Strategy

Instructions

AAAs will describe the comprehensive strategy for FY 2027-2029.

Included will be descriptions on how advocacy efforts will improve the quality of life for older adults within the PSA. Additionally, AAAs will give updates on current advocacy efforts (OAA 1321.61(a)(b)(c)) (Operating Standard for AAAs C-6)

Instructions

Please answer the following questions:

Please describe the following:

1. How will the AAA monitor, evaluate, and comment on policies, programs, hearings, levies, and community actions which affect older individuals and family caregivers which the area agency considers to be aligned with the interests identified in the Act?

The Branch-St. Joseph Area Agency on Aging is an active member of the Area Agencies on Aging Association of Michigan (4AM) who regularly monitors and evaluates programs, policies, levies, and hearings which may affect older individuals and family caregivers. The 4AM also shares advocacy updates, action items and develops responses to requests for input on draft legislation, policies and other programmatic issues that arise from various state or federal agencies/departments. We are actively in communication with our Michigan Senior Advocate Council member representing Region IIIC/Branch and St. Joseph Counties. Our AAIIIC Advisory Committee meets monthly to discuss policies, programs and community needs related to older adults/family caregivers. Community partners are alerted by AAIIIC staff when hot topics in aging/disability/family caregiver-related arise.

2. How will the AAA solicit comments from the public on the needs of older individuals and family caregivers?

During AAIIIC's planning and community needs assessment (CNA) process, every three years, we gather comments from the public on the needs of older individuals and family caregivers. The CNA process is initiated via multiple formats for individuals to provide comments and feedback related to community needs, in home service needs, and individual needs. The results are tabulated and analyzed by multiple AAA staff and Community Health Agency staff as well. The results are presented and narrated throughout the Multi Year Plan document, shared with community partners and our Policy Board.

3. How will the AAA represent the interests of older individuals and family caregivers to local level and executive branch officials, public and private agencies, or organizations?

The Branch-St Joseph Area Agency on Aging (IIIC) staff, leadership and Board will represent the interests of older adults and family caregivers at the local level, among executive branch officials, among public and private agencies and organizations on an ongoing basis. As a result of the planning process and Community Needs Assessment data being compiled, we share information widely via ongoing communication, presentations, and networking with community partners near and far.

4. How will the AAA consult with and support the State's Long-Term Care Ombudsman Program?

The Branch-St Joseph Area Agency on Aging (IIIC) staff, leadership and Board are very supportive of the State's Long-Term Care Ombudsman Program (LTCOP). We communicate regularly about the ombudsman program at the local level by making referrals and conferring with families about the local and state LTCOP. We support individuals/families by connecting them to resources for their loved ones who may reside in licensed long term care facilities. As advocates, we have and will continue to support LTCOP program

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priorities including financial, staffing and policy changes.

5. How will the AAA coordinate with public and private organizations, including units of general-purpose local government to promote new or expanded benefits and opportunities for older individuals and family caregivers?

The Branch-St Joseph Area Agency on Aging (IIC) staff, leadership and Board regularly coordinate, communicate and disseminate information to public and private organizations, including local units of government to promote new or expanded opportunities for older individuals and family caregivers. Because our Policy Board (Branch-Hillsdale-St. Joseph Community Health Agency Board of Health) is comprised solely of local County Commissioners (2 from each county of the three-county public health jurisdiction) this dissemination occurs minimally monthly. In addition, our Advisory Committee meets monthly as well as our staff participation in multiple community partner meetings. Some of these meetings where information and opportunities are shared include:

- ~ Branch County Improving the Lives of Seniors Committee
- ~ Branch County Community Network
- ~ St. Joseph County Human Services Commission
- ~ St. Joseph County Adult Services Network
- ~ Caregiver related work groups and planning committees (each county)
- ~ Emergency preparedness work groups (each county)
- ~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
- ~ Interdisciplinary Team (each county) IDT membership includes law enforcement, mental health, health care/hospitals, COA, prosecutor's office, probate court, LTCOP, financial institutions, housing/homelessness organizations, etc.
- ~ Housing taskforce/homelessness work groups (each county)
- ~ Access to Healthcare (St. Joseph County)

6. How will the AAA take a leadership role in the PSA to assist communities in targeting resources from all appropriate sources to meet the needs of older adults and family caregivers with greatest economic and social need, particularly low-income minorities?

As indicated by the list of community partners noted in the previous question, the AAA has and shares a leadership role in the collaborative work of the groups named. We support one another to develop programs, identify gaps in services, and target those in greatest economic and social need in all that we do. Low income individuals/families are prioritized. The diverse community agencies whom we work with are also tied to the same targeting principles as we are in the aging network.

7. How will the AAA work with other aging network providers, including other AAAs, in coordinated effort?

The Branch-St Joseph Area Agency on Aging (IIC) again, as previously indicated, works in a coordinated and collaborative manner among our aging network providers and community partners in nearly everything we do! We also collaborate with other Area Agencies on Aging in statewide initiatives and in our state association to develop programs and services to meet the needs of our local communities/regions. Monthly meetings, collaborative partnerships (such as MI Community Care Collaborative and VA Veteran-Directed Care Program), shared mission and advocacy strategies are ways in which we coordinate efforts across our planning service area, the southwest region and the entire State of Michigan.

Planning and Service Area Aging Landscape

Constantly changing service demands make it essential for AAAs to carefully evaluate the potential, priority, targeted, and unmet needs of its service population for effective planning. All AAA PSAs are different, and it is important to understand the unique landscape of each and the impact on planning for service delivery.

Instructions

AAA's will provide for the CSA and ACLS Bureau a snapshot of the landscape of the aging services within the PSA by answering the following questions:

1. Describe notable changes in trends since the last MYP providing a picture of potentially eligible service population.

Older adults (those 60 years or greater) comprise 27.3% of our total population in Branch and St. Joseph counties - that's more than 1 out of every 4 people. Our total population in PSA 3C is 107,358 (according to the MI Dept. of Vital Statistics 2024). Those age 60-64 decreased 2.51% from our data source cited from 2019, yet those 70-74 rose over 46% and those 80-84 rose almost 27%. Our local population trends mirror Michigan trends in that we had a significant "baby boom" and our life expectancy has increased over the long term. Baby boomers are still the largest generation in Michigan versus millennials and GenZ who are now the two largest generations nationally. The total population for Region IIIC is expected to increase by 5.3% by 2040, with the percentage of those 65 year and greater expected to increase 2.5% to 21.8% when comparing 2022 to 2040. At some point in the decade of 2030, we may see leveling as the Baby Boomer generation is replaced by Generation X. Based on data from the American Community Survey, largest growth between 2019 and 2022 occurred in the 75 years and older group which grew over 30% during this period.

Racial and ethnic composition has remained similar in Region IIIC as they've been in past planning cycles, over 95% of our older adult population is white, over 1.5% are black/African American, less than ½% are Asian, and nearly 2% of older adults are Hispanic/Latino, remaining is the "other" category which comprises just over 1.5% of our older adult population. The other category for race/ethnicity may include Arab American and Native American/Native Alaskan individuals. The percentage of individuals at or below poverty in Branch County was just under 10% in 2022, St. Joseph County was just under 9%. Branch County is a higher percentage in poverty than the state.

As a state and among all 16 Area Agencies on Aging in Michigan we must remain diligent in our planning and advocacy efforts as we look to 2040 when our oldest adult population (ages 75-84) could easily increase by 45 percent.

2. Describe how the AAA coordinates a comprehensive system of aging services within the PSA.

Branch-St. Joseph AAA develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our RFP process, a continuum of services are

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funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care, homemaking, durable medical equipment/supplies, private duty nursing, medication management, and more. County senior millages are levied in each county in the PSA and administered by the County's Commission on Aging departments. The COA's utilize the millage funds to match federal and state grants as well as support senior center activities, special events, educational presentations, and other special programming outside the ACLS Bureau's funded services array.

3. Describe ways in which the AAA is informing, educating and advocating within their communities.

Informing, educating and advocating are activities we perform daily at the individual staff-level, at the agency leadership-level, and at the state-level as well. Region IIIC staff revere communication highly and strive to provide high quality, unbiased information and assistance. We greet callers on the phone, in the office, on our website, on social media, and at community events.

We also revere community partnerships and collaboration as a way of communicating. We're engaged in event planning, education sessions and training both inside the agency and outside the agency. Our external training occurs among individuals we serve in our Community Living Program, among family and kinship caregivers, and with community partners. Community partners & providers support internal and external learning and event planning.

Advocacy is also shared broadly among our community partnerships, driven by local communities and then voiced with local, state and federal elected officials.

We use social media, our website www.bhsj.org/aaa, local radio stations and word of mouth as our primary communication tools. We also participate in multiple community networking groups to share information and resources.

4. Describe what home and community-based Medicaid services are available within the PSA.

(Examples: PACE, MI Choice Waiver, etc.)

In PSA 3C, the list of home and community based services for individuals eligible for Medicaid includes: PACE (program for all inclusive care for the elderly); MIChoice Home & Community Based Waiver Program; MDHHS Adult Home Help; MICH (MI Coordinated Health, dual-eligible for both Medicare & Medicaid); and Targeted Care Management. Each of these programs have their own functional, financial and age eligibility criteria but they're all available to residents who qualify in Branch and St. Joseph counties.

5. Describe other significant initiatives and grants leveraged by the AAA. (Examples: MI Options, SCSEP, MHEP, etc.)

The Branch-St. Joseph Area Agency on Aging is an avid collaborative partner with Region 3A AAA and CareWell Services/Region 3B AAA in the statewide MIOptions program. The three (3) Area Agencies on Aging applied, under CareWell Services as the project lead, to provide person-centered options counseling and the State Health Insurance Program (SHIP) across Barry, Branch, Calhoun, Kalamazoo and St. Joseph Counties. Since June 2025, Region IIIC has been sent over 200 referrals from the statewide call center as well as worked with over 500 individuals locally at the AAA and our SHIP partner agencies at each County Commission on Aging. The administrative changes, functionality of the call center, scheduling software, and overall implementation have been difficult to acclimate to at the local level and at the sub-contractor level. We do believe there are benefits to consistent delivery of Options Counseling and SHIP counseling and we remain committed to seeing the project into the future.

As a 'companion program' to the State Health Insurance Program, Region IIIC AAA answered a Grant Funding Opportunity for Senior Medicare Patrol in early 2026. Our intent with SMP is to continue the valuable

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Medicare fraud, waste and abuse prevention efforts alongside our local Commission on Aging offices to provide this education and awareness to local beneficiaries and their families.

Since 2018, AAIIIC has been awarded an MDHHS Division of Victim Services, Victim Assistance Program "Victim of Crime Act" grant to deliver comprehensive, trauma-informed services to older adults and individuals with disabilities who rely on assistance for daily living and have experienced crime. This work has required a highly responsive and specialized approach to address the layered vulnerabilities associated with age, disability, dependency, and, in many cases, social isolation. Through sustained service delivery, we have developed deep expertise in assessing risk, stabilizing crisis situations, and supporting long-term recovery. Our core services include individualized safety planning that accounts for caregiver dynamics, crisis intervention available at critical points of harm, and intensive case management that supports clients through complex systems such as healthcare, legal processes, housing, and benefits access. We also prioritize coordinated care, working closely with medical and social service providers to ensure continuity of support and reduce the risk of re-victimization. Our approach emphasizes autonomy, dignity, and informed consent, ensuring that each client's voice guides the services they receive.

We have built and sustained strong multidisciplinary partnerships with adult protective services, law enforcement, domestic violence shelters, healthcare providers, and disability advocacy organizations to support a coordinated community response. These partnerships enable timely referrals, joint case coordination, and improved outcomes for victims navigating multiple systems. To reduce barriers to access, we prioritize flexible and accessible service delivery, including in-home advocacy for individuals with mobility limitations, transportation assistance for essential appointments, and communication accommodations such as plain-language materials and interpretation services. We have served over 500 individuals in this program since 2019.

Since 2009 we've been actively developing our Community Living Program in Region IIIC. We were one of the first AAA's in Michigan to develop a Veteran Directed Home and Community Based program with our local VA Medical Center in Battle Creek/VISN 11. And, we were the first AAA in the country to enroll a female veteran! We quickly worked to develop a self-determination model of care as well as development of our Purchase of Service vendor pool to include a fiscal intermediary. We also developed our cultural competence and knowledge of Veterans Services, health care and home and community based care through the VA system. Regional collaborative groups have also formed, and our team participates in each meeting to grow our relationships and community collaborations to support veterans and their families.

Most recently, our agency has become involved in the Michigan Community Care Collaborative (M3C), to remain viable as we align with MDHHS's intent to integrate care in Michigan. As a part of integration, the Department has stated a goal to ensure an improved care experience for low-income seniors and people with disabilities who are enrolled in both Medicare and Medicaid. Because of our experience in Vet-Directed Care and successes with our local Community Living Program, we are poised to succeed in serving those who are dually eligible, needing long-term supports and services, within our planning and service area. Since January 2026 our agency has been working alongside our AAA partners in southwest Michigan to support health plan members under the new MI Coordinated Health program. Through our participation in M3C, we are currently working with dually eligible health plan members being referred to us by one of the nine MICH health plans.

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6. a. Describe how the AAA addresses unmet needs by referring individuals to organizations such as Commissions/Councils on Aging, Departments on Aging, Health Care Organizations/Systems, Veterans Agencies, Tribal Organizations, Faith-based Organizations, Public Health, Mental Health, Community Action Agencies, Legal Assistance and Elder Rights Programs, etc.

In Region IIIC, our staff are comprehensively trained about local agencies, programs, services, and resources to support individuals in our communities. As previously mentioned, we participate in (or lead) many collaborative groups and meetings each month to keep up-to-date about programs, capacity, gaps in services and problem-solve. Direct contacts with our local Commission on Aging offices, health care organizations, federally qualified health center, county Veteran Affairs offices, VA Medical Centers (both Battle Creek and Ann Arbor), faith based organizations including their soup kitchens, public health, mental health, Community Action, Legal Services of SouthCentral MI and Legal Aid of West MI, and local MDHHS offices/APS and more are a part of our community partnerships! We provide reciprocal referrals and address ongoing community needs with all of these entities every week.

6. b. How does the AAA foster relationships with these community partners?

The AAA fosters relationships with the aforementioned community partners through one-on-one communication, resource sharing, in-person and virtual meetings, community planning & events, and special project collaboration. Through multiple and frequent meetings, emails, and ongoing communication, trust is built and relationships are formed and strengthened.

7. Describe how the AAA identifies veterans during intake and coordinates veteran-related support services and/or referral programs with appropriate veteran agencies.

Region IIIC staff conversationally develop rapport with individuals seeking information and resources. Our staff is trained to ask "have you or your loved one served in the military". Staff then note that answer in the ADRCIS record and further inquire as to how engaged with VA services, medical care, or community based care they may be. Staff would then discuss veteran-related supports and services and make referrals as requested by the person inquiring about services to the appropriate veteran agencies.

8. Describe services that address incidence of hunger, food insecurity, malnutrition, physical and mental conditions and/or self-direction. [See OAA 306(a)(16) (42 U.S.C. 3026(a)(16)).]

In our Request for Proposal being initiated in the summer of 2026, Region IIIC intends to bid state/federal aging network funds for following services that would address hunger, food insecurity, malnutrition, physical and mental conditions and/or self direction: home delivered meals, congregate meals, case coordination & support. The AAIIIC does provide Community Living Program (State Care Management & Targeted Care Management) as an access service in both county's of the PSA. The assessments conducted by our Care Consultants address physical and mental conditions and/or self direction (inteRAI). Our Care Consultants also have experience with and conducting: Level Of Care Determination, Health Risk Assessments, and Brief Interview for Mental Status questionnaires.

9. Describe how the AAA or its subcontractors are maintaining the fidelity of the health promotion/disease prevention programs.

The AAA IIIC staff conducting annual provider assessments do incorporate questions regarding the fidelity of their evidence-based disease prevention programming as implemented by the provider. We assure they have a trained instructor(s) and are reporting their activities according to ACLS Bureau standards.

10. Describe how the AAA promotes health promotion/disease prevention programs to maximize community awareness and participation.

The AAIIIC participates regularly in the ACLS Bureau EBDP meetings and also shares flyers, notices, social media posts as new class schedules are released for all health promotion/disease prevention programs. We

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also work with another health department division, health education & promotion, to place flyers on our agency lobby televisions and on our social media. These flyers and notices are also sent electronically to community partners to maximize community awareness and participation.

11. Describe Alzheimer’s Disease and related disorders programs and education that the AAA offers and/or supports.

In the past, our agency has completed the "Dementia Capability Quality Assurance Assessment" tool. Care Consultants have specialized dementia training to support Community Living Program participants as well as general callers seeking information and resources related to dementia care. The Branch-St. Joseph AAA team has an ability to identify people with dementia. Using various tools including standardized screening and assessment, staff are able to efficiently evaluate participants and their caregivers. The second strength is that the entire agency staff has received some form of formal training on dementia. This allows our staff, in all of their various roles, to be sensitive to the needs of this population and effectively support those with dementia and their caregivers. We require contracted aging network providers to offer dementia specific education to their staff, including drivers, aides, activity personnel, site managers, and volunteers. We will continue our work and planning to foster the development of dementia capable activities to enhance the knowledge base and specialized services for those with dementia and their caregivers. Our agency will work closely with community organizations and service providers to encourage and support discussions and trainings that are dementia focused.

12. Does the AAA administer a senior millage in the PSA?

Yes No

13. Are there any counties or townships in the PSA in which the AAA is working with the local officials to initiate potential senior millage? If yes, please describe:

Yes No

Greatest Economic and Greatest Social Need

In compliance with OAA regulations, AAAs are required to have a targeted focus on populations with Greatest Economic and Greatest Social Need. (45 CFR OAA 1321)

Instructions

AAAs will describe how the agency defines Greatest Economic and Greatest Social Need for the PSA; how the AAA educates its partners, services providers, and the public on OAA expectations; strategies for targeting priority populations; and how the Advisory Council is engaged, by providing answers to the following questions:

Please describe the following:

1. How the AAA defines Greatest Economic and Greatest Social need for the PSA.

In Region IIIC, we rely solely on the Older Americans Act (OAA) and individual and/or family disclosure to define greatest economic need and greatest social need.

The OAA requires services to be prioritized to serve those with the greatest economic need and greatest social need, particularly low-income minority older individuals, older persons with limited English proficiency (LEP), older persons residing in rural areas, and older persons with disabilities. Region IIIC defines "greatest economic need" as it is defined in the Older Americans Act (OAA) as an income level at or below the federal poverty level. Should a person seeking services disclose they are impoverished, then their confidential client record and associated documentation states as such. Should a person seeking services wish to discuss their income level in greater detail, we sensitively discuss poverty guidelines, Medicaid income/asset limits and other program eligibility requirements. In all regards, it is something that is self-disclosed and self-determined.

As outlined in the OAA, social need is a "Need caused by non-economic factors" include physical and mental disabilities, language barriers, and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. Region IIIC defines "greatest social need" as it is defined in the Older Americans Act (OAA) as a need resulting from non-income level vantage point, as stated above. Should a person seeking services disclose they are in need, then that information is confidentially documented in the case record as such. Should a person seeking services wish to discuss their income level, their personal characteristics, their feelings of isolation or their safety concerns, we sensitively listen and discuss options and possible care/supports choices. In all regards, it is something that is self-disclosed and self-determined.

2. How the AAA educates the public, its partners, and service providers on the Older Americans Act expectations regarding targeting older adults with greatest economic and greatest social need.

Region IIIC staff regularly discuss, inform and monitor the OAA expectations regarding targeting older adults with greatest economic and greatest social need. Our agency brochure, print/webpage images, language and content, and all AAIIIC polices indicate compliance in regard to targeting and prioritizing older adults in greatest social or economic need. As stated in our Request for Proposal (RFP) documents, internal policies, external-facing policies, Board/Advisory Committee governance practices and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded services, substantial emphasis must be given to serving elder persons with the greatest social or economic

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need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2026 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services, to place definition to "low income" (or a person in economic need). In 2026, for a household of 1 (one) individual the annual income level is \$15,960, for 2 (two) people it is \$21,640. For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American/Black, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g., "Native-American," or "Hispanic." These definitions are embedded within our RFP process and are addressed in each agency's/business's response to the RFP. The definitions serve as guidance and also infiltrate the agencies' administrative policies/procedures for targeting. Our agency monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with the ACLS Operating Standards for Service Programs. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers. Our outreach efforts with under-served populations consists of collaborative messaging, regular meetings and events, and regular contact with aging network partners. Comprehensive training on targeting and assessment of need is ongoing throughout the PSA among AAA staff and provider agencies.

3. AAA's strategy to target priority populations for greatest economic and greatest social need.

Region IIIC AAA uses multiple outreach and education efforts to reach under-served populations and individuals who may be considered in greatest economic and/or social need. Ongoing, collaborative messaging, regular meetings and events, and regular contact with aging network partners are key to our strategy. AAIIIC and our local providers adhere to OAA targeting rules by implementing messages aimed at older adults who may be low income, a minority, a person with disabilities, a person with language barriers or cultural barriers. Comprehensive training on inclusive communities and inclusive service provision has been focused on in the past, and remain a priority.

4. How the AAA's Advisory Council assisted in targeting individuals with greatest economic and greatest social need. [See OAA § 1321.63(b)]

The Region IIIC Area Agency on Aging Advisory Committee is aware of and promotes targeting individuals with greatest economic and social need. Through monthly, collaborative meetings and with guest speakers, we inform and promote services to those greatest in need. We are also now more aware that individuals who completed the Community Needs Survey indicated they find out about resources, programs, and services primarily from: (#1) friends, family or neighbors; (#2) Doctor or therapist; (#3) referral agencies like 211 or AAA or COA; (#4) Websites and social media. We intend to continue our outreach planning with Advisory Committee members, our staff at the AAA, and among our community partners to impact our service delivery to those in greatest need.

Coordination to Serve Native American Elders and Family Caregivers

All Tribes have unique cultures and identities that should be honored and respected. AAAs should use this section to describe methods used for collaboration, sharing program information, opportunities for Tribal representation in various groups, connection with services beyond Title VI, and engagement with elders and organizations within and adjacent to the PSA.

Instructions

In compliance with the OAA, AAAs will describe the following:

Please describe the following:

1. Methods for collaboration on and sharing of program information and changes.

The Branch-St. Joseph Area Agency on Aging (AAAIIC) regularly participates in over 15 meetings per month among community agencies, providers, and multiple health/human service agencies to maintain collaborative working relationships, share best practices, and share program information. This ongoing sharing of program details and identification of community needs supports a strong aging network, a strong provider network, and a strong consortium dedicated to supporting older adult, family caregivers and people with disabilities across the two-county planning and service area.

2. How services will be provided in a culturally appropriate and trauma-informed manner.

AAAIIC staff are broadly trained to support service delivery in a culturally appropriate manner. As an example, our Care Consultants get to know the Community Living Program participants through listening and story telling. Through those stories and active listening, we learn about their preferences, their history, their cultural needs and more. We are a person-centered and trauma-informed staff who've received many, many hours of learning in these practices and approaches. As another example, our Elder Abuse Victim Specialists participate in over 50 hours of training focused on trauma, vicarious trauma, recovery and trauma-informed support for victims of abuse, neglect and exploitation. We also work with providers and their staff to share training opportunities and enhance existing topic areas to include cultural sensitivity and trauma-informed approaches.

3. Communication opportunities that service providers will offer to Title VI programs, such as participation in meetings, inclusion on email distribution lists, and presentation opportunities.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA.

4. Opportunities to serve on advisory councils, workgroups and boards. AAAs please note whether your policy and advisory boards have tribal representation.

The AAAIIC is open to all individuals to serve on the Advisory Committee. The Board Bylaws for the Branch-Hillsdale-St. Joseph Community Health Agency state the Board shall be composed of representatives from the respective counties' Boards of Commissioners, who are current county commissioners, and in accordance with Michigan's Public Health Code, Act 368, P.A. of 1978, MCL 333.2415. Because we do not have a federally recognized tribe within our PSA, at this time, there are no members of a tribe represented on the Advisory Committee or the Board of Health.

5. How service providers will provide outreach to Tribal elders and family caregivers regarding Title III services for which they may be eligible.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA. Should a visitor be a tribal member, they would be welcomed to participate in any service or activity being hosted or provided by our aging network agencies.

6. Is there a Federally Recognized Tribe within your PSA?

Yes No

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7. How Title VI programs may refer individuals for Title III services.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA, however, if they'd like to make a referral to us, we'd be happy to assist and provide answers to any questions they may have about long term supports and services in the PSA.

8. Describe any current and future collaborative efforts with Tribe(s) within the PSA including any anticipated outreach efforts.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA therefore we do not have any planned future collaborative efforts.

FY2027 Area Plan Budget

Branch-St. Joseph Area Agency on Aging
 3C

Date: 5/14/2026
 Budget Period: 10/1/2026

Rev No: 0
 to 9/30/2027

Area Plan Budget Overview

Area Plan Budget Summary	Federal/State Award	Other	Program Income	Cash Match	In-Kind Match	Grand Total
Administration	\$ 60,456	\$ 95,000	\$ -	\$ 35,902	\$ 25,000	\$ 216,358
Program Development & Coordination Activities	\$ 21,000	\$ -	\$ -	\$ -	\$ -	\$ 21,000
AAA RD/Nutritionist	\$ 950	\$ -	\$ -	\$ -	\$ -	\$ 950
Services	\$ 1,040,452	\$ 50,000	\$ 232,500	\$ 287,822	\$ 21,696	\$ 1,632,470
Total	\$ 1,122,858	\$ 145,000	\$ 232,500	\$ 323,724	\$ 46,696	\$ 1,870,778

Administration Budget

Administration Revenue	Federal / State / Other Administration	Local Cash Match	Local In-Kind Match	Grand Total
Federal	\$ 48,395	\$ 35,902	\$ 25,000	\$ 109,297
Title III Administration	\$ 48,395	\$ 35,902	\$ 25,000	\$ 109,297
State	\$ 12,061			\$ 12,061
State Administration	\$ 8,476			\$ 8,476
State Merit Award (MATF) Administration	\$ 3,201			\$ 3,201
State Caregiver Support Administration	\$ 384			\$ 384
Other	\$ 95,000			\$ 95,000
Other Administration	\$ 95,000			\$ 95,000
Grand Total	\$ 155,456	\$ 35,902	\$ 25,000	\$ 216,358

Administration Expenditures	Amount	FTEs
Salaries/Wages	\$ 178,400	5.00
Fringe Benefits	\$ 35,600	
Office Operations	\$ 2,358	
Total	\$ 216,358	

Services Budget

Fund Sources	Access Services	In-Home Services	Community Services	Nutrition Services	Caregivers of Older Adults Services	Older Relative (Kinship) Caregiver Services	Other Services	Grand Total
Federal	\$ 63,607	\$ 33,500	\$ 32,596	\$ 311,072	\$ 50,254	\$ 2,800	\$ 5,500	\$ 499,329
Title III-B Supportive Services	\$ 63,607	\$ 33,500	\$ 24,000	\$ -	\$ -	\$ -	\$ 5,500	\$ 126,607
Title III-C1 Congregate Meals	\$ -	\$ -	\$ -	\$ 95,170	\$ -	\$ -	\$ -	\$ 95,170
Title III-C2 Home-Delivered Meals	\$ -	\$ -	\$ -	\$ 130,179	\$ -	\$ -	\$ -	\$ 130,179
Title III-D Preventive Health	\$ -	\$ -	\$ 8,596	\$ -	\$ -	\$ -	\$ -	\$ 8,596
Title III-E National Family Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 50,254	\$ 2,800	\$ -	\$ 53,054
Title VII-A Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Title VII EAP Elder Abuse Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition Services Incentive Program (NSIP)	\$ -	\$ -	\$ -	\$ 85,723	\$ -	\$ -	\$ -	\$ 85,723
State	\$ 100,212	\$ 227,910	\$ -	\$ 127,692	\$ 85,309	\$ -	\$ -	\$ 541,123
State Access Services	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,808
State In-Home Services (Direct Care Worker Pay)	\$ -	\$ 60,682	\$ -	\$ -	\$ 7,900	\$ -	\$ -	\$ 68,582
State Aging Network Services	\$ 12,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,176
State Alternative Care	\$ -	\$ 30,521	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,521
State Merit Award (MATF)	\$ -	\$ -	\$ -	\$ -	\$ 32,370	\$ -	\$ -	\$ 32,370
State Care Management	\$ 80,228	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,228
State Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ -	\$ 3,887
State Congregate Meals	\$ -	\$ -	\$ -	\$ 2,523	\$ -	\$ -	\$ -	\$ 2,523
State Home Delivered Meals	\$ -	\$ -	\$ -	\$ 125,169	\$ -	\$ -	\$ -	\$ 125,169
State In-Home Services	\$ -	\$ 136,707	\$ -	\$ -	\$ 2,500	\$ -	\$ -	\$ 139,207
Michigan State Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Nursing Home Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Respite Care	\$ -	\$ -	\$ -	\$ -	\$ 38,652	\$ -	\$ -	\$ 38,652
Medicaid	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000
Targeted Case Management	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,000	\$ -	\$ -	\$ 232,500
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,000	\$ -	\$ -	\$ 232,500
Local	\$ 67,500	\$ 91,736	\$ 25,855	\$ 105,000	\$ 16,277	\$ 2,500	\$ 650	\$ 309,518
Cash Match	\$ 55,000	\$ 88,300	\$ 25,300	\$ 105,000	\$ 11,722	\$ 2,500	\$ -	\$ 287,822
In-Kind Match	\$ 12,500	\$ 3,436	\$ 555	\$ -	\$ 4,555	\$ -	\$ 650	\$ 21,696
Grand Total	\$ 293,319	\$ 386,146	\$ 59,951	\$ 718,764	\$ 162,840	\$ 5,300	\$ 6,150	\$ 1,632,470

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	\$ 63,607	\$ 7,808	\$ 12,176	\$ 80,228	\$ 50,000	\$ 12,000	\$ 55,000	\$ 12,500	\$ 293,319
Care Management	\$ 26,000	\$ -	\$ 12,176	\$ 80,228	\$ 50,000	\$ -	\$ 25,000	\$ 10,000	\$ 203,404
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ -	\$ 29,808
Options Counseling	\$ 7,607	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,500	\$ 10,107
Transportation	\$ 23,000	\$ -	\$ -	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ -	\$ 50,000
Grand Total	\$ 63,607	\$ 7,808	\$ 12,176	\$ 80,228	\$ 50,000	\$ 12,000	\$ 55,000	\$ 12,500	\$ 293,319

In-Home Services Expenditures by Fund Source

Service	Title III-B Supportive Services	State In-Home Services (Direct Care Worker Pay)	State Alternative Care	State In-Home Services	Program Income	Cash Match	In-Kind Match	Grand Total
In-Home Services	\$ 33,500	\$ 60,682	\$ 30,521	\$ 136,707	\$ 33,000	\$ 88,300	\$ 3,436	\$ 386,146
Assistive Devices & Technologies	\$ -	\$ -	\$ -	\$ 10,300	\$ -	\$ -	\$ 1,668	\$ 11,968
Chore Services	\$ 8,000	\$ -	\$ -	\$ -	\$ 500	\$ 2,500	\$ -	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 800	\$ 100	\$ 8,900
Homemaker	\$ 13,000	\$ 53,500	\$ 25,000	\$ 90,600	\$ 16,500	\$ 40,000	\$ -	\$ 238,600
Medication Management	\$ -	\$ -	\$ -	\$ 3,307	\$ -	\$ -	\$ 1,668	\$ 4,975
Personal Care	\$ 4,500	\$ 7,182	\$ 5,521	\$ 32,500	\$ 16,000	\$ 45,000	\$ -	\$ 110,703
Grand Total	\$ 33,500	\$ 60,682	\$ 30,521	\$ 136,707	\$ 33,000	\$ 88,300	\$ 3,436	\$ 386,146

Community Services Expenditures by Fund Source

Service	Title III-B Supportive Services	Title III-D Preventive Health	Program Income	Cash Match	In-Kind Match	Grand Total
Community Services	\$ 24,000	\$ 8,596	\$ 1,500	\$ 25,300	\$ 555	\$ 59,951
Health Promotion: Evidence-Based	\$ -	\$ 8,596	\$ 500	\$ 2,500	\$ -	\$ 11,596
Health Promotion: Non Evidence-Based	\$ 5,000	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Home Repair	\$ 5,000	\$ -	\$ 500	\$ 3,000	\$ -	\$ 8,500
Legal Assistance	\$ 12,000	\$ -	\$ 500	\$ 1,800	\$ -	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ 18,000	\$ -	\$ 20,000
Grand Total	\$ 24,000	\$ 8,596	\$ 1,500	\$ 25,300	\$ 555	\$ 59,951

Other Services Expenditures by Fund Source

Row Labels	Title III-B Supportive Services	In-Kind Match	Grand Total
Other Services	\$ 5,500	\$ 650	\$ 6,150
Unmet Needs	\$ 5,500	\$ 650	\$ 6,150
Grand Total	\$ 5,500	\$ 650	\$ 6,150

Nutrition Services Expenditures by Fund Source

Service	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	\$ 95,170	\$ 130,179	\$ 85,723	\$ 2,523	\$ 125,169	\$ 175,000	\$ 105,000	\$ 718,764
Congregate Meals	\$ 95,170	\$ -	\$ 13,000	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 180,693
Home-Delivered Meals	\$ -	\$ 130,179	\$ 72,723	\$ -	\$ 125,169	\$ 120,000	\$ 90,000	\$ 538,071
Grand Total	\$ 95,170	\$ 130,179	\$ 85,723	\$ 2,523	\$ 125,169	\$ 175,000	\$ 105,000	\$ 718,764

Caregivers of Older Adults Services Expenditures by Fund Source

Service	Title III-E National Family Caregiver Support	State Caregiver Support	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	State Respite Care	State Merit Award (MATF)	Program Income	Cash Match	In-Kind Match	Grand Total
Access Assistance	\$ 34,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,555	\$ 38,555
Caregiver Information and Assistance	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$ 33,000
Caregiver Options Counseling	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Counseling/Support Groups/Training	\$ 7,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,222	\$ -	\$ 9,522
Caregiver Support Groups	\$ 5,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,000	\$ -	\$ 7,300
Caregiver Training	\$ 2,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 222	\$ -	\$ 2,222
Information Services	\$ 8,454	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 8,000	\$ -	\$ 16,954
Caregiver Education (use for Caregiver Outreach)	\$ 8,454	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 8,000	\$ -	\$ 16,954
Respite Services	\$ -	\$ 3,887	\$ 2,500	\$ 7,900	\$ 38,652	\$ 16,370	\$ -	\$ 2,000	\$ -	\$ 71,309
Adult Day Services	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 6,000	\$ -	\$ -	\$ -	\$ 16,000
Respite Care – In-Home Respite	\$ -	\$ 3,887	\$ 2,500	\$ 7,900	\$ 12,652	\$ 10,370	\$ -	\$ 2,000	\$ -	\$ 39,309
Respite Care – Out-of-Home Respite (Day)	\$ -	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 8,000
Respite Care – Out-of-Home Respite (Overnight)	\$ -	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 8,000
Supplemental Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,000	\$ 10,000	\$ 500	\$ -	\$ 26,500
Caregiver Supplemental - Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,000	\$ 10,000	\$ 500	\$ -	\$ 26,500
Grand Total	\$ 50,254	\$ 3,887	\$ 2,500	\$ 7,900	\$ 38,652	\$ 32,370	\$ 11,000	\$ 11,722	\$ 4,555	\$ 162,840

Older Relative (Kinship) Caregiver Services Expenditures by Fund Source

Service	Title III-E National Family Caregiver Support	Cash Match	Grand Total
Counseling/Support Groups/Training	\$ 2,800	\$ 2,500	\$ 5,300
Kinship Caregiver Support Groups	\$ 2,800	\$ 2,500	\$ 5,300
Grand Total	\$ 2,800	\$ 2,500	\$ 5,300

Branch-St. Joseph Area Agency on Aging
 3C

Date: 5/14/2026
 Budget Period: 10/1/2026

Rev No: 0
 to 9/30/2027

Method of Service Provision

	9.50%	38.39%	52.11%	100.00%
Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Access Services	\$ 110,107	\$ 79,808	\$ 103,404	\$ 293,319
Care Management	\$ 100,000	\$ -	\$ 103,404	\$ 203,404
Case Coordination & Support	\$ -	\$ 29,808	\$ -	\$ 29,808
Options Counseling	\$ 10,107	\$ -	\$ -	\$ 10,107
Transportation	\$ -	\$ 50,000	\$ -	\$ 50,000
In-Home Services	\$ 4,000	\$ 204,500	\$ 177,646	\$ 386,146
Assistive Devices & Technologies	\$ -	\$ -	\$ 11,968	\$ 11,968
Chore Services	\$ -	\$ 11,000	\$ -	\$ 11,000
Friendly Reassurance	\$ 4,000	\$ 4,900	\$ -	\$ 8,900
Homemaker	\$ -	\$ 116,600	\$ 122,000	\$ 238,600
Medication Management	\$ -	\$ -	\$ 4,975	\$ 4,975
Personal Care	\$ -	\$ 72,000	\$ 38,703	\$ 110,703
Community Services	\$ -	\$ 59,951	\$ -	\$ 59,951
Health Promotion: Evidence-Based	\$ -	\$ 11,596	\$ -	\$ 11,596
Health Promotion: Non Evidence-Based	\$ -	\$ 5,555	\$ -	\$ 5,555
Home Repair	\$ -	\$ 8,500	\$ -	\$ 8,500
Legal Assistance	\$ -	\$ 14,300	\$ -	\$ 14,300
Ombudsman	\$ -	\$ 20,000	\$ -	\$ 20,000
Nutrition Services	\$ -	\$ 180,693	\$ 538,071	\$ 718,764
Congregate Meals	\$ -	\$ 180,693	\$ -	\$ 180,693
Home-Delivered Meals	\$ -	\$ -	\$ 538,071	\$ 538,071
Caregivers of Older Adults Services	\$ 38,555	\$ 95,285	\$ 29,000	\$ 162,840
Adult Day Services	\$ -	\$ 16,000	\$ -	\$ 16,000
Caregiver Education (use for Caregiver Outreach)	\$ -	\$ 16,954	\$ -	\$ 16,954
Caregiver Information and Assistance	\$ 33,000	\$ -	\$ -	\$ 33,000
Caregiver Options Counseling	\$ 5,555	\$ -	\$ -	\$ 5,555
Caregiver Supplemental - Transportation	\$ -	\$ 26,500	\$ -	\$ 26,500
Caregiver Support Groups	\$ -	\$ 7,300	\$ -	\$ 7,300
Caregiver Training	\$ -	\$ 2,222	\$ -	\$ 2,222
Respite Care – In-Home Respite	\$ -	\$ 26,309	\$ 13,000	\$ 39,309
Respite Care – Out-of-Home Respite (Day)	\$ -	\$ -	\$ 8,000	\$ 8,000
Respite Care – Out-of-Home Respite (Overnight)	\$ -	\$ -	\$ 8,000	\$ 8,000

Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Older Relative (Kinship) Caregiver Services	\$ -	\$ 2,800	\$ 2,500	\$ 5,300
Kinship Caregiver Support Groups	\$ -	\$ 2,800	\$ 2,500	\$ 5,300
Other Services	\$ 2,500	\$ 3,650	\$ -	\$ 6,150
Unmet Needs	\$ 2,500	\$ 3,650	\$ -	\$ 6,150
Grand Total	\$ 155,162	\$ 626,687	\$ 850,621	\$ 1,632,470