
BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE
Agenda for May 16, 2022 at 1:00 PM

Meeting Location: Branch County Courthouse, Commissioner’s Meeting Room,
31 Division St., Coldwater, MI

1. Call to Order
 - a. Roll Call

2. Public Comment

3. New Business
 - a. AAA FY23-25 Multi-Year Area Plan/FY23 Annual Implementation Plan DRAFT
 - b. Strategic Planning
 - c. Health Insurance

4. Public Comment

5. Adjournment

Public Comment:

For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity. Board of Health By-laws, Article V, Section 3

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Executive Summary

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please include a summary of your agency that touches on each of the items listed below.

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.
2. A description of planned special projects and partnerships.
3. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.
5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.
6. A description of the area agency's assessment of the needs of their service population. See *Operating Standard for AAAs C-2, 4.*

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

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

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throughout the communities we serve.

5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

<<Demographic highlights>>

The two-county planning and service area is completely rural yet we have a diverse population and a wide continuum of agencies providing supports and services. One of our biggest strengths, and most poignant over the past three years, has been our organizational structure as being a division within local public health. Handling a pandemic alongside a team of public health officials is much different than separate! From the start of the pandemic in spring 2020, our operations remained open and fully functioning, continuity of our operations was prioritized so we could work remotely and then we re-integrated back into the workplace seamlessly in the summer of 2020. We focused on supporting testing events, administrative support and call center activities. In late 2020, we braced for vaccine deployment and mass vaccination clinic activities. Early in 2021 we addressed over 10,000 calls and scheduled over 3,000 COVID vaccination appointments - all with a team of 5 staff. This was a tremendous effort of monumental proportions! In addition, we kept up with Friendly Reassurance calls, intakes/referrals as well as on-going AAA business and communication with all of our network providers. The new community partnerships that were built as we addressed food insecurity, housing crisis and service delays/pauses during the height of the pandemic gave the opportunity to develop new ways of delivering services. Better communication, use of volunteers and efficient sharing of resources are all ways in which we rose as a network to solve complex issues and are 'take-aways' as we reflect back upon the past two "plus" years. Personal protective equipment was distributed continuously over the past two years to agencies providing direct care and we will continue to do so until our supplies are gone.

Addressing social isolation and the lack of available technology/devices to connect with people virtually has been something we've encountered as a challenge. Special projects such as the Bureau's ADRC initiative has supported our unique local efforts. Devices such as laptops, tablets and headphones were purchased to support older adults in participating in virtual learning and social media. Robotic pets were purchased for nursing homes, adult foster care homes, in home services participants and adult day programs to offer comfort. Receiving feedback from our community partners will be something we focus on gathering in FY2023. This feedback will provide valued input on whether or not they've made an impact on our target population.

The Plans outline a few new approaches to deliver access services and offer outreach to our diverse communities with a focus remaining on our network competence related to diversity, equity and inclusion. Per our Community Needs Assessments, we're again informed that our communities don't know about us! We must continue to focus on our outreach efforts! Friendly Reassurance and Gap Filling are services were added a few years ago under a Bureau waiver. They've proven well-received and will remain funded services in this cycle under contract as well as to provide directly. The Plan does not outline significant new priorities, plans or major objectives for the use of Older Americans Act (OAA) or state funding during FY 2023. Other federal funding, including the new "American Rescue Plan" funds are incorporated in the Plan budget as planned for in FY2022. As always, we will continue to work transparently with providers, the Bureau and our leadership team to plan and address its best use according to local needs across Branch and St. Joseph counties.

For now, Region IIIC does not have any specific management initiatives under way or planned for FY2023 including any relevant certifications or accreditations. We do remain committed to working with our AAA

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colleagues via our state association, "Area Agencies on Aging Association of Michigan", on collaborative grant funded by the Michigan Health Endowment Fund called "Connected2Care". It's aimed to improve our data-connectedness with health plans and other health care sectors, share best practices in analysis of data and case management practices. The Association is also facilitating a contract with a consulting firm to look at more efficiently using the data we already collect from the time a phone call comes into our agencies to the time services/supports are delivered. These special projects are aimed to making all Area Agencies operate more efficiently and cohesively.

In March 2022, AAA IIC initiated our 2022 Community Needs Assessment for both Older Adults/Caregiver and Key Community Leaders. The Surveys were similar in that they asked about service prioritization and experience as well as demographics. We also added three questions this year related to social isolation and impacts from the pandemic: "Have you felt isolated from others since the pandemic started?" "How often do you feel lonely" and "In what ways has the pandemic affected you?". One of the most resounding results from both Older adults and Key leaders is they have been affected most significantly by the lack of social opportunities throughout the pandemic. The second highest ranked impact among both groups is "change in mood" - by 30-40% of respondents! 44% of the older adult respondents reported feeling lonely "some of the time" whereas 20% of key leaders responded that way. Service prioritization remained consistent as compared to previous years Needs Assessments although Personal Emergency Response Systems (PERS)/emergency buttons ranked higher than they ever have, as well as personal money management/budgeting. Top 5 services in need, as ranked by both Older adults and Key leaders include: Home delivered meals, Personal Care, Homemaking, Respite Care and Transportation. Elder abuse prevention/awareness activities and Case management also ranked quite high in priority for both groups. Lowest priority services as ranked by respondents included: Nutrition education, ombudsman services, and counseling services. Congregate meals, interestingly was not ranked as high as it traditionally has in the past either which is surprising considering the responses related to loneliness. We delve into the data and responses more, later in the Plan as well as have the tables attached in the "budget and other documents" section.

The 2023-2025 Multi-Year Area Plan and 2023 Annual Implementation Plan has fully incorporated feedback from each of the Input Forums, Public Hearings and Board/Advisory Committee Meetings as well as the full results of the Community Needs Assessment. Our budget, program development objectives, scope of services and targeting strategies encompass the sentiments of our communities. We remain diligent and committed to serving those greatest in social, financial and/or social need in a manner that is respectful of their preferences and goals. Working in conjunction with a dynamic array of service providers & community partners at the local level, we intend to maintain high quality and accessible services for all who may seek assistance!

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County/Local Unit of Government Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:

Send a letter through the US Mail with delivery and signature confirmation or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP/AIP on the area agency's website. Instructions for how to view and print the document must be included. Offer to provide a printed copy of the MYP/AIP via US Mail or an electronic copy via email, if requested. Be available to discuss the MYP/AIP with local government officials, if requested. Request email notification from the local unit of government of their approval of the MYP/AIP, or their related concerns. Please describe the efforts, including the use of electronic communication, made to distribute the MYP/AIP and to gain support from the appropriate county and/or local units of government.

The Area Agency on Aging IIC (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency (CHA). The CHA Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district. The DRAFT 2023-2025 Multi Year Area Plan and 2023 Annual Implementation Plan was formally sent to Board Program, Policy and Appeals Committee and Advisory Committee members on May 16, 2022 for their review and comment. Discussion about the Plans began in March 2022 with the Director offering monthly updates to Board & Advisory Committee members along with encouragement to share input, pose questions, and attend Input Sessions in each county and the Public Hearings scheduled for May 31, 2022 in Coldwater and Three Rivers. A different approach will be taken this planning cycle in that the MYP/AIP will be sent via electronic mail to each of the County Board of Commissioners on June 1, 2022 for review and approval. The AAA Director will notify our ACLS Bureau field representative whether the counties formally approved, passively approved or disapproved of the MYP/AIP in a timely manner.

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Public Hearings

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

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

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

Date	Location	Time	Barrier Free?	No. of Attendees
05/30/2022	Coldwater	10:00 AM	Yes	1

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05/31/2022	Three Rivers	02:00 PM	Yes	1
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Regional Service Definitions

If the area agency is proposing to fund a service category that is not included in the *Operating Standards for Service Programs*, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, unit of service, minimum standards, and rationale for why activities cannot be funded under an existing service definition.

Service Name/Definition

Service Name: Community Living Program Services (CLPS)

Definition: Promotion of an individual's health, safety, independence and reasonable participation within their local community through provision of community living supports.

Community Living Program Services include:

- A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3) routine, seasonal and heavy household care maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living.
- B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met.
- C. Reminding, cueing, observing and/or monitoring of medication administration.
- D. Provision of respite as required by the participant's care plan.

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

This definition has been used since the FY17-19 MYP cycle and has been quite successful in that it offers the most flexible service components under one definition. It is utilized as an option with our Community Living Program (Care Management) participants who desire to self-direct their own care & supports. Flexibility among purchase of service vendors in their provision of authorized service, based on participant choice is also an advantage.

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Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Fifteen (15) minutes performing CLPS activities

Minimum Standards

Minimum Standards for Agency Providers:

1. Each program shall maintain linkages and develop referral protocols with each Independent Living Consultation (ILC), CCS, CM, MIChoice Waiver and LTCC program operating in the project area.
2. All workers performing Community Living Program Services shall be competency tested for each task to be performed. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. Completion of a certified nursing assistant (CNA) training course by each worker is strongly recommended.
3. Community Living Program Services workers shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording client information. Additionally, skill, knowledge, and/or experience with food preparation, safe food handling procedures, and identifying and reporting abuse and neglect are highly desirable.
4. Semi-annual in-service training is required for all Community Living Program Services workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.
5. Community Living Program Services workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care when individually trained by the supervising RN for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.
6. When the CLPS services provided to the participant include transportation described in B above, the following standards apply:
 - a. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation. The provider must cover all vehicles used with liability insurance.
 - b. All paid drivers for transportation providers shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.

Minimum Standards for Individuals Employed by Participants:

1. Individuals employed by program participants to provide community living supports shall be at least 18

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years of age and have the ability to communicate effectively, both orally and in writing, to follow instructions, and be in good standing with the law as validated by a criminal background check conducted by the area agency on aging that is shared with the participant. Members of a participant's family (except for spouses) may provide CLPS to the participant. If providing transportation incidental to this service, the individual must possess a valid Michigan driver's license.

2. Individuals employed by program participants shall be trained in first aid, cardiopulmonary resuscitation, and in universal precautions and blood-borne pathogens. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

3. Individuals providing Community Living Program Services shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

4. Individuals providing Community Living Program Services shall be deemed capable of performing the required tasks by the respective program participant.

5. Individuals providing Community Living Program Services shall minimally comply with person centered principle requirement in minimum standards.

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Access Services

Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations. If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.

Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details.

Care Management

Starting Date 10/01/2022 Ending Date 09/30/2023

Total of Federal Dollars Total of State Dollars

Geographic area to be served

Branch & St. Joseph

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

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

Activities:

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

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
- ~ Supportive immunization consultation and access for CLP participants and their caregivers intended to increase adult immunizations

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

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Activities:

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

Expected Outcomes:

- ~ Care Consultants will have an increased capacity to build stronger person-centered support plans by including resources and knowledge about abuse, neglect and exploitation
- ~ Care Consultants will continue to build their skill set to provide supports/services and arrange services through attending available state & locally available training events

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

Activities:

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

Expected Outcomes:

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

Number of client pre-screenings:	Current Year:	65	Planned Next Year:	70
Number of initial client assessments:	Current Year:	50	Planned Next Year:	55
Number of initial client care plans:	Current Year:	50	Planned Next Year:	55
Total number of clients (carry over plus new):	Current Year:	115	Planned Next Year:	115
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:40	Planned Next Year:	1:40

Information and Assistance

Starting Date 10/01/2022 Ending Date 09/30/2023

Total of Federal Dollars Total of State Dollars

Geographic area to be served

Branch & St. Joseph

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

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

Expected Outcomes:

~ Staff will continue to provide the highest quality information & assistance/referral services to any person with an inquiry.

~Individuals will experience timely, accurate information to their questions and requests.

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

Activities:

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

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

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

Expected Outcome:

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

~ AAA IIIC will continue to see an increase in information & 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 ACLS Bureau standards.

Expected Outcome:

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

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

Activities:

~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners.

~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise.

Expected Outcomes:

~ People contacting and interacting with the Area Agency on Aging IIIC 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

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their organizations

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Direct Service Request

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency 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 area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor and with comparable quality. Area agencies requesting approval to provide an in-home, community, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any Direct Service Provision Request for FY 2023-2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

Friendly reassurance

Total of Federal Dollars

Total of State Dollars

Geographic Area Served Branch & St. Joseph

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

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

Objective: Decrease social isolation among older adults.

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

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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.

The direct service provision request is intended to respond to the need to reduce social isolation in PSA IIIC . At one time during the pandemic, adequacy of Friendly Reassurance was challenging due to staffing at provider agencies, therefore AAA IIIC stepped in to provide the service. Then, as feedback from providers and participants was received, we remain committed to provide it based on client choice and preference. Further, it enhances our Information & Assistance service. We want to continue to support people where they feel comfortable versus having to make referrals to other agencies (a more streamlined process for the person).

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

The COVID-19 pandemic has propelled our agency into providing additional services and supports through both community partner/agencies and added to our provision of service. Since FY20 we've been providing Friendly Reassurance to those seeking the service via online request, call in and via referral from local partner agencies. We would like to continue this into FY23 as we know the issue of social isolation will remain present in our communities. We do have the service slated to be put out to bid in the FY22 RFP as well, so 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).

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Program Development Objectives

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

Diversity, Equity, and Inclusion Goal

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

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

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

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

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

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

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

Area Agency on Aging Goal

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

State Goal Match: 4

Narrative

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

Objectives

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

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

Activities

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

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

Expected Outcome

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

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

State Goal Match: 4

Narrative

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

Objectives

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

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

Activities

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

AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY2023 will include revision and enhancement of the Vulnerable Adult Protocol and creation of a coordinated response via an Interdisciplinary Team approach to serve those identified by team members as vulnerable/at risk. Promotion of elder abuse prevention materials and local trainings will also be provided, as a collaborative effort with the AAA VOCA-funded "Elder Abuse Victim Specialists" under the Services to Victims of Elder Abuse grant.

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

Expected Outcome

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

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

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

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

State Goal Match: 1

Narrative

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

Objectives

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

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

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Activities

AAA IIIC staff will request providers during annual assessment to demonstrate examples of outreach materials and methods which show how their organizations are reaching to diverse cultures and GLBT individuals .

AAA IIIC staff will also request providers to share training records specific to DEI and LGBTQ+ topics

Expected Outcome

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

Reporting in NAPIS of individuals served among different racial/ethnic categories as well as identity categories will be more representative and accurate of whom we serve.

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

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

Activities

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

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

Expected Outcome

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

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

Scope of Services

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

Constantly changing service demand challenges make it essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes or other relevant sources of information.

<<NEW Demographic Data>>

In order to prioritize funding and program development objectives over the next three years, the area agency referenced data from multiple sources. We utilized data from the 2020 U.S. Census, the data provided by the Aging, Community Living & Supports Bureau, American Community Survey (2010-20__) and the MDHHS Division of Vital Records & Health Statistics. In addition, we studied regional needs among older adults, current service participants, caregivers, key community leaders, and those who provide services. Feedback from the "Community Needs Assessment" clearly indicate which programs, services, and supports are most important to the public and consumers who are eligible or currently utilizing existing services/supports. Accordingly, the results were used in prioritizing funding and services throughout this planning document. As stated in the Older Americans Act, Area Agencies on Aging must "give priority to those with greatest economic, functional and social need". We look to the U.S. Census/American Community Survey for poverty-related data to address our progress and gaps in service levels. In the American Community Survey,

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21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. <<INSERT POVERTY DATA>> & source >> Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 American Community Survey, minorities comprise 2.4% of those 60+ in the PSA. The number of Hispanic older adults has grown again since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group. For example, the Community Health Agency has spanish-speaking staff who can assist us with translation, accompany us on home visits, as well as with cultural sensitivity and outreach across the PSA. We also have access to translation services and use it, on average, once per month. Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow!

The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030. In general the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the population of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase in its 60 year and older population since 2000 (9% since 2010). The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014.

In order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service we initiated a Community Needs Assessment. Our intent was to gain insight on the perception of need for services, how individuals' obtain information about services, need for expansion, need for improvement and accessibility. We only revised the document in a few areas for this planning cycle based on the assessment completed in 2016. The areas of the Older Adult/Caregiver Assessment changed included: the addition of the question "What is the total combined income from all sources for your household" with answers including "at or below \$20,000 or \$1,666 per month or less", "above \$20,000 (\$1,667 per month or more), or "Prefer not to answer". This question was asked to gauge whether respondents are consider themselves to be low income/impoverished per federal income standards. In the Key Community Leader Assessment, we added a question to gauge how the respondent identified their affiliation as a key leader, some of the responses include: "caregiver", "community advocate, volunteer", "direct service provider", "education", "elected official", "faith based organization", "financial institution", "service club/organization", etc. We are interested in the amount of feedback we receive, from which affiliation/organization type as trends could emerge from those affiliations responses.

In total, 234 were completed by key leaders and older adults via the "Community Needs Assessment" online survey tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional hardcopy questionnaire. Key Leader Assessment had 7 questions and Older Adult/Caregiver Assessment had 20 questions - Each version contained the same question related to the list of 25 service options to rank in

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order of priority as "high, medium, low, or should not be publicly funded". Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, transportation authority riders, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite Care), and Home Delivered Meal participants. The survey was open for four weeks (April 22nd to May 27th). It was promoted through the Community Health Agency's website, a news media release and through multiple group email lists. Respondents were assured that their responses were anonymous and they could call our office to complete the survey verbally if they preferred as well (30 surveys were captured over the telephone). Feedback from the surveys represented the race/ethnicity and gender make up of our population base. We noted a decrease in respondents indicating they had a disability (63% indicated disability in 2016, 54% in 2019) and the majority of our respondents were over the age of 70 (72%), of that nearly 24% were 85 years and older. A list of 25 'fundable' AASA services was utilized to gauge priority areas, and respondents were asked to rank them on a three-point scale ranging from little need (1 point) to moderate need (2 points) to great need (3 points). A natural breaking point was observed between those that were ranked highest need and those that were considered lower needs. The highest ranked overall needs among all respondents included: Home Delivered Meals, Homemaking/Personal Care, Personal Emergency Response, Medicare/Medicaid Assistance, Abuse/neglect/exploitation prevention & awareness, and Care Management. Interestingly, though very highly sought services in the PSA, Chore services and Home Repair services did not make the "top 10" in prioritization. Medication management and transportation out of the county ranked higher this year. The online "Survey Monkey" Needs Assessment introduction and direct link was emailed to multiple key community leaders including; Faith-based organizations, Health care providers (including physicians, specialty clinics, home health agencies, rural health clinics, and hospital discharge planners/social workers), aging network providers, AAA Advisory Committee, CHA/AAA Policy Board, other local elected officials, human service agencies (including multi-purpose collaborative bodies Department of Health & Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Lions, Elks, and Chambers of Commerce). We more than doubled the number of key leader respondents as compared to 2016 - and were very pleased! 35 key leader respondents in 2016 versus 89 this year. Key leaders ranked the following services in greatest priority: Abuse/neglect/exploitation awareness, Home delivered meals, Personal Emergency Response system, Personal Care, and Care Management. Medicare/Medicaid Assistance and medication management were also significantly ranked.

Our collaboration with the Community Health Agency Health Promotion division should be recognized as a best practice in the tabulation of the survey results and establishment of the survey monkey tool. We would like to acknowledge their expertise and guidance in preparing, implementing, tabulating, and summarizing the data set from the surveys. We have included the actual survey tools used for gathering data as an appendix, as well as the powerpoint that was developed to share results in an organized, meaningful way!

There seem to be a few themes that are consistent throughout the data, between both older adults and key community leaders, which are (in order of importance):

1. Need to increase awareness of services that are available
2. Need for more information related to Medicare, Medicaid, health insurance
3. Need for more educational programs
4. Need for more services on the weekends and/or during evening hours

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2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

Population data analysis

Population trends

Health trends

Grandparents raising grandchildren/kinship

Top three causes of death in **both** counties: Heart Disease, Cancer, COVID-19

Uninsured: Branch 9%; St. Joseph 10%

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

As stated in our Request for Proposal documents, 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 service, substantial emphasis must be given to serving elder persons with the greatest social or economic 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 2022 (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 2022, for an (one) individual the annual income level is \$13,590 for two people it is \$18,310. 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." Most persons in the "Other" category are White Hispanics/Latin American. As such, these definitions are embeded within our Request for Proposal process and are addressed in each agency/business responses to the RFP. The definitions serve as guidance and also infiltrate agencies' administrative policies/procedures for targeting. Our agency also monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with AASA Operating Standards for Service Provision. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers. Our outreach efforts with underserved populations consists of collaborative messaging, regular meetings and contact with aging network partners, and direct contact with people in our two-county planning and service area. We intend to focus more upon outreach to the LGBTQ+ community and other disadvantaged groups as they may have higher rates of disease and early death. Further, we will remain focused on addressing diversity, equity and inclusion as a way to better serve our target population with a more wholistic lens, to address potential discrimination concerns, reduce disparities and micro-aggressions. We participate in multiple outreach events throughout the year including; County 4-H Fairs, Older Americans Health Fair, Project Connect/Homelessness Events, VA "Stand Down" events, and other community partner sponsored events at all of the local community centers.

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4. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.

In the past, our agency has completed the "Dementia Capability Quality Assurance Assessment" Tool. Several strengths were identified as well as some areas that can be improved on through the next planning cycle. One of our current staff members is a certified dementia practitioner and therefore has specialized training to support Community Living Program participants as well as general callers seeking information and resources related to dementia care. The AAA IIC team has a kind 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. The opportunities for improvement include spreading awareness of the principles of dementia-friendly communities and begin to foster those ideas throughout our service area. The assessment also identified that there is a need for dementia specific education among service providers and the community. Having this education and training will be paramount to being able to earlier identify those who are experiencing cognitive impairments or dementia. In home service providers regularly train aides about dementia care, but our other service providers may not have access to this training. Public transit bus drivers and dispatch staff, for example, could greatly benefit from dementia sensitivity training.

The future plans for the next planning cycle will be 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.

5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.

When a person desires or identifies services that are not funded under our MYP or available where they live, our response is one of "problem-solver and researcher". Our trained staff would approach the request with a kind, listening ear, offering other options that may assist. We would also research their request among our local aging network partners and key community partners to see if there may be another regional provider or option that could address the person's stated need. Further, should the person's request be a "one-time"-type service (rather than "on-going"), we may be able to utilize CLPS (a proposed regional service outlined in our MYP) to fill the direct service need. If the service was not available or affordable for the person, we would document the need and work with local community partners to examine the need and discuss the possibility of development of a new service in the future. At all points of contact with individuals seeking services/supports, our staff remain committed to using a person-centered approach to communication and problem solving.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

As discussed in other sections of the Multi-Year Plan, our largest unmet need is adult day services in Branch County. Development of a provider to offer that service, in any capacity, is our priority for addressing the need in 2023. The loss of the program occurred in 2014, and we have not been successful to date in development of another potential service provider. Because families have had to seek more formal (and costly) care settings we continue to work with our current providers to offer additional respite opportunities. It is our goal, and is outlined as a program development objective, to entertain a proposal(s) from potential bidders during our 2022 RFP. Should we be unsuccessful, we'll continue our outreach and work more intensely with community partners

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to develop capacity for a new program. Once a potential bidder(s) is identified, we will open up a Request for Proposal for the service.

Due to the responses in the Community Needs Assessment, we may also continue to work with community partners, local financial institutions and providers to examine the need for "money management/personal financial assistance" because it was ranked quite high among both older adults and key leaders. Paying bills electronically, understanding billing cycles and newer payment structures are confusing to older adults and may inhibit timely, accurate payment. Further, in times of distress such as after the loss of a loved one (who primarily paid the family's bills) or health care crisis, individuals may encounter difficulty in taking care of their personal financial affairs. This need has been expressed by veteran service agencies as well as care managers as they work with individuals in their home. AAA IIC staff and leadership intend to explore this community need in greater detail over the planning cycle.

7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.

The aging network providers in Region IIC utilize the ACLS Bureau Operating Standards for Service Provision requirements to maintain a list of participants seeking services/support but who are unable to be served at the time the service is sought. As stated in our contract with each provider, participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs. Indicating factors include: For Social Need: isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.; For Functional Need – disability (as defined by the Rehabilitation Act of 1973 or the Americans With Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.; For Economic Need– eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program. Waiting lists are aggregated and reported to the ACLS Bureau as well as used for advocacy purposes. Alternative services and supports are also discussed with individuals and families so to offer temporary support until the program resources are available.

8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.

As we assess the need for services, taking into account the input from the community, barriers do exist that have significant impact on service delivery. The first, and foremost, is funding. As we are directly associated with and impacted by the legislative process, each funding cycle has its ups and downs. Providers of aging services are constantly assessing local impact of the state and federal budget and how it will "trickle down". One advantage in our region however, is the longevity of our provider network. Combined, our existing providers have over 80 years of experience, so they are well versed at handling these hills and valleys. In addition to this experience, each county has a substantial senior millages, as well as transportation millages, to

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support service delivery in conjunction with OMA/OAA funds. In order to expand and diversify our scope of services, however, we will need to address public/private partnerships to accomplish larger goals in service delivery. The AAA Advisory Committee and Policy Board are updated monthly as to the progress and on-going efforts of the AAA and provider network. Because the lack of a Branch County adult day program remains our biggest gap in services, we will engage with them more in our forthcoming development efforts.

9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

In a rural PSA such as ours, In-Home Services and Access Services have proven to be the most important to seniors and most needed. It would be safe to say that seniors who are mobile want to remain mobile and participate in as much as they can. And, those who need a variety of in home services want to stay in their homes to receive them! Input received during the public input sessions and Public Hearings indicate in-home services, preventive health, and access to services remain of utmost importance in the PSA. We will continue our community partnerships, aggregate data from our local partners and further collaborative relationships to further our mission to provide quality services to those greatest in need, in a manner that suits their preferences.

10. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

For the next three fiscal years, the Region IIIC AAA will fund twenty one (21) services across our two-county planning and service area. The continuum of services funded under the Plan is a direct result of comprehensive community input, open forum & conversation, and key leader input. The over-arching service categories include; Access, In-Home, and Community Services.

Funding used to support these services arises from both federal and state sources and is outlined in our FY2023 Area Plan Budget.

Services include: Case Coordination & Support; Transportation; Home Care Assistance; Caregiver Education, Support & Training (including kinship caregivers); Care Management; Respite Care; Disease Prevention/Health Promotion; Information & Assistance; Friendly Reassurance; Legal Assistance; Gap Filling; Home Repair; Adult Day Services; Home Delivered Meals; Congregate Meals; Community Living Program Services (regional service definition); Medication Management; Assistive Devices & Technology (emergency button); Long-Term Care Ombudsman services, and Chore Services.

The five service categories receiving the most federal and/or state funds include: Home Delivered Meals, Home

Care Assistance (personal care and homemaking), Congregate Meals, Transportation and Respite Care (in home respite care and adult day services). With these services, we anticipate serving the greatest number of participants as well.

Based on the most recent program year service trends, our anticipated service levels and associated funding is as follows:

Home Delivered Meals: \$460,000 serving over 1,200 participants

Home Care Assistance (includes personal care and homemaking): \$300,000 serving over 250 participants

Congregate Meals: \$220,000 serving over 650 participants

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Transportation: \$220,000 serving over 1750 participants
Respite Care: \$70,000 serving over 200 participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA IIIC), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 130 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting.

Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs are funded at approximately \$250,000 (combined) and serve over 600 individuals each year.

11. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?

Region IIIC is dedicated to ensuring our agency staff and aging network providers become more knowledgeable over the next three years about diversity, equity and inclusion. We must relate this awareness in our approach, our language and in the manner in which we collect data. By examining and bettering our approach we will promote equitable service to all while honoring preferences and privacy.

In the spring of 2022 aging network providers and area agencies were invited to participate in "Building Bridges/Saving Lives: The How and Why of Data Collection" training presented by Services and Advocacy for Gay Elders (SAGE) of Metro Detroit. The AAA shared the training information directly with all service providers in the region. All six (6) AAA IIIC staff participated in the training. At the time the Plan was written, we knew of two service providers who confirmed attendance and are awaiting feedback on how many others participated. Continuous training and self awareness will develop our network into a more inclusive and sensitive way of thinking and being. AAA staff will also participate in the more advanced/in depth self-study training sessions online to help support cultural responsiveness when serving GLBT older adults.

As a part of this development to better serve LGBTQ+ older adults, we will strive for more inclusive practices and fostering more diverse outreach/educational materials, examine policies and intake forms to better relate and record services to all whom we serve. As a part of our Provider Assessment responsibility, we will also examine their outreach/educational materials, policies, forms, etc to assure they're working on their agency and staff engagement to become more responsive and culturally sensitive.

Our efforts will be enhanced by participation at all levels including front line staff to Policy Boards, thus far all have been invited and will continue to be invited to participate, learn and grow!

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Planned Service Array

Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

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

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Participant Private Pay	• Transportation	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Home Repair * • Legal Assistance • Counseling Services
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* Not PSA-wide

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Planned Service Array Narrative

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

Instructions

Use the provided text box to present the Planned Service Array narrative.

Region IIIC Area Agency on Aging 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 Request for Proposal process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care/homemaking, wound care, durable medical equipment/supplies, medication management, and more. County senior millages are available in each county in the PSA. They are administered by the County's Commission on Aging departments. They utilize the millage funds to match federal and state grants, as well as support senior centers, special trips and programming outside the ACLS Bureau's funded services array.

The two services that are contracted by the Area Agency but not available PSA-wide, at the time the Plan was written are: Home Repair and Adult Day Services. Since 2014 our agency has been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains a goal for FY23. Home repair was put out for bid 2019 Request for Proposals, but as has occurred historically, there has only been one bidder who responded and their services are offered in St. Joseph County only. We are only in the beginning stages of the RFP at the time the Plans are submitted, and therefore can not report how the contracts will come through for the 2023-2025 contract cycle.

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Strategic Planning

Strategic planning is essential to the success of any area agency on aging to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.

All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.

As discussed in the Plan Highlights section of the MYP/AIP, the Community Health Agency has just begun our first Strategic Planning process since 2019. Due to the pandemic, our revision has not occurred. Narrated herein, then, are the highlights from the Strategic Plan which spanned 2015-2019... Notes for 2023 have been added to address potential revisions related to our strengths, weaknesses, opportunities and threats. Once completed, AAA staff will share the BHSJ CHA Strategic Plan with the Bureau via our Field Representative.

Strengths: Staff members are seen as our agency's greatest asset. They are knowledgeable and caring in their approach. Staff members provide the basis for collaborative relationships and community partner engagement. Our collaborative approach and relationships with community partners is another strength. And, finally, our grassroots advocacy is seen as a strength. Note for 2023: staff members are definitely seen as our agency's greatest asset and strength!

Weaknesses: Communication is the most notable weakness for public health, however, was not identified within AAA. Our weaknesses are related to staffing - a lack thereof! Funding is the root cause impacting that weakness - if you don't have viable funding, you can't pay for staffing. Quality improvement initiatives therefore are impacted by few staff, and by the lack of knowledgeable staff to implement quality improvement programs. Other program development activities are also impacted by a lack of staff in that we have difficulty finding the time to complete the work and make progress in achieving goals. Note for 2023: Staffing weakness surrounds the direct care workforce crisis impacting how we provide in home supports. Funding hasn't been as significant a weakness as in the past, however we continuously plan to assure we have a plan if there is a significant reduction in funding in years to come.

Opportunities: Both collaboration and technology were identified as the greatest sources for opportunities in the future. The strategic planning committee (SPC) identified further opportunities for service integration, working with the local hospitals and federally qualified health centers (FQHCs). Expansion of case management services through the Area Agency on Aging and outreach efforts to underserved populations for health services and health insurance enrollment were seen as untapped possibilities for the future. Note for

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2023: Collaboration and technology remain opportunities for better outreach and service to our communities in the future.

Challenges: Changing political climates, both federally and at the state-level, is an identified weakness. The budget process is always interesting! Mandates/requirements of AASA and other federal agencies do impact us as well as our network partners. Note for 2023: These challenges remain an identified weakness as noted.

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

As it stands today, the AAA IIC does not have a formal role in the MIChoice Home & Community Based Waiver program. We have never received a contract for the program, but remain open to one should an agreement be extended. Our provider network across Branch and St. Joseph Counties has always been supportive of our agency operating the MIChoice program locally. Administratively, we would advocate and submit application for a contract should the Department open it up for bid.

The Integrated Care demonstration has been operating in our PSA since 2015. Our role thus far has been education/outreach with those potentially eligible and options counseling for those who have more in-depth questions about eligibility, coverage, plan changes/enrollment and ombudsman options. The two health plans operating in our area have chosen to work directly with the MIChoice Waiver agencies, as such, we've not been involved in negotiations. We are, however, providers for each of the Waiver agencies and would respond to referrals/service requests if authorized. We work in close collaboration with the agents and will maintain that relationship on going.

3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from the ACLS Bureau.

Should the state and/or federal allocations to our AAA be reduced, we would take a very close look at essential services and the most utilized services across the PSA and engage our community/contracted partners to discuss strategies to maintain services to those in greatest need. Our agency works closely with each County Commission on Aging, Community Action and our County transportation authorities to provide key access and in-home services. Those access & in-home services would remain top priority for funding. Conversations with providers would occur regularly and would include prioritization strategy, identification of need, and then putting the plans into action with current participants & those seeking services. Our administrative team and Board of Health would also be engaged in the discussions. More local funding would be used to fill in gaps until budgets could be realigned and in good standing. AAAIIC policies and procedures would be referenced and utilized to guide our process and discussions as well. We are well-versed at working through difficult conversations and problem solving with our community and contracted partners across the aging network.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations

At this time the Branch-St. Joseph Area Agency on Aging is not planning to pursue or engage in any

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accreditation(s) or accreditation processes.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

The Branch-St. Joseph Area Agency on Aging (IIIC) utilizes the MiChoice Information System, COMPASS and VendorView as our Community Living Program client tracking system. These technology tools are continually updated by the Center for Information Management (CIM, Inc.), the development company, and allow us to document, share internal/external communication, vendor service authorizations and cancellations, communication regarding preferences and specific/urgent participant needs. The programs also tracks the "business-side" of our program in terms of verifying bills, reports, utilization and budgeting. The addition of Vendor View in January 2016 has been a huge success and has proven to have an effect on improved efficiency and communication. Care Consultants utilize iphones and newly implemented tablet computers in the field when appropriate to document and remain timely in completion of their job duties. We continually seek improved service delivery and performance in all of our agency operations. The Community Health Agency implemented a new accounting software package in late 2016 with major efficiencies & proven success in payroll, accounts receivable/payable, budget/financial reports, audit requirements, and human resources functions as well. We continue our participation in the state-wide "Connected2Care" project with the AAA Association of Michigan. As discussed in the Other Grants/Intiatives section, the project goals include building upon existing technology for AAA's to receive admission, discharge and transfer data from a participating health care entity regarding a shared participant. This, again, will lead us toward improving health outcomes and participant satisfaction as we'll be more efficient in performing the case management function within our agency.

6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.

The Area Agency on Aging IIIC relies on our public health department IT department for data system and technology-based emergencies. The BHSJ CHA network manager maintains all back up files, processes and upgrades to all of the data systems. For public health emergencies, our Emergency Preparedness Coordinator and our "Health Alert Team" are the lead entites who intiater drills and implement the emergency plans should a disruption or incident occur. The AAA division participates in all Health Alert Team activities, communications and implementation efforts as needed. The BHSJ CHA emergency preparedness documents also include the AAA division and our aging network partners as responding entities when needed.

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Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging* section C-6.

Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state. Enter your advocacy strategy in the dialogue box.

The Branch-St. Joseph Area Agency on Aging will continue avid advocacy within the community and the State of Michigan. The AAA will attempt to increase general public awareness of older adult issues and share what an impact advocacy has in the legislative process. Our most significant, consistent message that we share is the importance of community-based long-term care designed to assist older adults to remain in the setting of their choice.

Our advocacy occurs at many different levels, but begins locally. We will remain involved in: community task forces, multi-purpose collaborative bodies and associated subcommittees, the AAA Association of Michigan, and by strengthening the AAA Advisory Committee. We will also continue to strengthen our relationship with the local Disability Network to develop collaborative advocacy messages, continue partnership building in our local Aging and Disability Resource Consortium, and work together on long term care issues. The following list includes the taskforces & committees we are currently involved with and will continue involvement with over the coming fiscal year:

- ~ Branch County Improving the Lives of Seniors Committee
- ~ St. Joseph County Human Services Commission
- ~ St. Joseph County Adult Services Network
- ~ Caregiver related workgroups and planning committees (each county)
- ~ Emergency preparedness workgroups (each county)
- ~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
- ~ Elder Abuse Prevention Coalition (Branch Co.) & Interdisciplinary Team (St. Joseph Co.)
- ~ Housing taskforce/homelessness workgroups (each county)
- ~ Access to Healthcare (St. Joseph County)

Advocacy includes identifying local unmet needs and service gaps, seeking and strengthening additional resources, and further developing a coordinated system of services and programs. Through the AAA Advisory Committee and Policy Board, we coordinate advocacy efforts. The Older Michigianians Day event shall be our annual advocacy day at the state capitol along with our state-wide colleagues in aging and disability networks. The event is very energetic and well attended, with each legislator in our area targeted for a dynamic discussion on the needs of older adults and family caregivers. The AAA Advisory Committee (Council) is an appointed committee of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health. As such, Committee is used in their title rather than Council. Advisory Committee membership consists of: Health

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care representatives, Human service agency representatives, AAA contracted providers, County Commissioners (appointed), and, ideally the majority being older adults.

The Board of Health serves as the formal AAA Policy Board. County Commissioners from each county in the district are appointed to the Board of Health to set policy and provide oversight to the CHA and AAA operations. Each of these entities (Advisory Committee & Policy Board) play a key role in assisting the AAA in identifying issues related to older adults and directly involves them in advocacy efforts as key issues arise .

The following trends and issues will remain important to recognize as efforts are put forth for thought and action:

1. Health care – Maintaining adequate and affordable, quality health care is very important, including the topics of Medicare, Medicaid, and insurance/prescription medication. Furthermore, this includes working with community partners (hospitals, home health, hospice, and other related entities) to emphasize the importance of home and community- based care to allow older adults to remain in the setting of their choice to receive services.
2. Expansion of Services and Providers of Services – The AAA must advocate to maintain local determination of funding. As well as making sure there are adequate services for the projected growth in the senior population. As stated above, maintaining involvement with local task forces, collaborative initiatives, and with our elected officials, we can remain strong advocates for those who are affected by decisions at the federal , state, and local level. We will continue to monitor key changes in legislation on the local , state and federal levels to be able to respond and provide up-to-date information for our communities.

These advocacy efforts both within the region, and at the state-level improve the quality of life for older adults through engagement, education, and involvement! As a core function of an area agency, we take advocacy to heart - in everything we do.

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Leveraged Partnerships

Describe the area agency's strategy for FY 2023-2025 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

- 1. Include, at a minimum, plans to leverage resources with organizations in the following categories:**
 - a. Commissions Councils and Departments on Aging.**
 - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)**
 - c. Public Health.**
 - d. Mental Health.**
 - e. Community Action Agencies.**
 - f. Centers for Independent Living.**
 - g. Other**

Establishing a network of comprehensive supports and services to assist older adults remain as independent and healthy as possible is one of our core responsibilities as an Area Agency on Aging. The Older Michiganians Act (OMA) and Older American's Act (OAA) funding that we receive are granted to local service agencies/organizations to provide for an array of services and programs to support older adults and their families. We partner & collaborate with local Commission on Aging agencies, health care organizations, public health, mental health, Community Action, and our local Center for Independent Living (Disability Network of Southwest Michigan).

In Region 3C, federal and state funds are allocated to the following services: adult day services, caregiver education, support and training, case coordination & support, chore, congregate meals, disease prevention/health promotion, home care assistance, home delivered meals, home repair, information & assistance, legal services, in-home respite, medication management, assistive devices/technology, care management/community living program, and transportation. In addition to OMA and OAA funding, each county in the PSA has a senior millage. The Commission on Aging offices and their County Board of Commissioners are the administrators of these tax dollars. Millage funds are used operationally and to support each AAA grant-funded service they provide. The millages are essential to each county for provision of in-home and community-based services. They expand service and support options and in many cases limit the frequency of waiting lists for services.

Branch County Commission on Aging (COA) receives .4908 mill for total COA operational costs and generates approximately \$700,000 annually for the period 2020 – 2024. Special grant opportunities are sought for expansion of existing programs as well as one-time projects. Fundraising at the COA is also a source of revenue for various programs. Millage funds are incorporated into each of their services, including: home care assistance, chore, respite, case coordination & support, caregiver services, disease prevention/health promotion, MMAP, and transportation. The Branch COA also administers a building millage at .25 mill which generates approximately \$350,000 annually for the period 2021-2030.

St. Joseph County Commission on Aging (COA) receives .75 mill for total COA operational costs and it generates approximately \$1.5 million annually for the period 2018-2023. St. Joseph County also seeks special grant opportunities and participates in fundraising activities, as well as partners with multiple community partners to expand and enhance existing programming and services. The local Commission on Aging offices

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receive the majority of these federal funds to support some of the associated operational costs of offering the valuable service to beneficiaries. MMAP services are highly sought and utilized in the region. Over the next 3 years AAA staff will continue to work directly to build capacity and a broader group of volunteers/agency partners to serve as MMAP counselors and continue in our role as Regional Coordinator designee .

We shall continue our mission to provide for 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...

2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.

Region IIIC intends to build upon the successes of the existing evidence-based prevention programming currently active in each county. These programs are outlined in the FY2023 Evidence Based Programs document. The program offerings may change as a result of the 2022 Request for Proposal, but we don't anticipate major changes as the current offerings are diverse , have stable class leaders, and are well-attended. We appreciate the ACLS Bureau's leadership with EBDP programming with aging network partners. This coordination, among AAA's, the Bureau and the AAA Association office has proven successful , especially as we transitioned during the pandemic from an in-person to remote learning environment. AAA IIIC staff will continue to participate in regular meetings and revise programmatic reporting among all EBDP providers to adhere to Bureau guidance as it evolves.

3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.

AAA IIIC does not currently utilize volunteers to support implementation of the MYP. As a part of local public health, and in response to the COVID-19 pandemic, we certainly worked alongside many, many talented, dedicated volunteers who supported our agency's response efforts including mass immunization clinics, testing and clinical support services...

Non-formula resources are discussed in the MYP under the "Grants and Other Initiatives" section, most notably the Services to Victims of Elder Abuse project funded by the Division of Victim Services. We are constantly reviewing other grant projects and funding opportunities to enhance services and supports to older adults who reside in our planning and service area.

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Community Focal Points

Community Focal Points are visible and accessible points within communities where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review and update the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note if updates have been made.

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.

The currently identified focal point agencies in Region IIIC are the Branch County Commission on Aging and the St. Joseph County Commission on Aging. Logistically they serve older adults in the most populated communities in each county. They are also able to coordinate services with other appropriate entities and health care providers in these larger communities. Furthermore, their experience in service delivery speak volumes to their effectiveness. Co-location of services also occurs at the COA offices and senior centers. Disease prevention programming, congregate meals, fitness activities, art & craft classes, and community presentations are offered on a regular basis. Coordination with other community agencies and organizations including: community mental health, Department of Human Services, hospitals/home health agencies, and private practitioners (chiropractors, physical therapists, podiatrists, etc.) offer additional direct services and access to services and vital information. The public is also invited to use the centers for meetings and special events. In rural regions such as Region IIICC, communities vary in size. They can be as large as a county or as small as a few block neighborhood. The AAA will use the following definition of community: A group of legally recognized townships, villages, or cities where there is a history of affiliation in the areas of health, human services, or education. Using this definition, the AAA identifies six such communities in the two-county region.

In Branch County, there are three: Greater Coldwater, Greater Bronson, and Greater Union City. In St. Joseph County the communities identified are Greater Sturgis, Greater Three Rivers, and Greater Centreville. While other areas in the region meet the criteria listed, they tend to be fairly small and do not have access to a full range of services. The Commissions on Aging (COA) in each county maintain sites for senior activities, health & wellness activities, and nutrition services. As mentioned above, their historic role as centers for information and supportive services make them logical choices to be considered "Community Focal Points". The COA's have consistently demonstrated the capacity to work with other organizations to serve older adults in the most meaningful, comprehensive manner possible. Each of them maintain contracts for the majority of contracted services in the region and as such, are monitored closely each fiscal year for their effectiveness and adherence to standards for service provision.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name:

Address:

Website:

Telephone Number:

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Contact Person:

Service Boundaries:

No. of persons within boundary:

Services Provided:

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FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your area agency is participating in with the ACLS Bureau and/or other partners. Grants and/or initiatives to be included in this section may include, but are not limited to:

- Tailored Caregiver and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Care Transitions Project

1. Briefly describe other grants and/or initiatives the area agency is participating in with ACLS Bureau or other partners.

In the spring of 2018 Region IIIC AAA competitively bid upon and was awarded a Victim of Crimes Act (VOCA) grant through the Michigan Department of Victim's Services for the "Services to Victims of Elder Abuse" (SVEA) grant. Funds are awarded to Region IIIC annually for each project period to directly serve victims of elder or dependent adult abuse, neglect, and/or exploitation across Branch and St. Joseph Counties. Our project builds upon the successful relationships our office has worked so diligently to foster over the past 10 years. Multiple agencies and departments such as: Community Mental Health, Probate Court, Prosecuting Attorneys, law enforcement (County Sheriffs, local department and MI State Police), domestic violence/sexual assault organizations, financial institutions, health care facilities/ offices, Adult Protective Services and more have come together to address abuse, neglect and exploitation awareness and prevention in our community. In addition, we've worked to develop county-specific Vulnerable Adult Protocol documents, offer trainings and seminars, and now, with the VOCA grant - we are able to directly serve victims. The VOCA-SVEA grant mandated full time staff to be hired as "elder abuse victim specialists" to serve victims and support their recovery from their crime victimization. We have two staff who are dedicated to this role. In addition to directly serving victims, they support each county's coalition/team focused on elder/vulnerable adult abuse prevention. Monthly meetings, Protocol revision/enhancement and training development are on the top of their "to-do list" each year. Having this VOCA-SVEA grant funding, our focus on elder/vulnerable adult abuse, neglect and exploitation offers more dedicated and dynamic staff time to address these local issues. We look forward to sharing our outcomes as we reach our goals implementing the project across Branch and St. Joseph Counties.

Another project AAA IIIC will remain engaged in is the AAA Association of Michigan's "Connected2Care" (C2C) project. C2C was developed in response to the significantly changing environment of health care and home and community-based services. Special invitation funding was awarded to the AAA Association by the

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

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Michigan Health Endowment Fund in 2019 and was again awarded in 2022 to continue our successes. C2C has enhanced technology platforms which the aging network uses (COMPASS) in order to provide real-time admission, discharge and/or transfer notices regarding shared participants/patients. The enhanced technology also engages our network as a health information exchange partner, expanding the reach of communication to the home and community based network of providers. There is no cost, other than minimal staff time, to participate in the project as the MHEF funds are primarily paying for the development/enhancement costs of the technology. The AAA Association will serve as the fiduciary and staff support as well, in order to organize regular meetings and participation in learning collaborative groups to discuss how the technology is working in the field and with participants/patients.

Our office will remain actively involved in the Medicare/Medicaid Assistance Program and have a staff person serve in the Regional Coordinator role. As outlined throughout the Plans, MMAP is a highly prioritized service among older adults and key leaders in the PSA. As the go-to program for health insurance information, we will also remain actively trained and provide MiHealth Link outreach, education, and enrollment assistance. During program year 2021-2022 the Regional Coordinator provided 4 presentations across the PSA, and, served nearly 80 MiHealth Link enrollees understand coverage, provide options, and give enrollment assistance. In addition, the MMAP Regional Coordinator served over 120 "regular" MMAP clients understand their benefits, make changes they determined important to them and seek alternative options for coverage. Our sites also did an amazing job with counseling over 300 individuals in one-on-one counseling sessions. MMAP clients seek appointments in comfortable, local community/senior centers, and many times, return year after year, after year!

2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

The Services to Victims of Elder Abuse has and will most definitely continue to improve the quality of life of older adults across the planning and service area. As a dedicated program serving as a resource to victims, people will have access to an advocate and direct assistance in recovery from their trauma. Our satisfaction surveys tabulated from November 2018 through May 2022 have all been complimentary of the program and its staff. Additional focus areas include community collaboration & outreach, and additional development & enhancement of Vulnerable Adult Protocols. We are also planning program outcome assessments in those areas to gauge our successes as well.

Connected2Care, though the main focus is technology enhancement, the results will be evident immediately. The improved communication among care coordinators within home & community based providers/agencies, health care facilities/hospitals, and speciality offices will result in better communication with older adults. Care plan adjustments can be made in a more timely fashion, with quicker informed decision-making, and fewer duplication of services across the continuum.. These anticipated results will absolutely enhance the quality of life of older adults within the PSA.

MMAP's mission is to educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions. The trained counselors in our area continuously seek training and provide high quality, unbiased information at accessible sites across the two-county planning and service area.

STATE OF MICHIGAN
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3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

Provision of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them -- SVEA directly serves and honors victims' dignity by supporting and advocating alongside them through their experiences. Referrals to community supports and finding resources to support individuals care needs are a priority of the SVEA grant initiative . Coalition building and supporting/collaborating with community partners are also goals of the project. Connected2Care will support the technology-side of supporting individuals and families, espeically family members who are out of town/area. With increased communication, supports can be changed and notifications made in a more timely manner to assist individuals and families. MMAP, again, will continue their mission of educating, counseling and empowering individuals to make informed health benefit decisions.

FY 2023 AREA PLAN GRANT BUDGET

Rev. 10/8/21

Agency: Branch-St. Joseph AAA

Budget Period: 10/01/22 to 09/30/23

PSA: IIC

Date: 05/13/22

Rev. No.: orig Page 1of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	152,205		152,205
2. Fed. Title III-C1 (Congregate)		94,779	94,779
3. State Congregate Nutrition		2,676	2,676
4. Federal Title III-C2 (HDM)		107,797	107,797
5. State Home Delivered Meals		133,467	133,467
8. Fed. Title III-D (Prev. Health)	8,821		8,821
9. Federal Title III-E (NFCSP)	55,740		55,740
10. Federal Title VII-A	-		-
10. Federal Title VII-EAP	-		-
11. State Access	7,989		7,989
12. State In-Home	142,429		142,429
13. State Alternative Care	31,394		31,394
14. State Care Management	80,228		80,228
15. St. ANS	12,458		12,458
16. St. Nursing Home Ombs (NHO)	-		-
17. Local Match			
a. Cash	280,554	55,231	335,785
b. In-Kind	17,250	41,900	59,150
18. State Respite Care (Escheat)	39,281		39,281
19. MATF	33,416		33,416
19. St. CG Support	4,123		4,123
20. TCM/Medicaid & MSO	-		-
21. NSIP		122,575	122,575
22. Program Income	82,650	173,000	255,650
TOTAL:	948,538	731,425	1,679,963

ADMINISTRATION				
Revenues	Local Cash	Local In-Kind	Total	
Federal Administration	46,594	32,504	20,250	99,348
State Administration	8,053			8,053
MATF Administration	3,300	-	-	3,300
St. CG Support Administration	407	-	-	407
Other Admin	96,800			96,800
Total AIP Admin:	155,154	32,504	20,250	207,908

Expenditures		
	FTEs	
1. Salaries/Wages	5.00	170,600
2. Fringe Benefits		32,600
3. Office Operations		4,708
Total:		207,908

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

BGP Allocation Amount 1,184,532

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

Signature

Title

Date

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Branch-St. Joseph AAA
 PSA: IIIC

Budget Period: 10/01/22 to 09/30/23
 Date: 05/13/22 Rev. No.: orig

Rev. 10/8/21
 page 2 of 3

Op	Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A Title VII/EAP OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Supp	T-CW-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	A	Access Services																		
A-1		Care Management	22,200		26,000				80,228			12,458						32,504	8,000	181,390
A-2		Case Coord/supp			7,000		7,989											30,000		44,989
A-3		Disaster Advocacy & Outreach Program																		-
A-4		Information & Assis	22,900																3,000	25,900
A-5		Outreach																		-
A-6		Transportation	30,000		7,000									8,000			22,000	28,000		95,000
A-7		Options Counseling																		-
	B	In-Home																		
B-1		Chore	10,000														500	2,650		13,150
B-2		Home Care Assis																		-
B-3		Home Injury Cntrl																		-
B-4		Homemaking						60,229	15,697								16,500	50,000		142,426
B-6		Home Health Aide																		-
B-7		Medication Mgt						9,000												9,000
B-8		Personal Care						53,200	15,697								16,500	50,500		135,897
B-9		Assistive Device&Tech						8,000												8,000
B-10		Respite Care						12,000					16,581	5,416			5,200	18,550		57,747
B-11		Friendly Reassure	10,000															600	1,500	12,100
C-10		Legal Assistance	12,000														500	1,500		14,000
	C	Community Services																		
C-1		Adult Day Services											22,700	20,000	4,123		20,000	31,250		98,073
C-2		Dementia ADC																		-
C-6		Disease Prevent/Health Promion		8,821													250	2,500		11,571
C-7		Health Screening																		-
C-8		Assist to Hearing Impaired & Deaf Cmty																		-
C-9		Home Repair	10,500														500	3,500		14,500
C-11		LTC Ombudsman	2,000															18,000		20,000
C-12		Sr Ctr Operations																		-
C-13		Sr Ctr Staffing																		-
C-14		Vision Services																		-
C-15		Prevnt of Elder Abuse,Neglect,Exploitation																		-
C-16		Counseling Services																		-
C-17		Creat.Conf.CG@ CCC																		-
C-18		Caregiver Supplmt Services																		-
C-19		Kinship Support Services																		-
C-20		Caregiver E,S,T			15,740												700	11,000		27,440
*C-8		Program Develop	22,005																3,000	25,005
		Region Specific																		
		Community Living Program Services	5,100																1,100	6,200
		Gap Filling	5,500																650	6,150
		c.																		-
		d.																		-
		7. CLP/ADRC Services																		-
Sp Co		8. MATF Adm												3,300						3,300
Sp Co		9. St CG Sup Adm													407					407
		SUPPRT SERV TOTAL	152,205	8,821	55,740	-	7,989	142,429	31,394	80,228	-	12,458	39,281	36,716	4,530	-	82,650	280,554	17,250	952,245

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 10/8/21

Agency: Branch-St. Joseph AAA Budget Period: 10/01/22 to 9/30/23
 PSA: IIIC Date: 05/13/22 Rev. Number orig

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FY 2023 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	93,829		2,676			48,000	15,000	6,500	166,005
B-5	Home Delivered Meals		107,797		133,467	122,575	125,000	40,231	35,400	564,470
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	950								950
	Nutrition Services Total	94,779	107,797	2,676	133,467	122,575	173,000	55,231	41,900	731,425

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

FY 2023 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	2,000	-	-	-	-	-	18,000	-	20,000
C-15	Elder Abuse Prevention	-		-			-	-	-	-
	Region Specific	-	-	-			-	-	-	-
	LTC Ombudsman Ser Total	2,000	-	-	-	-	-	18,000	-	20,000

FY 2023 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2023 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	-				-	-	-	-
C-20	Caregiver E,S,T		5,000				-	-	-	5,000
	Kinship Services Total	-	5,000				-	-	-	5,000

Planned Services Summary Page for FY 2023			PSA: IIIC		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 181,390	10.77%	x		x
Case Coordination & Support	\$ 44,989	2.67%		x	
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 25,900	1.54%			x
Outreach	\$ -	0.00%			
Transportation	\$ 95,000	5.64%		x	
Option Counseling	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ 13,150	0.78%		x	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 142,426	8.46%	x	x	
Home Delivered Meals	\$ 564,470	33.53%		x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 9,000	0.53%	x		
Personal Care	\$ 135,897	8.07%	x	x	
Personal Emergency Response System	\$ 8,000	0.48%	x		
Respite Care	\$ 57,747	3.43%	x	x	
Friendly Reassurance	\$ 12,100	0.72%		x	x
COMMUNITY SERVICES					
Adult Day Services	\$ 98,073	5.82%		x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 166,005	9.86%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 11,571	0.69%		x	
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 14,500	0.86%		x	
Legal Assistance	\$ 14,000	0.83%		x	
Long Term Care Ombudsman/Advocacy	\$ 20,000	1.19%		x	
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ -	0.00%			
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ -	0.00%			
Caregiver Education, Support, & Training	\$ 27,440	1.63%		x	
AAA RD/Nutritionist	\$ 950	0.06%		x	
PROGRAM DEVELOPMENT	\$ 25,005	1.49%			x
REGION-SPECIFIC					
Community Living Program Services	\$ 6,200	0.37%	x		
Gap Filling	\$ 6,150	0.37%	x		
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES					
	\$ 1,679,963				
MATF & ST CG ADMINISTRATION					
	\$ 3,707	0.22%			x
TOTAL PERCENT			9.52%	81.51%	8.97%
TOTAL FUNDING		\$ 1,683,670	\$160,125	\$1,372,505	\$151,040

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

FY 2023 BUDGET REVIEW SPREADSHEET

Rev. 10/8/21

Agency:	Branch-St. Joseph of AAA Regions			Fiscal Year:	FY 2023
Date of SGA:	11/1/3021	SGA No.	Cost/Allocation Plan	Date Reviewed by AASA:	
Date of Budget:	05/13/22	Revision No.	orig	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 46,594		\$ 46,594		
State Administration	\$ 8,053		\$ 8,053		
Title III-B Services	\$ 152,205		\$ 152,205		Transfer Request submitted (Appendix F)
Title III-C-1 Services	\$ 94,779		\$ 94,779		From Title IIIC1 (\$60,000)
Title III-C-2 Services	\$ 107,797		\$ 107,797		To Title IIIC2 \$25,000
Federal Title III-D (Prev. Health)	\$ 8,821		\$ 8,821		To Title IIIB \$35,000
Title III-E Services (NFCSP)	\$ 55,740		\$ 55,740		
Title VII/A Services (LTC Ombuds)	\$ -		\$ -		
Title VII/EAP Services	\$ -		\$ -		
St. Access	\$ 7,989		\$ 7,989		
St. In Home	\$ 142,429		\$ 142,429		
St. Congregate Meals	\$ 2,676		\$ 2,676		
St. Home Delivered Meals	\$ 133,467		\$ 133,467		
St. Alternative Care	\$ 31,394		\$ 31,394		AASA COMMENTS
St. Aging Network Srv. (St. ANS)	\$ 12,458		\$ 12,458		
St. Respite Care (Escheats)	\$ 39,281		\$ 39,281		
Merit Award Trust Fund (MATF)	\$ 36,716		\$ 36,716		
St. Caregiver Support (St. CG Sup.)	\$ 4,530		\$ 4,530		
St. Nursing Home Ombuds (NHO)	\$ -		\$ -		
MSO Fund-LTC Ombudsman	\$ -		\$ -		
St. Care Mgt.	\$ 80,228		\$ 80,228		
NSIP	\$ 122,575		\$ 122,575		
			\$ -		
SGA TOTALS:	\$ 1,087,732	\$ -	\$ 1,087,732		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE		
Federal Administration	\$ 46,594	\$ 46,594	\$ -	Minimum federal administration match amount	\$15,531
State Administration	\$ 8,053	\$ 8,053	\$ -	Administration match expended (State Adm. + Local Match)	\$60,807
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 54,647	\$ 54,647	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 3,300				
ST CG Supp	\$ 407				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 32,504			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ 20,250			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 52,754			Amount of MATF Funds budgeted on Adult Day Care	\$ 20,000
Other Admin	\$ 96,800	AIP TOT ADMIN	DIFFERENCE	Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 207,908	\$ 207,908	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 152,205	\$ 152,205	100.0000%		
Fed. Title III C-1 (Congregate)	\$ 94,779	\$ 94,779	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition	\$ 2,676	\$ 2,676	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
Federal C-2 (HDM)	\$ 107,797	\$ 107,797	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 133,467	\$ 133,467	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	#N/A
Federal Title III-D (Prev. Health)	\$ 8,821	\$ 8,821	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$2,000
Federal Title III-E (NFCSP)	\$ 55,740	\$ 55,740	100.0000%	Is required maintenance of effort met?	#N/A
St. Access	\$ 7,989	\$ 7,989	100.0000%		
St. In Home	\$ 142,429	\$ 142,429	100.0000%		
St. Alternative Care	\$ 31,394	\$ 31,394	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 80,228	\$ 80,228	100.0000%	Minimum service match amount required	\$92,678
State Nursing Home Ombs (NHO)	\$ -	\$ -	#DIV/0!	Service matched budgeted: (Local Cash + In-Kind)	\$394,935
St ANS	\$ 12,458	\$ 12,458	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 829,983	\$ 829,983	100.0000%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 335,785			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 59,150			Access:	\$75,100
				In-Home:	\$20,000
				Legal:	\$12,000
Sub-Total:	\$ 394,935			Total Budgeted for Priority Services:	\$107,100
Title VII/A Services (LTC Ombuds)	\$ -	\$ -	#DIV/0!	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ -	\$ -	#DIV/0!	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 122,575	\$ 122,575	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 39,281	\$ 39,281	100.0000%	(Actual % of Legal)	7.88%
MATF	\$ 33,416	\$ 33,416	100.0000%		
St. CG Support	\$ 4,123	\$ 4,123	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$152,205
MSO Fund-LTC Ombudsman	\$ -	\$ -	#DIV/0!	Amount budgeted for Program Development:	\$22,005
TCM-Medicaid / CM	\$ -			% of Title III-B Program Development (must be 20% or less):	14.0%
Program Income	\$ 255,650			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$8,821
Total Services:	\$ 1,679,963			Amount budgeted for EBDP Activities, per TL#2012-244:	\$8,821
Grand Total: Ser.+ Admin.	\$ 1,887,871			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$22,200
b. Case Coord/supp	\$0
c. Disaster Advocacy	\$0
d. Information & Assis	\$22,900
e. Outreach	\$0
f. Transportation	\$30,000
g. Options Counseling	\$0
Access Total:	\$75,100

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$10,000
b. Home Care Assis	\$0
c. Home Injury Cntrl	\$0
d. Homemaking	\$0
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$0
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassure	\$10,000
In Home Services Total:	\$20,000

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

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$0
3. Caregiver E,S,T - Kinship Amount Only	\$5,000
	\$0
Kinship Services Total:	\$5,000

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

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$152,205
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$152,205

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

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