

BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE

Agenda for May 15, 2024 at 8:30 AM

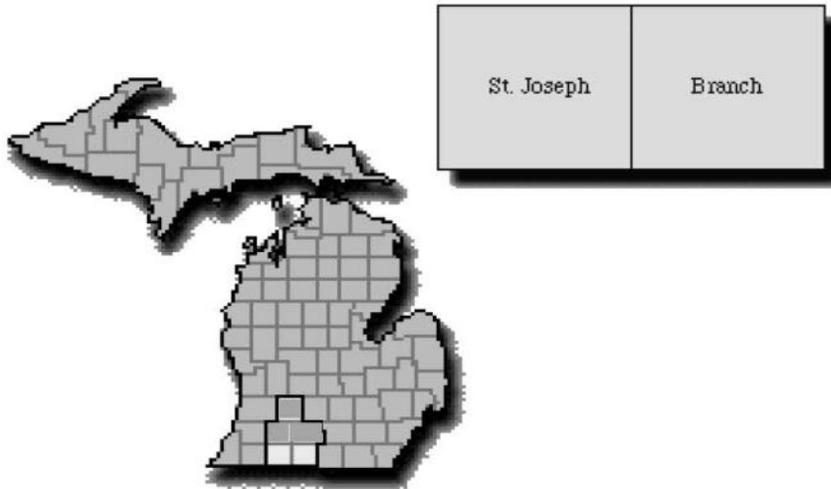
1. Call to Order
 - a. Roll Call
 - b. Approval of the Agenda*
2. Public Comment
3. Unfinished Business
 - a. BOH Intergovernmental Agreement
4. New Business
 - a. AAA Annual Implementation Plan – pg 2
 - b. Financial Controls Policy* - pg 45
5. Public Comment
6. Adjournment - Next meeting: Full Board meets May 23, 2024. PPA next meeting is scheduled for June 19, 2024

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. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

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

DRAFT



Planning and Service Area

Branch, St. Joseph

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Table of Contents

Executive Summary

County/Local Unit of Government Review

Public Hearings

Regional Service Definitions

Access Services

Direct Service Request

Regional Direct Service Request

Approved MYP Program Development Objectives

2025 Program Development Objectives

Supplemental Documents

Planned Service Array

Planned Service Array Narrative

Executive Summary

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

Instructions

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

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

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

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

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

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

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

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

Our Values include:

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

County/Local Unit of Government Review

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

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

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

Instructions

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

TRIBAL NOTIFICATION

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

Instructions

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

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

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Public Hearings

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

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

Instructions

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

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

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

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

with Bureau Operating Standards for AAA's.

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Regional Service Definitions

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

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

Service Name/Definition

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

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

Minimum Standards

Access Services

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

Instructions

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

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

Care Management

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

Geographic area to be served
Branch & St. Joseph counties

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

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

Activities:

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

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

Activities:

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

Activities:

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

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

Information and Assistance

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

Geographic area to be served

Branch & St. Joseph counties

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

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

Activities:

- ~ Continue to provide referrals according to the ACLS Bureau and national Alliance for Information and Referral Systems (AIRS) standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - Aging and Disability Resource Center Information Center (ADRCIS) database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality information & assistance services
- ~ Staff shall support education efforts among callers regarding immunization, including COVID-19 vaccination/testing/support as well as other adult immunizations, as needed

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

Activities:

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

Activities:

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

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

Activities:

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Direct Service Request

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

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

Instructions

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

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

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

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

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

Regional Direct Service Request

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

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

Instructions

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

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

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

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

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

Approved MYP Program Development Objectives

APPROVED MYP GOALS AND OBJECTIVES

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

Instructions

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

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

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

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

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

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

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

Area Agency on Aging Goal

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

Objectives

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Branch County.

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

Progress

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

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

Objectives

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

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

Progress

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

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

Objectives

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

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

Progress

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

To address Objective 3:

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

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

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

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

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

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

Progress

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

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

2025 Program Development Objectives

FY 2025 AIP COLLABORATION WITH STATE PLAN GOALS

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

Instructions

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

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

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

Area Agency on Aging Goal

A.

State Goal Match:

Narrative

Objectives

1.

Timeline: to

Activities

Expected Outcome

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Supplemental Documents

Document A: Policy Board Membership (Required).

Document B: Advisory Council Membership (Required).

SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL

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

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

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

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

SUPPLEMENTAL DOCUMENT A
Board of Directors Membership

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

SUPPLEMENTAL DOCUMENT B
Advisory Board Membership

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

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

SUPPLEMENTAL DOCUMENT F
Request to Transfer Funds

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

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Planned Service Array

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

	Access	In-Home	Community
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 • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • 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
Local Millage Funded	<ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Personal Care • 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
Participant Private Pay	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • 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
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 • Caregiver Education, Support and Training

* Not PSA-wide

Planned Service Array Narrative

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

Instructions

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

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

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

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

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

FY 2025 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

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

Budget Period: 10/01/24 to 09/30/25
 Date: 04/05/24 Rev. No.: Original

Rev. 2/23/24
 page 2 of 3

*Operating Standards For AAA's

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 Suppt	TUM/Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																			
A-1	Care Management	44,954							80,228			11,745				60,000		35,902	10,000	242,829
A-2	Case Coordination/Support			7,000			7,532											15,000		29,532
A-3	Disaster Advocacy & Outreach Program																			-
A-4	Information & Assistance			25,057															5,000	30,057
A-5	Outreach																			-
A-6	Transportation	30,000		7,000										8,000			22,000	28,000		95,000
A-7	Options Counseling																			-
A-8	Care Transition Coordination and Support																			-
B	In-Home																			
B-1	Chore	10,000															500	2,500		13,000
B-2	Home Care Assistance																			-
B-3	Home Injury Control																			-
B-4	Homemaking							92,110	14,725								16,500	40,000		163,335
B-6	Home Health Aide																			-
B-7	Medication Management							9,300												9,300
B-8	Personal Care							70,000	14,726								16,000	45,000		145,726
B-9	Assistive Device & Technology							10,000												10,000
B-10	Respite Care							17,825					12,812	5,016			4,000	18,000		57,653
B-11	Friendly Reassurance	10,000																600	1,500	12,100
C	Community Services																			
C-1	Adult Day Services												18,700	18,485	3,887		15,000	31,000		87,072
C-6	Disease Prevention/Health Promotion		8,707														500	2,500		11,707
C-7	Health Screening																			-
C-8	Assistance to Hearing Impaired & Deaf Community																			-
C-9	Home Repair	6,500															500	3,500		10,500
C-10	Legal Assistance	13,000															500	1,800		15,300
C-11	LTC Ombudsman	2,000																18,000		20,000
C-12	Senior Center Operations																			-
C-13	Senior Center Staffing																			-
C-14	Vision Services																			-
C-15	Programs for Prevention of Elder Abuse, Neglect, Exploitation																			-
C-16	Counseling Services																			-
C-18	Caregiver Supplement Services																			-
C-19	Kinship Support Services																			-
C-21	Caregiver Education			8,400													500	10,000		18,900
C-22	Caregiver Training			500																500
C-23	Caregiver Support Groups			8,000																8,000
*C-8	Program Development	23,000																		-
	Region Specific																			
	Community Living Program Services	5,000																	1,500	6,500
	Gap Filling	5,500																	650	6,150
	c.																			-
	d.																			-
	e.																			-
	f.																			-
Sp Co	8. MATF Adm													3,115						3,115
Sp Co	9. St CG Sup Adm														384					384
	SUPPORT SERVICE TOTAL	149,954	8,707	55,957	-	-	7,532	199,235	29,451	80,228	-	11,745	31,512	34,616	4,271	60,000	76,000	251,802	22,650	1,023,660

FY 2025 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 2/23/24

Agency: Branch-St. Joseph Area Agency | Budget Period: 10/01/24 to 9/30/25
 PSA: 3C | Date: 04/05/24 | Rev. Number | Original

page 3 of 3

FY 2025 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	91,044		2,523				55,000	15,000		163,567
B-5	Home Delivered Meals		127,204		125,206	121,695		125,000	90,250		589,355
C-4	Nutrition Counseling										-
C-5	Nutrition Education										-
B-12	Carry-out Meal (COM)										-
	AAA RD/Nutritionist*	950									950
	Nutrition Services Total	91,994	127,204	2,523	125,206	121,695	-	180,000	105,250	-	753,872

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

FY 2025 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 2025 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 2025 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-21	Caregiver Education	-	2,500				-	-	-	2,500
C-22	Caregiver Training	-					-	-	-	-
C-23	Caregiver Support Groups	-	2,500				-	-	-	2,500
	Kinship Services Total	-	2,500				-	-	-	2,500

Planned Services Summary Page for FY 2025			PSA: 3C			
Service	Budgeted Funds	Percent of the Total	Method of Provision			
			Purchased	Contract	Direct	
ACCESS SERVICES						
Care Management	\$ 242,829	13.66%	x		x	
Case Coordination & Support	\$ 29,532	1.66%		x		
Disaster Advocacy & Outreach Program	\$ -	0.00%				
Information & Assistance	\$ 30,057	1.69%			x	
Outreach	\$ -	0.00%				
Transportation	\$ 95,000	5.34%		x		
Option Counseling	\$ -	0.00%				
Care Transition Coordination and Support	\$ -	0.00%				
IN-HOME SERVICES						
Chore	\$ 13,000	0.73%		x		
Home Care Assistance	\$ -	0.00%				
Home Injury Control	\$ -	0.00%				
Homemaking	\$ 163,335	9.19%	x	x		
Home Delivered Meals	\$ 589,355	33.16%		x		
Home Health Aide	\$ -	0.00%				
Medication Management	\$ 9,300	0.52%	x			
Personal Care	\$ 145,726	8.20%	x	x		
Personal Emergency Response System	\$ 10,000	0.56%	x			
Respite Care	\$ 57,653	3.24%	x	x		
Friendly Reassurance	\$ 12,100	0.68%		x	x	
COMMUNITY SERVICES						
Adult Day Services	\$ 87,072	4.90%	x	x		
Congregate Meals	\$ 163,567	9.20%		x		
Nutrition Counseling	\$ -	0.00%				
Nutrition Education	\$ -	0.00%				
Disease Prevention/Health Promotion	\$ 11,707	0.66%		x		
Health Screening	\$ -	0.00%				
Assistance to the Hearing Impaired & Deaf Community	\$ -	0.00%				
Home Repair	\$ 10,500	0.59%		x		
Legal Assistance	\$ 15,300	0.86%		x		
Long Term Care Ombudsman/Advocacy	\$ 20,000	1.13%		x		
Senior Center Operations	\$ -	0.00%				
Senior Center Staffing	\$ -	0.00%				
Vision Services	\$ -	0.00%				
Programs for Prevention of Elder Abuse, Neglect, & Counseling Services	\$ -	0.00%				
Carry-Out Meal (COM)	\$ -	0.00%				
Caregiver Supplemental Services	\$ -	0.00%				
Kinship Support Services	\$ -	0.00%				
Caregiver Education	\$ 18,900	1.06%		x		
Caregiver Training	\$ 500	0.03%		x		
Caregiver Support Groups	\$ 8,000	0.45%		x		
AAA RD/Nutritionist	\$ 950	0.05%		x		
PROGRAM DEVELOPMENT	\$ 27,000	1.52%			x	
REGION-SPECIFIC						
Community Living Program Services	\$ 6,500	0.37%	x			
Gap Filling	\$ 6,150	0.35%	x	x		
c.	\$ -	0.00%				
d.	\$ -	0.00%				
e.	\$ -	0.00%				
f.	\$ -	0.00%				
SUBTOTAL SERVICES						
	\$ 1,774,033					
MATF & ST CG ADMINISTRATION						
	\$ 3,499	0.20%			x	
TOTAL PERCENT			100.00%	13.26%	78.59%	8.16%
TOTAL FUNDING		\$ 1,777,532		\$235,545	\$1,396,980	\$145,007

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 2025 BUDGET REVIEW SPREADSHEET

Rev. 2/23/24

Agency:	Branch-St. Joseph	3C		Fiscal Year:	FY 2025
Date of SGA:	Cost Allocation Plan	SGA No.	1/10/2024	Date Reviewed by AASA:	
Date of Budget:	04/05/24	Revision No.	Original	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 48,202		\$ 48,202		
State Administration	\$ 8,371		\$ 8,371		
Title III-B Services	\$ 149,954		\$ 149,954	Transfer Request submitted (Appendix F) and reflected in corresponding "SGA AWARD" cell:	
Title III-C-1 Services	\$ 91,994		\$ 91,994	From Title III C1 (\$60,000)	
Title III-C-2 Services	\$ 127,204		\$ 127,204	To Title III C2 \$25,000	
Federal Title III-D (Prev. Health)	\$ 8,707		\$ 8,707	To Title III B \$35,000	
Title III-E Services (NFCSP)	\$ 55,957		\$ 55,957		
Title VII/A Services (LTC Ombuds)	\$ -		\$ -		
Title VII/EAP Services	\$ -		\$ -		
St. Access	\$ 7,532		\$ 7,532		
St. In Home	\$ 199,235		\$ 199,235		
St. Congregate Meals	\$ 2,523		\$ 2,523		
St. Home Delivered Meals	\$ 125,206		\$ 125,206		
St. Alternative Care	\$ 29,451		\$ 29,451	AASA COMMENTS	
St. Aging Network Srv. (St. ANS)	\$ 11,745		\$ 11,745		
St. Respite Care (Escheats)	\$ 31,512		\$ 31,512		
Merit Award Trust Fund (MATF)	\$ 34,616		\$ 34,616		
St. Caregiver Support (St. CG Sup.)	\$ 4,271		\$ 4,271		
St. Nursing Home Ombuds (NHO)	\$ -		\$ -		
MSO Fund-LTC Ombudsman	\$ -		\$ -		
St. Care Mgt.	\$ 80,228		\$ 80,228		
NSIP	\$ 121,695		\$ 121,695		
			\$ -		
SGA TOTALS:	\$ 1,138,403	\$ -	\$ 1,138,403		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE		
Federal Administration	\$ 48,202	\$ 48,202	\$ -	Minimum federal administration match amount	\$16,067
State Administration	\$ 8,371	\$ 8,371	\$ -	Administration match expended (State Adm. + Local Match)	\$69,273
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 56,573	\$ 56,573	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 3,115				
ST CG Supp	\$ 384				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 35,902			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	3115.009875
Local In-Kind Match	\$ 25,000			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 60,902				
Other Admin	\$ 96,800				
		AIP TOT ADMIN	DIFFERENCE		
Total Administration:	\$ 217,774	\$ 217,774	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED		
Federal Title III-B Services	\$ 149,954	\$ 149,954	100.0000%	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 91,994	\$ 91,994	100.0000%		
State Congregate Nutrition	\$ 2,523	\$ 2,523	100.0000%	[note: see TL #369 & TL#2007-141]	
Federal C-2 (HDM)	\$ 127,204	\$ 127,204	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
State Home Delivered Meals	\$ 125,206	\$ 125,206	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
Federal Title III-D (Prev. Health)	\$ 8,707	\$ 8,707	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	\$2,000
Federal Title III-E (NFCSP)	\$ 55,957	\$ 55,957	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$2,000
St. Access	\$ 7,532	\$ 7,532	100.0000%	Is required maintenance of effort met?	Yes
St. In Home	\$ 199,235	\$ 199,235	100.0000%		
St. Alternative Care	\$ 29,451	\$ 29,451	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 80,228	\$ 80,228	100.0000%	Minimum service match amount required	\$99,291
State Nursing Home Ombs (NHO)	\$ -	\$ -	#DIV/0!	Service matched budgeted: (Local Cash + In-Kind)	\$379,702
St ANS	\$ 11,745	\$ 11,745	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 889,736	\$ 889,736	100.0000%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 357,052			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 22,650			Access:	\$74,954
				In-Home:	\$20,000
				Legal:	\$13,000
Sub-Total:	\$ 379,702			Total Budgeted for Priority Services:	\$107,954
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	\$ 121,695	\$ 121,695	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 31,512	\$ 31,512	100.0000%	(Actual % of Legal)	8.67%
MATF	\$ 31,501	\$ 31,501	100.0000%		
St. CG Support	\$ 3,887	\$ 3,887	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$149,954
MSO Fund-LTC Ombudsman	\$ -	\$ -	#DIV/0!	Amount budgeted for Program Development:	\$23,000
TCM-Medicaid / CM	\$ 60,000			% of Title III-B Program Development (must be 20% or less):	15.3%
Program Income	\$ 256,000			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$8,707
Total Services:	\$ 1,774,033			Amount budgeted for EBDP Activities, per TL#2012-244:	\$8,707
Grand Total: Ser.+ Admin.	\$ 1,991,807			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$44,954
b. Case Coord/supp	\$0
c. Disaster Advocacy	\$0
d. Information & Assis	\$0
e. Outreach	\$0
f. Transportation	\$30,000
Access Total:	\$74,954

(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 Education - Kinship Amount Only	\$2,500
4. Caregiver Training - Kinship Amount Only	
5. Caregiver Support Groups - Kinship Amount Only	\$2,500
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	\$149,954
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$149,954

(Use ONLY If SGA Reflects Transfers)

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

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

**FY 2025 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2025

SERVICE: Care Management (Community Living Prog.)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	33,054		40,073		10,000	6,000	35,000	124,127
Fringe Benefits	5,700		4,500		1,500	3,000	10,000	24,700
Travel	2,000				1,000			3,000
Training					1,000			1,000
Supplies	200							200
Occupancy	1,500					1,000		2,500
Communications	1,500							1,500
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)	1,000		47,400		22,402		15,000	85,802
								0
Totals	44,954	0	91,973	0	35,902	10,000	60,000	242,829

SERVICE AREA: Branch & St. Joseph counties

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

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

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2025

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
County Appropriation	35,902				
Local Resources		10,000			
Medicaid Targeted Care Management			60,000		
Totals	35,902	10,000	60,000	0	

Difference

0

0

0

OK

OK

OK

**FY 2025 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2025

SERVICE: Information & Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	23,057					5,000		28,057
Fringe Benefits	2,000							2,000
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	25,057	0	0	0	0	5,000	0	30,057

SERVICE AREA: Branch & St. Joseph counties

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

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

If yes, please describe: _____

Explanation for Other Expenses: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2025

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		5,000			
Totals	0	5,000	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2025 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2025

SERVICE: Gap Filling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries						650		650
Fringe Benefits								0
Travel								0
Training								0
Supplies	2,500							2,500
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	2,500	0	0	0	0	650	0	3,150

SERVICE AREA: Branch & St. Joseph counties

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

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

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2025

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		650			
Totals	0	650	0	0	

Difference

OK 0

OK 0

OK 0

Operating Standard Service Number	Operating Standard Service Name	Federal Funds				State Funds						
		Title III-B Supportive Services	Title III-D Services (Preventive Health) **	Title III-E Services National Family Caregiver Support (NFCSP)	Title VIIA Services (Long-Term Care Ombudsman) and Title VII Elder Abuse Prevention (EAP)	State Nursing Home Ombudsman (NHO)	State Alternate Care	State Respite Care (Escheats)	MI State Ombudsman (MSO)	State Merit Award Trust Fund (MATF)	State Caregiver Support (St. CG Sup.)	State Aging Network Services (St. ANS)
C-1	Adult Day Service	X		X			X	X		X	X	X
C-6	Disease Prevention/Health Promotion	X	X	X								
C-7	Health Screening	X										
C-8	Assistance to Hearing Impaired & Deaf	X										
C-9	Home Repair	X										
C-10	Legal Assistance	X		X								
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X			
C-12	Senior Center Operations	X										
C-13	Senior Center Staffing	X										
C-14	Vision Services	X										
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP							
C-16	Counseling Services	X		X								
C-18	Caregiver Supplemental Services	X		X								
C-19	Kinship Support Services	X		X								
C-21	Caregiver Education	X		X								
C-22	Caregiver Training	X		X								
C-23	Caregiver Support Groups	X		X								

NUTRITION SERVICES

Operating Standard Service Number	Operating Standard Service Name	Federal Funds				State Funds		Requirements from ACLS Bureau Transmittal Letters (TL) that establishes Fundable Service Categories Replaces: TL 367, 2005-102, and 2007-142 See TL 343 and TL2 006-111 for guidance re St. MATF See TL 2012-244 for guidance regarding Title III-D See TL 2012-256 for guidance regarding State Aging Network - Revised 7/26/17
		Title III-C1 Congregate	Title III-C2 Home Delivered Meals	Title III-E Services National Family Caregiver Support (NFCSP)	Nutrition Services Incentive Program *(NSIP)	State Congregate	State Home Delivered Meals	
C-3	Congregate Meals	X			X	X		
B-5	Home Delivered Meals		X	X	X		X	
C-4	Nutrition Counseling	X	X	X		X	X	
C-5	Nutrition Education	X	X	X		X	X	
B-12	Carry-Out Meal (COM)		X	X	X		X	

*NSIP funds are designated for actual food costs for Older Americans Act Title III eligible meals.

**Title III D - All Funds must be used for Evidence-Based programs.

Title III Administration
 State Administration
 Title IIIB Supportive Services
 Title IIIC-1 Services Congregate Meals
 Title IIIC-2 Services Home Delivered Meals
 Title IIID Services (Preventive Health)
 Title IIIE Services (NFCSP) National Family Caregiver Support
 Title VIIA Services (LTC Ombudsman)
 Title VII/EAP Services Elder Abuse Prevention
 State Access Services
 State In-Home Services
 State Congregate Meals
 State Home Delivered Meals
 State Alternative Care

Federal
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Title III Administration
 State Administration
 Title IIIB Supportive Services
 Title IIIC-1 Congregate Meals
 Title IIIC-2 Home Delivered Meals
 Title IIID Preventive Health
 Title IIIE Natl. Family Caregiver
 Title VIIA LTC Ombudsman
 Title VII/EAP Eld Abuse Prevention
 State Access Services
 State In-Home Services
 State Congregate Meals
 State Home Delivered Meals
 State Alternative Care

State Aging Network Services (St. ANS)
State Caregiver Support
State Respite Care
State Merit Award Trust Fund (MATF)
State Nursing Home Ombs
Michigan State Ombudsman (MSO)
State Care Management
Nutrition Services Incentive Program (NSIP)

State
State
State
State
State
State
State
Federal

State Aging Network Services (St. ANS)
State Caregiver Support
State Respite Care
State Merit Award
State Nursing Home Ombs
Michigan State Ombudsman (MSO)
State Care Management
Nutrition Services Incentive Program (NSIP)

Program: Administration	Effective Date: 5/23/2024
Subject: Financial Controls Policy	Last Updated:

Purpose: To establish controls to mitigate key areas of risk.

Policy Statement: The Branch-Hillsdale-St. Joseph Community Health Agency will maintain accounting controls with segregation of duties, where feasible with current staffing levels, to mitigate key areas of risk. When duties cannot be segregated, compensating controls will be used.

Implementing Procedure:

I. Introduction

This document describes all accounting policies and procedures currently in use at Branch-Hillsdale-St. Joseph Community Health Agency and to ensure that the financial statements conform to generally accepted accounting principles; assets are safeguarded; guidelines of grantors and donors are complied with; and finances are managed with accuracy, efficiency, and transparency.

All Branch-Hillsdale-St. Joseph Community Health Agency’s staff with a role in the management of fiscal and accounting operations are expected to comply with the policies and procedures detailed herein.

These policies will be reviewed annually and revised as needed by the staff and approved by the Admin Service Director, the Health Officer, and the Board of Directors.

II. Division of Responsibilities

The following is a list of personnel who have fiscal and accounting responsibilities:

A. Board of Health

1. Reviews and approves the annual budget
2. Reviews annual and periodic financial statements and information
3. Reviews and establishes the salary scale
4. Reviews the Health Officers performance annually and establishes the salary
5. Reviews and approves all non-budgeted expenditures over \$5,000

B. Health Officer

1. Signs all issued checks
2. Reviews and approves all grant submissions

Reviewed Date:

3. Is on-site signatory for all bank accounts
4. Reviews and approves all contracts and leases

C. Administrative Services Director

1. Reviews and approves all financial reports
2. Sees that an appropriate budget is developed annually
3. Reviews and signs all issued checks
4. Approves all program expenditures
5. Reviews and approves all journal entries and bank statements
6. Reviews and approves all monthly/quarterly grant expenditure reports in Egrams
7. Reviews and maintains internal accounting controls and procedures
8. Oversees expense allocations
9. Monitors grant reporting and appropriate release of temporarily restricted funds
10. Monitors and makes recommendations for asset retirement and replacement
11. Handles all FOIA request
12. Reviews and monitors all building maintenance request

D. Accountant

1. Overall responsibility for data entry into accounting system and integrity of accounting data
2. Monitors program budgets
3. Reviews payroll
4. Reviews and manages cash flow
5. Develops the annual and amended program budgets
6. Receives and opens accounting department mail
7. Monitors grant reporting
8. Oversees expense allocation
9. Prepares monthly and year-end financial reporting
10. Enters grant budgets in Egrams
11. Enters grant expenditure reporting in Egrams
12. Reconcile bank accounts

E. HR Specialist

1. Reviews payroll and is responsible for all personnel files

F. Fiscal Support Specialist

1. Processes payroll
2. Enters accounts payable invoices
3. Prints & mails checks
4. Receipts cash & checks

G. Administrative Support Clerk

1. Creates purchase orders
2. Makes bank deposits

III. Chart of Accounts and General Ledger

Branch Hillsdale St Joseph Community Health Agency has designated a Chart of Accounts specific to its operational needs and the needs of its financial statements. The Chart of Accounts is structured so that financial statements can be shown by natural classification (expense type) as well as by functional classification (program vs. fundraising vs. administration). The Admin Service Director is responsible for maintaining the Chart of

Accounts and revising as necessary. The Chart of Accounts is attached to this manual as an addendum. The general ledger is automated and maintained using our accounting software. All input and balancing is the responsibility of the accountant with final approval by the Admin Service Director. The Admin Service Director should review the general ledger on a periodic basis for any unusual transactions.

IV. Cash Receipts

Cash receipts generally arise from

1. Contracts and grants
2. Fee for service
3. Immunization billing
4. Intergovernmental transfer

The principal steps in the cash receipts process are detailed in the agency's Collection of Money Policy.

V. Inter-Account Bank Transfers

The Accountant monitors the balances in the bank accounts to determine when there is a shortage or excess in the account. The Accountant recommends to the Administrative Services Director when a transfer should be made to maximize the potential for earning interest. The Accountant is directed in writing when to make a transfer and in what amount. A copy of the transfer is given to the Administrative Services Director.

VI. Cash Disbursements & Expense Allocations

Cash disbursements are generally made for:

1. Payments to vendors for goods or services
2. Staff training and development
3. Memberships and subscriptions
4. Meeting expenses
5. Employee reimbursements
6. Marketing/promotional materials

Checks are processed bi-weekly. Invoices submitted to the Fiscal Support Specialist by Wednesday of the payable week will be processed and paid that Friday. Checks can be prepared manually within one day, but this should be limited to emergency situations.

Requests for cash disbursements are generally submitted in the following ways:

1. Original Invoice
2. Purchase request (submitted on approved form and signed by Director)
3. Employee training request form (submitted on approved training form and signed by the Director)

All invoices must have the account and program codes written on them, and be approved by the division Director, the Administrative Services Director, or the Health Officer.

Every employee reimbursement or purchase request must be documented on the approved training form with itemized receipts attached.

Other expenditures must include a receipt from the vendor detailing all goods or services purchased/provided.

The Accountant reviews all requests for payment and:

1. Verifies expenditures and amounts

2. Approves for payment if in accordance with budget
3. Provides or verifies appropriate allocation information, including general ledger account code, program code, or distribution code
4. Provides date of payment, taking into account cash flow projections
5. Returns to the Fiscal Support Specialist for completion

The Fiscal Support Specialist processes all payments and:

1. Enters them into the Accounts Payable module of the accounting system
2. Prints checks according to allocation and payment date provided by the Accountant
3. Submits check listing, voucher, and documentation to Administrative Services Director for approval
4. Stamps invoice paid
5. Mails checks and/or processes bank transfers
6. Scans all invoices and backup documentation into Docuphase
7. Runs accounts payable aging report at the end of each month to assure timely payment of all invoices.

Expense Allocations

Expenses that benefit more than one cost center will be distributed following the agency's Cost Allocation Plan.

I. Credit Card Policy and Charges

All staff members who are authorized to carry/use an organization credit card will be held personally responsible in the event that any charge is deemed personal or unauthorized. Unauthorized use of the credit card includes: personal expenditures of any kind; expenditures which have not been properly authorized; meals, entertainment, gifts, or other expenditures which are prohibited by budgets, laws, and regulations, and the entities from which Branch-Hillsdale-St. Joseph Community Health Agency receives funds.

The receipts for all credit card charges will be given to the Fiscal Support Specialist within (2) weeks of the purchase along with proper documentation. The Fiscal Support Specialist will verify all credit card charges with the monthly statements. A copy of all charges will be attached to the monthly credit card statement and submitted to the Accountant for review and approval.

Additional information can be found in the agency's P-Card and Wal-Mart Card Policy.

II. Accruals

To ensure a timely close of the general ledger to produce financial statements, the Branch-Hillsdale-St. Joseph Community Health Agency may book accrual entries. Some accrual entries will be made as recurring or reversing entries.

III. Bank Account Reconciliations

Accountant

1. Receives all bank statements
2. Reviews all bank statements for unusual balances and/or transactions
3. Reconciles the statement ensuring that the dates and amounts shown in the accounting system match the bank statement.
4. Investigates any rejected items
5. Compares cleared checks with the accounting record, including amount, payee, and sequential check numbers
6. Verify that voided checks, if returned, are appropriately defaced and filed

7. Investigate any checks that have been outstanding for more than 6 months
8. Attach the completed bank statement to the reconciliation report, along with any other documentation and provide it to the Administrative Services Director.

Administrative Services Director

1. Reviews, approves, and signs bank reconciliation reports

II. Petty Cash Fund

Petty cash funds are maintained by the organization for miscellaneous or unexpected purchases that do not exceed \$20.

1. There is a petty cash fund located in the Coldwater, Three Rivers, and Hillsdale offices.
2. Each petty cash fund will not exceed \$100 and is to be kept in a locked cabinet at all times.
3. The Accountant oversees the petty cash fund
4. All disbursements made from the petty cash fund are acknowledged in writing by the receiving party
5. Receipts for items purchased with petty cash must be included with the petty cash reconciliation form when funds are replenished
6. No checks will be cashed by the petty cash fund

Additional information can be found in the Petty Cash Policy

III. Property and Equipment

Property and equipment include items such as office furniture, computer hardware and software, and leasehold improvements. It is the Branch-Hillsdale-St. Joseph Community Health Agency's policy to capitalize items which have a unit cost greater than \$5,000. Items purchased with a value or cost less than \$5,000 will be expensed in the period purchased.

The depreciation period for capitalized assets is as follows:

- Computer hardware, 36 months
- Computer software, 36 months
- Office equipment, 60 months
- Office furniture, 60 months
- Leasehold improvements, length of lease

A fixed asset log will be maintained by the Accountant, including date of purchase, asset description, purchase/donation information, cost/fair market value, donor/funding source, identification number, and life of asset.

1. The log will be reviewed by the Administrative Services Director
2. Annually, a physical inspection and inventory will be taken of all fixed assets and reconciled to the general ledger balances
3. The Admin Services Director shall be informed in writing of any change in status or condition of any property or equipment
4. Depreciation is recorded annually. Depreciation is computed using the straight-line method over the estimated useful life of the related asset. Any impaired assets discovered during the inventory will be written down to their actual value.

IV. Personnel Records

All personnel files contain the following documents:

1. An application and resume
2. Status change form that indicates date of hire, position, and pay rate.
3. Authorization for payroll deductions
4. W-4 withholding authorizations
5. Termination data where applicable
6. Signed confidentiality agreement
7. Signed acknowledgement of receipt of Personnel Policy Manual
8. Emergency Contact Card
9. I-9 form with allowable forms of identification
10. Other forms deemed appropriate by the Administrative Services Director

Personnel files will be kept in a secure, locked room and accessed only by authorized personnel.

V. Payroll Processing

Staff Members:

1. Timesheets are to be completed by all staff using the EWS system, and submitted bi-weekly.
2. Timesheets are to be kept on a daily basis and should accurately reflect the amount of time an employee actually worked in each cost center.

Supervisors:

1. Review and approve submitted timesheets in the EWS system. Supervisors should be looking for accuracy in the following:
 - a) Ensure correct number of hours claimed in payroll
 - b) Any requested paid-time off is entered correctly
 - c) All mileage has description, and that mileage cost center matches cost centers in hours worked
 - d) Holidays are entered correctly
 - e) Emergency preparedness meetings are coded correctly
 - f) Training reimbursements are entered correctly & documentation matches
 - g) Any utility time off is entered correctly
 - h) Staff are reporting in the cost centers they are working in
2. Email Fiscal Support Specialist if an employee works an amount of hours that differs from the amount they are budgeted to work.

Fiscal Support Specialist

1. Review timesheets for errors including: incorrect amount of hours, cost centers not matching, etc.
2. Process payroll
3. The payroll will be compared to the previous payroll for accuracy. Any changes to add/remove employees, change employee benefits/deductions, or wage increases must have a copy of the official documentation and approval of the changes.
4. Prior to the payroll checks being finalized, the payroll is reviewed and approved by the Accountant or the Administrative Services Director.
5. Payroll checks are distributed on the Friday following the end of the pay period, by direct deposit. If the designated pay date is a holiday, the deposit will happen the day before.
6. All employees will receive an email which includes their pay stub
7. Prepare all payroll accounts payable
8. Prepare and File all federal and state payroll reports

9. Prepare all W-2 statements (issued to employees prior to January 31st of the following calendar year).

Accountant

1. Review payroll to ensure accuracy before the payroll is finalized and checks run
2. Review payroll expenditures and allocations monthly
3. Reconcile payroll account

Administrative Services Director

1. Review payroll to ensure accuracy before the payroll is finalized and checks run if Accountant is not available
2. Review payroll expenditures and allocations monthly
3. Review and sign all federal and state payroll reports

II. End of Month and Fiscal Year-End Close

1. The Admin Service Director will review and sign off on all month- and year-end journal entries. They will be printed, filed, and scanned for audit trail purposes.
2. At the end of each month and fiscal year end, the Admin Service Director will review all balance sheet accounts including verification of the following balances: cash accounts match the bank reconciliations, fixed assets accounts reflect all purchases, write-downs and retirements, accounts receivable and payable accounts match outstanding amounts due and owed.
3. The income and expense accounts review will include reconciliation to amounts received and expended and verification that payroll expenses match the payroll reports including federal and state payroll tax filings.
4. Once the final monthly and fiscal year-end financial statements are run, reviewed, and approved by the Admin Service Director, no more entries or adjustments will be made into that month or year's ledgers.
5. All other appropriate government filings including those required by the state tax board and attorney general's office will be completed and filed with the appropriate agency.

III. Financial Reports

The Accountant will prepare the monthly and annual financial reports for distribution to the Admin Service Director. The reports will include:

- Balance sheet
- Cash receipts and disbursements report
- Statement of income and expenses report that include budget versus actual expenses broken out by each program with an established budget
- An expense by summary for each program, along with an explanation for any grant program that is over budget
- Any other requested reports

Periodic and annual financial reports will be submitted to the Board of Directors for review and approval.

IV. Fiscal Policy Statements

1. All capital expenditures which exceed five thousand dollars (\$5,000) will be capitalized.
2. Employee or public personal checks will not be cashed through the petty cash fund.
3. No salary advances will be made under any circumstances.

4. Reimbursements will be paid upon complete expense reporting and approval using the official Branch-Hillsdale-St. Joseph Community Health Agency form.
5. Any donated item with a value exceeding (\$50) will be recorded and a letter acknowledging the donation will be sent to the donor within two weeks of the receipt of the donation.
6. All volunteer time shall be recorded as in-kind donations.
7. The Health Officer and the Administrative Services Director are authorized to exercise all banking function for the Branch-Hillsdale-St. Joseph Community Health Agency, including, but not limited to, opening/closing accounts, endorsing checks and orders for the payment of money or otherwise withdraw or transfer funds, enter into written lease for the purpose of renting, maintaining, accessing, and terminating a safe deposit box, assigning/removing staff access to and from bank accounts.
8. The Health Officer and the Administrative Services Director are signatories on Branch-Hillsdale-St. Joseph Community Health Agency's bank accounts.
9. Bank statements will be reconciled monthly by the Accountant and reviewed by the Administrative Services Director
10. Accounting and personnel records will be kept in locked locations in the finance or HR office and only parties with financial and/or HR responsibility will have access to them.