

## **BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE**

### **Agenda for May 20, 2026 at 8:30 AM**

1. Call to Order
  - a. Roll Call
  - b. Approval of the Agenda
2. Public Comment
3. New Business
  - a. Closed Session – Attorney-Client Privileged Communication (Written Legal Opinion) pursuant to MCL 15.268(h). The Board will consider entering into closed session to review and discuss written legal advice from legal counsel that is subject to attorney-client privilege under the Michigan Open Meetings Act.  
*Proposed motion: I move that the Board enter into closed session pursuant to Section 8(h) of the Michigan Open Meetings Act, MCL 15.268(h), for the purpose of considering written legal advice and attorney-client privileged communications from legal counsel. The Health Officer, Environmental Health Director, and Environmental Health Supervisor shall be permitted to attend the closed session.*
  - b. Ms. Gretta Shermerhorn – 54108 Delong Rd. – pg 2
  - c. 2027-2029 Multi-Year Plan / FY 2027 Annual Implementation Plan – pg 43
  - d. Website – Board of Health Resources Page
4. Unfinished Business
  - a. Procurement Policy – pg 92
5. Public Comment
6. Adjournment - Next meeting: Full Board meets May 28, 2026.  
PPA next meeting is scheduled for June 17, 2026

**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.

## Re:Board of Health meeting.

[burnsr@bhsj.org](mailto:burnsr@bhsj.org) | THU APR 9 4:15 PM | 4 minute(s) read

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Mrs. Schermerhorn,

We are in receipt of your email. So that we can best respond I would like to schedule a meeting to discuss your concerns. Are you available to meet on Tuesday, April 14th, anytime between 1:30 and 4:00 pm?

You would be meeting with myself, Environmental Health Director Joe Frazier, and if available Environmental Health Supervisor Kyle Moore.

I look forward to hearing from you,  
Rebecca

**Rebecca A. Burns, MPH RS**

Health Officer   



 517-933-3040  
 269-501-2503  
 [burnsr@bhsj.org](mailto:burnsr@bhsj.org)  
 [www.bhsj.org](http://www.bhsj.org)  
 570 Marshall Rd, Coldwater, MI 49036

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The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.

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From: Gretta Schermerhorn <[gretta62@yahoo.com](mailto:gretta62@yahoo.com)>

To: "[Burnsr@bhsj.org](mailto:Burnsr@bhsj.org)" <[Burnsr@bhsj.org](mailto:Burnsr@bhsj.org)>, "[frasierj@bhsj.org](mailto:frasierj@bhsj.org)" <[frasierj@bhsj.org](mailto:frasierj@bhsj.org)>, "[hoffmasterj@stjosephcountymi.gov](mailto:hoffmasterj@stjosephcountymi.gov)" <[hoffmasterj@stjosephcountymi.gov](mailto:hoffmasterj@stjosephcountymi.gov)>

Date: Tue, 07 Apr 2026 21:09:20 -0400

Subject: Board of Health meeting.

Dear Members of the Health Board,

My husband and I are writing to formally request assistance and guidance regarding a serious issue with our septic system.

In April 2019, our home was destroyed in a devastating fire, and we lost everything. After much effort, we rebuilt our home on the same property, relocating it further back on our ten-acre parcel. Construction was completed, and we moved into our new home on May 28, 2021.

For some time, everything appeared to function properly. However, approximately a year and a half ago, we began noticing persistent wet areas in our yard. Initially, we attributed this to seasonal rain and snowmelt. Over time, the issue worsened, prompting concern that something more serious was occurring.

After discussing the situation with family members, we contacted a professional to inspect the system. Lee Zimmerman evaluated the property and informed us that the drainfield had failed. Lee Zimmerman determined the septic system failed within the first six month to eight months. Following this, we hired Clean Earth Environmental to conduct a more detailed assessment to determine the cause of the failure. We have those reports.

We are now facing a significant and unexpected septic system issue and replacement at a significant cost, which we already paid for once and are continually paying for it through our mortgage. We are seeking the Health Board's assistance in understanding our options.

Given the circumstances surrounding the rebuild after our house fire, we are especially concerned that the system was not properly installed correctly. From the tank size and the drainfield installation.

We would be grateful for the opportunity to discuss this matter further and provide any documentation or reports you may need. There is more information I can share at the meeting.

Thank you for your time and consideration.

Bill & Gretta Schermerhorn

54018 DeLong Rd.

Marcellus, MI 49067

Flowerfield Township

Bill & Gretta Schermerhorn

54018 Delong Rd Marcellus, MI 49067 269-718-7067 (G) 269-718-2216 (B)

Gretta62@yahoo.com

---

April 14, 2026

We appreciate the time you are taking to hear about our septic system issue.

This is a letter to fully understand our position.

We built a new home after we lost our home to a fire. When they installed our septic system, it wasn't installed according to the permit and subsequently, it failed. According to Lee Zimmerman, when he came out to investigate the failure, he determined it "failed with in six months to eight months."

We are harmed personally, financially, emotionally, environmentally, and economically.

- A. Personal harm & emotional harm
- B. Financial harm
- C. Violation of Consumers Rights
  - a. Lack of proper inspections or approvals
  - b. Approvals granted when the installation did not meet standards.
- D. Under the Consumers Protection law gives us the right to seek compensation, claim negligence, and hold people accountable.
- E. Qualification of a harmed consumer:
  - a. We paid for a proper septic system but did not receive it.
    - i. MI law expects contractors to perform work to code
  - b. The system failed prematurely
    - i. A properly installed system should last 20-30 years
    - ii. We were told by the health department that the failure was because of hydraulic overload and soil clogging.
      - 1. Hydraulic overload is when a septic system receives more wastewater than the system can absorb.
      - 2. The system was installed to accommodate six people.  
Ie: three bedrooms.
      - 3. It has only been Bill and I here, so that doesn't seem correct.
      - 4. Soil clogging is when the soil around the drainfield becomes "sealed off" and can no longer absorb water.

#### D. Reasons for soil clogging.

- a. It is a sign of failing or improperly installed drainfield.

Our home is supposed to be your sanctuary. Instead, it became a source of anxiety, inconvenience, and fear of further problems.

We relied on our health department's professionalism, to protect us from these problems, but we did not get it.

Here are a few examples...

#### A. Misrepresentation

- The builder made a factual statement, (contract) that we would get a working system
- We relied on this statement
- Because we relied on the builder's assurances, a legitimate expectation was created that the septic system would be installed correctly and without defects."
- That expectation turned out to not happen.
- The health dept was supposed to protect us from incompetent workmanship by the contractor and installer.
- We suffered damage because of it

#### B. Negligence

- He had a duty to install it correctly and to follow the codes and regulations
- We relied on, and we expected him to install and perform the build professionally
- We have damaged property, loss of use, replacement costs of the septic system plus electrician
- A builder with forty years of building homes with septic systems, should meet the standard of care
- Deviation from permit
- The health department approved the system. You confirmed the system was installed correctly.

#### C. Reliance: having trust or depending on someone.

- We bought our home after a house fire, we lost everything in April 2019
- We moved into this home May 28, 2021
- We have always used the system correctly in a normal and reasonable manner
- We relied on the builder to follow codes and regulations
- We trusted the builder's workmanship
- There is no hydraulic overload
- We relied on the experts of the health department to inspect the system.

#### D. Negligence per se

- The code violation itself constitutes a breach of the duty owed to us as homeowners. We were entitled to expect that a licensed installer would follow all applicable codes, standards, and installation requirements. The failure to comply with these mandatory codes is, in itself, evidence of negligence per se.
- The system was not built according to the permit and was approved by the health department.

#### E. Expectation of the original system

- We expected to have a functional system
- We expected not to have backups or flooding
  - o bathroom smell
  - o trench in yard
- We expected to have normal use of home
  - o We can't use our bathroom
  - o We expected not to have significant property damage with a trench running in our yard. We can't use our yard because of sewage running through it
- The expectation comes from the professional role of the health department.

#### F. Representation

- He said that he installed the system correctly
- That he built the system to code
- It was built on proper soil
- Not near a clay layer
- He represented that he installed the system to handle normal use
- These representations formed the basis of our reliance on the builder's work and contributed to our reasonable expectation that the system would function safely and effectively.
- The health department approved the system even though there were several codes that were not followed.

#### G. Expectation

- We expected a fully functional system
- We expected not to have backups or runoff in our yard
- We expected to be able to use our home in the way it was built for.
- We expected to be able to use our bathroom and not to have to move out of our bathroom and bedroom.
- The system was supposed to be designed to ensure the safety of our home and property.
- We didn't expect replacement costs

It appears to us that the disregard for the required permits, codes, and installation standards for our septic system has caused significant harm to our family and property. Our family has been exposed to raw sewage while moving through the yard, and we have been unable to use our outdoor spaces because of sewage discharge.

Accessing areas such as our fire pit would require walking through sewage. Even if we walked around the sewage, we are unable to enjoy our property because of the smell of and seeing the sewage. These conditions have caused not only physical hazards but also extreme embarrassment and humiliation for our family.

This ordeal is affecting our retirement. This issue has created a huge financial burden for us. We have worked our whole life for retirement and now we have to take some of our retirement funds to fix a problem that never should have happened and that we have already paid for.

It begs the question? What is the point of a permit and codes if you don't abide, adhere, obey, follow, uphold, comply and respect them? The word "shall" is throughout the code system, meaning that it "must", to indicate mandatory requirements, compulsion, obligation and necessity. Imposes a duty that must be fulfilled. No alternatives.

The health department professionals who have decades of experience of approving septic systems for homes, is generally expected to be familiar with proper installation procedures and local codes.

Experienced sanitarians are held to a higher standard of care due to their training and expertise. Because of the issues we are experiencing with the septic system, it is clear that this standard was not met, resulting in significant harm and hardship for our family.

It also appears that numerous codes were disregarded, to name a few.

1. Article III- Technical definitions On-site sewage disposal

A. 308 – fill sand

B. 313 – Percolation test. No perk test was completed.

C. 318 – Excluding water softeners from the septic system.

D. 321 – Sewage system failure (B).

E. Article IV – General Provisions on Site Sewage Disposal

- 401 – It shall be unlawful to discharge or permit sewage to be deposited, upon the ground surface.

F. 702.3 - Multiple tanks

G. 702.7.1 Single family Residential Premises Capacity

Table VII – B - Tank size for size of home

We need to monitor our septic tank to prevent sewage backups going into our home. When the tank nears the inlet pipe, we must call a septic company to pump it for an additional cost.

Even though we want to be made whole, as a result of the investigation we did, it seems, because so many codes were not followed and gross negligence of the process, which is showing intentional and reckless disregard for the safety of our family and property, it is a departure from the standard of care that a reasonable person would exercise under similar circumstances. Also, a failure to act or have the slightest care, creating an unreasonable risk of harm to us and our property.

We feel we should be compensated for our loss of use of our property, our time, and our financial output. Either through punitive damages, which is acting with reckless disregard for us and our property, or compensatory damages, actual and general. Actual loss of funds, and general, emotional distress, pain and suffering, and loss of enjoyment of our property. Especially since a septic system failure can create direct physical hazards, health risks, and substantial disruption of daily life

This whole situation has affected our home life, our finances, the stress we are under, not knowing if we have to pay thousands of dollars out of our pocket to fix something we already paid for. It isn't fair we have to go through this.

Spending hours upon hours researching codes, regulations, time wasted looking up definitions, just to be able to understand the basics. Coordinating with contractors, cleaning up backups, and researching solutions. Time spent dealing with health department personnel. We waited nearly three months to get a new permit that should have taken up to ten days. When the new permit was pulled, I was discussing the situation with the health department staff and the sanitarian. I was told we should be able to get the permit in a week. We didn't get the permit. We had to contact our county commissioner to get involved. We got the permit within two days after almost three months of waiting for it, after contacting our county commissioner. We also incurred travel and transportation costs.

Spending time interviewing other septic installer companies, spending an hour and half or more trying to explain what we think, and what some of the conclusions have borne out, just to get a bid. As a result of all that, the rest of our property is getting put on the back burner because all our time is spent trying to get through this. Sleepless nights, crying a lot because we don't know what to do or how to handle it.

The stress, anxiety, health concerns, and unnecessary frustration caused by this situation have become overwhelming. It has been an extremely difficult feeling as though no one cares about

what we are going through. No one involved has even asked to come out to the property to see the issues firsthand. It feels as though, once they received their payment, their responsibility ended.

We spent countless hours late into the night—trying to document everything and put this together. The emotional strain of having to relive these events while trying to advocate for ourselves has taken a real toll. At times, the situation feels too much to handle.

Below is a list of out-of-pocket expenses, so far.

### **Out of pocket expenses**

1. Garrett Lab.
  - a. Niles, MI
  - b. \$215.96
    - i. BOD testing
    - ii. Drinking water testing x 2
    - iii. TSS testing
  - c. Milage to Niles, MI and back
    - i. 37 miles x 6. there and back from home, 3 times.
    - ii. \$155.40 @ .70 cents per mile, per Michigan IRS standard.
2. Clean Earth Environmental
  - a. \$825.75
    - i. Investigating the cause of a failed septic system.
3. Attorney Fees
  - a. \$3,500. Actual is \$4,100, before taxes
4. New Permit
  - a. \$235.00
  - b. \$10.38 for a registered letter to health dept
    - i. We were not receiving our permit from Mr. Zimmerman saying we would get it, 2x
    - ii. We filled out and mailed a complaint form to health dept.
  - c. We received a permit after we called our county commissioner.
    - i. We forwarded the emails to Jarod Hoffmaster of the emails Lee Zimmerman said he would have the permits but did not produce.
  - d. Replacement of blueberry plants @ \$15.00 each x 15 = \$225.00
    - i. I was going to plant them but Lee Zimmerman said to wait because he said he may have to put the drainfield where I wanted to plant the blueberry bushes.
    - ii. Then he never let us know. Took three months to get permit.
  - e. \$27,542.49 this includes up to \$5,000 the cost of an electrician.

- i. \$5,542.49- misc. costs, as above
- ii. \$17,000 for new septic system and additional tank
- iii. \$5,000 for an electrician for installation of pump station and..
- iv. We may have to get another electrical panel because the one we have has no openings.

**Total- \$27,767.49**

Having to pay almost \$30,000 is so unfair, it sickens us. Being forced to pay nearly \$30,000 for a problem that should never have occurred feels profoundly unfair and has caused us significant distress. We are paying for some other people's mistake

In closing, again, based on the issues we are having, we feel extremely overwhelmed and heartbroken with this situation and the justice system. We are going ahead with the septic system replacement ourselves. We do not believe this is fair given the circumstances and all the evidence we have.

This is truly a travesty of justice. We view the circumstances created by the builder, the septic installer, and the health department, with **none of them willing to address our concerns**, as a profound injustice that has left us heartbroken.

We have been carrying this septic system mess for so long; it is draining us emotionally, financially, and mentally. Anyone in our position would feel heartbroken — it's not just a "house problem." It's our home, our retirement home, our sanctuary, our safety, our savings, and our peace of mind. We have been fighting for something that should have been done right from the beginning.

It's exhausting to keep pushing when you feel like no one is listening, especially when you've been **treated so unfairly** and left to pick up the pieces. Heartbreak isn't only about relationships — it's also what happens when people, systems, and professionals you rely on let you down.

Again, our home is supposed to be your sanctuary. Instead, it became a source of anxiety, inconvenience, and fear of further problems. It feels like we lost another house to negligence. The first on fire and now this.

**Feeling ignored, dismissed, or blamed by the very people who caused the problem** — that hurts on a level most people never have to experience. We trusted the builder, the installer, and the health department, and the system that was supposed to protect us.

Feeling like no one is being held accountable is its own kind of heartbreak.

We aren't trying to be over dramatic, but with me being a veteran, serving my country, knowing we have the greatest country in the world, it is so disheartening to see we don't even have a chance to be made whole.

It's disheartening because we shouldn't have to fight this hard. We shouldn't have had to pay tens of thousands for someone else's negligence. And we shouldn't feel abandoned in our own community.

We are allowed to feel disappointed. We are allowed to feel discouraged. We are allowed to feel let down.

Thank you again for listening to us.

Sincerely and with much heartache,

Bill & Gretta Schermerhorn



800.336.3201  
 fax 888.336.3201  
 services@garrettlabs.com

**garrett laboratories, inc.**

p.o. box 645 nils, michigan 49120  
 garrettlabs.com since 1971

## WATER ANALYSIS

CLIENT: BILL SCHERMERHORN

LAB#: W6164

SAMPLE ADDRESS: 54018 DELONG RD, MARCELLUS MI 49067

COLLECTION DATE/TIME: 2025-04-09 - 08:00:00AM

COLLECTION BY: BILL SCHERMERHORN

### RESULTS

SAMPLE TYPE: ROUTINE DISTRIBUTION SYSTEM

SAMPLE SITE: DRINKING SPICKET

COLIFORMS: NEGATIVE /100mL

E COLI: NEGATIVE /100mL

SAMPLE SITE: DRINKING

COLIFORMS: POSITIVE /100mL

E COLI: NEGATIVE /100mL



SAMPLE SITE: SEPTIC TANK

COLIFORMS: >2419.6 /100mL

E COLI: >2419.6 /100mL

BOD: 230 mg/L

TSS: 78 mg/L

SUBMITTED BY: **Carol Morris**

Digitally signed by Carol Morris  
 DN: cn=Carol Morris, o=Garrett Laboratories, ou,  
 email=carolm@garrettlabs.com, c=US  
 Date: 2025.04.23 09:23:56 -0400

REPORT DATE: 04/23/2025

FEDERAL & STATE STANDARDS: COLIFORMS NEGATIVE PER 100mL

CERTIFICATION # 8003 NITRATE NITROGEN <10.0 mg/L

ARSENIC AND LEAD TEST PERFORMED BY  
 LABORATORY IN-C-71-01 MI-9926

ARSENIC: <0.010 mg/L (10 ug/L)  
 LEAD: <0.012 mg/L (12 ug/L)

Coliforms Date Time: 04/09/2025 11:45 AM (MPN) 04/09/2025 3:15 PM	E Coll Date Time: 04/09/2025 11:45 AM (MPN) 04/09/2025 3:15 PM	Nitrate/Nitrites Date Time Tested:
Colitag By: AR/AG	Colitag By: AR/AG	Easy Chem Analyzer By:

April 15, 2025

Garrett Laboratories, Inc.  
408 N. 3rd St.  
Niles, MI 49120

RE: W6164

Order No.: 2504804

Dear Mr. Brandon Garrett:

[Guide to Reading Lab Result](#)

Prein&Newhof Laboratory received 1 sample(s) on 4/10/2025 on your behalf. Your test results are provided in your Prein&Newhof Laboratory analytical report. Please carefully review your analytical report, noting the following.

- You can be assured that the sample results meet the Safe Drinking Water Criteria as no analyte tested exceeds the EPA Maximum Contaminant Level unless indicated by an " \* " in the "Qual" column.
- You can be assured that all samples were received and analyzed within required holding times unless noted by a "H" in the "Qual" column.
- You can be assured that all quality control data is within laboratory-defined or method-specified acceptance limits unless defined by the addition of an attached Case Narrative document.
- When testing for PFHxS, PFOA, PFOS, MeFOSAA, and EtFOSAA results include both branched and linear isotopes. We extract a Method Blank and analyze it with the preparation batch. Method Blank analytes are within the Reporting Limit (RL).

We use EPA Approved Methods for all regulated parameters. EPA Lab #: MI000014

We are certified by the State of Michigan for Drinking Water Analysis for: Coliform Bacteria, Metals, Cyanide, Minerals, Anions, Volatile Organics, THM's, Haloacetic Acids, and PFAS.  
Michigan Lab ID#: 0020

To learn more about interpreting your Drinking Water Test Results and reading your Lab Report, follow the link above to view our "Guide to Reading Lab Results". If you have any concerns about your test results or need additional help, please call: 616-364-7600 or email me: [sbylsma@preinnewhof.com](mailto:sbylsma@preinnewhof.com).

Thank you for trusting Prein&Newhof with your testing needs.

Sincerely,



Steve Bylsma  
Laboratory Manager

Original

Page 1 of 3

(DW)  
 WO#: 2504804  
 Date Reported: 4/15/2025

<b>CLIENT:</b>	Garrett Laboratories, Inc.	<b>Collection Date</b>	4/9/2025 8:00:00 AM
<b>Project:</b>	W6164	<b>Received Date:</b>	4/10/2025 11:30:00 AM
<b>Lab ID:</b>	2504804-01	<b>Matrix:</b>	WASTEWATER
<b>Client Sample ID:</b>	54018 Delong Rd.- Septic Tank	<b>Sampled By:</b>	Bill S.
<b>Location:</b>			

Analyses	Result	RL	Qual	Units	MCL	Date Analyzed
BOD, 5 DAY						Analyst: SJ
Biochemical Oxygen Demand	230	2.00		mg/L	SM5210B-2016 A5210B	4/15/2025 3:00:00 PM

**Qualifiers:** < Not Detected at the Reporting Limit  
 MCL Maximum Contaminant Level  
 RL Reporting Limit  
 H Holding times for preparation or analysis exceeded  
 PL Permit Limit

Original Page 2 of 3





**Garrett Laboratories, Inc.**

408 N. 3RD ST.  
NILES, MI 49120 US  
(800) 336-3201  
services@garrettlabs.com  
garrettlabs.com

**INVOICE**

BILL TO  
BILL SCHERMERHORN  
BILL SCHERMERHORN

INVOICE W6164  
DATE 04/23/2025  
TERMS Net 30  
DUE DATE 05/23/2025

DESCRIPTION	AMOUNT
ADDITIONAL WATER SAMPLE FOR COLIFORMS, E. COLI, 2 @ \$27.80	55.60
MPN - WATER SAMPLE FOR COLIFORMS, E. COLI, 1 @ \$39.56	39.56
BOD SAMPLE, 1 @ \$68.00	68.00

A \$48 late fee will be assessed to past due invoices.

SUBTOTAL	163.16
TOTAL	163.16
PAYMENT	163.16
BALANCE DUE	<b>\$0.00</b>

**PAID**

**Garrett Laboratories, Inc.**

408 N 3rd St  
Niles, MI  
49120  
(269) 683-3200  
garrettlabs.com

April 9, 2025  
9:36 AM

Pay invoice

Receipt: Xj8g  
Authorization: 009088

Mastercard  
AID Au 00 00 00 04 10 10

FOR HERE

Custom Amount	\$163.16
Total	<b>\$163.16</b>
Mastercard 2948 (Chip)	\$163.16
William P Schermerhorn	

Thank you for your business!

800.336.3201  
fax 888.336.3201  
services@garrettlabs.com



**garrett laboratories, inc.**

p.o. box 645 nils, michigan 49120  
garrettlabs.com since 1971

## WATER ANALYSIS

CLIENT: BILL & GRETTA SCHERMERHORN

LAB#: W6197

SAMPLE ADDRESS: 54018 DELONG RD, MARCELLUS MI 49067

COLLECTION DATE/TIME: 2025-04-14 - 09:37:00AM

COLLECTION BY: BILL & GRETTA SCHERMERHORN

### RESULTS

SAMPLE TYPE: ROUTINE DISTRIBUTION SYSTEM

SAMPLE SITE: DRINKING FAUCET

COLIFORMS: NEGATIVE /100mL

E COLI: NEGATIVE /100mL

SAMPLE SITE: SEPTIC TANK

TSS: 78 mg/L

SUBMITTED BY: Carol Morris

Digitally signed by Carol Morris  
DN: cn=Carol Morris, o=Garrett Laboratories, ou=  
email=services@garrettlabs.com, c=US  
Date: 2025.04.23.09.39.44 -0500

REPORT DATE: 04/23/2025

FEDERAL & STATE STANDARDS: COLIFORMS NEGATIVE PER 100mL

CERTIFICATION # 8003 NITRATE NITROGEN <10.0 mg/L

ARSENIC AND LEAD TEST PERFORMED BY

ARSENIC: <0.010 mg/L (10 ug/L)

LABORATORY IN-C-71-01 MI-9926

LEAD: <0.012 mg/L (12 ug/L)

Coliforms Date Time: 04/14/2025 3:40 PM Colitag	By: AMG	E Coli Date Time: 04/14/2025 3:40 PM Colitag	By: AMG	Nitrate/Nitrites Date Time Tested: Easy Chem Analyzer	By:
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April 17, 2025

Garrett Laboratories, Inc.  
408 N. 3rd St.  
Niles, MI 49120

RE: W6197

Order No.: 2504A46

Dear Mr. Brandon Garrett:

[Guide to Reading Lab Results](#)

Prein&Newhof Laboratory received 1 sample(s) on 4/15/2025 on your behalf. Your test results are provided in your Prein&Newhof Laboratory analytical report. Please carefully review your analytical report, noting the following.

- You can be assured that the sample results meet the Safe Drinking Water Criteria as no analyte tested exceeds the EPA Maximum Contaminant Level unless indicated by an " \* " in the "Qual" column.
- You can be assured that all samples were received and analyzed within required holding times unless noted by a "H" in the "Qual" column.
- You can be assured that all quality control data is within laboratory-defined or method-specified acceptance limits unless defined by the addition of an attached Case Narrative document.
- When testing for PFHxS, PFOA, PFOS, MeFOSAA, and EtFOSAA results include both branched and linear isotopes. We extract a Method Blank and analyze it with the preparation batch. Method Blank analytes are within the Reporting Limit (RL).

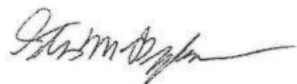
We use EPA Approved Methods for all regulated parameters. EPA Lab #: MI000014

We are certified by the State of Michigan for Drinking Water Analysis for: Coliform Bacteria, Metals, Cyanide, Minerals, Anions, Volatile Organics, THM's, Haloacetic Acids, and PFAS.  
Michigan Lab ID#: 0020

To learn more about interpreting your Drinking Water Test Results and reading your Lab Report, follow the link above to view our "Guide to Reading Lab Results". If you have any concerns about your test results or need additional help, please call: 616-364-7600 or email me: [sbylsma@preinnewhof.com](mailto:sbylsma@preinnewhof.com).

Thank you for trusting Prein&Newhof with your testing needs.

Sincerely,



Steve Bylsma  
Laboratory Manager

Original

Page 1 of 3

(DW)

WO#: 2504A46

Date Reported: 4/17/2025

**CLIENT:** Garrett Laboratories, Inc.  
**Project:** W6197  
**Lab ID:** 2504A46-01  
**Client Sample ID:** W6197- 54018 Delong Rd.  
**Location:**

**Collection Date:** 4/14/2025 9:37:00 AM  
**Received Date:** 4/15/2025 10:00:00 AM  
**Matrix:** AQUEOUS  
**Sampled By:** Bill/Greta S.

Analyses	Result	RL	Qual	Units	MCL	Date Analyzed
----------	--------	----	------	-------	-----	---------------

**SOLIDS, TOTAL SUSPENDED**

SM2540D-2020

Analyst: SJ

Suspended Solids (Residue, Non-Filterable)

78.0

4.00

mg/L

4/17/2025 2:17:32 PM

**Qualifiers:** < Not Detected at the Reporting Limit  
 MCL Maximum Contaminant Level  
 RL Reporting Limit

H Holding times for preparation or analysis exceeded  
 PL Permit Limit





**Garrett Laboratories, Inc.**

408 N. 3RD ST.  
NILES, MI 49120 US  
(800) 336-3201  
services@garrettlabs.com  
garrettlabs.com

100  
100  
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**INVOICE**

BILL TO  
BILL SCHERMERHORN  
BILL SCHERMERHORN

INVOICE            **W6197**  
DATE                **04/09/2025**  
TERMS              **Net 30**  
DUE DATE         **05/09/2025**

DESCRIPTION	AMOUNT
WATER SAMPLE FOR COLIFORMS, E. COLI, 1 @ \$27.80	27.80
WATER SAMPLE FOR TSS , 1 @ \$25.00	25.00

A \$48 late fee will be assessed to past due invoices.

SUBTOTAL	52.80
TOTAL	52.80
PAYMENT	52.80
BALANCE DUE	<b>\$0.00</b>

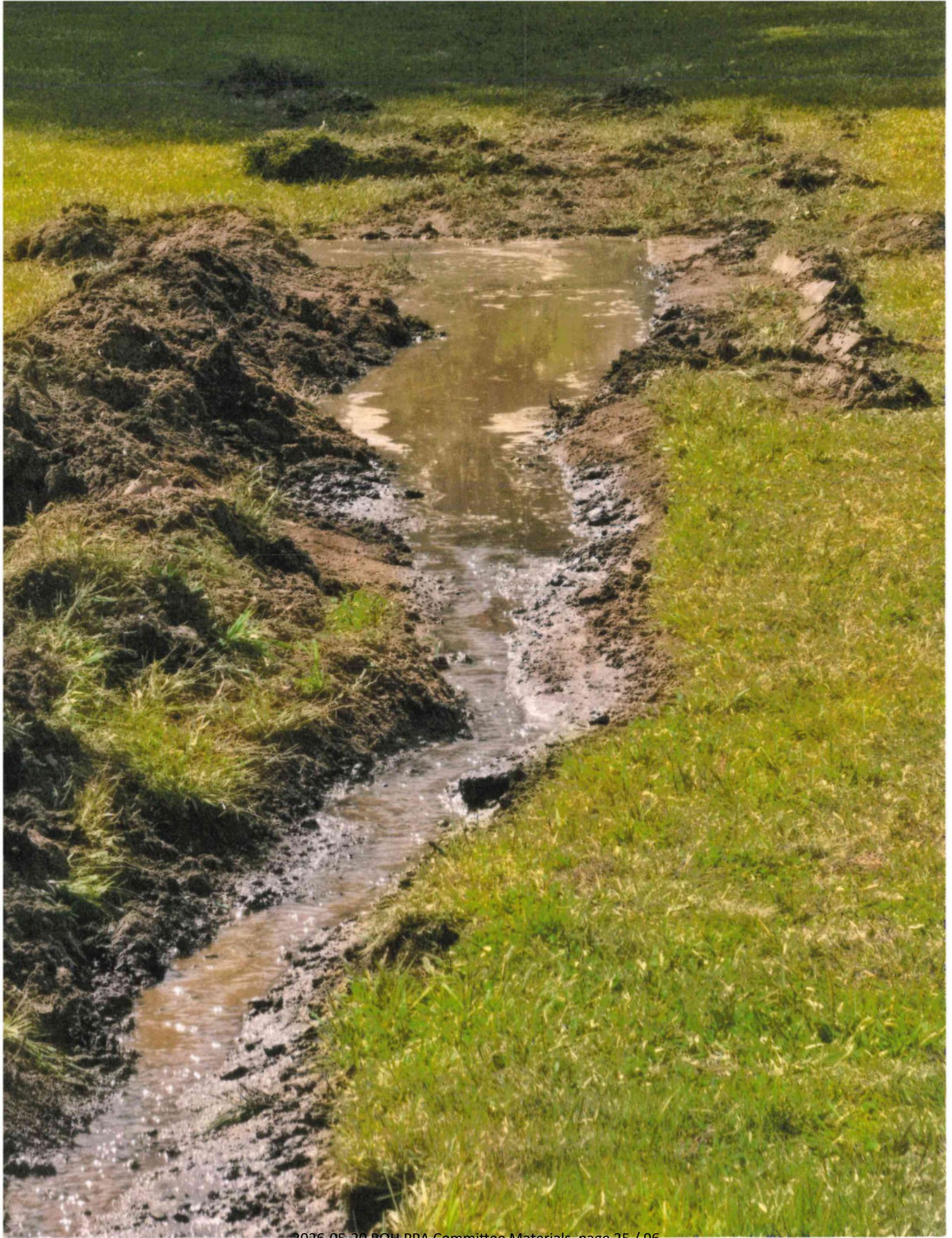
**PAID**

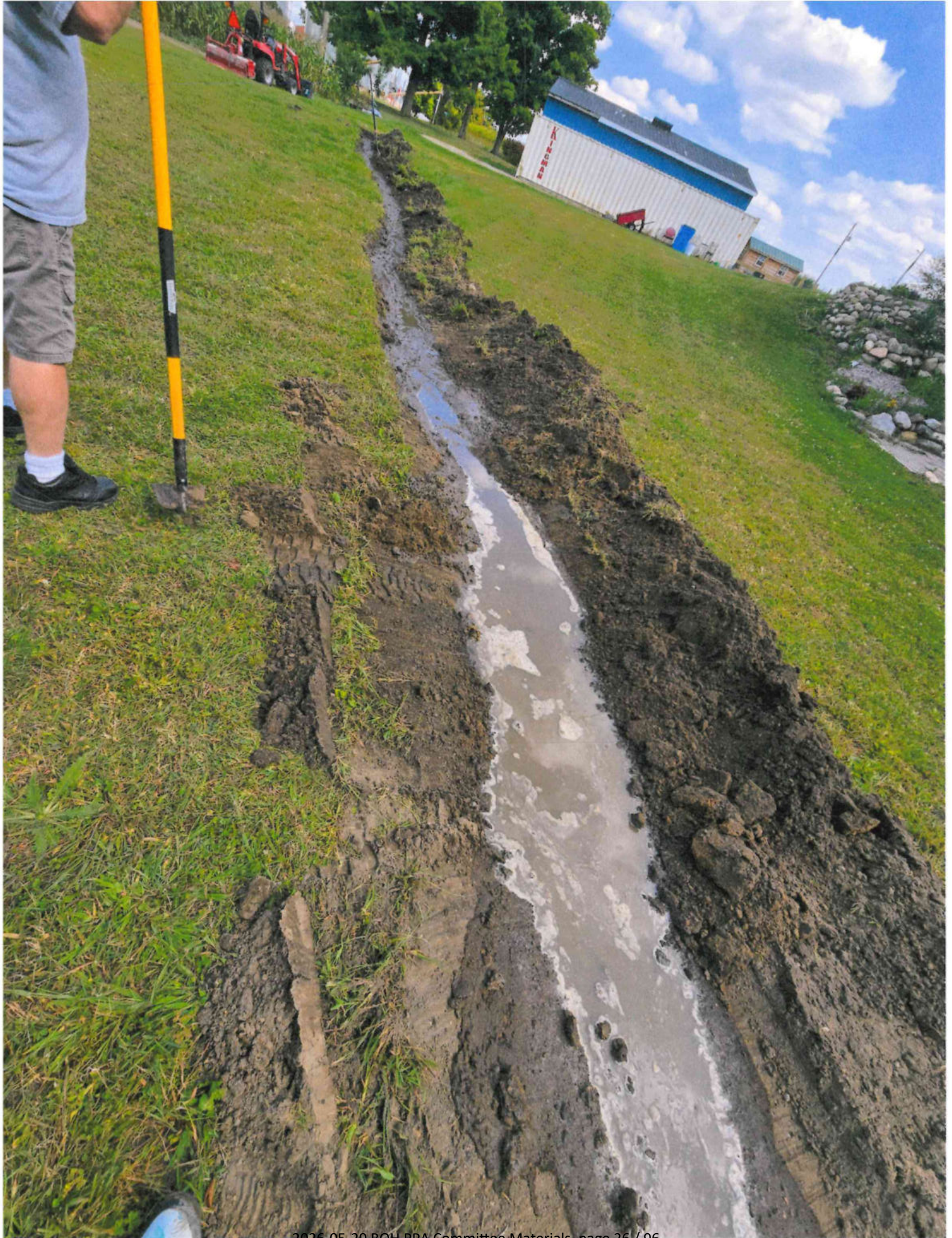
Pay invoice













# Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road      20 Care Drive      1110 Hill Street  
 Coldwater, MI 49036      Hillsdale, MI 49242      Three Rivers, MI 49093  
 (517) 279-9561 ext. 106      (517) 437-7395 ext. 311      (269) 273-2161 ext. 233

Office Use Only	
Date Received	<u>7-20-20</u>
"C" Receipt #	<u>68490</u>
Received by	<u>SRH</u>
Amount Received	<u>390<sup>00</sup> CL# 17818</u>
Township Code	<u>FF</u>
Section Number	<u>28</u>
Record Search by	<u>SH</u>

**APPLICATION FOR:**

Sewage Permit (\$197) 390<sup>00</sup> CL# 17818

Well Permit (\$193)

Site (vacant land) Evaluation (\$134)

**Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)**

**Address/Location** 54018 Delong Road

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Property Tax ID # 75-007-028-004-000

**Owners' Name:** Bill & Gretta Schemerhorn Phone: 269 718-7068

Owners' Current Address: 54018 Delong Road City: Marcellus State MI Zip 49067

Contractor or Contact Person David Roberts Phone: 269 375-5094

Address 1019 Greenway Terrace City: Kalamazoo State MI Zip 49006

Send Permit to:  Owner  Contractor or Contact Person  
 Email Address: davidrobertshomes@hotmail.com

	Existing	Proposed
# of bedrooms	_____	<u>3</u>
# of bathrooms	_____	<u>2</u>
# of occupants	_____	<u>2</u>
Water softener?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Garbage disposal?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Fuel oil tank?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Previous Health Dept. Site Evaluation  Yes  No

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE

Check here if there is  WELL  SEPTIC system on site.

When was home built? -

Name of original owner? -

Name(s) of previous owners? -

Property size 10 Acres +/-

TOWNSHIP ZONING PERMIT# \_\_\_\_\_

APPLICANT MUST INCLUDE SKETCH OF:

1. site boundaries and property dimensions
2. locations of all buildings and driveways
3. locations of existing well and/or sewage system
4. prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
5. wells, sewage systems, and fuel tanks on adjacent lots
6. indication of the direction (north arrow)

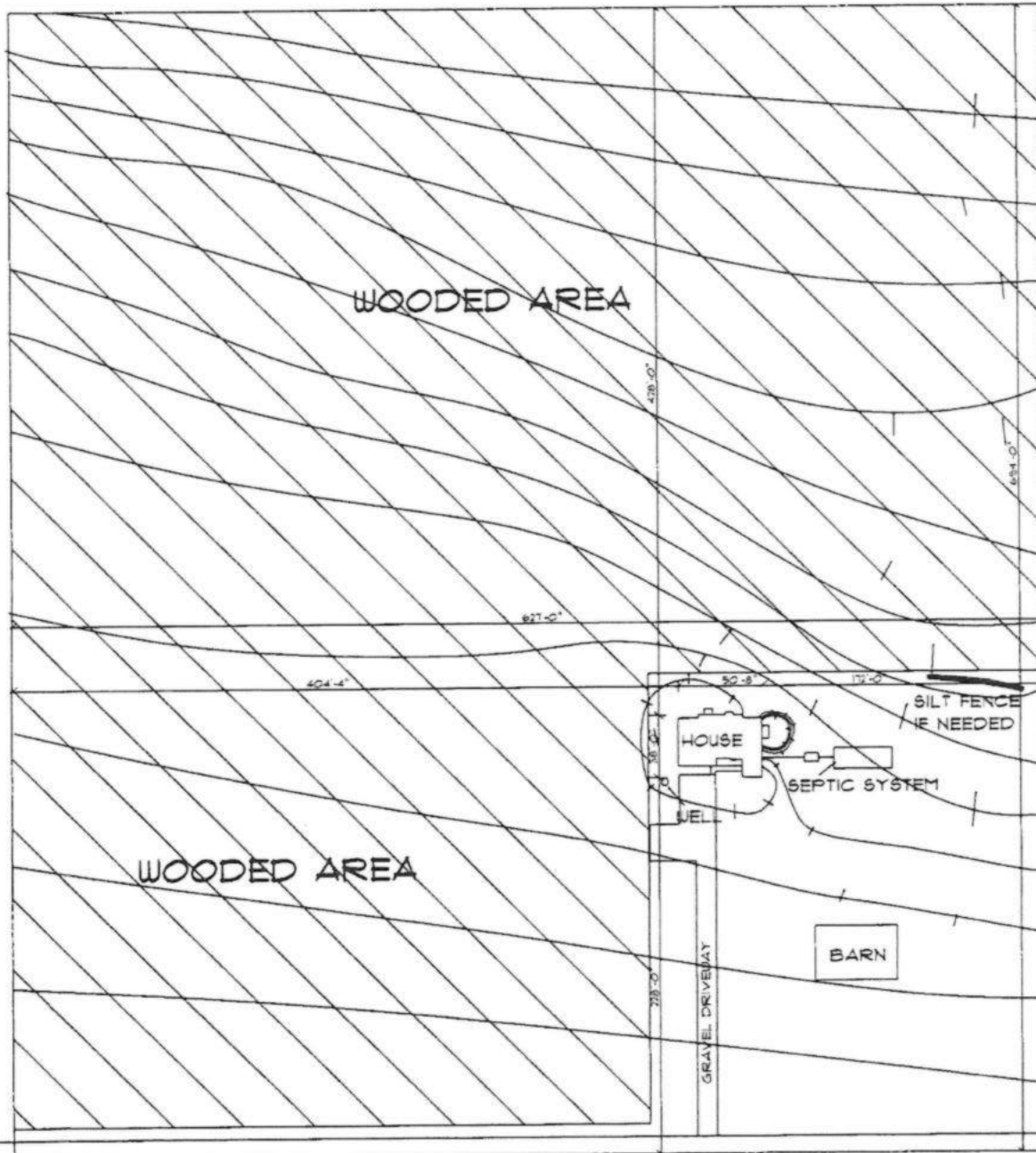
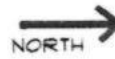
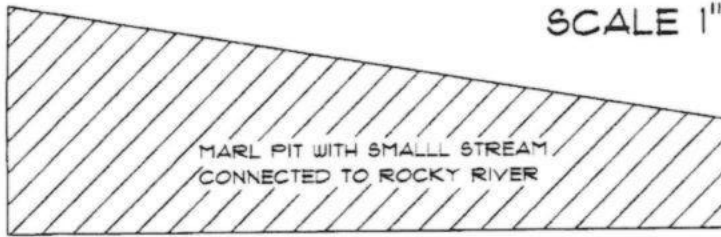
I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.

Signature [Signature]

Date 7-20-2020

# SITE PLAN

SCALE 1" = 100'



5401B DELONG ROAD

BURLEU ROAD

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

570 Marshall Road  
Coldwater, MI 49036  
(517) 279-9561 ext. 106#

20 Care Drive  
Hillsdale, MI 49242  
(517) 437-7395 ext. 311#

1110 Hill Street  
Three River, MI 49093  
(269) 273-2161 ext. 233#

**SEPTIC SYSTEM CONSTRUCTION PERMIT** Permit # S 38564

Application Receipt Number <b>68490</b>		Property Identification Number <b>75-007-028-004-00</b>		
Township Name <b>Flowerfield</b>	Section <b>28</b>	Building number and Road name <b>54018 Delong Road</b>	Subdivision/Site Condominium <b>N/A</b>	Lot # <b>N/A</b>
Property Owner: <b>Bill and Greta Schemerhorn</b>		<b>Soil and Site Evaluation Report:</b> (This information is provided ONLY to establish the soil permeability and to describe any restrictions on soil adsorption system design. DO NOT assume that a basement installation will be feasible using the details from this soil evaluation) Soil exposure: <input checked="" type="checkbox"/> auger <input type="checkbox"/> backhoe cut <input type="checkbox"/> other		
Mailing Address: <b>54018 Delong Road</b>				
City: <b>Marcellus MI 49067</b>				
Issued by: <b>Bengt Alfberts</b> Date: <b>08/04/20</b> (Health Officer/Representative)		Soil Depth Range(inches)(qualifier) Soil Texture Presence of Mottles (Y or N) <b>0-10 (Topsoil) Brown SL N</b> <b>10-20 Reddish Brown SCL N</b> <b>20-32 Reddish Brown SCL N</b> <b>32-48 Tan S N</b> <b>48-60 Highly mottled to Semi-Saturated GLEY S e48 Y</b> * End of Bore *		
<b>Building Information:</b> New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Number of Bedrooms: <b>3</b> water softener garbage disposal	Single-family (P) <input checked="" type="checkbox"/> Apartment (C) <input type="checkbox"/> Other Commercial: <input type="checkbox"/> Industrial Agricultural Institutional	(Qualifier may be soil color or other texture description) Soil Texture Codes: S-sand LS-loamy sand SL-sandy loam CSL-coarse sandy loam VFSL-very fine sandy loam Si-Silt L-loam SIL-silt loam CL-clay loam SCL-sandy clay loam SiCL-silty clay loam SC-sandy clay SiC-silty clay C-clay		
Well Permit Number <b>36791</b> WSSN _____		Limiting layer/water table <b>48"</b> inches below ground surface <input checked="" type="checkbox"/> impermeable soil (SC, SiC, C) <input checked="" type="checkbox"/> saturated (seasonal) perched, permanent) <input type="checkbox"/> muck <input type="checkbox"/> marl <input type="checkbox"/> compacted glacial till <input type="checkbox"/> no limiting layer was observed		
This permit authorizes the construction, repair, enlargement or relocation of the sewage disposal system in accordance with plans and information contained in the approved application submitted to the Community Health Agency. Work authorized by this permit shall be subject to any special conditions or requirements as noted on the permit and shall comply with all requirements of the Environmental Health Code for Branch, Hillsdale, and St. Joseph Counties, Michigan. It shall be unlawful for any sewage system constructed under the authority of this permit to be placed in operation without the prior approval. Installer must contact county office for an inspection before final cover is applied.		Soil profile location: <b>43 S 11 W off proposed home SE corner</b> <b>13 N 110 E off exist barn SE corner</b> Soil Survey series name (if known) <b>Kalamazoo Loam</b>		
System Design Layout (Permit page 2) must be attached to copies made of this permit.		Elevated Drainfield Deed Addendum <b>N/A</b> Other Deed Document <b>N/A</b>		

REMINDER: Call MISS DIG before excavation 800-482-7171

**PERMIT EXPIRES ONE YEAR FROM THE ISSUE DATE**

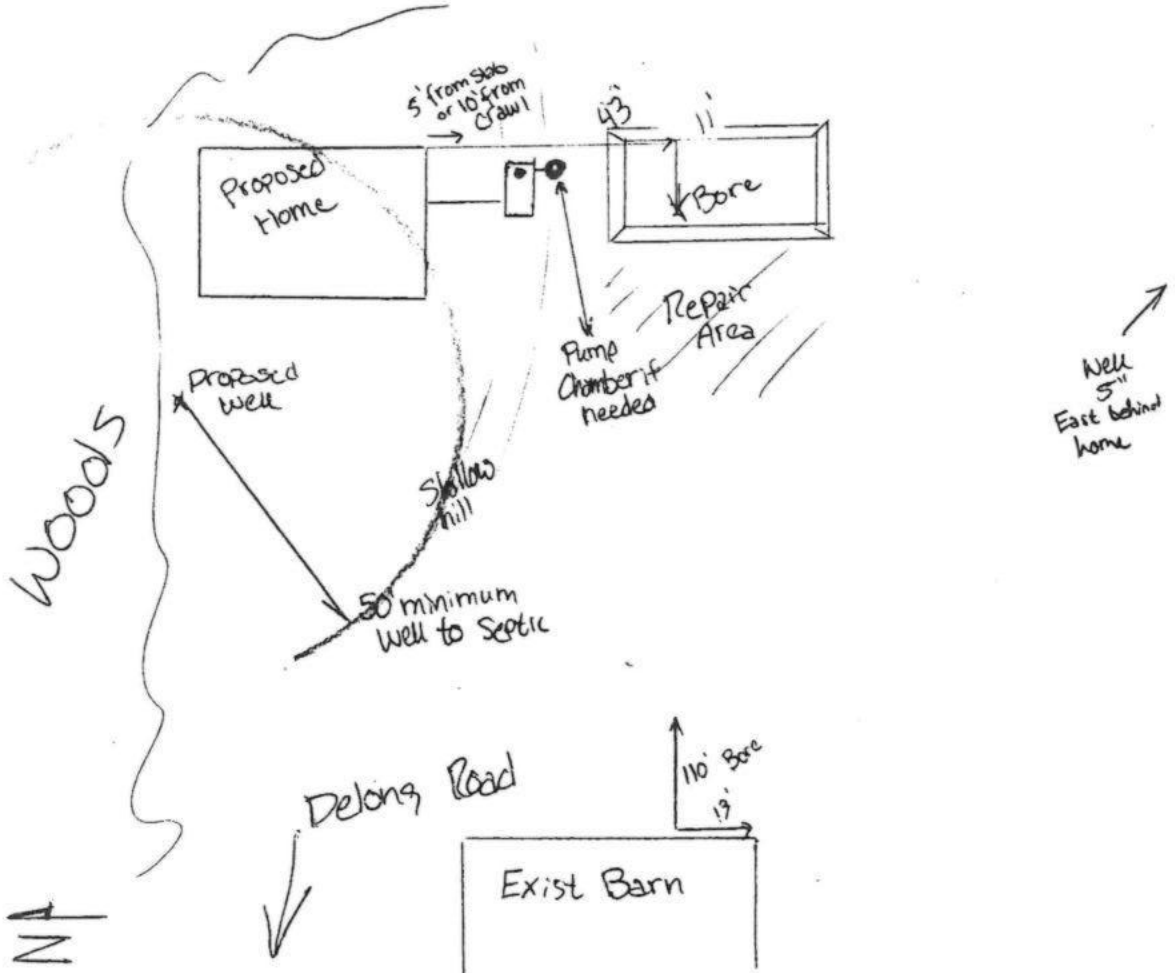
Permit Page 2: # 38564 Site Address: 54018 Delong Road Township Flowerfield

Design Specifications: (All changes in location or size of system must be approved by the Health Department)  
(Existing septic tank must be 750 gallons or more, in sound condition, properly isolated and not be of metal)

Septic Tank: <sup>recommend shallow</sup> 1000 gallon Septic drain/leach field: 600  
(minimum gallon capacity) (MINIMUM, more square feet=longer service)  
Maximum excavation: Stone bottom from original grade: 0 inches  
Elevated drainfield: Top of clean, coarse sand above grade: 0 inches  
No more than 3 feet of final soil cover above stone or chambers  
Minimum horizontal isolation from: Water supply well: 50 feet  
Property boundary: 5 feet Surface water: 50 feet  
Sub-surface building foundation: 10 feet Concrete slab 5 feet  
Other: \_\_\_\_\_

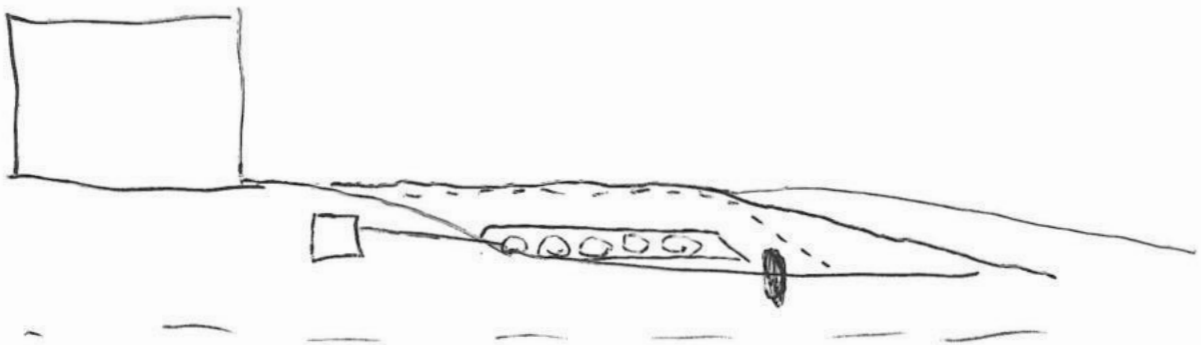
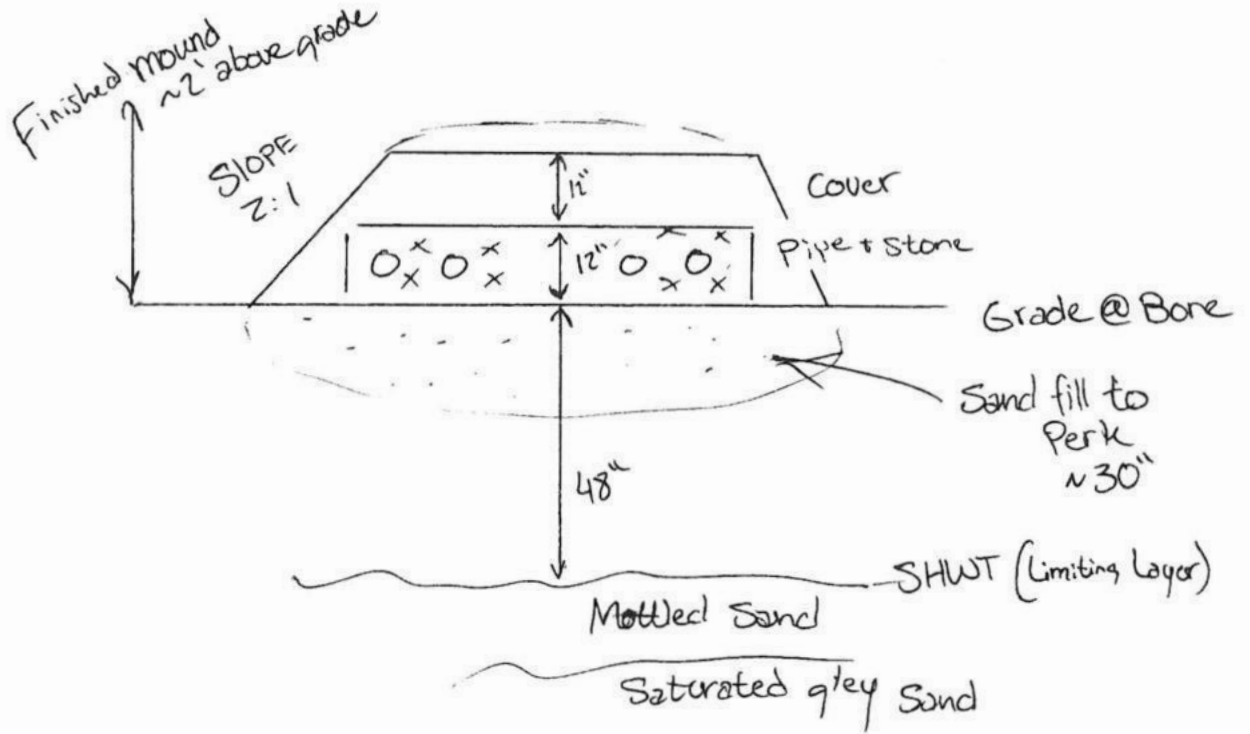
Additional requirements/Comments:  
remove Sandy Clay loam, fill with clean sand to grade, install filterbed, 12" minimum topsoil cover.  
Install T-Pipe and riser on tank outlet, install pump chamber if gravity flow is impossible with riser at grade.

Proposed leach field:  Stone-filled trench  Filter bed  Raised filter bed  Plastic chamber  Gravel-less pipe  
 Alternating Fields (initial and reserve area required) Other systems allowed: \_\_\_\_\_  
Existing leach field or dry well: NA Must be abandoned - dry wells filled in. NA May be used with alternating valve as a back-up system.



No leach field may be installed when soils are in a saturated condition. Precautions shall be taken to minimize the smearing or sealing of absorption system sidewalls and bottom during excavation. Connecting sewer pipes between house, tank and field must be PVC / Schedule 40

Page 3  
S 38564





**BRANCH-HILLSDALE-ST. JOSEPH  
COMMUNITY HEALTH  
AGENCY** | YOUR LOCAL  
HEALTH DEPARTMENT  
www.bhsj.org

TO: Bill and Greta Schemerhorn  
54018 Delong Rd  
Marcellus, MI 49067

DATE: 4/08/2021

RE: Sewage Permit #38564  
54018 Delong Rd  
Flowerfield Twp – Section 28

Enclosed is the final approval for your septic system, along with the final drawing. Please keep it on file in your home records. Also included is a helpful information sheet regarding maintaining and protecting your On Site Sewage Disposal System.

If you have any questions, or if we can be of further assistance, please call our office at 269-273-2161 x233.

Sincerely,

Stephanie Hough  
Environmental Health Clerk Manager

570 N. Marshall Road  
Coldwater, MI 49036  
(517) 279-9561  
(517) 278-2823 Fax

20 Care Drive  
Hillsdale, MI 49242  
(517) 437-7395  
(517) 437-0166 Fax

1110 Hill Street  
Three Rivers, MI 49093  
(269) 273-2161  
(269) 273-2452 Fax

1555 E. Chicago Rd  
Suite C  
Sturgis, MI 49091  
(269) 273-2161

Branch - Hillsdale - St. Joseph Community Health Agency

1110 Hill Street, Three Rivers, MI 49093

269-273-2161 ext. 233



FINAL ON-SITE SEPTIC SYSTEM CONSTRUCTION INSPECTION

Permit #: 38564

Property Identification Number: 75-000-007-028-004-00

Property Owner: SCHEMERHORN

Site Address: 54018 DELONG RD

Township: FF

Section: 028

Inspection Request Date: 4-7-21 Time: 3:30 AM/PM NR

Installer: Roberts Brothers Excavating

Failed System Data Sheet Completed? Yes No new Build

Septic Tank/Pump Chamber:

Type: New Existing Type of Tank: Plastic Concrete

Tank Size: 1,000 1,500 Other (Please specify) Shallow 1000

Size of 2nd tank (if applicable): 1,000 1,500 Other (Please specify)

Location of septic tank riser: Inlet Center Outlet

Outlet Baffle Type: T-Baffle Plastic Alternating Valve Y/N type:

Pump Chamber (if applicable) Type: N/A Size:

Sewage Drainage Type:

- Filter Bed Trenches Drywell Pump Mound Gravity Mound Alternative or Engineered Privy Septic Tank Only Other (specify):

Trench Draining System:

Width: Lengths: 1 2 3 4 5 6

Filter Bed:

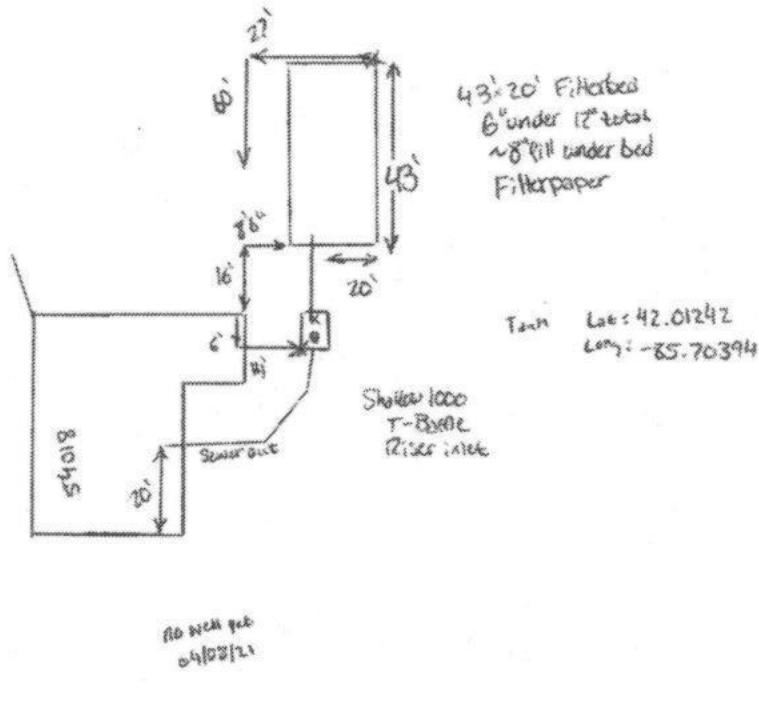
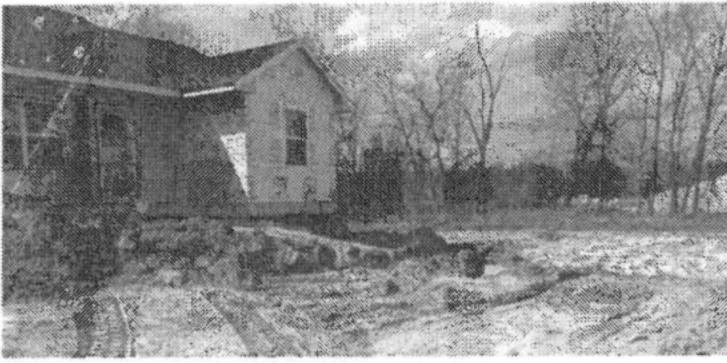
Width: 20' Length: 43' Number of Laterals: 4

All Drainage Types:

Depth of Stone Beneath Pipe: 6" Soil Cover Depth: 12" Total Square Ft installed: 860 Barrier Used: Filter paper Type of Fill Added (if applicable): Clean Sand Number of inches: 8"

Additional Details:

Inspected by: Benjamin Alberts Date: 04/07/2021



# Branch-Hillsdale-St. Joseph Community Health Agency

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 Coldwater, MI 49036      Hillsdale, MI 49242      Three Rivers, MI 49093  
 (517) 279-9561 ext. 106      (517) 437-7395 ext. 331      (269) 273-2161 ext. 233

Office Use Only	
Date Received	8-18-2025
"C" Receipt #	5177
Received by	RB
Amount Received	235-00
Township Code	FF
Section Number	28
Record Search by	RB

5/12

**APPLICATION FOR:**

- Sewage Permit (\$235)
- Well Permit (\$215)
- Site (vacant land) Evaluation (\$150)

**Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)**

**Address/Location** 54018 Delong Rd

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Property Tax ID # 75-007-028-004-00

**Owners' Name:** Bill & Gretta Schermerhorn Phone: 269-718-7067

Owners' Current Address: 54018 Delong Rd City: Marcellus State MI Zip 49067

Contractor or Contact Person: Gretta Schermerhorn Phone: 269-718-7067

Address 54018 Delong Rd City: Marcellus State MI Zip 49067

Send Permit to:  Owner     Contractor or Contact Person

Email Address: Gretta2@yahoo.com

Existing      Proposed      TOWNSHIP ZONING PERMIT# \_\_\_\_\_

# of bedrooms	<u>5</u>	_____
# of bathrooms	<u>3</u>	_____
# of occupants	<u>2</u>	_____
Water softener?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Garbage disposal?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Fuel oil tank?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**APPLICANT MUST INCLUDE SKETCH OF:**

1. site boundaries and property dimensions
2. locations of all buildings and driveways
3. locations of existing well and/or sewage system
4. prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
5. wells, sewage systems, and fuel tanks on adjacent lots
6. indication of the direction (north arrow)

Previous Health Dept. Site Evaluation  Yes  No

**THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE**

Check here if there is  WELL  SEPTIC system on site.

When was home built? 2021

Name of original owner? Bill & Gretta Schermerhorn

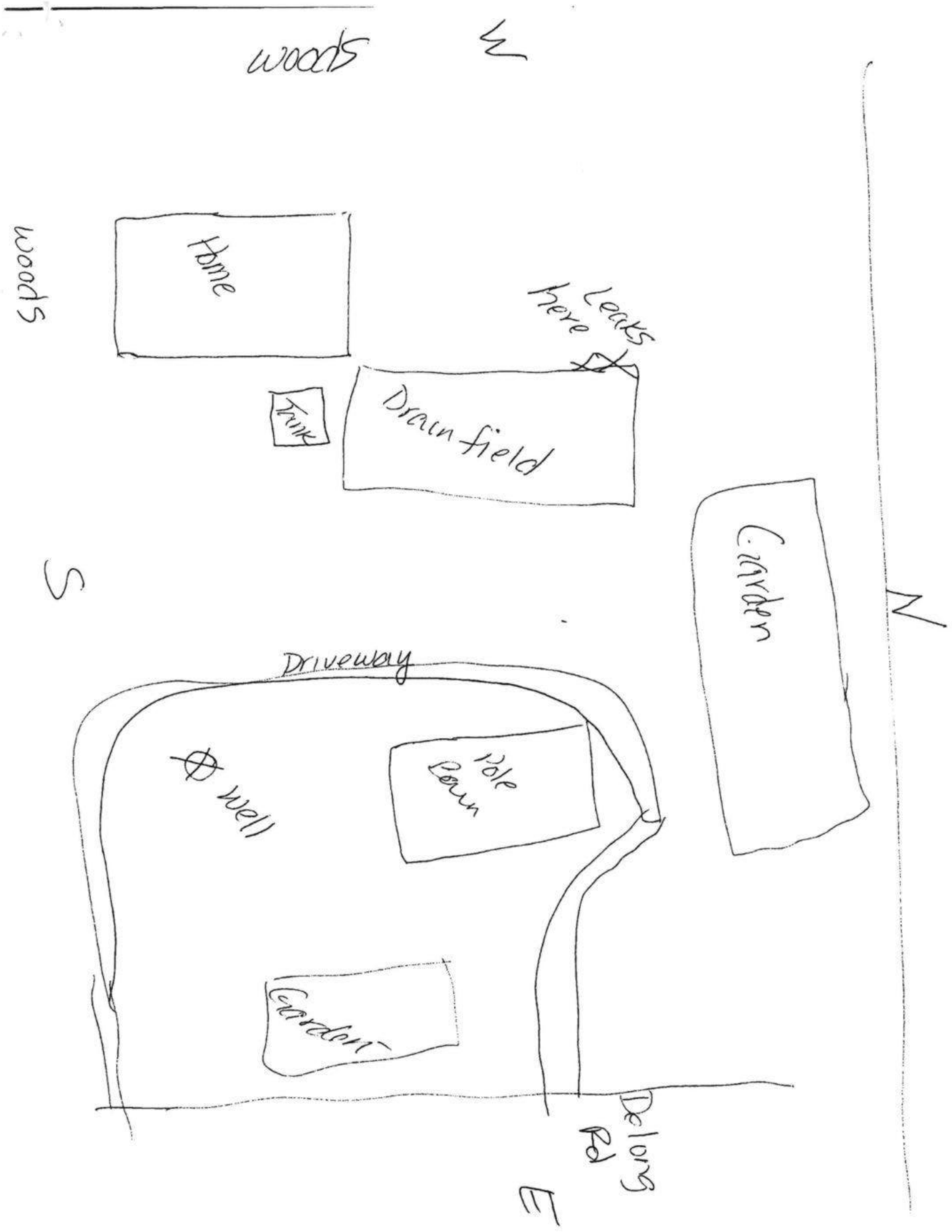
Name(s) of previous owners? \_\_\_\_\_

Property size 10 acres

**I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.**

Signature Gretta Y. Schermerhorn

Date 8-18-2025





BRANCH-HILLSDALE-ST. JOSEPH  
**COMMUNITY HEALTH**  
**AGENCY** | YOUR LOCAL  
 HEALTH DEPARTMENT

570 Marshall Road  
 Coldwater, MI 49036  
 (517) 279 - 9561 ext. 106

20 Care Drive  
 Hillsdale, MI 49242  
 (517) 437 - 7395 ext. 331

1110 Hill Street  
 Three Rivers, MI 49093  
 (269) 273 - 2161 ext. 233

**\*\*\*Septic Permit\*\*\***

Permit Number: FAC-026089

Property ID Number: 75-007-028-004-00

<p style="text-align: center;"><b>Property Location</b></p> <p>Road Street Address: 54018 DELONG RD          MARCELLUS MI 49067</p> <p>St. Joseph County          Township: Flowerfield</p> <p>Section: 28                      Town: 5 S          Lot:                                      Range: 12 W          Subdivision:</p>	<p style="text-align: center;"><b>Owner Information</b></p> <p>Land Owner Name: BILL SCHEMERHORN</p> <p>Address: 54018 DELONG RD          MARCELLUS MI 49067</p> <p>City: MARCELLUS          Zip: 49067</p>
<p><b>Utilization</b></p> <p>Replacement On-Site Sewage Residential                      Building Use: Single Family Residential          Number of Bedrooms: 5</p>	

**MINIMUM ISOLATION DISTANCES (FEET)**

Well/Unprotected Suction Lines	Septic Tank/Sewer Lines	50	Final Disposal	50
Pressurized Water Lines	Septic Tank/Sewer Lines	10	Final Disposal	10
Dwelling Structure w/Footing Drains	Septic Tank/Sewer Lines	10 ft.	Final Disposal	25 ft., if present
Dwelling Structure w/o Footing Drains	Septic Tank/Sewer Lines	10	Final Disposal	10

**PERMIT SPECIFICATIONS**

System Type	Bed - Dosed	Septic Tank Size in Gallons	Two 1,000 gallon septic
Number of Septic Tank Compartments	1	Pump Chamber Size	200 gal. or more
Time of Dosing	4	Square Footage of Dispersal Area	900
Drain Bed Width in Feet	26 ft.	Drain Bed Length in Feet	35 ft.
Number of Tile Lines	5	Tile Lines on Center in Feet	~ 3.5 ft.
Bottom of Stone in Inches	10 in. above ground at		
Clean Washed Sand	To Bottom of St	Header type:	Standard
Weather approval required prior to constru	Yes	Scarification inspection required prior to c	Yes
Benchmark inspection required prior to co	Yes		

Fill Requirement                      clean sand

**Additional Requirements**      Use the existing 1,000 gallon septic tank. Install an additional 1,000 gallon septic tank. Install a pump chamber. Strongly recommend installing a 1,000 gallon septic tank with a second compartment that is an adequate pump chamber. If this tank can be found in a low profile version, that would be the one to choose.

The top of the existing 1,000 gallon septic tank is 47 inches below grade.

Identify the utility lines, before excavating. There are at least 2 electric lines, 1 propane tank line and 1 cable service line underground.

54018 DeLong Rd.  
Marcellus



BRANCH-HILLSDALE-ST. JOSEPH  
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Hillsdale, MI 49242  
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1110 Hill Street  
Three Rivers, MI 49093  
(269) 273 - 2161 ext. 233

Contact a Michigan licensed septage hauler to empty the existing septic tank.  
If missing, install a plastic vented baffle, on the outlet end, inside that tank.  
Install the new tank, as close as possible, next to the existing one.  
If possible, install a plastic vented baffle, inside the tank, on the outlet end and before the pump chamber compartment. Install a riser on the outlet access to raise the lid to finished grade. Install a riser on the access to the pump chamber to raise that lid ABOVE finished grade. secure plastic lids with screws.  
Risers are to be secured to the tank.  
Remove vegetative cover, compacted soil near the driveway, topsoil, and install  
2NS or clean sand in the excavated area and to a height of 10 inches above the ground - using the elevation at the soil boring location as a guide. Install the filterbed on the prepared base of sand.  
**INSTALL 14 INCHES OF COVER OVER THE FILTERBED.**  
The height of the finished filterbed will be approximately 36 inches above the ground at the soil boring location. Make the mound's side slopes meet the 2 to 1 environmental health code requirement.  
As an example, a filterbed that is 26 ft. wide, 35 ft. long and has a finished height of 3 ft. above the current ground surface will have a finished width of 38 feet and a finished length of 47 feet. The additional 12 ft. of width and length is just soil for the mound's side slopes. The stone in the filterbed needs to be greater than 50 ft from the water well, not the soil that makes the filterbed's slopes.  
Use filter fabric to cover the stone in the filterbed, before backfilling.

The health department acknowledges that the failed absorption system may remain as "buried in place", once the sewer pipe is cut and capped.  
However, the property owner requests that the failed filterbed be removed and the excavation be filled with soil and topsoil to establish a lawn.  
If the failed filterbed is removed, it must be disposed of by burying it in a location that allows it to be at least 4 ft. above the seasonal high water table, covered with soil, isolated.  
NOTE: Install filterbed during acceptable weather conditions.  
Scarification of the filterbeds bottom is required.  
Benchmark/seasonal high water table elevation is required.

Contact the health department and schedule with a Sanitarian to meet at this location and review these requirements.  
Any modification of these requirements must be discussed with the property owner, in the presence of a health department Sanitarian, and accepted by the property owner and Sanitarian, before that modification can occur.

**SOIL PROFILE INFORMATION**

0 to 8 - very dark brown sandy loam; topsoil; no mottles present  
8 to 15 - dark brown sandy loam with clay films; no mottles present  
15 to 28 - brown sandy clay loam with pebbles; no mottles present  
28 to 38- light brown sand; no mottles present  
38 to 40 - light brown sand; random dark orange mottles ARE present  
40 to 45 - light brown sand with dark brown banding; no mottles present  
45 to 48 - very dark brown loam; no mottles present  
48 to 52 - light brown sand; no mottles present  
52 to 54 - light brown sand and grey colored sand; dark reddish-orange mottles Are present mottles Are present  
The soil profile is 34 ft. south and 31.5 ft. east of the southeast corner of the house. Kalamazoo soil series

**Permit Approved By:** Lee Zimmerman  
Environmental Health Sanitarian  
(269) 273-2161 ext. 224 , zimmermanl@bhsj.org  
**DATE:** 10/16/2025

**PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE:** 10/16/2026

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by the Branch-Hillsdale-St. Joseph Community Health Agency that successful operation is assured. Footage drainage, downspouts, water conditioners, shall not be connected to the sewage system or sewage disposal area.



**BRANCH-HILLSDALE-ST. JOSEPH  
COMMUNITY HEALTH  
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570 Marshall Road  
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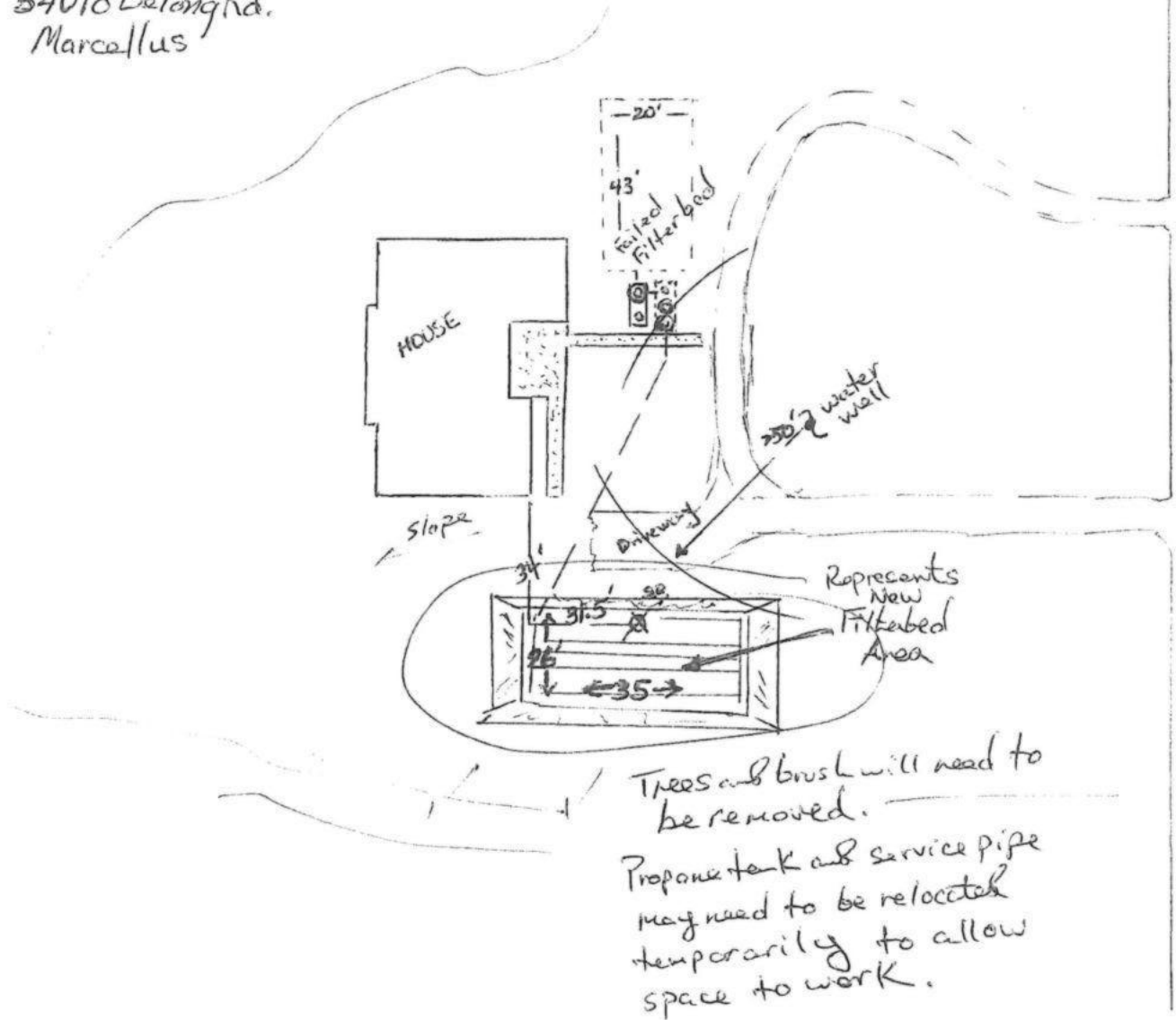
20 Care Drive  
Hillsdale, MI 49242  
(517) 437 - 7395 ext. 331

1110 Hill Street  
Three Rivers, MI 49093  
(269) 273 - 2161 ext. 233



**On-Site Sewage System Site Diagram**

75-007-028-004-00  
54018 Delong Rd.  
Marcellus



- Not to Scale -

This permit authorizes the construction, repair, enlargement or relocation of the sewage disposal system in accordance with plans and information contained in the approved application submitted to the Community Health Agency. Work authorized by this permit shall be subject to any special conditions or requirements as noted on the permit and shall comply with all requirements of the Environmental Health Code for Branch, Hillsdale, and St. Joseph Counties, Michigan. It shall be unlawful for any sewage system constructed under the authority of this permit to be placed in operation without the prior approval. Installer must contact county office for an inspection before final cover is applied.

## **Inputs on the septic system design and install at 54018 Delong Rd**

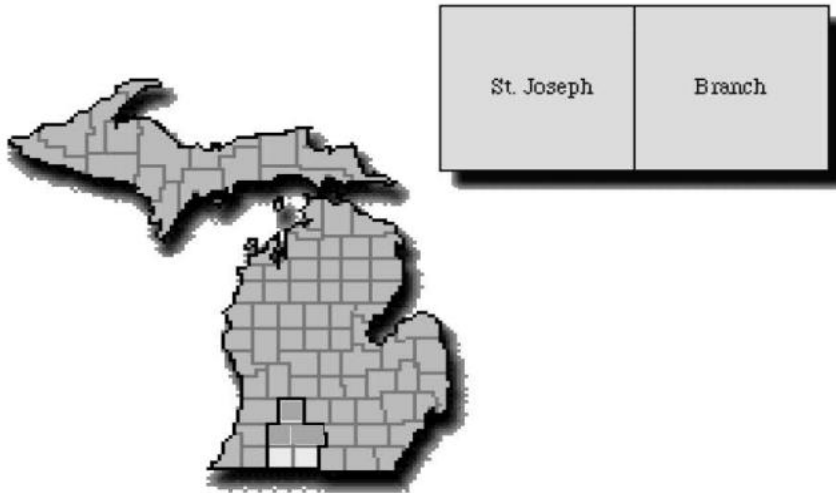
- **Wastewater samples were taken from the septic tank and the TSS and BOD levels are concerning:**
  - TSS (Total Suspended Solids) and BOD (Biochemical oxygen demand) levels of the water sample collected from the septic tank revealed average strength levels of domestic wastewater per the US EPA. (“US EPA, **Design Manual: Onsite Wastewater Treatment and Disposal Systems, October 1980.**”). Likewise, the referenced numbers on the reports that demonstrated this concern are those in the column titled “RL” which stands for “reporting level”. This column defines the minimum number that requires the true result to be listed, as opposed to stating “Not applicable”.
- **The bottom of the system is too close to the clay layer because the system should have been mounded:**
  - A Clean Earth Environmental report made a comment stating “Stone is only 9-10 inches below cover and the drain field is saturated, not draining properly, and water is pushing out of drain field. From top of stone to bottom of stone is 6 inches in depth.”
  - This comment does not disclose the distance to a limiting layer (i.e., clay). Likewise, this stance goes against our final inspection report that records the depth of stone. A lack of the required amount of stone below the pipe would fall under the liability of the installer.
  - Our final inspection recorded an image prior to the final grading of the property. This means that the “absence” of a visible above-grade mound does not necessarily mean the system is too close to the seasonal high water table (SHWT), but rather could simply be “blended” into the landscape to avoid a mound in the yard. This is very common.
- **The septic tank size permitted was too small in accordance with the BHSJCHA’s EH Code:**
  - The permit should have accommodated a 1500-gallon tank instead of a 1000-gallon tank per the code due to the proposed water softener presented on the application.
  - The purpose of the septic tank is to separate solids from liquids, allowing bacteria to break down waste, and acts as a primary treatment method before wastewater is released into a drainfield for final purification. The effectiveness of a tank is determined by evaluating TSS and BOD levels in or after the septic tank that verifies if the wastewater strength is too high or okay for discharge into the absorption area. TSS (Total Suspended Solids) and BOD (Biochemical oxygen demand) levels of the water sample collected from the septic tank revealed average strength levels of domestic wastewater.
  - Per the information above and consultation with EGLE, installation of a 1500-gallon tank would not have impacted the failure of the system. Minimally, it may have delayed the hydraulic overload by a capacity of 500 gallons, but as soon as the tank became full, the amount of effluent travelling to the absorption area would be equivalent, thus resulting in the same impact on the system.
- **The BHSJCHA EH Code contradicts itself:**
  - This claim is based on a misinterpretation of the wording in Rule 318.
    - Rule 318 – SEWAGE - **Shall mean a combination** of the domestic liquid or semi-solid wastes conducted away from a dwelling or habitable building and includes human excreta (black water), and garbage disposal wastes, dishwashers, bath water, laundry wastes, basement draining, and other commercial and industrial wastes (gray waters), **excluding** roof, water softener discharge, footing and storm drainage, clear cooling water waste or condensate. Commercial laundry waste and wastes from industrial and commercial processes are not considered sewage and generally require a separate permit from the Michigan Department of Natural Resources.
      - This does not mean water softeners are recommended for exclusion, but rather that is does not meet the definition of “Sewage”

- **It is “illegal” to route a water softener anywhere but the septic system?**

- This was insinuated from a master plumber, but also combatted by other master plumbers.
  - [M] 314.2 Evaporators and cooling coils. Condensate drain systems shall be provided for equipment and appliances containing evaporators or cooling coils. Condensate drain systems shall be designed, constructed and installed in accordance with Sections 314.2.1 through 314.2.5. [M] 314.2.1 Condensate disposal. Condensate from all cooling coils and evaporators shall be conveyed from the drain pan outlet to an approved place of disposal. Such piping shall maintain a horizontal slope in the direction of discharge of not less than one-eighth unit vertical in 12 units horizontal (1-percent slope). Condensate shall not discharge into a street, alley or other areas so as to cause a nuisance.
  - A water softener does not utilize a condensate drain system.
  - Likewise, an “approved place of disposal” does not only mean a municipal sewer system or private septic system per our EH Code (Rule 318).

# FY 2027 ANNUAL IMPLEMENTATION PLAN

## BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



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### Planning and Service Area

Branch, St. Joseph

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

Branch-St. Joseph  
Community Health Agency  
570 N. Marshall Road  
Coldwater, MI 49036  
517-278-2538 (phone)  
888-615-8009 (toll-free)  
517-278-2494 (fax)

Rebecca A. Burns, Health Officer  
Laura Sutter, Director  
Area Agency on Aging  
[www.bhsj.org/aaa](http://www.bhsj.org/aaa)

### Regional Aging Representative

**Ashley Ellsworth**

[EllsworthA2@michigan.gov](mailto:EllsworthA2@michigan.gov)  
517-294-9680

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### Executive Summary

#### Instructions

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

- A. The history of your Area Agency on Aging (AAA) and Planning and Service Area (PSA) including mission statement, vision, and primary focus for the next three years**
- B. How the AAA used data from assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. (OAA 1321.65(b)(3), OMA 400.586(y))**
- C. The AAA's Strategic/Long-Term Plan**
- D. Awards and Accreditations received by the AAA**

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

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

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

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

Our Values include:

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

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

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

\*\* Community Needs Assessment highlights  
focus on outreach, I&A/Options Counseling, in home services

\*\* INSERT highlights of demographic data in our PSA continued with steady growth in the 60+ age category. As compared to our statistics in 2019, the 60+ population grew from just over 23% of the total population to now nearly 26%. The total population in Branch and St. Joseph County decreased based on Michigan Department of Health and Human Services (MDHHS) Vital Records data in 2020. As we examined poverty data, the number of individuals older than 55 who was under poverty within the past year (2020) in St. Joseph County was 1,781 (minority in poverty 198) and Branch County was 1,240 (minority in poverty 62). This data has not significantly changed since our last Plan. Our efforts to reach individuals and families who are of racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups will remain a high priority for our agency as well as our network providers. We must prevent and address unmet need, health disparities and access to supports and service with a holistic eye and approach.

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

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

The Branch-St. Joseph Area Agency on Aging formally initiated our 2026 Community Needs Assessment on Tuesday, April 7, 2026 at a community event being sponsored by Congressman Tim Walberg in Sturgis, Michigan. The CNA is conducted in order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service. Our intent was to gain insight on the perception of need for services, how individuals obtain information about services AAA staff and Community Health Agency staff revised the tool in many ways including: more social determinant of health questions, condensing the survey into one tool (previously we ran two distinct surveys for different populations - one older adult needs assessment, one key leader needs assessment), and we refined language used. We kept the full list of home and community-based services for survey participants to rank as “Most Useful/currently use”, “Might be useful in the future”, or “Not useful to me”. The survey was available in hard copy, or via electronic format via Alchemer survey online. We also took responses over the telephone, with/without translation, with community members who chose that method. Our service provider network was provided hard copies for current service recipients to share their input. A press release was issued on April 16, 2026 encouraging feedback for our Needs Assessment, whether via Survey or via attendance at one of four different Community Input Forums throughout the planning & service area in early May. Press release distribution included all local and regional radio, press, news and media outlets including larger markets in Battle Creek and Kalamazoo. The press

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release is included in the “budget & other documents” tab of AMPS.

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

\*\*Insert key highlights from CNA

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

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

**4. Does your AAA have a Strategic/Long-Term Plan?**  Yes  No

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

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

**Demographic Data for PSA**

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

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Total 85+ Population (%)	6.38	19.17
Total 60+ Non-English-Speaking Population (%)	4.68	0.06

### Public Feedback

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

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

#### Instructions

-The AAA will hold at least one public hearing on the FY 2027-2029 MYP in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the MYP is made available. \*Note - Additional testimony received after the MYP has been submitted to the ACLS Bureau can be forwarded to the AAA's Regional Aging Representative no later than July 31, 2026.

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

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

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

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

Please provide answers to the questions below:

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

**7. Describe how your agency involved the Policy and/or Advisory Boards in encouraging and promoting participation to capture public feedback.**

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

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

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

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

Key takeaways from the discussion in Branch County:

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

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

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

Key takeaways from the discussion in St. Joseph County:

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

During the Public Hearing, Laura Sutter, AAA Director, provided an overview of each section of the Plans, highlighting Program Development, other grants/initiatives, FY 2027 Budget items as well as the continuum of services. The Hearing was held at the BHSJ Community Health Agency office in Coldwater which is a fully accessible building. <<<<INSERT FEEDBACK! >>>>>

<<<<< Attendees >>>>> were affiliated with County government (Board of Health members) and one

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direct service provider. All comments that were shared by attendees were supportive and complimentary of the Plans. The BHSJ Community Health Agency Health Officer, Rebecca Burns, also attended both Hearings. A PowerPoint presentation covering the highlights of the Community Needs Assessment, including population data was also shared at the hearing.

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

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

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

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

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

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

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

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

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

Discussion and input gleaned from those in attendance at the Public Hearing.....

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<<<< Any formal Public Hearing Testimony???? >>>>

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

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

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**Regional Service Definitions**

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

If the AAA is proposing to fund a regional service that is not included in the Operating Standards for Service Programs, provide rationale as to why activities cannot be funded under an existing service definition and information about the proposed service in this section.

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

**Instructions**

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

**Service Name/Definition**

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

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

**Minimum Standards**

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**Access Services**

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2027-2029 MYP cycle, complete this section.

**Instructions**

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

**Care Management**

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

Geographic area to be served

Branch & St. Joseph Counties

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

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

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants
- ~ Seek additional service providers (purchase of service vendors) to serve participants in Region IIIC
- ~ Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan/care plan
- ~ Care consultants will work to implement new ACLS Bureau "Care Management" Operating Standards

Expected Outcomes:

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

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

Activities:

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

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

**Expected Outcomes:**

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

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

**Activities:**

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

**Expected Outcomes:**

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

**Information and Assistance**

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

Geographic area to be served

Branch and St. Joseph counties

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

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

**Activities:**

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

**Expected Outcomes:**

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

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

**Activities:**

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

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**Branch-St. Joseph Area Agency on Aging**

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- ~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners
- ~ Staff shall continue to attend and participate in outreach events and seasonal community -based activities throughout the planning and service area.

Expected Outcomes:

- ~ Local and regional aging/disability network partners will continue to seek and receive accurate information from Branch-St. Joseph AAA.
  - ~ Branch St. Joseph AAA will continue to see an increase in Information and Assistance/referral calls
- Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to ACLS Bureau Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.**

Activities:

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

Expected Outcomes:

- ~ All requested and required data and reports will be submitted accurately and timely

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

Activities:

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

Expected Outcomes:

- ~ People contacting and interacting with the Branch-St. Joseph AAA will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences
- ~ Community partners will have an increased awareness of person-centered thinking and its practice within their organizations

**Options Counseling**

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$12,607.00	<u>Total of State Dollars</u>	

Geographic area to be served

Branch and St. Joseph counties

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

**Goal #1 Continue implementation of person-centered options counseling according to ACLS**

**Branch-St. Joseph Area Agency on Aging**

**FY 2027**

**Bureau Operating Standards**

Activities:

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

Expected Outcomes:

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

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

Activities:

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

Expected Outcomes:

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

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**Direct Service Request**

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

It is expected that in-home, community, nutrition, caregiver, and kinship caregiver services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA).

Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA’s administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

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

**Instructions**

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

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

**Friendly reassurance**

Total of Federal Dollars      \$4,000.00

Total of State Dollars

Geographic Area Served      Branch and St. Joseph counties

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

Goal: Provide and promote Friendly Reassurance with Branch and St. Joseph counties to address social isolation among older adults

Objective: Decrease social isolation among older adults.

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

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(or as requested by the individual) telephonic check-ins to address emotional and physical well being, talk about current events, and other topics as raised by the participant. Work with individuals on ways to stay engaged in the community and with others.

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

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

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

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

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

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

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

Since FY 2020 we've been providing Friendly Reassurance to those seeking the service via online request, call in and via referral from local partner agencies. After successful implementation, we propose to continue to offer Friendly Reassurance into FY 2027 as we know the issue of social isolation remains an issue in our communities. Social isolation is noted among <<< # respondents >>>> in the Community needs assessment as having checked as having experienced the following over the past 6 months: "I felt isolated or lonely" and <<< # respondents >>>> "I felt down, hopeless, or depressed"

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

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

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

<<<< INSERT!!!! ???? There was no formal comment or testimony given related to the Plan????? >>>>>

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**Respite Care**

Total of Federal Dollars

Total of State Dollars

\$8,000.00

Geographic Area Served    Branch and St. Joseph counties

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

Goal: Develop out-of-home respite care options, including a respite voucher-type program, to support families and individuals in the community.

Objective: Support individuals/families seeking short-term and/or intermittent respite care, out of the home, for their loved one

Activities:

- ~ Seek regional aging representative support for best practices in respite care voucher programs including other AAA region examples
- ~ Establish draft intake and eligibility policies and procedures to begin serving non-CLP participants with the respite care voucher program
- ~ Develop two (2) additional respite care providers as Purchase of Service Vendors for respite care voucher program
- ~ Coordinate out of home respite options among all direct and annual contract providers respite programs

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

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

A) Provision of a respite care voucher program by the Area Agency is necessary to assure an adequate supply of such services.

Currently there are only two ways an individual/family can access out-of-home respite care: pay out of pocket/privately or be a current participant of an in home service provider. Through

**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.**

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

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**Regional Direct Service Request**

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

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

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

**Instructions**

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

Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional service request for FY 2027-2029.

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

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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**2027–2029 MYP Goals**

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

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

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

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

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

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

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

Instructions

Select the link entitled Add MYP Goal

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

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

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

-

**MYP Goal**

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

State Goal Match: 1

Objectives

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

Respite care and caregiver support services seem to be more and more requested locally, and have also ranked high in need in our recent Community Needs Assessment <<<< INSERT DATA >>>> Development of a voucher program could allow more community members access to temporary, substitute supports and/or living arrangement options for their loved one. This could be helpful to a family if they need a long weekend away to attend a special life event out of town/state (graduation, wedding, special milestone event) but need a safe, caring environment/living arrangement for their parent whom can not be left alone. The voucher could support the family to have that break, assist in payment of the cost of care, and provide needed care to their loved one.

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

Planned Activities

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

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

Planned

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

Expected Outcome

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

Progress

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

State Goal Match: 2

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Objectives

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

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

Planned Activities

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

Planned

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

Expected Outcome

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

Progress

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

State Goal Match: 3, 4

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Objectives

<<< INSERT CNA Information about how people get information about supports/services >>>>

Planned Activities

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

Timeline: 10/01/2026 to 09/30/2029

Planned

1.AAA staff will develop an outreach calendar with detailed themes, including local/state/federal level celebrations

2.AAA staff will work directly with health education & promotion to update them on current events, service highlights, themes/celebrations, promotional opportunities

3.AAA staff will engage in local, regional and state-level community events to promote the AAA and other aging network partners and programs

4.AAA staff will share aging & disability related materials with all local community partners and health care partners across the region

Expected Outcome

1.By September 1st, a 12-month outreach calendar will reflect detailed themes, including local/state/federal level celebrations, and planned events (for the upcoming fiscal year)

2.AAA staff will develop a meeting schedule and cadence to plan with health education & promotion to share current events, service highlights, themes/celebrations, promotional opportunities

3.Regular & ongoing communication and information sharing among local community partners and health care partners across the region will occur monthly/as needed

Progress

**D. State Plan Goal 4**

State Goal Match:

Objectives

Planned Activities

1.

Timeline: to

Planned

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Expected Outcome

Progress

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**Supplemental Documents**

**SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL**

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

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

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

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

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

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**SUPPLEMENTAL DOCUMENT C**  
**Proposal Selection Criteria**

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

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**Planned Service Array**

**Instructions**

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

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

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

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

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

\* Not PSA-wide

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**Program Development Spending Plan**

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

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

**Instructions**

**Please provide answers to the question(s) below:**

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

Yes  No

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

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

**Advocacy Strategy**

**Instructions**

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

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

**Instructions**

**Please answer the following questions:**

Please describe the following:

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

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

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

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

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

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

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

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

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priorities including financial, staffing and policy changes.

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

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

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

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

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

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

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

**Planning and Service Area Aging Landscape**

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

**Instructions**

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

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

Demographic changes  
income level changes  
age category changes  
Population projections

Michigan had a significant “baby boom” and our life expectancy has increased over the long term. Michigan's median age is projected to remain higher than the nation through 2050. In 2020, our median age was 40.1. Baby boomers are still the largest generation in Michigan versus millennials and GenZ are now the two largest generations nationally. Michigan's share of working and family age adults (ages 25-54) is projected to remain flat or decline. The share of older adults (ages 55+) is projected to continue to increase. Michigan's oldest adult population (ages 75-84) could easily increase by 45 percent between 2025 and 2039.

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

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

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

Informing, educating and advocating are activities we perform daily at the individual staff-level, at the agency leadership-level, and at the state-level as well. Region IIIC staff revere communication highly and strive to

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provide high quality, unbiased information and assistance. We greet callers on the phone, in the office, on our website, on social media, and at community events.

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

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

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

**4. Describe what home and community-based Medicaid services are available within the PSA. (Examples: PACE, MI Choice Waiver, etc.)**

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

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

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

As a 'companion program' to the State Health Insurance Program, Region IIIC AAA answered a Grant Funding Opportunity for Senior Medicare Patrol in early 2026. Our intent with SMP is to continue the valuable Medicare fraud, waste and abuse prevention efforts alongside our local Commission on Aging offices to provide this education and awareness to local beneficiaries and their families.

Since 2018, AAIIIC has been awarded an MDHHS Division of Victim Services, Victim Assistance Program "Victim of Crime Act" grant to deliver comprehensive, trauma-informed services to older adults and individuals with disabilities who rely on assistance for daily living and have experienced crime. This work has required a highly responsive and specialized approach to address the layered vulnerabilities associated with age, disability, dependency, and, in many cases, social isolation. Through sustained service delivery, we have developed deep expertise in assessing risk, stabilizing crisis situations, and supporting long-term recovery. Our core services include individualized safety planning that accounts for caregiver dynamics, crisis

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intervention available at critical points of harm, and intensive case management that supports clients through complex systems such as healthcare, legal processes, housing, and benefits access. We also prioritize coordinated care, working closely with medical and social service providers to ensure continuity of support and reduce the risk of re-victimization. Our approach emphasizes autonomy, dignity, and informed consent, ensuring that each client's voice guides the services they receive.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The AAIIIC participates regularly in the ACLS Bureau EBDP meetings and also shares flyers, notices, social media posts as new class schedules are released for all health promotion/disease prevention programs. We also work with another health department division, health education & promotion, to place flyers on our agency lobby televisions and on our social media. These flyers and notices are also sent electronically to community partners to maximize community awareness and participation.

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

In the past, our agency has completed the "Dementia Capability Quality Assurance Assessment" tool. Care Consultants have specialized dementia training to support Community Living Program participants as well as general callers seeking information and resources related to dementia care. The Branch-St. Joseph AAA team has an ability to identify people with dementia. Using various tools including standardized screening and assessment, staff are able to efficiently evaluate participants and their caregivers. The second strength is that the entire agency staff has received some form of formal training on dementia. This allows our staff, in all of their various roles, to be sensitive to the needs of this population and effectively support those with dementia and their caregivers. We require contracted aging network providers to offer dementia specific

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education to their staff, including drivers, aides, activity personnel, site managers, and volunteers. We will continue our work and planning to foster the development of dementia capable activities to enhance the knowledge base and specialized services for those with dementia and their caregivers. Our agency will work closely with community organizations and service providers to encourage and support discussions and trainings that are dementia focused.

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

Yes  No

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

Yes  No

**Greatest Economic and Greatest Social Need**

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

**Instructions**

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

Please describe the following:

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

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

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

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

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

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

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

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

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

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

The Region IIIC Area Agency on Aging Advisory Committee is aware of and promotes targeting individuals with greatest economic and social need. Through monthly, collaborative meetings and with guest speakers, we inform and promote services to those greatest in need.

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**Coordination to Serve Native American Elders and Family Caregivers**

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

**Instructions**

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

Please describe the following:

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

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

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

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

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

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

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

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

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

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

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

Yes  No

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

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

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

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

## FY2027 Area Plan Budget

Branch-St. Joseph Area Agency on Aging  
 3C

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

Rev No: 0  
 to 9/30/2027

### Area Plan Budget Overview

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

### Administration Budget

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

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

## Services Budget

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

**Expenditures by Service & Fund Category**

30.59%      33.15%      3.06%      14.24%      18.96%      100.00%

Services	Federal	State	Medicaid	Program Income	Local	Grand Total
<b>Access Services</b>	\$ 63,607	\$ 100,212	\$ 50,000	\$ 12,000	\$ 67,500	\$ 293,319
Care Management	\$ 26,000	\$ 92,404	\$ 50,000	\$ -	\$ 35,000	\$ 203,404
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ 15,000	\$ 29,808
Options Counseling	\$ 7,607	\$ -	\$ -	\$ -	\$ 2,500	\$ 10,107
Transportation	\$ 23,000	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ 50,000
<b>In-Home Services</b>	\$ 33,500	\$ 227,910	\$ -	\$ 33,000	\$ 91,736	\$ 386,146
Assistive Devices & Technologies	\$ -	\$ 10,300	\$ -	\$ -	\$ 1,668	\$ 11,968
Chore Services	\$ 8,000	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ 900	\$ 8,900
Homemaker	\$ 13,000	\$ 169,100	\$ -	\$ 16,500	\$ 40,000	\$ 238,600
Medication Management	\$ -	\$ 3,307	\$ -	\$ -	\$ 1,668	\$ 4,975
Personal Care	\$ 4,500	\$ 45,203	\$ -	\$ 16,000	\$ 45,000	\$ 110,703
<b>Community Services</b>	\$ 32,596	\$ -	\$ -	\$ 1,500	\$ 25,855	\$ 59,951
Health Promotion: Evidence-Based	\$ 8,596	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,596
Health Promotion: Non Evidence-Based	\$ 5,000	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Home Repair	\$ 5,000	\$ -	\$ -	\$ 500	\$ 3,000	\$ 8,500
Legal Assistance	\$ 12,000	\$ -	\$ -	\$ 500	\$ 1,800	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ -	\$ 18,000	\$ 20,000
<b>Nutrition Services</b>	\$ 311,072	\$ 127,692	\$ -	\$ 175,000	\$ 105,000	\$ 718,764
Congregate Meals	\$ 108,170	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 180,693
Home-Delivered Meals	\$ 202,902	\$ 125,169	\$ -	\$ 120,000	\$ 90,000	\$ 538,071
<b>Caregivers of Older Adults Services</b>	\$ 50,254	\$ 85,309	\$ -	\$ 11,000	\$ 16,277	\$ 162,840
Adult Day Services	\$ -	\$ 16,000	\$ -	\$ -	\$ -	\$ 16,000
Caregiver Education (use for Caregiver Outreach)	\$ 8,454	\$ -	\$ -	\$ 500	\$ 8,000	\$ 16,954
Caregiver Information and Assistance	\$ 29,000	\$ -	\$ -	\$ -	\$ 4,000	\$ 33,000
Caregiver Options Counseling	\$ 5,000	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Caregiver Supplemental - Transportation	\$ -	\$ 16,000	\$ -	\$ 10,000	\$ 500	\$ 26,500
Caregiver Support Groups	\$ 5,800	\$ -	\$ -	\$ 500	\$ 1,000	\$ 7,300
Caregiver Training	\$ 2,000	\$ -	\$ -	\$ -	\$ 222	\$ 2,222
Respite Care – In-Home Respite	\$ -	\$ 37,309	\$ -	\$ -	\$ 2,000	\$ 39,309
Respite Care – Out-of-Home Respite (Day)	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ 8,000
Respite Care – Out-of-Home Respite (Overnight)	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ 8,000
<b>Older Relative (Kinship) Caregiver Services</b>	\$ 2,800	\$ -	\$ -	\$ -	\$ 2,500	\$ 5,300
Kinship Caregiver Support Groups	\$ 2,800	\$ -	\$ -	\$ -	\$ 2,500	\$ 5,300
<b>Other Services</b>	\$ 5,500	\$ -	\$ -	\$ -	\$ 650	\$ 6,150
Unmet Needs	\$ 5,500	\$ -	\$ -	\$ -	\$ 650	\$ 6,150
<b>Grand Total</b>	\$ 499,329	\$ 541,123	\$ 50,000	\$ 232,500	\$ 309,518	\$ 1,632,470

**Access Services Expenditures by Fund Source**

Service	Title III-B Supportive Services	State Access Services	State Aging Network Services	State Care Management	Targeted Case Management	Program Income	Cash Match	In-Kind Match	Grand Total
<b>Access Services</b>	\$ 63,607	\$ 7,808	\$ 12,176	\$ 80,228	\$ 50,000	\$ 12,000	\$ 55,000	\$ 12,500	\$ 293,319
Care Management	\$ 26,000	\$ -	\$ 12,176	\$ 80,228	\$ 50,000	\$ -	\$ 25,000	\$ 10,000	\$ 203,404
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ -	\$ 29,808
Options Counseling	\$ 7,607	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,500	\$ 10,107
Transportation	\$ 23,000	\$ -	\$ -	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ -	\$ 50,000
<b>Grand Total</b>	\$ 63,607	\$ 7,808	\$ 12,176	\$ 80,228	\$ 50,000	\$ 12,000	\$ 55,000	\$ 12,500	\$ 293,319

**In-Home Services Expenditures by Fund Source**

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

**Community Services Expenditures by Fund Source**

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

**Other Services Expenditures by Fund Source**

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

### Nutrition Services Expenditures by Fund Source

Service	Title III-C1 Congregate Meals	Title III-C2 Home- Delivered Meals	Nutrition Services Incentive Program (NSIP)	State Congregate Meals	State Home Delivered Meals	Program Income	Cash Match	Grand Total
<b>Nutrition Services</b>	\$ 95,170	\$ 130,179	\$ 85,723	\$ 2,523	\$ 125,169	\$ 175,000	\$ 105,000	\$ 718,764
Congregate Meals	\$ 95,170	\$ -	\$ 13,000	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 180,693
Home-Delivered Meals	\$ -	\$ 130,179	\$ 72,723	\$ -	\$ 125,169	\$ 120,000	\$ 90,000	\$ 538,071
<b>Grand Total</b>	\$ 95,170	\$ 130,179	\$ 85,723	\$ 2,523	\$ 125,169	\$ 175,000	\$ 105,000	\$ 718,764

### Caregivers of Older Adults Services Expenditures by Fund Source

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

### Older Relative (Kinship) Caregiver Services Expenditures by Fund Source

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

**Method of Service Provision**

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

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

<b>Program: Administration</b>	<b>Effective Date: 10/4/2018</b>
<b>Subject: Procurement Policy</b>	<b>Last Updated: 4/24/2025</b>

**Purpose:** To ensure all supplies, equipment, construction, and services are obtained in an open and effective manner and in full compliance with the provisions of applicable federal statutes and executive orders.

**Policy Statement:** Prior to starting a procurement process, Branch-Hillsdale-St. Joseph Community Health Agency (Referred to as “The Agency” going forward) must review the procurement to ensure that it complies with all parts of **2 CFR 200-317-326**.

**Implementing Procedure:**

**GENERAL PROCUREMENT STANDARDS (Sec. 200.318):**

The Agency:

- Must maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.
- Must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- Must avoid acquisition of unnecessary or duplicative items.
- Will seek to enter into state and local intergovernmental agreements or inter-entity agreements where appropriate for procurement or use of common or shared goods and services.
- Will seek to use Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs.
- Will use value engineering clauses in contracts for construction projects of sufficient size to offer reasonable opportunities for cost reductions. Value engineering is a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost.
- Must award contracts only to responsible contractors possessing the ability to perform successfully under the terms and conditions of the proposed procurement. Consideration must be given to contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Awards, subawards and contracts with parties that are debarred, suspended, or otherwise excluded form or ineligible for participation in Federal assistance programs or activities are not allowed.
- Must maintain records sufficient to detail the history of procurement. These records will include, but are not limited to the following: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
- May use a time and materials type contract only after a determination that no other contract is suitable and if the contract includes a **ceiling price that the contractor exceeds at its own risk**.

Reviewed Date: 4/24/2025

A time and materials type of contract means that a contract whose cost to the grantee is the sum of the actual cost of materials and direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit.

- Accepts sole responsibility, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurement.

## **METHODS OF PROCUREMENT (Sec 200.320):**

### **1. Procurement by small purchase procedures: For purchases up to \$249,999 – (“Simple Acquisition Threshold” defined in 41 U.S.C. 403(11) set at \$250,000):**

Small purchases are those that are relatively simple and informal for items such as supplies, services or other property. If small purchase procedures are used, price or rate quotations shall be obtained from an adequate number of qualified sources to ensure that the selection process is competitive in accordance with these policies. “Adequate Number” as well as specific rules governing small purchases are further defined in The Agency’s Purchasing Policy.

### **2. Procurement by sealed bids:**

Bids are publicly solicited and a firm-fixed-price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming to all the material items and conditions of the invitation for bids, is the lowest price. *This method is preferred for procuring construction, if the following are present,*

- A complete, adequate, and realistic specification or purchase description is available
- **Two or more** responsible bidders are willing and able to compete effectively for the business, and
- The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.

If sealed bids are used, the following requirements apply:

- Bids must be solicited from an adequate number of known suppliers, providing them sufficient response time prior to the date set for opening the bids. The invitation for bids must be publicly advertised.
- The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond.
- All bids will be opened at the time and place prescribed in the invitation for bids.
- A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of.
- Any or all bids may be rejected if there is a sound documented reason.

### **3. Procurement by competitive proposals, i.e. Requests for Proposals (RFPs):**

Competitive proposals are normally conducted with more than one source (supplier) submitting an offer and either a fixed-price or cost-reimbursement type contract is awarded. This is generally used when conditions are not appropriate for the use of small, large or sealed bids - *architectural, audit and third-party administration must use the competitive proposal method.* The following requirements apply:

- Requests for proposals (RFP) must be publicized and identify all evaluation factors and their relative importance. In most cases, solicitation by mail or newspaper or professional journals is appropriate. A telephone call is not sufficient.
- Any response to publicized RFPs must be considered to the maximum extent practical.
- Proposals must be solicited from an adequate number of qualified sources.
- The non-Federal entity must have a written method for conducting technical evaluations of the proposals received and for selecting recipients.
- Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered.
- The grantee may use competitive proposal procedures for qualifications-based procurement of architectural/engineering A/E professional services. This method, where price is not used as a selection factor can only be used in the procurement of A/E professional services.

**Procuring audit services (Sec. 200.509).** The grantee must follow the procurement standards in sections 200.317-326, as applicable.

In requesting proposals for audit services:

- 1) Objectives and scope of the audit should be made clear, and
- 2) Grantee must request a copy of the audit organization's peer review report which the auditor is required to provide under GAGAS (Generally Accepted Government Auditing Standards).

Factors to be considered in evaluating each proposal for audit services include:

- 1) Responsiveness to the request for proposal,
- 2) Relevant experience,
- 3) Availability of staff with professional qualifications and technical abilities,
- 4) Results of external quality control reviews, and
- 5) Price.

#### **4. Procurement by noncompetitive proposals:**

Procurement through solicitation of a proposal from only one source. The grants reform clarified that this may be used only when one or more of the following circumstances apply:

- The item is available only from a single source.
- The public demand or emergency for the requirement will not permit a delay resulting from competitive solicitation (emergency situations).
- The federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from The Agency.
- After solicitation of a number of sources, competition is determined inadequate.

#### **COMPETITION (Sec. 200.319):**

All procurement transactions must be conducted in a manner providing full and open competition constituent with the standards for Part 200. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurement. Some situations that could be restrictive of competition include, but are not limited to:

- Placing unreasonable requirement(s) on firms in order for them to qualify.
- Requiring unnecessary experience and excessive bonding (insured in the event of a loss).
- Noncompetitive pricing practices between firms or between affiliated companies.

- Noncompetitive contracts to consultants that are on retainer contracts.
- Organizational conflicts of interest.
- Specifying only a “brand name” product instead of allowing “an equal” product.
- Any arbitrary action in the procurement process.

The Agency must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local or tribal geographic preferences, except where expressly mandated or encouraged.

The Agency must maintain written procedures for procurement transactions which Maintained in RFPs:

- Incorporate clear and accurate description of the technical requirements for materials, products or services to be procured.
- Identify all requirements that must be fulfilled by the offeror and all factors to be used in evaluating the bids or proposals.
- Ensure that all prequalified lists of offerors/products used for acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition.

**CONTRACTING WITH SMALL AND MINORITY-OWNED BUSINESSES, WOMEN’S BUSINESS ENTERPRISES, VETERAN-OWNED BUSINESSES, AND LABOR SURPLUS AREA FIRMS (Sec. 200.321):**

The Agency must take all necessary steps to assure that minority businesses, women’s business enterprises, veteran-owned businesses, and labor surplus firms are used when possible. These steps include:

- Placing qualified small and minority businesses (SMBs), ~~and~~ women’s business enterprises (WBEs), and veteran-owned businesses (VOSBs) on solicitation lists.
- Assuring that SMBs, ~~and~~ WBEs, and VOSBs are solicited whenever they are potential sources.
- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by SMBs, ~~and~~ WBEs, and VOSB.
- Establishing delivery schedules, where the requirement permits, which encourage participation by SMBs, ~~and~~ WBEs, and VOSBs.
- Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
- Requiring the prime contractor, if subcontracts are allowed, to take the affirmative steps listed in the above statements.

**CONTRACT COST AND PRICE (Sec. 200.323):**

The Agency must perform some form of cost or price analysis in connection with each procurement, which are further explained below.

COST ANALYSIS is used:

- When the bidder is required to submit the elements that make up the estimated cost.
- When sufficient price competition is lacking
- For all single-source procurements.

PRICE ANALYSIS is used when price reasonableness can be established on the basis of a catalog or the market price of a product on processes set by law or regulation.

**BONDING REQUIREMENTS (Sec. 200.325):**

For construction or facility improvement contracts/subcontracts exceeding the Simple Acquisition Threshold (currently set at \$250,000), the Federal awarding agency or pass-through entity may accept the bonding policy and requirements of the non-Federal entity provided that the Federal awarding agency or pass-through entity has made a determination that the Federal interest is adequately protected. If such a determination has not been made, the minimum requirements must be as follows:

- A bid guarantee from each bidder equivalent to five percent of the bid price. The bid guarantee must consist of a firm commitment such as a bid bond, certified check or other negotiable instrument accompanying a bid as assurance that the bidder will, upon acceptance of the bid, execute such contractual documents as may be required within the time specified.
- A performance bond on the part of the contractor for 100 percent of the contract price. This is so the obligations of the contract are completely fulfilled.
- A payment bond on the part of the contractor for 100 percent of the contract price. A payment bond is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.

Last Reviewed: 4/24/205 TEF