

**BRANCH-HILLSDALE-ST. JOSEPH  
COMMUNITY HEALTH AGENCY  
BOARD OF HEALTH  
AGENDA  
June 28, 2018**

Pledge Allegiance

1. Roll Call
2. Approval of the Agenda\*
3. Approval of the Minutes\*
4. Public Comment
5. Health Officer's Report
6. Medical Director's Report
  
7. Committee Reports:
  - a. Program, Policies, and Appeals – approval of minutes\*
  - b. Finance Committee – approval of minutes\*
  
8. Financial Reports/Expenditures
  - a. Approve Payments\*
  - b. Review Financials
  
9. Unfinished Business
  - a.
  
10. New Business
  - a. AAA FY 2018 Provider Funding Amendments \*
  - b. AAA FY2019 Area Implementation Plan \*
  - c. Hillsdale Custodial Services \*
  
11. Departmental Reports
  - a. Personal Health & Disease Prevention
  - b. Environmental Health
  - c. Area Agency on Aging
  
12. Other

Next meeting

**July 26, 2018 at the Hillsdale office**

Branch-Hillsdale-St. Joseph Community Health Agency  
Board of Health Meeting Minutes  
May 24, 2018

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:01 a.m. by Chairman, Allan Balog, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Allan Balog, Terri Norris, Bruce Caswell, Mark Wiley, and Kathy Pangle.

Also present: Rebecca Burns, Dr. Vogel, Theresa Fisher, Yvonne Atwood, Paul Andriacchi, Laura Sutter, and Jeff Macklin.

Ms. Norris moved to approve the agenda with support from Mr. Wiley. The motion carried.

The minutes from the previous meeting erroneously stated that BOH Committee meetings had been scheduled for Wednesday, April 16, 2018, when the meetings were actually scheduled for Wednesday, May 16, 2018. Ms. Norris moved to approve the minutes from the previous meeting as amended with support from Mr. Wiley. The motion carried.

Public comment:

- Laura Sutter, AAA Coordinator, introduced Chuck Asher from the Community Action Agency. Mr. Asher thanked the Board for considering the Congregate Meal Program Enhancement and provided details and answered questions about the proposed plan.

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Cycle 7 accreditation, May budget amendment, temporary food program policy, congregate meal program enhancement, RFPs, PFAS testing, staff vacancies, new hires, and the hepatitis A outbreak.

Dr. Vogel, Medical Director, reviewed his monthly report. This month's report covered the numbered diseases of childhood.

Committee Reports:

- Program, Policy, and Appeals Committee –
  - Mr. Wiley moved to approve the minutes from the 5/16/2018 meeting with support from Ms. Pangle. The motion carried.
  - A Program, Policy, and Appeals Committee meeting was tentatively scheduled for Tuesday, June 5, 2018 at 9:30 AM in the conference room of the Coldwater office.
- Finance Committee –
  - Ms. Norris moved to approve the minutes from the 5/16/18 meeting with support from Mr. Caswell. The motion carried.
  - A Finance Committee meeting was scheduled for Tuesday, June 5, 2018 at 10:30 AM in the conference room of the Coldwater office.

Financial Reports/Expenditures

- Ms. Norris moved to approve the expenditures as reported with support from Mr. Wiley. The motion carried.

Unfinished Business

- There was no unfinished business to discuss.

New Business:

- a. Ms. Pangle moved to approve the proposed budget amendment with support from Ms. Norris. The motion carried.
- b. Ms. Pangle moved to approve a 15 cents per capita increase to the local county appropriations, to be applied to the MERS Defined Benefit program, contingent that the Agency continue to pay the full current obligation to the MERS Defined Benefit Program as well, until such time that the MERS Defined Benefit program is 100% funded. The motion was supported by Mr. Wiley. The motion carried.
- c. Ms. Norris moved to approve the proposed Temporary Food License Policy with support from Mr. Caswell. The motion carried.
- d. Mr. Wiley moved to approve the proposed Congregate Meal Program Enhancement with support from Ms. Norris. The motion carried.

With no further business the meeting was adjourned at 10:12 a.m.

Respectfully Submitted by:

Theresa Fisher

**Branch-Hillsdale-St. Joseph Community Health Agency  
Health Officer's Report to the Board of Health for June 28, 2018  
Prepared by: Rebecca A. Burns, M.P.H., R.S.**

**Agency Updates**

**VOCA Services to Victims of Elder Abuse** – I am pleased to report that our AAA 3C has been awarded a 3-year grant to provide services to victims of elder abuse. Laura and her team and all of us at the Agency are thrilled to have received funding for this project.

**2017 Annual Report** – I am providing a copy of the Agency's 2017 Annual Report for your review. It has been distributed to the counties and internally to Agency staff. It will be released to the media after this meeting.

**Accreditation** – The Agency's accreditation was taken up at the most recent meeting of the Accreditation Review Board and was approved! Great news!! We are waiting to receive the official letter of notification.

**Local Appropriations Request** – Letters have been sent to each county regarding the action of this Board at the May meeting to approve an increase in local appropriations for this Agency. Jeff and I are also working to schedule meetings with each county administrator/finance director.

**FY19 Budget/FY19 Health Insurance** – We are starting to put together the budget for FY19. Information from our insurance agent has been received and we are reviewing our options. I would like to schedule the Finance Committee to meet to review the FY19 budget and our health insurance products prior to the July meeting.

**Request for Proposals Update** – The Agency has received 4 proposals for Electronic Medical Record (EMR) and is in the process of narrowing them down to two who we will ask additional questions of and schedule an in-depth demo. The Environmental Health software RFP was sent out the week of June 25<sup>th</sup> with proposals due back by July 13<sup>th</sup>.

**Staff Vacancies/New Staff** – We have welcomed Bailey Craig as our new Breastfeeding Peer in our Coldwater office. The Hillsdale Clinic Coordinator position has been accepted by Karah Kurdys who starts with the Agency on Tuesday, June 26<sup>th</sup>. The Agency has positions posted for the breastfeeding peer position in St. Joseph County and the agency support part-time position in the Coldwater office and we also have a clinic clerk tech position open in St. Joseph County.

**PFAS Testing** – As I reported last month, the state has begun to sample community water supplies for PFAS. The counties have all been rated for likelihood of PFAS and Branch, Hillsdale, and St. Joseph counties are all rated as "medium" on a scale ranking of low, medium, high, and very high. Sampling for the county will be conducted based on the rating, so we will go later than those counties rated very high and high. Information on PFAS and any advisories for the public are being placed on the web at [www.michigan.gov/pfasresponse](http://www.michigan.gov/pfasresponse).

**Hepatitis A Outbreak** – As I have been reporting, Michigan is in the midst of a serious Hepatitis A outbreak. Current case count as of June 20, 2018 is 846 with 682 hospitalizations and 27 deaths. The case count continues to climb but has slowed, which is positive. The Agency continues to work to increase our vaccination rates for adult Hep. A, especially of the high-risk individuals. Cases of Hepatitis A are expected to occur in the summer months when people are out with limited access to good personal hygiene (handwashing), I will continue to keep you informed as the summer progresses.

Hepatitis A vaccination is safe and effective. The following individuals should get the HAV vaccine:

- Persons who are homeless.
- Persons who are incarcerated.
- Persons who use injection and non-injection illegal drugs.
- Persons who work with the high-risk populations listed above.
- Persons who have close contact, care for, or live with someone who has HAV.
- Persons who have sexual activities with someone who has HAV.
- Men who have sex with men.
- Travelers to countries with high or medium rates of HAV.
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C.\*
- Persons with clotting factor disorders.

<b>Confirmed Cases Referred August 1, 2016 - June 20, 2018 Meeting the MI Hepatitis A Outbreak Case Definition</b>			
<b>County (or city)</b>	<b>Total Cases</b>	<b>County (or city)</b>	<b>Total Cases</b>
Macomb	220	Saginaw	4
City of Detroit	171	Clinton†	3
Wayne	142	Gratiot†	3
Oakland	116	Kent	2
St. Clair	33	Mecosta†	2
Ingham	26	Allegan†	1
Genesee	21	Bay	1
Monroe	18	Clare†	1
Washtenaw	18	Hillsdale†	1
Shiawassee	9	Huron†	1
Midland	3	Ionia†	1
Isabella†	8	Leelanau†	1
Calhoun†	7	Lenawee†	1
Lapeer	7	Newaygo†	1
Livingston†	6	Schoolcraft†	1
Sanilac†	6	Van Buren†	1
Eaton†	5	Other**†	1
Grand Traverse†	4		

† Indicates no confirmed case in the past 100 days

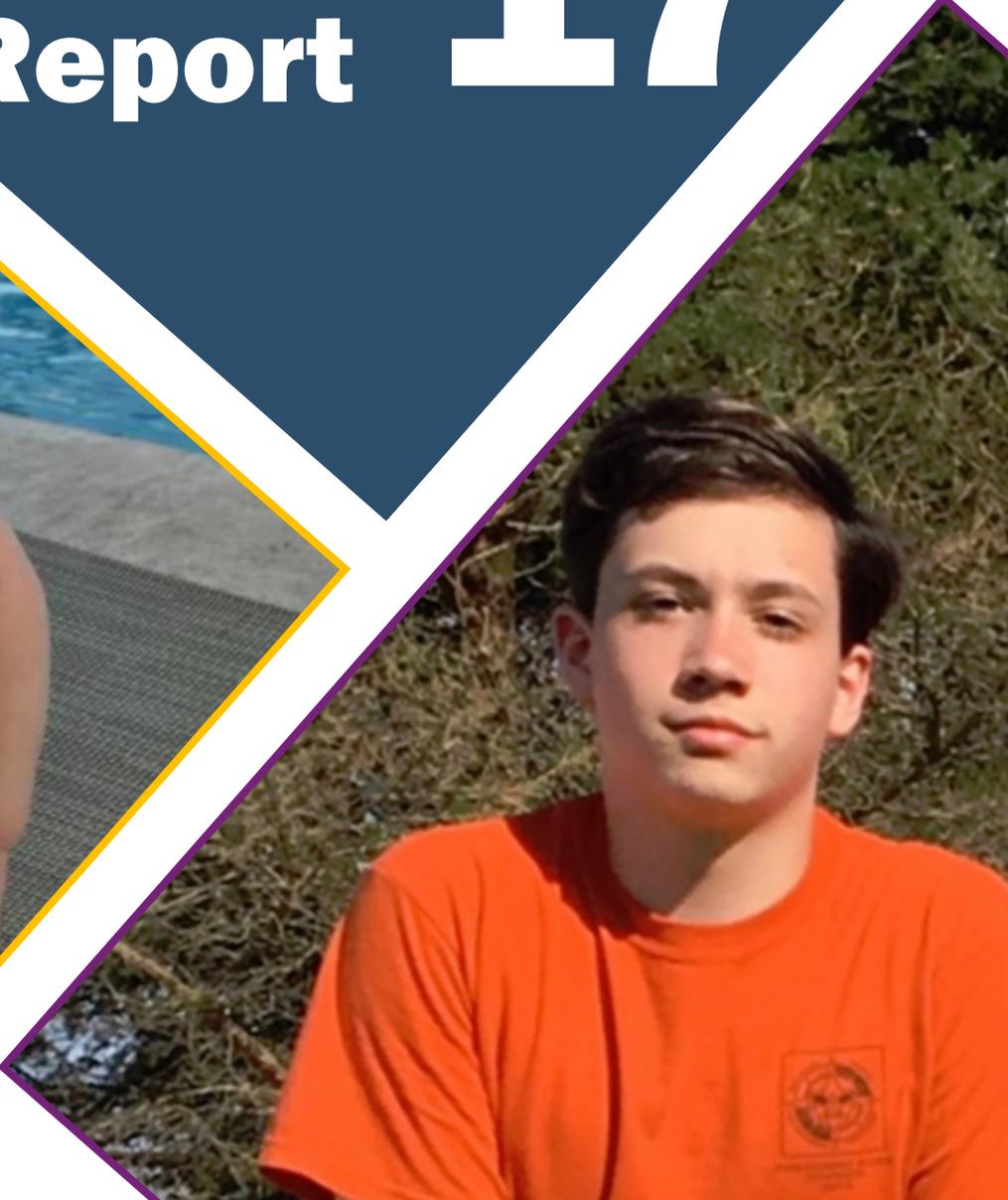
\*Jackson Michigan Department of Corrections

Indicates counties with outbreak-associated cases that are not currently included in the outbreak jurisdiction

**Legislative Updates** – Public health emerging threats was funded in the HHS budget. We are not certain how much if any of that funding will make it's way to BHSJCHA.



**Annual Report 17**



# Board of Health



**Terri Norris**  
Branch County



**Bruce Caswell**  
Hillsdale County



**Allen J. Balog**  
St. Joseph County



**Donald Vrablic**  
Branch County



**Mark E. Wiley**  
Hillsdale County  
(Chairperson)



**Kathy Pangle**  
St. Joseph County  
(Vice Chairperson)

# Administrative Staff



**Rebecca Burns, MPH, RS**  
Health Officer



**Dr. H. Lauren Vogel, DO, MPH**  
Medical Director



**Theresa Fisher**  
Director of  
Administrative Services

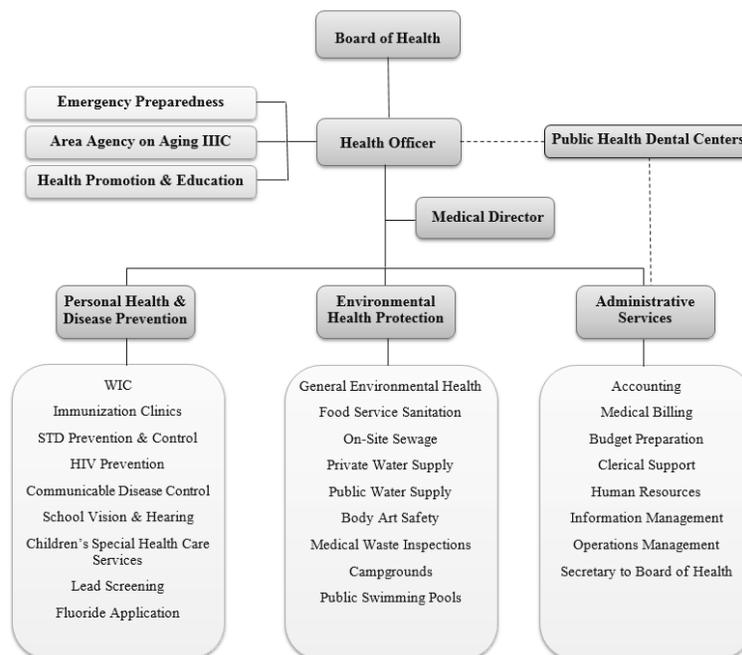


**Paul Andriacchi, REHS**  
Director of  
Environmental Health



**Valarie Newton, RN, BSN**  
Director of Personal  
Health & Disease  
Prevention

# Organizational Chart



# Letter to the Community

Letter to the Community:

As the Public Health Officer for the Branch-Hillsdale-St. Joseph Community Health Agency, “Your Local Health Department”, I’m pleased to provide this Annual Report highlighting the many accomplishments during fiscal year 2016/17. The year brought changes and successes, including:



- Your Local Health Department in collaboration with My Community Dental Centers (MCDC), expanded Public Health Dental Services within the jurisdiction by opening two new dental centers in Sturgis and Coldwater. Both opened as four-chair dental centers with the ability to expand to six-chair as needed. These new dental centers join the two currently operating facilities in Three Rivers and Hillsdale and expand our ability to care for those on Medicaid, the underinsured, and the uninsured.
  - Your Local Health Department’s Environmental Health section fully implemented throughout the health jurisdiction a mosquito surveillance project that targeted the Aedes species mosquito. The Aedes species mosquito, a transmitter of Zika Virus, has been increasing its range further north as our climate changes. Surveillance trapping throughout the summer of 2017 identified 1338 female, 40 male, and 13 unknown mosquitos; no Aedes species were identified in the mosquitos trapped. Although the Aedes species wasn’t found, our residents need to be vigilant, protecting themselves and family members from mosquito bites that can transmit diseases such as West Nile Virus and Eastern Equine Encephalitis.
  - Your Local Health Department was notified by MDEQ of a Vapor Intrusion area within the City of Sturgis, potentially impacting a number of residents in homes in that area. The Environmental Health section assisted MDEQ and MDHHS by communicating with residents and encouraging air testing and evaluation of their homes.
  - Your Local Health Department’s change in our organizational structure was completed; transforming the Agency with a leaner administration. The result combined the Core Support and Financial & Information Technology sections into the Administrative Services section and moved the Health Promotion & Education section under the Health Officer.
  - Your Local Health Department continued work across disciplines through our collaboration with the Area Agency on Aging IIIC (Branch-St. Joseph) by participating in the innovative approach to handling potential issues of elder or vulnerable adult abuse in St. Joseph County and including the AAA team in the Agency’s outbreak response and surveillance activities.
  - Your Local Health Department increased access to our clinical services by moving to a new and larger location in Sturgis.
- Every fiscal year brings about opportunities and the challenges of responding to events both planned and unplanned. In FY 2016/17 the Agency was able to realize our mission and successfully provide public health services to our citizens.

Yours in Good Health,

A handwritten signature in black ink that reads "Rebecca A. Burns". The signature is fluid and cursive.

Rebecca A. Burns, MPH, RS

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## ***Our vision...***

***We envision positively impacting the health of individual, families, communities and the environment through responsiveness, competence and collaboration.***

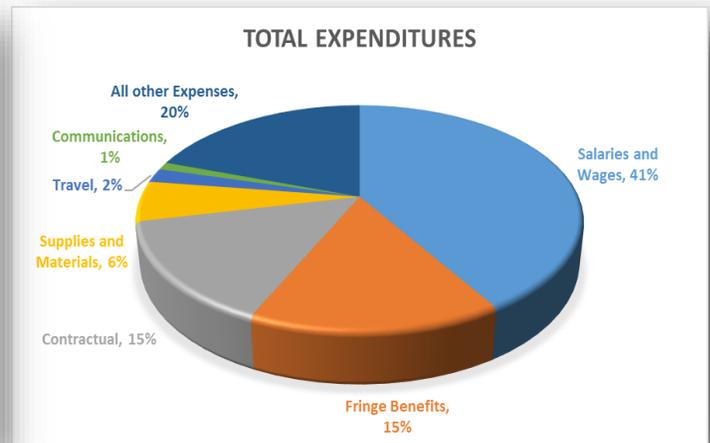
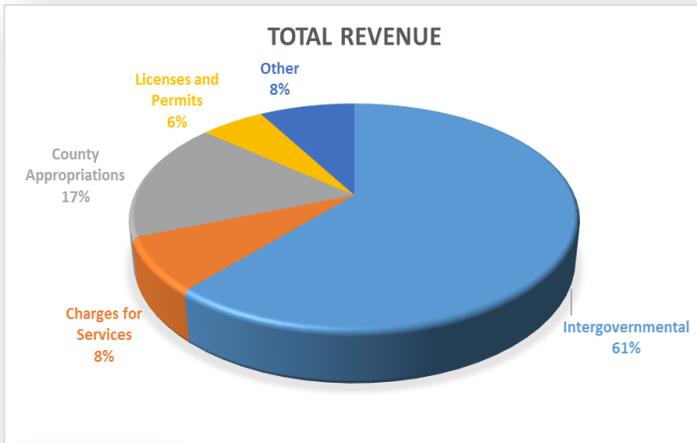
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## ***Our mission...***

***We promote optimal health to prolong life, by preventing disease and assuring protection of the public’s health in our community and environment.***

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BHSJ CHA extends a warm welcome to Jeff Macklin, the Community Health Agency's new accountant. Jeff began at the Agency in the summer of 2017.

## Fiscal Year 2016/2017

**Total Annual Budget Based on Actuals:**  
**\$6,025,671.83**

# Public Health Dental Services



Age	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
0-4	1.8%	3.1%	4.8%	6.6%	3.9%
5-14	9.4%	10.7%	22%	18.9%	15.6%
15-20	5.7%	5.8%	10.2%	8%	7.6%
21-60	64.6%	68.5%	52.9%	55.7%	60.6%
60+	18.4%	11.9%	10.2%	10.9%	12.2%

	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
<b>Number of Patient Visits</b>	3,909	8,373	8,238	3,095	23,615
<b>Service Mix:</b>					
Medicaid	29.6%	45.1%	25.2%	26.1%	33.1%
Healthy Michigan Plan	25.7%	24.2%	26.1%	24.7%	25.2%
Traditional Insurance	24.7%	13%	14.4%	18.7%	16.2%
Delta Healthy Kids	8.9%	12%	25.1%	17.1%	16.7%
Uninsured	11.1%	5.7%	9.2%	13.4%	8.8%

*"The staff was courteous and caring. I had an emergency walk-in and they got me in within a half hour. Everyone was nice and explained everything thoroughly. They gave me a treatment plan and explained the steps of care. I definitely recommend this office!"*

*"Best dental office I've ever been to! I've never waited more than 2 minutes after I arrive to get called back to a chair and EVERYONE is super friendly and makes your visit totally comfortable! Highly recommend!!"*

# County Health Profile

Profile - 2016	Branch County	Hillsdale County	St. Joseph County	Michigan
Population	43,410	45,879	60,947	9,962,311
Marriage	334	337	454	59,383
Divorce	146	181	302	28,916
% of Population 65+ years	17.2%	18.6%	17.1%	16.2%

Leading Causes of Death (2016) - (Age Adjusted Rates per 100,000)	Branch County	Hillsdale County	St. Joseph County	Michigan
Heart Disease	182.1	249.8	199.5	200.8
Cancer	180.0	156.1	188.2	167.1
Chronic Lower Respiratory Disease	78.0	38.1	65.8	44.7
Unintentional Injuries	62.9	58.6	55.2	50.8
Stroke	52.5	37.0	42.3	39.1
Alzheimer's Disease	47.1	51.6	45.8	33.8
Diabetes Mellitus	**	**	32.5	21.5
Kidney Disease	**	**	**	14.5
Pneumonia & Influenza	**	**	**	13.7
Intentional Self-Harm - Suicide	**	**	**	13.4

Maternal/Infant Health Indicators (2016)	Branch County	Hillsdale County	St. Joseph County	Michigan
Live Births	540	567	761	113,374
Number of Teen Births (15-19)	32	38	61	5,792
Teen Pregnancy Rate (per 1,000 births)	31.4	29.2	42	29.2
% Low birth weight	6.3%	5.3%	5.9%	8.6%
% Very Low Birth Weight	**	1.2%	0.7%	1.5%
% Adequate Prenatal Care—Kessner Index (2014-16)	54.3%	49.0%	55.1%	67.5%
Infant Mortality Rate (per 1,000)	**	12.3	7.9	6.4

Economic Indicators (2016)	Branch County	Hillsdale County	St. Joseph County	Michigan
% Unemployment (Annual Rate—not seasonally adjusted)	5.0%	5.3%	4.2%	4.6%
Median Household Income	\$46,428	\$44,458	\$45,410	\$50, 803
% Children Eligible for Free & Reduced Lunch (185% of Poverty)	52.7%	51.3%	56.6%	45.8%

\*\* Rate does not meet standards of precision or reliability.

## Prevention



Glei's Orchards and Greenhouses proudly accept Project FRESH coupons.

**"Early reporting with quick intervention can prevent a community wide outbreak, preventing serious illnesses and saving lives."**

-Aimmee Mullendore,  
Clinic Coordinator,  
Communicable Disease Nurse

### School Age Hearing and Vision Screenings

Provides periodic hearing and vision screening to children from age three through high school.

	2016	2017
Hearing Screenings Performed	7,272	7,562
Vision Screenings Performed	14,257	13,421
<b>TOTAL</b>	<b>21,529</b>	<b>20,983</b>

### Children's Special Health Care Services

This county-based program helps pay for specialized medical treatment for children and some adults with chronic and severe medical conditions.

	2016	2017
Individuals Enrolled	791	799
Assessments	899	911
Referrals for Medical Care	13	29
<b>TOTAL</b>	<b>1,703</b>	<b>1,739</b>

### Communicable Disease Prevention & Control

Provides Public Health Code compliance regarding prevention, investigation, and control of defined communicable diseases, including tuberculosis, sexually transmitted diseases (STDs), HIV/AIDS, animal bites and many other infectious diseases.

	2016	2017
Infectious Diseases Reported	20,908	27,831
STD Testing & Contact Follow-up	252	234
HIV/AIDS Testing & Contact Follow Up	66	93
<b>TOTAL</b>	<b>21,226</b>	<b>28,158</b>

### Immunizations

Services that provide immunizations for vaccine-preventable disease for children and adults. Includes collaboration and assistance with health providers in the Vaccine For Children (VFC) Program and use the Michigan Care Improvement Registry (MCIR).

	2016	2017
Children Vaccinated	7,904	7,009
Adults Vaccinated	3,181	3,743
Travel Vaccines Given	180	266
<b>TOTAL</b>	<b>11,265</b>	<b>11,018</b>

### Women, Infants & Children (WIC)

A nutrition and educational program directed toward increasing healthy outcomes for pregnant and breast-feeding women, infants and children up to 5 years of age.

	2016	2017
Average Monthly Participation	4,892	4,528

### WIC Peer Breastfeeding Support Program

A peer counseling program for WIC participants that provides mother-to-mother support to encourage breastfeeding.

	2016	2017
Breastfeeding Initiation Rates	85%	82%
Peer Counselor Contacts Made With WIC Clients	2,154	1,845

In addition to WIC services, clients have access to Project FRESH.

Project FRESH is a program that makes fresh produce available to low income, nutritionally-at-risk people by using Michigan Farmers' Markets.

Women and children that are enrolled in WIC are eligible for the Project FRESH program. Participants receive a coupon booklet that has five \$5 coupons that must be used between June 1 and October 31 of that year.

All farmer's markets participating in Project FRESH will have a yellow laminated sign that says, "Project FRESH Coupons Accepted Here."





Tony Headley, pictured above, has been with the Community Health Agency for nearly 30 years.

<b>Private and Public Water Supply</b>		
These programs are designed to assure both the proper installation of residential water wells and the monitoring and regulating of Type II public water supplies to assure safe usable groundwater.		
	2016	2017
Well Construction Permits Issued	436	539
Well permits Inspected	346	351
New Water Supplies Approved	328	302
Non-Community Water Supply Inspections	96	48
<b>TOTAL</b>	<b>1206</b>	<b>1240</b>

<b>On-Site Sewage</b>		
Reviews site proposed for sewage disposal, issuance and/or denial of permits, sewage disposal evaluation, inspection, investigation and enforcement.		
	2016	2017
Well/Septic Evaluations	36	31
Construction Permits	387	442
Septic Systems Inspected	291	352
Vacant Land Evaluations	22	32
<b>TOTAL</b>	<b>736</b>	<b>857</b>

**Three River Staff:** Cody Johnson, Hannah Warner, David Wagoner, Lee Zimmerman, Stephanie Hough, Stephanie Wolgast

**Hillsdale Staff (top):** Brandie Lennox, Paul Andriacchi, James Young, Shawn Monroe

**Branch County Staff:** Carrie Southern, Tony Headley, Joe Frazier, Marcia Ledyard



### Other Programs

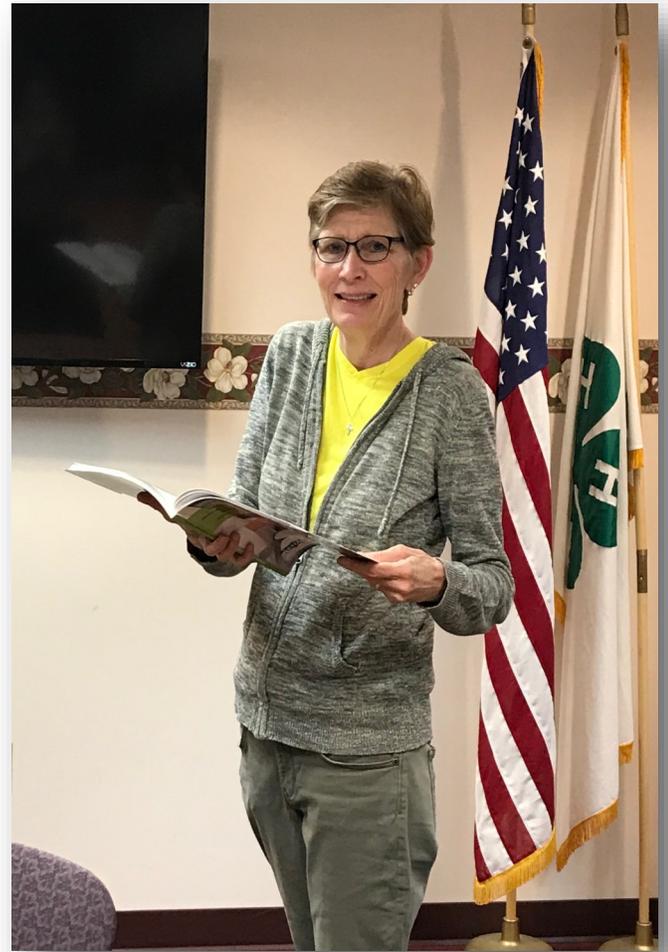
Although the well, septic and food programs require the biggest portion of the environmental health staff focus, we do have responsibilities in other programs.

	2016	2017
Medical Waste Inspections	50	50
Swimming Pool Inspections	65	58
Campground Inspections	66	67
Body Art Facility Inspections	9	9
DHS Inspections (daycare, foster care, etc.)	105	105
Septic Hauler Inspections	44	49
<b>TOTAL</b>	<b>339</b>	<b>338</b>

### Food Protection

This program provides a systematic approach to minimize the risk of food-borne illness and to ensure that food meets consumer's expectations through application of statewide standards for all establishments where food is prepared and/or served to the public.

	2016	2017
Establishment Inspections	964	957
Plans Reviewed	19	19
Temporary Food Establishment Inspections	221	214
Food Manager Certification Classes (# of attendees)	148	129
<b>TOTAL</b>	<b>1352</b>	<b>1319</b>



Above, Carrie Southern teaches a food safety course in Branch County.



Ensuring a safe and healthy environment for Branch, Hillsdale, and St. Joseph residents and visitors is the Environmental Health department's primary objective.

# Area Agency on Aging (IIIC)



Laura Sutter,  
Coordinator

Services	Totals	Units
Operations	\$76,291	N/A
Nutrition	\$766,170	171,475
In-Home	\$293,102	35,688
Community	\$108,451	5,148
Access	\$300,222	23,242
Legal	\$10,930	303

*\*\*Population data based on self-reported numbers by participants, choosing to identify race/ethnicity is not required.*

Population Served	
Total Population 18+	3,408
White (non-Hispanic)	3,118
African American	47
Asian/Pacific Islander	9
American Indian/ Alaskan	12
Hispanic (of any race)	25
Below Poverty	539
Rural	3,334

Over the past year the Area Agency on Aging has actively developed programs and partnerships across the two-county planning & service area. Here are a few highlights:

### Elder Abuse Prevention & Awareness:

Our office works directly with community partners to address elder and vulnerable adult abuse, neglect and exploitation. In St. Joseph County, the Interdisciplinary Team met quarterly to discuss individual cases as well as systems-level barriers. The Branch County Elder Abuse Taskforce remained active with on-going

communication and alerts related to scams occurring in the community.

### Senior Reach® implemented:

As a special project, in collaboration with Community Mental Health & Substance Abuse Services of St. Joseph County, we continued our efforts to implement Senior Reach® in St. Joseph County. Senior Reach® seeks to support the well-being, independence and dignity of older adults by educating the community, providing care management and mental health services, and connecting older

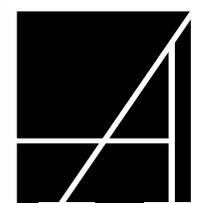
adults to community resources. In 2017, we reached nearly 50 isolated individuals through one-on-one consultations and over 700 people through community-based presentations.

### Community Living Program soars:

Since 2005 the Area Agency on Aging has served Branch and St. Joseph County older adults having complex needs through the Community Living Program. In 2017 we served over 100 individuals, many of whom have other agencies involved and are significantly at risk of needing institutional care. Our goals remain: to offer a person-centered approach, honoring preferences and strengths; and to serve those greatest in need. If you would like more information about the Community Living Program or other supports available in your community, please contact our office.



Back Row (L to R): Jennifer McDonald, Megan Bentley, Melissa Cramton  
Front Row (L to R): Deanna Himebaugh, Sarah Watson, Laura Sutter



Area  
Agency on  
Aging (IIIC)  
Branch-St. Joseph

# Health Education & Promotion

## Health Education

The Health Education and Promotion Division of the Branch-Hillsdale-St. Joseph Community Health Agency is responsible for a broad range of services offered to schools, communities, professional groups and individuals on a variety of health topics.

	FY 2017
Community Events	86
Educational Presentations	60
Child Passenger Safety Checks	305
<b>TOTAL</b>	<b>451</b>

Our Health Educators work with youth from our area schools to promote healthy lifestyles, including healthy relationships, drug and alcohol prevention, tobacco cessation, safe driving habits, etc. Below, students from Coldwater High School, Jonesville High School, and Reading High School joined together on the State Capitol steps in Lansing on Kick Butts Day 2017 to show their support for the Tobacco 21 Law.



The Health Education and Promotion staff attend community events in all three counties to give area residents information on agency services that include WIC, Immunizations, Environmental Health services, Breastfeeding, Child Passenger Safety, Tobacco Cessation, and much more. Shown below is an Agency table at a local Branch County event.



Above, Outreach Worker, Mary Proctor attends the Reading Christmas Festival.



**Branch County Office**  
570 N. Marshall Rd.  
Coldwater, MI 49036  
(517) 279-9561

**Hillsdale County Office**  
20 Care Dr.  
Hillsdale, MI 49242  
(517) 437-7395

**St. Joseph County Office**  
1110 Hill St.  
Three Rivers, MI 49093  
(269) 273-2161

**St. Joseph County Off-Site Clinic  
Medical Commons II**  
1555 E. Chicago Rd.  
Suite C  
Sturgis, MI 49091  
Open Thursday & Friday  
(269) 273-2161

**Medical Director's Report to the Board of Health**  
**June 2018**  
**H. Lauren Vogel, D.O., M.P.H.**

### Fair Safety

Summer activities includes attending fairs and carnivals and sporting events. Safety should be an important consideration for enjoying these activities. Safety from physical risks that could come from weather related or equipment related issues must be considered. Health risks must also be considered.

During the summer, food safety is important. Nothing could be worse than getting sick from the food you eat. In many cases you will not know your risk until you become sick. Food that is not maintained correctly with proper refrigeration, appropriate cooking temperatures and employee hygiene may become infected quickly.<sup>1</sup> Some of the things to consider when selecting foods from temporary vendors include:

- Is the vendor's workstation clean and tidy?
- Do the workers wear gloves or use tongs when preparing your food?
- Do the employees wash their hands
- Is the food kept contained and refrigerated until it is used?
- Does the vendor display an inspection certificate?

Some people may bring their own food for consumption. Handling is very important. Food should not sit out for more than 1 hour unless it is in a cooler or insulated bag. If food is cooked on site make sure that different food stuffs are kept separated, that meat is cooked thoroughly and eaten soon after being prepared.

Hand washing is an important safety step. Washing with soap and running water for at least 20 seconds is important. If hand washing is not possible the use of a hand sanitizer or disposable wipes should be used. Hands should be cleaned frequently and especially after petting animal, touching an animal enclosure and when leaving an animal exhibit (even if nothing was touched). No food or drinks should be brought into an animal exhibit area. Strollers, children with pacifiers or bottles should not be taken into animal exhibit areas.<sup>2</sup> Some animals can transmit disease to humans, these include poultry, swine and cattle.<sup>3</sup> Also, cleansing hands is important when preparing foods, eating or drinking or after touching shoes or soiled clothing.

Report any illness that occurs after exposure during a festival or fair to the health department. Abdominal disturbance is the most common manifestation of an evolving foodborne illness so nausea, vomiting or abdominal pain should be reported. This allows the health department to follow up to verify if other people have become ill. Personal reporting is often the earliest indication of an impending outbreak and can be effective in reducing sickness in others.

### REFERENCE

1. Food Safety at Fairs and Festivals. CDC. May 2018.  
<https://www.cdc.gov/features/fairsandfood/index.html>. Accessed June 2018.
2. Stay Healthy at Animal Exhibits. CDC. February 2018.  
<https://www.cdc.gov/features/animalexhibits/index.html>. Accessed June 2018.
3. Staying Safe at Petting Zoos and Fairs. November 2017.  
<http://www.health.state.mn.us/divs/idepc/dtopics/animal/animal.html>. Accessed June 2018.

Branch-Hillsdale-St. Joseph Community Health Agency  
Board of Health: Program, Policy, and Appeals Committee Meeting Minutes  
June 5, 2018  
9:30 AM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Program, Policy, and Appeals Committee meeting was called to order at 9:34 a.m. with roll call as follows: Don Vrablic, Kathy Pangle, and Mark Wiley.

Also present: Rebecca Burns, and Theresa Fisher

Ms. Pangle moved to approve the agenda with support from Mr. Wiley. The motion carried.

Public comment: none

Business:

- a) The committee discussed a proposal from Pathway Health Inc. to perform an efficiency study. By consensus, the committee recommends that no action be taken on this proposal.
- b) The committee discussed Personal Health & Disease Prevention reporting statistics.
- d) By consensus, the committee will recommend to the full Board that custodial services for the Hillsdale location be put out for bid.

With no further business, the meeting was adjourned at 10:16 a.m.

Respectfully submitted,

Theresa Fisher, BS

Branch-Hillsdale-St. Joseph Community Health Agency  
Board of Health: Finance Committee Meeting Minutes  
June 5, 2018  
10:30 AM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Finance Committee meeting was called to order at 10:31 a.m. with roll call as follows: Bruce Caswell, Kathy Pangle, and Al Balog. Terri Norris joined the meeting at 10:34 a.m.

Also present: Rebecca Burns, Theresa Fisher, Laura Sutter, and Jeff Macklin

Mr. Caswell moved to approve the agenda, with support from Ms. Pangle. The motion carried.

Public comment: None at this time.

Business:

- a) Ms. Norris moved to present the AAA Budget Amendment to the full Board for approval, with support from Mr. Caswell. The motion carried.

With no further business the meeting was adjourned at 10:52 a.m.

Respectfully submitted,

Theresa Fisher, BS

May 1 through 31, 2018

ACD.Net	Telephones 3 offices	2,634.25
AED Brands, LLC	AED Pads 3	179.00
AFLAC	Payroll Deduction	1,311.24
Alerus Financial (Retirement)	Payroll Deduction	590.00
Andrejs Rozentals	AAA Volunteer Reimbursement	135.85
Armstrong Health Care	WIC / AAA Contractual Consultant	3,363.24
AT&T	Cell Phones	1,105.26
Basic Flex Health Plan	Monthly Fee/Renewal	1,216.62
Bavarian Inn	Training - Deboard	157.50
Benkik Corp	CSHCS Client	80.00
Berry-Eaton District Health	Advertising - Gay Network Campaign	1,000.00
Beth Ann Embroidery	T-Shirts & Jacket	1,975.00
Blue Cross Blue Shield	Health Insurance	49,008.81
Branch County Commission COA	Home & Community Based Services	4,573.24
Branch County Complex	Rent	5,694.28
CAA of South Central	Home & Community Based Services	16,909.23
Care-N-Assist	Care Management	1,312.74
Century Bank EFPTS	Federal & Fica Taxes	36,713.54
Century Bank Master Card	Air Cards	45.00
Century Bank Mers	MERS DB /Retirement	29,358.63
Century Bank State	Michigan Tax	6,091.40
Cintas	Rugs & Lab Coats - Cleaning	107.96
City of Coldwater	Water Lab Test	140.00
City Of Three Rivers	Water / Sewage & Lab Testing	365.34
Coldwater Petty Cash	Petty Cash	29.47
Companion Life Insurance Co.	Life Insurance Premiums	960.54
Connect America	Care Management	91.00
Control Solutions, Inc.	Data Loggers Supplies	47.91
Crossroads Health & Home Services Ulmtd	Care Management	951.00
Cummins Bridgeway LLC	Generator Maintenance - Annual Fee	401.74
Current Office Solutions	Office Supplies/Copier Charges	1,227.38
Daily Reporter	AAA Area Implantation	96.75
DJC Property/Consultant	Consultant	540.00
Dr. Vogel	Medical Director - Contractual	4,261.88
Fred Pryor Seminars	Training - Fisher	149.00
GDI	Building Cleaning Expense - TR	1,749.00
GDI	Building Supplies Expense - TR	33.49
GlaxoSmithKline	Medical Supplies	4,595.00
Grand Travers Resort	WIC Conference 8 employees	1,103.20
Hillsdale Board Of Utilities	Building Expense	1,368.41
Hillsdale County Treasurer	Building Cleaning Expense - HD	2,740.44
Hillsdale County Treasurer	Building Labor Expense - HD	135.00
Hillsdale County Treasurer	Building Refuse Expense - HD	140.00
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	125.00
Hillsdale County Treasurer	Building Supplies Expense - HD	290.15

May 1 through 31, 2018

Hillsdale County Treasurer	Building Supplies Expense - HD - Gas	104.60
Hillsdale County Treasurer	Monthly Cleaning of Dental Clinic	806.93
Hillsdale Market	School Meeting	24.96
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Home Care Wellness	Care Management	500.00
Hospital Network Health	Medical Waste Removal	165.00
Indiana Michigan Power	Building Expense - TR	960.38
Indiana State	State Tax	102.74
Institute for Health Policy	Training - CSHCS 4 employees	60.00
Jackson Publishing Co.	Advertising - 1/3 Senior SW 2018	575.00
Misc. Employee	Reimbursement - Garnishment	197.36
Johnson Rosati Schultz Joppich	Attorney	150.00
Lab Corp	Lab Fees	46.10
Lake Michigan Mailers	Postage Pick Up Service	135.00
Lenawee County Health Department	Table top Lunch	101.06
CSHCS Client	Medical Expenses	5,550.00
Maplecrest	Rent - Sturgis Office	550.00
McKesson	Medical Supplies	554.86
Merck & Company	Medical Supplies	1,156.37
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	3,448.78
Michigan Public Health	Workforce Contract	6,786.59
Michigan Sate Disbursement Unit	Payroll Deduction	617.00
Midwest Communication	Advertising - CSHCS	899.00
Moving Minds	CSHCS Client	170.90
Nationwide	Payroll Deduction	3,960.00
Optum Insight (Netwerkes.Com)	Billing Service	121.69
Prometric	Food Safety Exams	425.00
Richard Clark	Building Expense - CW	1,800.00
Rose Exterminator	Building Maintenance - TR Quarterly	195.00
Sanofi Pasture	Medical Supplies	2,138.03
SEMCO Energy	Building Expense - TR	100.10
St. Joseph Community Co-op	Care Management	265.50
St. Joseph County COA	Home & Community Based Services	32,737.27
Staples	Office Supplies	1,051.77
State Of Michigan	CSHCS Client	290.00
State Of Michigan	Food Licenses	118.00
State Of Michigan	Unemployment Quarterly Filing Fine	50.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Thurston Woods	Home & Community Based Services	3,548.16
Velo Law Offices	Payroll Deduction	182.44
VRI Lifeline Of Michigan	Care Management	535.00
Wal Mart Misc.	Parent Meeting Supplies	45.86
Xmission	Email Provider	212.40
Total Of Invoice List		266,693.34

Balance Sheet  
As of 5/31/2018

	Current Period Balance
<b>Assets</b>	
Cash on Hand	10,432.76
Cash with County Treasurer	1,010,879.09
Community Foundation Grant	347,032.83
Accounts Receivable	32,601.24
Due from State	(2,391.22)
Due from Other Funding Sources	252,315.80
Prepaid Expenses	78,081.95
Biologic Inventory	<u>100,939.57</u>
Total Assets	<u><u>1,829,892.02</u></u>
<b>Liabilities</b>	
Accounts Payable	278,351.23
Payroll Liabilites	139,567.97
Capital Improvements	25,000.00
Deferred Revenue	40,613.31
Deferred Revenue BR	17,295.83
Deferred Revenue HD	19,000.00
Deferred Revenue SJ	24,875.50
Biologics	<u>100,939.57</u>
Total Liabilities	<u>645,643.41</u>
<b>Net Assets</b>	
Operation Fund Balance	358,992.45
Restricted Fund Balance	356,076.96
Designated Fund Balance	<u>469,179.20</u>
Total Net Assets	<u><u>1,184,248.61</u></u>
Total Liabilities and Net Assets	<u><u>1,829,892.02</u></u>

Prior Year FB Comparison	
Operating FB at 5/31/2017: \$	388,387.46
Restricted FB at 5/31/2017: \$	<u>385,691.19</u>
Total Net Assets at 5/31/2017: \$	<u>774,078.65</u>

**BHSJ - Expenditures by RU, May 1 thru 31, 2018**

RU Code	RU Title	Current Month	Year to Date	Total Budget - Amendment1	Percent Total Expended Amend1
* 324	Sturgis Hospital	0.00	3,930.41	3,930.00	100.01%
** 032	Emergency Preparedness	11,742.46	97,571.56	113,618.00	85.87%
** 017	Senior Reach	1,440.04	14,794.84	17,545.00	84.32%
* 325	CSHCS	2,953.44	153,880.60	184,500.00	83.40%
* 008	Salary/Fringe Payoff	0.00	56,620.54	70,000.00	80.89%
* 010	Agency Support	13,268.77	149,362.60	192,520.00	77.58%
** 327	Hearing (ELPHS)	3,757.00	47,773.59	67,541.00	70.73%
* 335	MCH Public Health Functions & Infr	8,811.89	28,843.87	41,022.00	70.31%
* 745	Type II Water	6,732.91	56,526.73	81,812.00	69.09%
** 326	Vision (ELPHS)	4,016.91	52,176.39	76,749.00	67.98%
021	Dental Clinic - Three Rivers	2,775.00	22,200.00	33,300.00	66.66%
029	Dental Clinic - Hillsdale	806.93	6,455.44	9,683.00	66.66%
321	CHC Tele-A-Health	3,474.93	29,121.62	43,777.00	66.52%
012	Area Agency on Aging	221,678.61	822,055.64	1,246,993.00	65.92%
101	Workforce Development	3,397.98	32,961.90	50,070.00	65.83%
109	WIC	66,494.57	595,826.94	911,664.00	65.35%
022	Coalition for Tobacco Control	2,874.55	24,174.28	37,337.00	64.74%
331	STD	11,208.56	77,926.16	121,814.00	63.97%
338	Immunization Vaccine Handling	18,108.85	321,877.21	503,926.00	63.87%
605	General EH Services	5,204.98	39,461.69	61,828.00	63.82%
714	Onsite Sewage Disposal	24,792.13	187,962.01	294,494.00	63.82%
721	Drinking Water Supply	24,792.13	187,962.00	294,494.00	63.82%
704	Food Service	37,013.42	253,124.30	397,331.00	63.70%
107	Medicaid Outreach	6,737.52	65,737.42	104,908.00	62.66%
332	HIV Prevention	2,379.64	15,179.99	24,837.00	61.11%
345	Lead Testing	1,197.23	4,201.14	7,155.00	58.71%
108	WIC Breastfeeding	5,820.93	45,988.82	78,535.00	58.55%
138	Immunization IAP (Private)	66,078.81	384,893.69	669,811.00	57.46%
341	Infectious Disease	13,924.60	120,817.36	220,343.00	54.83%
018	Aging Mastery	3.92	1,272.81	2,338.00	54.44%
115	MCH Enabling Women	5,496.76	25,935.99	53,387.00	48.58%
112	CSHCS Medicaid Outreach	23,314.79	23,314.79	77,487.00	30.08%
034	Outbreak Investigation	2,106.96	5,095.88	20,000.00	25.47%
023	Capital Expenditures	0.00	0.00	100,000.00	0.00%
		<u>602,407.22</u>	<u>3,955,028.21</u>	<u>6,214,749.00</u>	<u>63.64%</u>

\*Programs should be 66.67% expended as of May 31st (8/12 months through the year).

\*\*9-month programs should be 88.89% expended as of May 31 (8/9 months through the year).

\*\*\*The agency is 3.03% under budget as of May 31, 2018

- **RU 324 (Sturgis Hospital):** Budget drastically reduced as program ended in November. Budget amount corrected to reflect program being complete at amendment #2.
- **RU 325 (CSHCS):** Have begun shifting expenses to RU 112 to take advantage of a federal grant matching opportunity. This program is expected to show over the normal 66.67% at this time.
- **RU 008 (Salary/Fringe Payoff):** This program has been added into the budget to show the amount of dollars that have been paid out to former employees for their accrued sick and vacation time. These funds are kept in the Restricted Fund Balance.
- **RU 010 (Agency Support):** Quarterly expenses hit in the month of April (worker's comp, professional liability insurance, accounting software). Will continue to fall back in line with budget as year progresses.
- **RU 335 (MCH Public Health and Infra.):** Pack and plays/sleep sacks (which were written into this grant and an anticipated expense) were purchased in May. Budget will fall back in line in subsequent months.
- **RU 745 (Type II Water):** Additional time worked in this program toward beginning of year. Will continue to fall back in line with budget as year progresses.

### **9 MONTH PROGRAMS BELOW:**

- **RU 032 (Emergency Preparedness):** 9 month program and should be at 88.89%
- **RU 327 (Hearing ELPHS):** 9 month program and should be at 88.89%
- **RU 326 (Vision ELPHS):** 9 month program and should be at 88.89%
- **RU 017 (Senior Reach):** Program to be finished June 30th, should be at 88.89%

BHSJ Community Health Department  
 Schedule of Cash Receipts and Disbursements  
 December 31th 2017 thru May 31st 2018

<b>12/31/2017 Cash Balance</b>		<b>\$ 569,606.76</b>
<b>Plus:</b> Cash Receipts		\$ 667,729.56
<b>Less:</b> Cash Disbursements For:		
Payroll:	\$ (135,189.07)	
Accounts Payable:	\$ (274,366.40)	\$ (409,555.47)
<hr/>		
<b>1/31/2018 Cash Balance</b>		<b>\$ 827,780.85</b>
<b>Plus:</b> Cash Receipts		\$ 390,980.20
<b>Less:</b> Cash Disbursements For:		
Payroll:	\$ (146,084.64)	
Accounts Payable:	\$ (287,384.62)	\$ (433,469.26)
<hr/>		
<b>2/28/2018 Cash Balance</b>		<b>\$ 785,291.79</b>
<b>Plus:</b> Cash Receipts		\$ 694,799.22
<b>Less:</b> Cash Disbursements For:		
Payroll:	\$ (133,862.79)	
Accounts Payable:	\$ (386,658.80)	\$ (520,521.59)
<hr/>		
<b>3/31/2018 Cash Balance</b>		<b>\$ 959,569.42</b>
<b>Plus:</b> Cash Receipts		\$ 699,875.74
<b>Less:</b> Cash Disbursements For:		
Payroll:	\$ (148,511.80)	
Accounts Payable:	\$ (286,350.56)	\$ (434,862.36)
<hr/>		
<b>4/30/2018 Cash Balance</b>		<b>\$ 1,224,582.80</b>
<b>Plus:</b> Cash Receipts		\$ 533,801.17
<b>Less:</b> Cash Disbursements For:		
Payroll:	\$ (133,728.27)	
Accounts Payable:	\$ (266,743.78)	\$ (400,472.05)
<hr/>		
<b>5/31/2018 Cash Balance</b>		<b>\$ 1,357,911.92</b>

**Branch-St. Joseph Area Agency on Aging ~ FY 2017-2018 Funding Adjustments ~ Effective June 1, 2018 \*\***

Based on full year SGA dated 06/19/2018, including transfers and FY17 carryover

Provider	Service	Funding Source	Original Award	Increase/ (Decrease)	Adjusted Award	Rationale
<b>AAA Operations / Comm. Living Program</b>	Title III Administration	Title III-Admin	\$ 41,973	\$ 4,146	\$ 46,119	adjustment
	State Administration	State Admin	7,269	686	7,955	adjustment
	Community Living Program	Title III-B	7,000	8,665	15,665	additional need, waiting list
	Information & Assistance	Title III-B	6,203	6,000	12,203	additional need
	Community Living Program	Title III-E	-	10,474	10,474	additional need, waiting list, includes FY17 carryover
	Disease Prev/Health Promo	Title III-D	1,380	(593)	787	re-allocate to providers
	Community Living Program Services	State CM	20,057	(16,057)	4,000	adjust funding d/t additional State In-Home award
	Homemaking/Personal Care	State In-Home	-	18,005	18,005	adjust funding from State CM, CLP services
	In-Home Respite	State In-Home	-	4,000	4,000	adjust funding from State CM, CLP services
	Medication Management	State In-Home	2,500	1,500	4,000	adjust funding from State CM, CLP services
	Personal Emerg Response System	State In-Home	3,000	700	3,700	adjust funding from State CM, CLP services
<b>TOTAL</b>			<b>\$ 89,382</b>	<b>\$ 37,526</b>	<b>\$ 126,908</b>	<i>(amended sources only)</i>
<b>Branch County Commission on Aging</b>						
	Disease Prev/ Health Promotion	Title III-D	\$ 2,605	\$ 895	\$ 3,500	additional funds available, add'l units
	Friendly Reassurance	Title III-B	1,680	(1,500)	180	provider requested shift into Transport. Add'l need
	Transportation	Title III-B	500	1,500	2,000	add'l units
	Transportation	State Respite Merit	5,958	1,500	7,458	add'l units/need
<b>TOTAL</b>			<b>\$ 10,743</b>	<b>\$ 2,395</b>	<b>\$ 13,138</b>	<i>(amended sources only)</i>
<b>Community Action</b>						
	Congregate Meals	Title III-C1	\$ 45,500	\$ (24,170)	\$ 21,330	reduction in # units, funding reallocated to HDM/wait list
	Congregate Meals	NSIP	1,500	(1,500)	-	provider request, HDM need
	Home Delivered Meals	Title III-C2	34,606	17,291	51,897	funds transf. from C1, add'l units/wait list
	Home Delivered Meals	State Home Delivered Meals	51,306	8,072	59,378	additional funds available, add'l units
	Home Delivered Meals	NSIP	68,000	1,500	69,500	provider request, HDM need/add'l units
<b>TOTAL</b>			<b>\$ 132,912</b>	<b>\$ 1,193</b>	<b>\$ 202,105</b>	<i>(amended sources only)</i>

**Branch-St. Joseph AAA ~ FY 2017-2018 Funding Adjustments ~ Effective June 1, 2018 \*\***

Based on full year SGA dated 05/30/2018, including transfers. Does not include FY17 carryover

Provider	Service	Funding Source	Original Award	Increase/ (Decrease)	Adjusted Award	Rationale
<b>St Joseph County Commission on Aging</b>	Congregate Meals	Title III-C1	\$ 63,816	\$ 16,747	\$ 80,563	additional funds available, add'l units
	Congregate Meals	NSIP	38,875	(3,453)	35,422	reduction of award, adjusted w/ other funds
	Disease Prev/ Health Promotion	Title III-D	3,600	1,300	4,900	additional funds available, add'l units
	Home Care Assistance	State Alternative	18,988	21	19,009	additional funds available, no budget revision required.
	Home Delivered Meals	Title III-C2	47,790	2,700	50,490	additional funds available, add'l units
	Home Delivered Meals	State Home Delivered Meals	70,864	9,022	79,886	additional funds available, add'l units
	Home Delivered Meals	NSIP	50,534	(3,453)	47,081	reduction of award, adjusted w/ other funds
	In-Home Respite	State Respite Merit	4,168	(1,500)	2,668	adjustment
	In-Home Respite	State Respite Escheats	13,990	3,485	17,475	additional funds available, add'l units
<b>TOTAL</b>			<b>\$ 312,625</b>	<b>\$ 24,869</b>	<b>\$ 337,494</b>	<i>(amended sources only)</i>

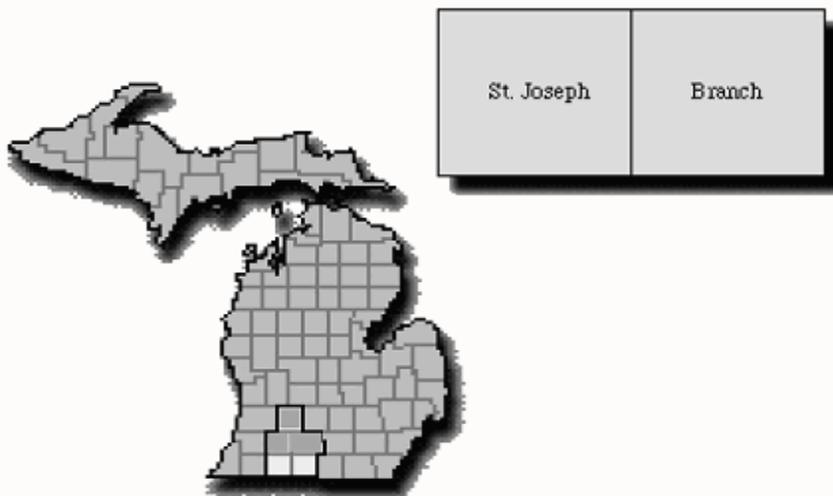
\* \* *All amendments are pending accurate & reasonable provider budget submissions*

Presented to the BOH at their June 28, 2018 meeting

2017—2019 Multi Year Plan

# FY 2019 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-Hillsdale-St. Joseph

Community Health Agency

570 N. Marshall Road

Coldwater, MI 49036

517-278-2538 (phone)

888-615-8009 (toll-free)

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Rebecca A. Burns, Executive Director

[www.bhsj.org/AAA](http://www.bhsj.org/AAA)

### Field Representative Sherri King

[Kings1@michigan.gov](mailto:Kings1@michigan.gov)

517-284-0167

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

**FY 2019**

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Branch-St. Joseph Area Agency on Aging

FY 2019

**County/Local Unit of Govt. Review**

The Area Agency on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Annual Implementation Plan (AIP) by no later than June 30, 2018, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2018. For a PSA comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2018, the AIP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2018, whether their counties or local units of government formally approved, passively approved, or disapproved the AIP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the AIP. To employ this option the area agency must do the following:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the AIP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the AIP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the AIP, or their related concerns.

Describe the efforts made to distribute the AIP to, and gain support from, the appropriate county and/or local units of government.

The Branch-St. Joseph Area Agency on Aging's approach to gaining support from each County Board of Commissioners is the same as it has been since our agency's designation in fiscal year 1997. Because Area Agency on Aging 3C (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, the Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district. The DRAFT 2019 Area Implementation Plan was sent to Policy Board members and Advisory Committee members at their May meetings for their review and comment. Discussion about the Plan began in March 2018 with the Coordinator offering monthly updates as well. Board & Advisory Committee members are encouraged to share input, pose questions, and attend the Public Hearing scheduled for May 24, 2018 in Coldwater. The AAA3C Advisory Committee approved the FY19 AIP draft at their June 21st meeting. The Policy Board took action to approve the FY19 AIP at their June 28th meeting. Laura Sutter, AAA Coordinator, made formal presentations to each County Board of Commissioners, as follows:

June 7, 2018 - Branch County Board of Commissioners Work Session, 9:00am. The 2019 AIP was presented to Commissioners at their open work session meeting in order to have open dialogue, discuss highlights and answer questions. A Resolution of Support was sought, and <<<<<passed unanimously >>>>>> at their regular Branch County Commission Meeting on Tuesday, June 12, 2018.

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

**FY 2019**

June 19, 2018 - St. Joseph County Board of Commissioners regular meeting. A presentation and highlights of the FY2019 AIP Draft was shared with Commissioners. A Resolution of Support was sought and <<<<< unanimously supported >>>>> for the Plan.

Each County's Resolution of Support is attached under "budgets and other documents" tab.

Branch-St. Joseph Area Agency on Aging

FY 2019

### Approved Multi-Year Plan Highlights

The Multi-Year Plan (MYP) Highlights provide an overview of the FY 2017- 2019 MYP and FY 2018 AIP priorities set by the area agency as approved by the Michigan Commission on Services to the Aging (CSA). These highlights serve to provide an overall reference for the established three-year planning period. They also help to provide a framework and context for activities planned during the FY 2019 AIP.

The area agency FY 2017-2019 MYP and FY 2018 AIP Highlights approved by the CSA are included as read-only below. No further entry by the area agency is necessary.

**1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.**

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

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

Furthermore, we uphold these values within our organization:

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.

**2. A summary of the area agency's service population evaluation from the Scope of Services section.**

Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow! The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030...merely 4 years away. In general the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the poulation of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase it its 60 year and older population. The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of

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the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014.

21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. This data is consistent with the data shared in the last Multi Year Plan which used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 ACS, minorities comprise 2.4% of those 60+ in the PSA. The number of Hispanic older adults has grown since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group.

**3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

For the next three fiscal years, the Region 3C AAA will fund 14 services across our two-county planning and service area. The continuum of services funded under the Plan is a direct result of comprehensive community input, open forum & conversation, and key leader input. The over-arching service categories include; Access, In-Home, and Community Services. Funding used to support these services arises from both federal and state sources and is outlined in our FY2017 Area Plan Budget.

Services include: Coordination & Support, Transportation, Home Care Assistance, Caregiver Education, Support and Training, Kinship Support Services, Respite Care, Disease Prevention/Health Promotion, Friendly Reassurance, Legal Assistance, Home Repair, Adult Day Services, Home Delivered Meals, Congregate Meals, and Chore Services.

The five service categories receiving the most federal and/or state funds include: Home Delivered Meals, Home Care Assistance, Congregate Meals, Transportation and Respite Care (in home respite care and adult day services). With these services, we anticipate serving the greatest number of participants as well. Based on the most recent program year service trends, our anticipated service levels and associated funding is as follow:

Home Delivered Meals: \$800,000 serving over 1,400 participants  
Home Care Assistance: \$300,000 serving over 525 participants  
Congregate Meals: \$420,000 serving over 3,300 participants  
Transportation: \$100,000 serving over 700 participants  
Respite Care: \$180,000 serving over 90 participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA 3C), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 100 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting. Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs

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are funded at approximately \$200,000 (combined) and serve over 900 individuals each year.

**4. Highlights of planned Program Development Objectives.**

Over the next three fiscal years our program development objectives will include a strong focus on developing an adult day program in Branch County, furthering our work to prevent elder/vulnerable adult abuse, neglect and exploitation and exploring Communities for A Lifetime recognition for Branch County. Through collaborative efforts and engagement of our community partners we will remain dedicated to these program development efforts in our two-county planning and service area.

**5. A description of planned special projects and partnerships.**

In spring 2016 we were approached by Community Mental Health and Substance Abuse Services of St. Joseph County (CMH) to collaborate and implement a nationally recognized, evidence-based program called Senior Reach®. The mission of Senior Reach® is to support the well-being, independence and dignity of older adults by educating the community, providing behavioral health, care management, and connecting older adults to community resources. Senior Reach® is being implemented in 12 sites across Michigan and is a special project fund grantee of the Michigan Health Endowment Fund for the next two years (2016-2018). The project and its intent to serve those who are isolated in the community certainly bodes with our agency's mission.

Our local community hospitals & health care providers are community partners with whom we work to improve access to care, develop health education & wellness programming, and address chronic health conditions such as diabetes. Certain programs such as Diabetes PATH, will further develop over the next three years. In addition, we will continue our work and collaboration to address re-hospitalizations with each of our community hospitals.

Partnerships with local Department of Human Health & Human Service offices, law enforcement and community agencies to raise awareness and prevent elder abuse, neglect and exploitation will continue. Additional educational programs and trainings will be planned and implemented over the next three years.

We will continue our partnership with the Battle Creek Veterans Administration to serve veterans and their families via the Veteran Community Partnership project & the Veteran-Directed Home and Community Based Program. The need for information, resources and access to services for veteran's and veteran caregivers remains a high priority area for our community. We remain connected to each County Veterans' Affairs office as well in an effort to connect veterans to benefits and support for their needs. As mentioned previously, our work and business development with hospitals and health plans should be noted again.

**6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.**

Our agency strives for efficiency both internally and externally among community partners. Internally, the Community Health Agency has "absorbed" the AAA as we share accounting staff, space, and various administrative roles. We are a seamless, autonomous department but yet share many responsibilities and costs of doing business with the larger agency. Externally, during our interactions and involvement throughout the planning and service area, AAA staff share best practices, suggestions and, when we can, encourage collaboration among providers and other entities to more practically serve our community.

We are especially active in the county collaborative groups and will continue to share resources for special

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projects and events in the coming years. Providers look to maintain efficiency and strive for cost effective service delivery. Much of this will continue to be seen with information technology and their public/private partnerships. For example, the restaurant voucher program in St. Joseph County is a win-win for all: privately owned restaurants contract with St. Joseph County COA to offer special menu items and are reimbursed with a combination of federal/state/local resources. The program offers choice, the #1 benefit, but also supports local businesses in a cost effective and collaborative manner. The Senior ReachR program will diversify current programs and agency roles while serving more people in the community. The outreach and education component will also enhance our ability to engage new community partners to the aging, disability and mental health networks.

Our agency will continue to explore accreditation as a way to improve quality and better position ourselves for work with health plans, hospitals and other funding entities.

### **7. A description of how the area agency's strategy for developing non-formula resources (including utilization of volunteers) will support implementation of the MYP and help address the increased service demand.**

Our agency has been minimally involved in working with health plans in Michigan under the Michigan Department of Health & Human Services' Integrated Care Project called "MI Health Link" (MHL). MI Health Link began in 2015, seeking to integrate care for those dually eligible for Medicare and Medicaid. AAA 3C is involved in the demonstration region and we look at this initiative as an opportunity to become more engaged in service coordination/consultation and for non-formula resource development. Thus far, the majority of our work has surrounded outreach and education of those living in our PSA who become enrolled in or are seeking information about MHL. Our Medicare/Medicaid Assistance Program Regional Coordinator has been trained in MHL and provides options counseling with individuals seeking information about the health care program. We look forward to being more engaged in the project as it evolves. Overall, we welcome serving more people in our planning and service area alongside our AAA colleagues and community partners.

AAA3C does not utilize volunteers directly in support of our agency's programs, however, our community partners utilize them throughout their organizations and with nearly all programs they offer. Both County Commission's on Aging and Community Action utilize volunteers to support all of their agency functions and programming. From home delivered meal delivery, to activities and administrative tasks, and as Medicare/Medicaid Assistance Program Counselors, volunteers are highly revered in our local aging network.

### **8. Highlights of strategic planning activities.Aa**

The Branch-Hillsdale-St. Joseph Community Health Agency is a district health department organized in accordance with the Public Health Code (P.A. 368 of 1978) in 1971 as a not-for-profit, local governmental entity. The health department is overseen by a six member board of health which consists of representatives assigned from each of the three local county commissions. The district health department provides a broad spectrum of public health services to the tri-county residents who reside in Branch, Hillsdale and St. Joseph Counties. These three counties are located in Michigan's south/southwestern tier of border counties. Combined, the three counties are home to more than 150,714 people. The Branch-St. Joseph Area Agency on Aging (IIIC) is an autonomous department within public health, and as such, participated in the Strategic Planning process and also assisted in its facilitation. The full report is attached to the MYP/AIP document for your reference as well.

The Branch-Hillsdale-St. Joseph Community Health Agency began it's 2015-2019 Strategic Planning process in

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the fall of 2014. The process was inclusive and sought input from a number of Agency personnel, community decision makers and community partners. Initially, a 22 member strategic planning committee (SPC) was identified that represented administration, board of health and agency staff (Strategic Plan, Attachment A). Special attention was paid to assure that both middle-management and line staff members were involved in the process. Again, the Area Agency on Aging Coordinator was a member of the SPC and contributed to its development.

The Plan outlines how the Agency will move forward as it seeks to maximize its performance as a public health organization of excellence and assures the delivery of public health services that addresses the community's health needs and result in health status improvement. The six strategic priorities and strategic goals identified most definitely relate to the Area Agency on Aging and our divisions' strategic direction and include: infrastructure development, quality Improvement, systems of care improvement and integration/collaboration. The Community Health Agency and the Area Agency on Aging's commitment and use of evidence-based and/or best practice models, quality improvement and collaboration are integral to fulfill both agency's mission and vision.

To help inform our strategic planning process the SPC garnered feedback from customers, Community Health Agency (CHA) employees, and external stakeholders and community partners. We also analyzed the budget and staffing trends of the organization. This environmental scan unveiled four main themes including: service delivery, technology, collaboration and communication (Strategic Plan, pp. 16-17). The Area Agency on Aging program development objectives and scope of services tie into these areas of the strategic plan and will be discussed in other sections of the Plan.

The plan will provide guidance for decisions about future activities and resource allocations. It is a working document and as such, will be revisited often and modified when needed to reflect new opportunities, emerging threats and changes occurring around us. We are proud to be a part of the Branch-Hillsdale-St. Joseph Community Health Agency and stand collaboratively to engage and implement the work plans over the next three years.

### **9. FY 2018 AIP Highlights: Description of any significant new priorities, plans or objectives.**

The Branch-St. Joseph Area Agency on Aging (3C) is not planning any new activities or proposing any major changes during the FY2018 planning year. Our priorities & development objectives remain consistent with those outlined in the FY2017-2019 Multi-Year Area Plan.

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### 2019 AIP Highlights

The FY 2019 AIP Highlights should provide a succinct description of the following:

- A. Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2019.**
- B. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).**
- C. A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2019.**

**Please provide a narrative about what, if anything, the area agency is planning that is new for FY 2019, or that is significantly different from the established FY 2017-19 MYP or FY 2018 AIP. In addition, include area agency plans to handle the likelihood of reduced federal funding, including any specific alternative funding sources to be pursued. Finally, describe progress made through Multi-Year Plan (MYP) advocacy efforts to date and the area agency's specific planned advocacy focus in FY 2019.**

A. In April 2018, Region 3C AAA staff answered a request for proposal issued by the Michigan Department of Health and Human Services (MDHHS), Division of Victim Services (DVS) for the Victims of Crime Act (VOCA) Grant program entitled: Elder Abuse Victim Services Grant. The purpose of the Elder Abuse Victim Services Grant is to enhance the safety of elder and dependent adult victims of crime by providing direct services to victims and bridging the gap between Elder Abuse Program elder justice service providers (including Adult Protective Services (APS), Long-Term Care Ombudsman programs, providers of legal assistance, etc.) and victim service providers.

For over 10 years our office has focused, planned, and advocated for elder rights. This grant would provide support for our office to continue these efforts with greater focus and direct services to victims of elder and dependent adult abuse and to improve the delivery of services. Our proposal outlined extensive collaboration focusing on increasing capacity, communication and efficiency while improving outcomes. The 2017 MDHHS Adult Protective Services data was recently released and indicated 59 cases in Branch County were substantiated and 133 cases were substantiated in St. Joseph County. When comparing the 2017 data to the 2012 data, this is a 45% increase in the number of substantiated cases of adult abuse, neglect and/or exploitation. The data, along with well-established collaborative relationships, will empower us to continue our efforts in the form of outreach & education as well as directly support victims.

If awarded, grant-required staff called Elder Abuse Victim Advocates would be hired as new positions in our agency. AAA Care Consultants would also be utilized to support care coordination and service planning among victims. Program Specialist and AAA Coordinator time would also be utilized to support grant reporting, training efforts and meeting coordination. Older Americans Act (Title III-B Program Development) funds were utilized to develop the proposal and may also be utilized if we are awarded. Notices of awards are anticipated in mid/late June with official start up Oct. 1, 2018.

B. In Region 3C, contingency planning has been occurring for many years as we take the pulse of federal and state legislative/budget processes. By regularly communicating with our staff, contracted and purchase of service providers, we openly discuss the potential loss of federal and/or state dollars. Planning and budgeting strategies, then, closely follow. Over the past two fiscal years specific measures have been taken to notify providers that the

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legislative process has halted issuance of Notices of Award to states, therefore halting our ability to pay federal grants until such time awards are made, calculated and sent to the Area Agencies on Aging. In FY2018 we experienced our longest "pause" in our ability to pay federal grant funds to multiple contracted providers - over 6 months. Our prioritization of payment when limited federal and/or state grant dollars is in effect has the following factors: 1. Does the provider have access to other resources to utilize to keep programs running? (e.g. senior millage) and 2. Is the service/services high priority (home delivered meals, personal care, homemaking)? This method of prioritization has worked thus far, and has had minimal impact on the amount of services available to older adults in the PSA. Again, regular communication and pre-planning has been effective in our service prioritization and payment process when the threat of or lack of federal award has impacted our network. Should funding be permanently reduced, we would work with our AAA colleagues, state partners at AASA and among federal legislators for advocacy efforts. Additional resources would be sought from other public entities (such as United Way, community foundations) and private funders to support the network's continuum in areas of greatest need/deamand.

C. Over the past fiscal year and looking toward FY2019, advocacy in PSA 3C has consisted of and will remain focused on messages related to funding for services & supports, awareness about the aging network and elder justice. As a partner in the "Silver Key Coalition", we've raised conversations and data to support the need for additional resources to serve individuals in their home. Constantly communicating with local and state legislators, we've reminded key officials about our network, our role and function and our impact on independence and well being. Finally, our elder abuse, neglect, and exploitation messages were carried loudly among local stakeholders and state legislators related to coordination of efforts, identification and awareness. Each of these topic areas of advocacy will be carried throughout FY2019 via one on one meetings, group meetings with legislators and at state-wide events such as Older Michigianians Day.

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**Public Hearings**

**At least one public hearing on the FY 2019 AIP must be held in the PSA. The hearing(s) must be held in an accessible facility. Persons need not be present at the hearing(s) in order to provide testimony; e-mail and written testimony must be accepted for at least a thirty day period beginning when the summary of the AIP is made available.**

**The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general 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; presentation on the area agency’s website, along with communication via e-mail and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least fifteen days prior to the hearing, and information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).**

**Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including e-mails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and the resultant impact on the AIP.**

Date	Location	Time	Barrier Free?	No. of Attendees
05/24/2018	Community Health Agency/AA	11:00 AM	Yes	8

The Area Agency on Aging 3C Public Hearing was held Thursday, May 24, 2018 at 11:00am at the Community Health Agency in Coldwater. We also hosted the Hearing via video conference with our Three Rivers office as we knew of interested individuals who wanted to attend but didn't want to travel 40+ miles to Coldwater. The Public Notice Ad, formally announcing the Hearing, appeared in the Coldwater Daily Reporter on April 27, 2018. (copy of the Ad is included below) We also shared the Public Hearing announcement with Advisory Committee and Board of Health members via email and separate meeting notices at the end of April to invite their attendance & input. The Draft FY18 AIP was available on May 16th.

Our approach to encourage public attendance and testimony included multiple verbal and written communications in advance of the Public Hearing as well as one-on-one conversations with our provider network and key community leaders. There has been no written or formal verbal testimony offered, as of the date the 2019 AIP was submitted. It was communicated to attendees that written testimony can be received up to the date the Plan is submitted to the Aging & Adult Services Agency on June 29, 2018.

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The Public Hearing began at 11:03am. Hard copies of the Plan were made available to attendees. Laura Sutter, AAA 3C Coordinator, provided an overview and highlights of the Plan including: program development objective updates, budget information including the 7% decrease in federal sources as advised to plan for in 2019, as well as updates on the continuum of funded services being unchanged going into the final year of our three-year planning cycle. There was one question related to the timeframe of the Victim's of Crime Act Elder Abuse Services grant proposal that the AAA3C submitted to the MDHHS Division of Victim's Services. Additional highlights related to the proposal were also discussed. Those in attendance were complimentary of the efforts and acknowledged how important the work is to serve individuals in our communities. The Public Hearing concluded at 11:14am.

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**Regional Service Definitions**

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

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

**Service Name/Definition**

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

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

**Minimum Standards**

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**Access Services**

Some access services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, with specific attention to outreach with underserved populations, including LGBT older adults, and MATF/State Caregiver Support funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2019 and provide the information requested. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Direct Service Budget details for FY 2019 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Support Services Detail Page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

**Care Management**

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$32,500.00	Total of State Dollars	\$87,594.00

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: Develop more flexible service options in order to implement a more self-directed care model.**

Activities:

- ~Seek additional service providers (purchase of service vendors) to service participants in Region 3C.
- ~Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participant's person centered plan.

Expected Outcomes:

- ~Increased number of purchase of service vendors for CLPS, personal care & homemaking services.
- ~ Increased ability to meet the needs of the participants and their caregivers through their desired person centered plan.

**Goal #2: Continue staff and community partner development and in the area of Person-Centered Thinking**

Activities:

- ~ Offer additional training to providers, community partners and AAA staff on PCT
- ~ Participate in state-sponsored training events/seminars as well as accessing online training resources on PCT, motivational interviewing, and sensitivity training.

Expected Outcomes:

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- ~ Provide more autonomy and control to participants and staff members by using a person-centered philosophy.
- ~ Expand knowledge and scope of practice among all AAA staff in a cost effective way.
- ~ Services will be delivered across the care continuum in a way that is consistent with utilizing a person-centered approach.

**Goal #3: Minimize or eliminate wait times and the waiting list.**

**Activities:**

- ~ Offer additional training to intake staff ensuring more in-depth option counseling at time of initial contact.
- ~ Closely monitor service expenditures and seek or reallocate additional fed/state/local revenue to address participant's needs. If waiting list continues through the second year of the planning and service cycle, an increase in local appropriations will be requested to be targeted at offering service to those on the wait list.

**Expected Outcomes:**

- ~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers (annual contracted providers and/or purchase of service vendors) in a more timely manner.

Number of client pre-screenings:	Current Year:	60	Planned Next Year:	65
Number of initial client assessments:	Current Year:	35	Planned Next Year:	35
Number of initial client care plans:	Current Year:	35	Planned Next Year:	35
Total number of clients (carry over plus new):	Current Year:	115	Planned Next Year:	115
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:40	Planned Next Year:	1:40

**Information and Assistance**

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$6,546.00	Total of State Dollars	\$0.00

Geographic area to be served  
Branch & St. Joseph Counties

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

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

**Activities:**

- ~ Continue to provide referrals according to AASA & national AIRS standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database

**Expected Outcomes:**

Staff will continue to provide the highest quality information & assistance/referral services to any person with an inquiry. Individuals will experience timely, accurate information to their questions and requests.

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

**Activities:**

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

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

Expected Outcome:

Local and regional aging/disability network partners will continue to seek and receive accurate information from AAA 3C.

**Goal 3: Continue to maintain accurate data and submit accurate data/program reporting related to AASA 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, implementing corrections/additions/deletions 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 AASA standards.

Expected Outcome:

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

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

Activities:

~ Staff who've not been trained in PCT shall complete training/enhanced training in the topic area of person-centered philosophy/approaches.

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

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

Expected Outcomes:

~ People contacting and interacting with the Area Agency on Aging 3C 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 PCT and its practice within their organizations.

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**Direct Service Request**

This section applies only if the area agency is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle. It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, a direct service provision request may be approved by the 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 area agency may be appropriate when in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions; or, (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that have a new request to provide an in-home service, community service, and/or a nutrition service directly, must complete this section for each service category.

Select the service from the list and enter the requested information pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2019. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Direct Service Budget details for FY 2019 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Support Services Detail Page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Please skip this section if the area agency is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2019.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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**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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**Regional Direct Service Request**

This section applies only if the area agency is submitting a new request to provide a regional service directly that was not previously approved in this multi-year planning cycle. It is expected that regionally-defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency's administrative functions; or, (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly-added regional direct service and enter the information requested pertaining to basis, justification and public hearing discussion for any new regional direct service request for FY 2019. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Regional Direct Service Budget details for FY 2019 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Support Services Detail Page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Please skip this section if the area agency is not submitting a new request to provide regional services directly during FY 2019.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

**FY 2019**

**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).**

Branch-St. Joseph Area Agency on Aging

FY 2019

### Approved MYP Program Development Objectives

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

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

#### Area Agency on Aging Goal

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

State Goal Match: 2, 5

#### Narrative

Since the loss of Branch County's Senior Respite Program in 2014, an adult day program operated by Pines Behavioral Health Services, we have been engaged in development, research and feasibility of another program. In the late summer and fall of 2015, we held community meetings with potential partners, yet nothing has come to fruition. At this time only private pay options are available to families/individuals seeking daytime respite care in a community setting. As a way to meet some of the need in the community, both County's Commission on Aging offices have utilized additional respite care funding to offer additional hours and contract with other home health agencies to provide respite care outside of regular business hours. We do not see this method of service provision as meeting the need of the community, nor is it a sustainable method. The priorities of our key leaders and board members remain strong, that an adult day program needs to be cultivated as soon as it is feasible.

#### Objectives

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

Timeline: 10/01/2016 to 09/30/2017

#### Activities

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

Should an interested party(ies) be identified, the AAA will initiate a Request for Proposal for the service.

#### Expected Outcome

Enhance and work with potential new provider organizations who are interested in exploring, developing proposal, and start implementation of an adult day program.

Start-up of a new adult day program on or before 9/30/2017.

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

**FY 2019**

Progress

During FY2017 area agency leadership held a few meetings with local stakeholders regarding the need for an adult day program in Branch County. Thus far, there have not been any viable agencies/organizations who've stepped forward to explore funding, standard requirements or project location toward developing an adult day program.

We will continue our efforts to work with local stakeholders and potential partners to explore adult day service entities, throughout FY2018.

FY2019 Progress:

In FY2018 we had two encouraging meetings with Maplelawn Medical Care Facility in Coldwater. They are one of the best long term care facilities in the State of Michigan for quality of care. Throughout 2017 they were under construction, adding on to their building as well as renovating each and every room. They expressed interest, once the building was complete and the "dust settled" to explore adult day services.

We are also reaching out to businesses who are partnering with the Great Start Collaborative in Branch County to develop a child care center. Those potential key contacts and entities may be open to looking into an adult day facet to the proposed facility. Discussions regarding this development began in late May 2017.

**B. Work with key community partners and leaders in Branch County to explore the Community for a Lifetime designation.**

State Goal Match: 1, 3, 5

Narrative

In response to AASA's new priority program development objective area to enhance the Communities for A Lifetime (CFL), the Branch-St. Joseph Area Agency on Aging will work with and engage public, municipal and private partners to assess the aging-friendliness of Branch County to encourage them to become a CFL. St. Joseph County sought and received their CFL recognition in 2014. Connecting with key officials in Branch County, starting with Board of Health members who are appointed by the Branch County Board of Commissioners will be our start!

Objectives

1. In FY2017, the AAA Coordinator will network and make connections with Branch County Board of Health/County Commissioners as well as the County Administrator to present the Communities for A Lifetime program. We will also contact AASA staff lead for the CFL Program to participate and/or make presentation to the interested parties to allow for open dialogue, questions and answers.

Timeline: 10/01/2016 to 09/30/2017

Activities

In early 2017, set up meetings with Branch County officials to discuss the CFL Program. Engage AASA to make presentation in early March 2017.

Expected Outcome

Branch County establishes a timeline for conducting an aging-friendly community assessment and established a target date for making an application for recognition to AASA as a CFL.

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

**FY 2019**

Progress

Plans to approach the Branch County Board of Commissioners are underway in the last quarter of FY2017 (July-August-September). It is our intent to request a meeting with the County, including their Administrator, to share the concept and opportunity to explore designation. Though a date has not been set as of the time the Annual Implementation Plan is being written, we will look for an agreeable date in early September.

FY2019 Progress

During FY2018 there was minimal progress with this particular program development objective. We anticipate hosting additional targeted conversations with the Branch County Administrator and our Branch Co Commissioners who are appointed to our Board of Health/AAA Policy Board.

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

State Goal Match: 4

Narrative

Reports of vulnerable adult abuse, neglect, and/or exploitation have increased 20% since 2012 in both Branch and St. Joseph County (MDHHS APS data run, January 2015). In 2014, more than half of each county's substantiated cases were in the type of "neglect" and "self-neglect" (MDHHS APS data run, January 2015). We must address this issue. A coordinated community response is something began in 2016 and will continue to build upon into 2017 via training, education, and outreach.

Objectives

1. Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/taskforces, and community groups.  
Timeline: 10/01/2016 to 09/30/2017

Activities

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

AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY2017 include education seminars, events and promotion of elder abuse prevention materials.

AAA staff will continue progress with St. Joseph County officials to implement the Interdisciplinary Team (IDT) approach to serve those identified by team members as vulnerable. The Vulnerable Adult Protocol in St. Joseph County was enhanced with the IDT effort in Spring 2016. Additional efforts will include training local agencies/organizations on the Protocol and IDT.

Expected Outcome

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

Enhanced collaboration and inter-agency communication as it relates to coordinated community response in

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

**FY 2019**

vulnerable adult abuse/neglect/exploitation cases.

Progress

Region 3C has made extraordinary progress toward raising the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA during FY2017. Branch County's "Elder Abuse Prevention Coalition" whose members include: 4 financial institutions, human service agencies, Sheriff's office, Coldwater Police Dept., MI State Police, Probate Court, Pines Behavioral Health, Community Health Center, domestic violence coalition, and Area Agency on Aging 3C, actively planned and presented an afternoon fraud prevention and awareness event! "Don't Let Fraudsters Put Your Money On The Line" was held April 19, 2017 from 1:00pm - 3:30pm and hosted speakers from Branch County Probate Court Judge Kirk Kashian, Coldwater Police Department, and the Secretary of State's Senior Brigade. Over 20 community members attended and were actively engaged asking questions. Many participants even brought their own examples of pieces of mail and email "propaganda" to show the experts and receive advice about!

St. Joseph County's efforts put into practice their 2016 revised and enhanced Vulnerable Adult Protocol - Interdisciplinary Team. With the Protocol revision, key stakeholders/entities agreed to meet and discuss current complex vulnerable adult cases. The Team also discusses policy issues, protocol issues as well as barriers to success -- all in a confidential, honest manner. The IDT met twice in FY2016 (first meeting June 2016) and by the end of FY2017 we will have met 4 times (meetings occurred October 2016 and February 2017, two additional planned). Our agency feels that the IDT is successful because of the commitment on behalf of MDHHS Adult Protective Services field staff, St. Joseph County Probate Court (Judge doesn't attend meetings, but is fully supportive of the approach), law enforcement, human service agencies and the St. Joseph County Prosecutor's Office.

FY2019 Progress

Throughout FY2018 our St. Joseph County IDT met and discussed over 20 individuals and their unique circumstances. Partners openly discussed ideas, input and problem-solving suggestions during meetings as well as outside official meetings. We will continue our participation and leadership with this group into FY2019. Adding IDT members, such as financial institutions has been discussed, as well as looking into the possibility of developing an Elder Death Review Team in conjunction with the IDT.

Branch County's Elder Abuse Prevention Coalition only had a couple of meetings during FY2018. The AAA shared ongoing communications related to scams/swindles occurring in and around the area. Both the COA Director and AAA Coordinator share the leadership of the group and decided to pause meetings during the COA renovation and flurry of service the AAA experienced with staffing and participant demand throughout FY2018. There are more specific plans to re-invigorate the group and enhance/revise the Branch County Vulnerable Adult Protocol during FY2019.

Branch-St. Joseph Area Agency on Aging

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**2019 AIP Program Development Objectives**

Please provide information for any new program development goals and objectives that are proposed by the area agency during FY 2019.

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

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development Objectives.)

**Area Agency on Aging Goal**

A.

State Goal Match:

Narrative

Objectives

1.

Timeline:                      to

Activities

Expected Outcome

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

**FY 2019**

**Appendices**

**Appendices A and B are not required to be completed or updated for the FY 2019 AIP. Appendix C should only be completed if there are new/changed criteria for selecting providers. Appendices D, E and F should be completed if applicable to the area agency 2019 AIP. Select the applicable appendix from the list on the left and provide information for each appendix.**

- A. Policy Board membership – not required for the FY 2019 AIP**
- B. Advisory Council membership – not required for the FY 2019 AIP**
- C. Proposal Selection Criteria**
- D. Cash-in-Lieu-of-Commodity Agreement**
- E. Waiver of Minimum Percentage of a Priority Service Category**
- F. Request to Transfer Funds**

Branch-St. Joseph Area Agency on Aging

FY 2019

**APPENDIX F**  
**Request to Transfer Funds**

1	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  0
2	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer  40,000
<p>As in years past, in-home and other supportive services are in greater demand in PSA 3C than that of Congregate Meals. This request of transferred funds allows us to better fulfill needs in the planning and service area.</p> <p>The \$40,000 transfer out of Title IIIC-1 shall be allocated as follows: C1 to 3B --- \$25,000 C1 to C2 --- \$15,000</p>		
3	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer  0

**FY 2019 AREA PLAN GRANT BUDGET**

Rev. 1/2018

Agency: #REF!

Budget Period: 10/01/18 to 09/30/19

PSA: 3C

Date: 05/15/18

Rev. No.: Orig. Page 1of 3

**SERVICES SUMMARY**

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	127,846		127,846
2. Fed. Title III-C1 (Congregate)		91,361	91,361
3. State Congregate Nutrition		2,786	2,786
4. Federal Title III-C2 (HDM)		82,743	82,743
5. State Home Delivered Meals		122,157	122,157
8. Fed. Title III-D (Prev. Health)	7,206		7,206
9. Federal Title III-E (NFCSP)	44,258		44,258
10. Federal Title VII-A	-		-
10. Federal Title VII-EAP	-		-
11. State Access	8,315		8,315
12. State In-Home	94,586		94,586
13. State Alternative Care	32,733		32,733
14. State Care Management	80,228		80,228
16. St. ANS & St. NHO	12,966		12,966
17. Local Match			
a. Cash	241,250	39,000	280,250
b. In-Kind	11,000	38,000	49,000
18. State Respite Care (Escheat)	35,359		35,359
19. MATF & St. CG Support	48,360		48,360
20. TCM/Medicaid & MSO	40,000		40,000
21. NSIP		152,768	152,768
22. Program Income	85,200	272,700	357,900
<b>TOTAL:</b>	<b>869,307</b>	<b>801,515</b>	<b>1,670,822</b>

**ADMINISTRATION**

Revenues		Local Cash	Local In-Kind	Total
Federal Administration	42,091	29,918	11,000	83,009
State Administration	7,269			7,269
MATF & St. CG Support Administration	4,315			4,315
Other Admin	100,000			100,000
<b>Total AIP Admin:</b>	<b>153,675</b>	<b>29,918</b>	<b>11,000</b>	<b>194,593</b>

**Expenditures**

	FTEs	
1. Salaries/Wages	5.35	149,050
2. Fringe Benefits		36,122
3. Office Operations		9,421
<b>Total:</b>		<b>194,593</b>

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Branch County	12,929	Local Appropriation	11,000
St. Joseph County	16,989		
<b>Total:</b>	<b>29,918</b>	<b>Total:</b>	<b>11,000</b>

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

  
Signature

Health Officer  
Title

05/15/18  
Date

FY 2019 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

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

Budget Period: 10/01/18 to 09/30/19  
 Date: 05/15/18

Rev. No.: Orig.

Rev. 1/2018  
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\*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	St. ANS St. NHO	St. Respite (Escheat)	MATF & St. CG Sup.	TCM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
<b>A</b>	<b>Access Services</b>																
A-1	Care Management	25,500		4,000					80,228	7,366			40,000			6,000	163,094
A-2	Case Coord/supp			5,000		8,315									40,000		53,315
A-3	Disaster Advocacy																-
A-4	Information & Assis	6,546														3,500	10,046
A-5	Outreach																-
A-6	Transportation	33,000		6,400								11,500		20,000	26,000		96,900
<b>B</b>	<b>In-Home</b>																
B-1	Chore	6,000												250	2,650		8,900
B-2	Home Care Assis	14,800					85,086	32,733						38,500	102,000		273,119
B-3	Home Injury Cntrl																-
B-4	Homemaking																-
B-6	Home Health Aide																-
B-7	Medication Mgt						4,750			2,800							7,550
B-8	Personal Care																-
B-9	Assistive Device&Tech						4,750			2,800							7,550
B-10	Respite Care			10,000							25,359	9,860		5,200	8,000		58,419
B-11	Friendly Reassurance	4,000													1,500		5,500
C-10	Legal Assistance	9,500												100	1,400		11,000
<b>C</b>	<b>Community Services</b>																
C-1	Adult Day Care										10,000	27,000		20,000	30,000		87,000
C-2	Dementia ADC																-
C-6	Disease Prevent		7,206											350	2,500		10,056
C-7	Health Screening																-
C-8	Assist to Deaf																-
C-9	Home Repair	3,000												500	3,000		6,500
C-11	LTC Ombudsman	2,000													13,000		15,000
C-12	Sr Ctr Operations																-
C-13	Sr Ctr Staffing																-
C-14	Vision Services																-
C-15	Elder Abuse Prevnt																-
C-16	Counseling																-
C-17	Creat.Conf.CG@ CCC			1,000												750	1,750
C-18	Caregiver Supplmt																-
C-19	Kinship Support			2,900										100	1,200		4,200
C-20	Caregiver E,S,T			14,958										200	10,000		25,158
*C-8	Pogram Develop	20,500															20,500
	<b>Region Specific</b>																
	CommLivingSuppSvcs	3,000	-	-	-	-	-	-	-	-	-	-	-	-	-	750	3,750
	b.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	c.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	d.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	e.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	7. CLP/ADRC Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sp Co	8. MATF & St CG Sup A	-	-	-	-	-	-	-	-	-	-	4,315	-	-	-	-	4,315
	<b>SUPPRT SERV TOTAL</b>	127,846	7,206	44,258	-	8,315	94,586	32,733	80,228	12,966	35,359	52,675	40,000	85,200	241,250	11,000	873,622

**FY 2019 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 1/2018

Agency: #REF! Budget Period: 10/01/18 to 9/30/19  
 PSA: 3C Date: 05/15/18 Rev. Number Orig.

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**FY 2019 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Nutrition Services</b>									
C-3	Congregate Meals	90,411		2,786		40,000	160,000	15,000	8,000	316,197
B-5	Home Delivered Meals		82,743		122,157	112,768	112,700	24,000	30,000	484,368
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	950								950
	<b>Nutrition Services Total</b>	<b>91,361</b>	<b>82,743</b>	<b>2,786</b>	<b>122,157</b>	<b>152,768</b>	<b>272,700</b>	<b>39,000</b>	<b>38,000</b>	<b>801,515</b>

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

**FY 2019 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	2,000	-		-	-	-	13,000	-	15,000
C-15	Elder Abuse Prevention	-		-			-	-	-	-
	Region Specific	-	-	-	-		-	-	-	-
	<b>LTC Ombudsman Ser Total</b>	<b>2,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,000</b>	<b>-</b>	<b>15,000</b>

**FY 2019 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL**

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

**FY 2019 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Kinship Ser. Amounts Only</b>									
C-18	Caregiver Sup. Services	-	-				-	-	-	-
C-19	Kinship Support Services	-	2,900				100	1,200	-	4,200
C-20	Caregiver E,S,T	-	-				-	-	-	-
	<b>Kinship Services Total</b>	<b>-</b>	<b>2,900</b>				<b>100</b>	<b>1,200</b>	<b>-</b>	<b>4,200</b>

Planned Services Summary Page for FY 2019			PSA: 3C		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 163,094	9.74%	x		x
Case Coordination & Support	\$ 53,315	3.18%		x	
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 10,046	0.60%			x
Outreach	\$ -	0.00%			
Transportation	\$ 96,900	5.78%		x	
<b>IN-HOME SERVICES</b>					
Chore	\$ 8,900	0.53%		x	
Home Care Assistance	\$ 273,119	16.30%	x	x	
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 484,368	28.92%		x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 7,550	0.45%	x		
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ 7,550	0.45%	x		
Respite Care	\$ 58,419	3.49%	x	x	
Friendly Reassurance	\$ 5,500	0.33%		x	
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 87,000	5.19%		x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 316,197	18.88%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 10,056	0.60%		x	x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 6,500	0.39%		x	
Legal Assistance	\$ 11,000	0.66%		x	
Long Term Care Ombudsman/Advocacy	\$ 15,000	0.90%		x	
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ -	0.00%			
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 1,750	0.10%		x	x
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 4,200	0.25%		x	
Caregiver Education, Support, & Training	\$ 25,158	1.50%		x	
AAA RD/Nutritionist	\$ 950	0.06%		x	
<b>PROGRAM DEVELOPMENT</b>	\$ 20,500	1.22%			x
<b>REGION-SPECIFIC</b>					
CommLivingSuppSvcs	\$ 3,750	0.22%	x		
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
<b>CLP/ADRC SERVICES</b>	\$ -	0.00%			
<b>SUBTOTAL SERVICES</b>	\$ 1,670,822				
<b>MATF &amp; ST CG ADMINISTRATION</b>	\$ 4,315	0.26%			x
<b>TOTAL PERCENT</b>		100.00%	5.40%	87.47%	7.13%
<b>TOTAL FUNDING</b>	\$ 1,675,137		\$90,390	\$1,465,245	\$119,502

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

## FY 2019 BUDGET REVIEW SPREADSHEET

Rev. 1/2018

Agency:	#REF!	3C		Fiscal Year:	FY 2019
Date of SGA:	3/1/2018	SGA No.	Cost Allocation	Date Reviewed by AASA:	
Date of Budget:	05/15/18	Revision No.	Orig.	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 42,091		\$ 42,091		
State Administration	\$ 7,269		\$ 7,269	Support Services Detail & NORK Detail includes proposed transfer, as outlined Appendix F	
Title III-B Services	\$ 127,846		\$ 127,846		
Title III-C-1 Services	\$ 91,361		\$ 91,361	From (-) Title III-C1 - \$40,000	
Title III-C-2 Services	\$ 82,743		\$ 82,743	In to (+) Title III-C2 + \$15,000	
Federal Title III-D (Prev. Health)	\$ 7,206		\$ 7,206	In to (+) Title III-B + \$25,000	
Title III-E Services (NFCSP)	\$ 44,258		\$ 44,258		
Title VII/A Services (LTC Ombuds)			\$ -		
Title VII/EAP Services			\$ -		
St. Access	\$ 8,315		\$ 8,315		
St. In Home	\$ 94,586		\$ 94,586		
St. Congregate Meals	\$ 2,786		\$ 2,786		
St. Home Delivered Meals	\$ 122,157		\$ 122,157	AASA COMMENTS	
St. Alternative Care	\$ 32,733		\$ 32,733		
St. Aging Network Srv. (St. ANS)	\$ 12,966		\$ 12,966		
St. Respite Care (Escheats)	\$ 35,359		\$ 35,359		
Merit Award Trust Fund (MATF)	\$ 47,960		\$ 47,960		
St. Caregiver Support (St. CG Sup.)	\$ 4,715		\$ 4,715		
St. Nursing Home Ombuds			\$ -		
MSO Fund-LTC Ombudsman			\$ -		
St. Care Mgt.	\$ 80,228		\$ 80,228		
NSIP	\$ 152,768		\$ 152,768		
<b>SGA TOTALS:</b>	\$ 997,347	\$ -	\$ 997,347		
<b>Administrative Match Requirements</b>					
<b>ADMINISTRATION</b>	<b>BUDGET</b>	<b>SGA</b>	<b>DIFFERENCE</b>		
Federal Administration	\$ 42,091	\$ 42,091	\$ -	Minimum federal administration match amount	\$14,030
State Administration	\$ 7,269	\$ 7,269	\$ -	Administration match expended (State Adm. + Local Match)	\$48,187
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
<b>Sub-Total:</b>	\$ 49,360	\$ 49,360	\$ -	Does state administration budget equal SGA?	Yes
MATF & St. CG Sup. Administration	\$ 4,315				
<b>Local Administrative Match</b>					
Local Cash Match	\$ 29,918			Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local In-Kind Match	\$ 11,000			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
<b>Sub-Total:</b>	\$ 40,918			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Other Admin	\$ 100,000	AIP TOT ADMIN	DIFFERENCE	Amount of MATF Funds budgeted on Adult Day Care	\$ 27,000
<b>Total Administration:</b>	\$ 194,593	\$ 194,593	\$ -	Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
<b>Title III-E Kinship Services Program Requirements</b>					
<b>SERVICES:</b>	<b>BUDGET</b>	<b>SGA</b>	<b>% BUDGETED</b>		
Federal Title III-B Services	\$ 127,846	\$ 127,846	100.0000%	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 91,361	\$ 91,361	100.0000%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
State Congregate Nutrition	\$ 2,786	\$ 2,786	100.0000%	[note: see TL #369 & TL#2007-141]	
Federal C-2 (HDM)	\$ 82,743	\$ 82,743	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
<b>Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements</b>					
State Home Delivered Meals	\$ 122,157	\$ 122,157	100.0000%	Amount required from Transmittal Letter #428. (see cell L 42)	\$1,372
Federal Title III-D (Prev. Health)	\$ 7,206	\$ 7,206	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$2,000
Federal Title III-E (NFCSP)	\$ 44,258	\$ 44,258	100.0000%	Is required maintenance of effort met?	Yes
St. Access	\$ 8,315	\$ 8,315	100.0000%		
St. In Home	\$ 94,586	\$ 94,586	100.0000%		
St. Alternative Care	\$ 32,733	\$ 32,733	100.0000%		
<b>Service Match Requirements</b>					
St. Care Mgt.	\$ 80,228	\$ 80,228	100.0000%	Minimum service match amount required	\$79,053
St. LTC Ombudsman	\$ -	\$ -	#DIV/0!	Service matched budgeted: (Local Cash + In-Kind)	\$329,250
St. ANS	\$ 12,966	\$ 12,966	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
<b>Sub-Total:</b>	\$ 707,185	\$ 707,185	100.0000%		
<b>Miscellaneous Budget Requirements / Constraints</b>					
Local Cash Match	\$ 280,250			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 49,000			Access:	\$65,046
				In-Home:	\$24,800
				Legal:	\$9,500
<b>Sub-Total:</b>	\$ 329,250			Total Budgeted for Priority Services:	\$99,346
Title VII/A Services (LTC Ombuds)	\$ -	\$ -	#DIV/0!	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ -	\$ -	#DIV/0!	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 152,768	\$ 152,768	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 35,359	\$ 35,359	100.0000%	(Actual % of Legal)	7.43%
MATF + St. CG Support	\$ 48,360	\$ 48,360	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$127,846
MSO Fund-LTC Ombudsman	\$ -	\$ -	#DIV/0!	Amount budgeted for Program Development:	\$20,500
TCM-Medicaid / CM	\$ 40,000			% of Title III-B Program Development (must be 20% or less):	16.0%
Program Income	\$ 357,900			Is Program Development budgeted at 20% or less?	Yes
<b>Total Services:</b>	\$ 1,670,822			Title III-D allotment with carryover:	\$7,206
<b>Grand Total: Ser.+ Admin.</b>	\$ 1,865,415			Amount budgeted for EBDP Activities, per TL#2012-244:	\$7,206
				Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

**PRIORITY SERVICE SECTION**

Access Services	III-B Budget Amount
a. Care Management	\$25,500
b. Case Coord/supp	\$0
c. Disaster Advocacy	\$0
d. Information & Assis	\$6,546
e. Outreach	\$0
f. Transportation	\$33,000
<b>Access Total:</b>	<b>\$65,046</b>

(AAA Regional Access Service)  
(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$6,000
b. Home Care Assis	\$14,800
c. Home Injury Cntrl	\$0
d. Homemaking	\$0
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$0
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassure	\$4,000
<b>In Home Services Total:</b>	<b>\$24,800</b>

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

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	\$0
2. Kinship Support	\$2,900
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
<b>Kinship Services Total:</b>	<b>\$2,900</b>

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

Title III-B transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$127,846
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
<b>AoA Title III-B Award Total:</b>	<b>\$127,846</b>

(Use ONLY If SGA Reflects Transfers)

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

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

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #1**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	15,000		65,594		4,000	4,000	18,500	107,094
Fringe Benefits	4,500		2,000		1,750	1,000		9,250
Travel	1,200				7,918	500	1,000	10,618
Training	1,000				1,750			2,750
Supplies					500			500
Occupancy	500						1,000	1,500
Communications	500					500	1,500	2,500
Equipment								0
Other:								0
Service Costs								0
Purchased Services	9,800		20,000		14,000		18,000	61,800
								0
<b>Totals</b>	<b>32,500</b>	<b>0</b>	<b>87,594</b>	<b>0</b>	<b>29,918</b>	<b>6,000</b>	<b>40,000</b>	<b>196,012</b>

SERVICE AREA: Branch & St. Joseph Counties

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

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

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES #1**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Branch County	12,929			
St. Joseph County	16,989			
Local Appropriation		6,000		
Medicaid Targeted Care Management			40,000	

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #2**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: Creating Confident Caregivers

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	1,000					750		1,750
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>1,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>750</b>	<b>0</b>	<b>1,750</b>

SERVICE AREA: Branch & St. Joseph County

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

Yes  No

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES #2**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Local Appropriations		750		

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #3**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: Disease Prevention/Health Promotion

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services	2,000					500		2,500
								0
<b>Totals</b>	<b>2,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>500</b>	<b>0</b>	<b>2,500</b>

SERVICE AREA: Branch & St. Joseph Counties

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

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

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES #3** **FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Local Appropriations		500		

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #4**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: Information & Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	5,546					2,000		7,546
Fringe Benefits	1,000					1,500		2,500
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>6,546</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,500</b>	<b>0</b>	<b>10,046</b>

SERVICE AREA: Branch & St. Joseph Counties

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

Yes  No

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES #4**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Local Appropriations		3,500		

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #5**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: \_\_\_\_\_

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SERVICE AREA: \_\_\_\_\_

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? Yes No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #5** **FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #6**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: \_\_\_\_\_

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SERVICE AREA: \_\_\_\_\_

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

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

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #6**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #7**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: \_\_\_\_\_

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SERVICE AREA: \_\_\_\_\_

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

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

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #8**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: \_\_\_\_\_

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SERVICE AREA: \_\_\_\_\_

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

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

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #9**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: \_\_\_\_\_

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SERVICE AREA: \_\_\_\_\_

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

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

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

**FY 2019 Annual Implementation Plan  
Direct Service Budget Detail #10**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2019

SERVICE: \_\_\_\_\_

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SERVICE AREA: \_\_\_\_\_

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? Yes No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES**

**FY 2019**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind



**COMMUNITY SERVICES**

Op Std	Community Services	Federal Funds				State Funds						
		Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Nursing Home Ombudsman	St. Alternative Care	St. Respite Care (Escheats)	MI State Ombuds man (MSO)	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
C-1	Adult Day Service	X		X			X	X		X	X	X
C-2	Dementia Adult Day Care	X		X			X	X		X	X	X
C-6	Disease Prevention/Health Promotion	X	X	X								
C-7	Health Screening	X										
C-8	Assistance to Hearing Impaired & Deaf	X										
C-9	Home Repair	X										
C-10	Legal Assistance	X		X								
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X			
C-12	Senior Center Operations	X										
C-13	Senior Center Staffing	X										
C-14	Vision Services	X										
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP X							
C-16	Counseling Services	X		X								
C-17	Creating Confident Caregivers® (CCC).	X	X	X								
C-18	Caregiver Supplemental Services	X		X								
C-19	Kinship Support Services	X		X								
C-20	Caregiver Education, Support & Training	X		X								

**NUTRITION SERVICES**

Op Std	Nutrition Service	Title III-C1 & State Congregate	Title III-C2 & State Home Delivered Meals	Title III-E	*NSIP	Requirements from AASA Transmittal letters that establish Fundable Service Categories  Replaces: TL 367, 2005-102 & 2007-142  See TL343 & TL2006-111 for guidance re St. MATF  See TL 2012-244 for guidance re Title D  See TL 2012-256 for guidance re St. ANS
C-3	Congregate Meals	X			X	
B-5	Home Delivered Meals		X	X	X	
C-4	Nutrition Counseling	X	X	X		
C-5	Nutrition Education	X	X	X		

\*NSIP funds are designated for actual food costs for OAA Title III eligible meals.

\*\* Note for Title III D – All funds have to be used for Evidence-Based programs.

**Full Program Title Name**

**Program Title on SGA**

Title III Administration	Federal
State Administration	State
Title IIIB Supportive Services	Federal
Title IIIC-1 Services Congregate Meals	Federal
Title IIIC-2 Services Home Delivered Meals	Federal
Title IIID Services (Preventive Health)	Federal
Title IIIE Services (NFCSP) National Family Caregiver Support	Federal
Title VII/A Services (LTC Ombudsman)	Federal
Title VII/EAP Services Elder Abuse Prevention	Federal
State Access Services	State
State In-Home Services	State
State Congregate Meals	State
State Home Delivered Meals	State
State Alternative Care	State
State Aging Network Services (St. ANS)	State
State Caregiver Support	State
State Respite Care	State
State Merit Award Trust Fund (MATF)	State
State Nursing Home Ombs	State
Michigan State Ombudsman (MSO)	State
State Care Management	State
Nutrition Services Incentive Program (NSIP)	Federal

Title III Administration
State Administration
Title IIIB Supportive Services
Title IIIC-1 Congregate Meals
Title IIIC-2 Home Delivered Meals
Title IIID Preventive Health
Title IIIE Natl. Family Caregiver
Title VII/A LTC Ombudsman
Title VII/EAP Eld Abuse Prevention
State Access Services
State In-Home Services
State Congregate Meals
State Home Delivered Meals
State Alternative Care
State Aging Network Services (St. ANS)
State Caregiver Support
State Respite Care
State Merit Award
State Nursing Home Ombs
Michigan State Ombudsman (MSO)
State Care Management
Nutrition Services Incentive Program (NSIP)

**MATCHING REQUIREMENTS**

Revision date 1/26/2016

Revision to Transmittal Letter #2016-320

**FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%**STATE 15%<sup>[2]</sup> (AASA)

LOCAL 10% (AAAs)

**FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%**

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

**Table 1 AAA Local Matching Requirement by Fund Source**

Funding Source	Fund Source Name	AAA Local Match Requirement	Reference
Federal	Title III Administration	15% (a)	OAA of 1965 (d)
Federal	Title IIIB Supportive Services	10%	OAA of 1965
Federal	Title IIIC-1 Congregate Meals	10%	OAA of 1965
Federal	Title IIIC-2 Home Delivered Meals	10%	OAA of 1965
Federal	Title IIID Preventive Health	10%	OAA of 1965
Federal	Title IIIE Natl. Family Caregiver	10%	OAA of 1965
Federal	Title VII/EAP Eld Abuse Prevention	No Match Required	ACL CFDA
Federal	Title VII/A LTC Ombudsman	No Match Required	AoA Fiscal Guide (b)
Federal	Nutrition Services Incentive Program	No Match Required	AoA Fiscal Guide
State	State Administration	No Match Required	AASA
State	State Access Services	10%	AASA
State	State In-Home Services	10%	AASA
State	State Congregate Meals	10%	AASA
State	State Home Delivered Meals	10%	AASA
State	State Nursing Home Ombudsman	10%	AASA
State	State Alternative Care	10%	AASA
State	MI State Ombudsman Funds (MSO)	10%	AASA
State	State Merit Award Trust Fund	No Match Required	AASA TL #1006 (7/28/09)
State	State Caregiver Support	10%	AASA
State	State Respite Care	No Match Required	Public Act 171 of 1990
State	State Care Management	10%	AASA
State	State Aging Network Services	10%	AASA

*(a) 15% is an approximate amount and may vary slightly after applying the state match amount.**(b) AoA is the acronym for the federal Administration on Aging**(c) Michigan Office of Long Term Care Supports and Services (OLTCSS)**(d) OAA is the acronym for the Older Americans Act*

**Per AoA requirements, if the required non-federal share is not provided by the completion date of the funded project period, to meet the match percentage, AoA will reduce the Federal dollars awarded when closing out the award, which may result in a requirement to return Federal funds. AASA verifies compliance with local matching requirements based upon a review of AAA FSRs.**

[2] The exact percentage amount may vary slightly in order to meet the federal requirement.

**AREA AGENCY ON AGING--OPERATING BUDGET**

PSA: 3C

Budget Period: 10/01/18

to: 09/30/19

Date of Budget: BOH Page 77  
05/15/18

Agency: Branch-St. Joseph Area Agency on Aging

Rev. No.: Orig Page 1 of 2

Operations		Program Services/Activities									
Admin	Program Develop	Access Services	In Home Services	Community Services	Nutrition Services	National Fam Caregiver 3E	Preventive Health 3D				TOTAL

**REVENUES**

Federal Funds	42091	20500	76446	38800	14500	326872	44258	7206				570673
State Funds	11584		122509	153038	37000	124943						449074
Local Cash	20000		9918									29918
Local In-Kind	3000		8000									11000
Interest Income												0
Fund Raising/Other	11268		28732									40000
<b>TOTAL</b>	<b>87943</b>	<b>20500</b>	<b>245605</b>	<b>191838</b>	<b>51500</b>	<b>451815</b>	<b>44258</b>	<b>7206</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1100665</b>

**EXPENDITURES**

Contractual Services			64215	173838	51500	451815	41258	5206				787832
Purchased Services			38100	18000			2000	2000				60100
Wages and Salaries	51343	20500	121750	0	0	0	1000	0	0	0	0	194593
Fringe Benefits	23550		10583									34133
Payroll Taxes												0
Professional Services												0
Accounting & Audit Services	500											500
Legal Fees												0
Occupancy	1770		1500									3270
Insurance												0
Office Equipment	1500		1500									3000
Equip Maintenance & Repair												0
Office Supplies	1500		1000									2500
Printing & Publication	1000											1000
Postage	500											500
Telephone	1250		1500									2750
Travel	1500		4189									5689
Conferences	1750		1268									3018
Memberships	1780											1780
Special Events												0
												0
												0
<b>TOTAL</b>	<b>87943</b>	<b>20500</b>	<b>245605</b>	<b>191838</b>	<b>51500</b>	<b>451815</b>	<b>44258</b>	<b>7206</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1100665</b>



# EMERGENCY MANAGEMENT AND PREPAREDNESS Page 79

## Minimum Elements for Area Agencies on Aging FY 2019 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2019 will address the element.

Area Agency on Aging
<b>A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).</b>
1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).
2. Being prepared to identify and report on unmet needs of older individuals.
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.
4. Being able to contact such affected older persons to determine their well-being.
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.

**B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:**

1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.

2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for home-delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines. (MI-CHOICE participants may receive two emergency meals that are billed to MI-CHOICE. Additional emergency meals may be billed to Title III-C2).

3. Backup plan for food preparation if usual kitchen facility is unavailable.

4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.

5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.

6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.





## **Fiscal Year (FY) 2019 ANNUAL IMPLEMENTATION PLAN (AIP)**

### **Approval Criteria**

Approved by the Michigan Commission on Services to the Aging: April 20, 2018

<b>COUNTY/LOCAL GOVERNMENT REVIEW</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
<p>Did the area agency on aging (AAA) deliver a copy (either paper or electronic) of the complete AIP to each county board of commissioners, or local unit of government as appropriate, within the planning and service area (PSA) by June 29, 2018? A request for approval of the AIP from each local unit of government must be included. If the AAA does not receive a response from the county or local unit of government by August 3, 2018, the AIP is deemed passively approved.</p>				
<p>Does the AIP include a description of the AAA's efforts, including use of electronic communication, to distribute the AIP to, and gain support from, the appropriate county and/or local units of government?</p>				
<p>Did the AAA notify their Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA) Field Representative by August 7, 2018, whether their counties or local units of government formally approved, passively approved, or disapproved the AIP?</p>				
<b>APPROVED MULTI-YEAR PLAN HIGHLIGHTS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
<p>Does the AIP include the AAA's complete FY 2017-2019 Multi-Year Plan (MYP) and FY 2018 AIP Highlights* as approved by the Michigan Commission on Services to the Aging (CSA), that provide a context for the FY 2019 AIP?</p>				
<b>FY 2019 AIP HIGHLIGHTS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
<p>Does the AAA describe what, if anything, it is planning that is new for FY 2019 or that is significantly different from the established FY 2017-19 MYP or FY 2018 AIP?</p>				

<p>Does the AAA describe its current information about contingency planning for potential reduced federal funding (and identify specific funding sources if plans include the pursuit of alternative funding)?</p>				
<p>Does the AAA describe progress made through MYP advocacy efforts to date and the AAA's specific planned advocacy focus in FY 2019?</p>				
<p><b>PUBLIC HEARINGS</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>	<p><b>NA</b></p>	<p><b>Comment</b></p>
<p>Was at least one public hearing on the AIP held in the PSA and were the hearing(s) held in an accessible facility?</p>				
<p>Was notice of the public hearing(s) available at least thirty days in advance of the scheduled hearing(s)?</p>				
<p>Was e-mail and written testimony on the AIP accepted for at least thirty days from the date when the summary of the AIP was made available?</p>				
<p>Did the hearing notice indicate the availability of an AIP summary at least fifteen days prior to the hearing, and include information on how it could be obtained?</p>				
<p>Does the AIP present information regarding the public hearing(s) held, including the date, time, location and number of attendees?</p>				
<p>Does the AIP include a narrative which describes the public input strategy and hearings?                  Does the narrative include:                  1) description of the strategy/approach employed to encourage public attendance and testimony on the plan; and,                  2) description of all methods used to gain public input on the plan and the resultant impact on the plan?</p>				
<p>Was all written testimony received on the AIP scanned and uploaded into the Annual and Multi-Year Planning System (AMPS)?</p>				

<b>REGIONAL SERVICE DEFINITIONS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is the AAA proposing to fund a <u>new</u> (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs?				
Is each proposed new service category identified as access, in-home or community?				
Are acceptable fund sources identified for each new proposed service category?				
Are a service definition, unit of service and minimum standards identified for each new proposed service category?				
Is an acceptable rationale provided explaining why the proposed activities cannot be funded under an existing service definition?				
<b>ACCESS SERVICES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Does the AIP identify and provide the requested information for each access service the AAA intends to provide directly during FY 2019?				
Has the AAA specified, in the appropriate text box for each access service category, the planned goals and activities that will be undertaken to provide the service?				
Has the AAA completed the direct service budget detail tab for FY 2019 within the area plan grant budget for each service category?				

<b>DIRECT SERVICE REQUEST</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is the AAA submitting a <u>new request</u> to provide an in-home, community or nutrition service directly that was not previously approved in this multi-year planning cycle?				
Does the AIP include planned goals and activities and a completed direct service budget detail tab within the area plan grant budget for each new direct service to be provided?				
Does the AIP identify the basis for each new direct service provision request?				
Does the AIP provide adequate justification for each new direct service provision request?				
Does the AIP describe the discussion at the public hearing related to each new direct service provision request?				
<b>REGIONAL DIRECT SERVICE REQUEST</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Is the AAA submitting a <u>new request</u> to provide a regionally-defined service directly that was not previously approved in this multi-year planning cycle?				
Does the AIP include planned goals and activities and a completed direct service budget detail tab within the area plan grant budget for each new regional service to be provided directly?				
Does the AIP identify the basis for each new regional direct service provision request?				
Does the AIP provide adequate justification for each new regional direct service provision request?				
Does the AIP describe the discussion at the public hearing related to each new regional direct service provision request?				

<b>APPROVED MYP PROGRAM DEVELOPMENT OBJECTIVES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Are all program development goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle provided in this section?				
For each of these previously approved objectives, has the AAA provided a narrative on progress toward the objective to date?				
<b>FY 2019 AIP PROGRAM DEVELOPMENT OBJECTIVES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Does the AIP include information for all <u>new</u> program development goals that will be actively addressed during FY 2019?				
Does the AIP identify the state plan goal(s), if appropriate, that AAA new program development goals relate to?				
Does the AIP provide a narrative for each new program development goal?				
Does the AIP include program development objectives for each new goal that identify the timeline, planned activities and expected outcomes?				
<b>APPENDICES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>
Does the AIP include all appendices (C, D, E or F) that are applicable to the AAA?				
Is each applicable appendix included in the AIP fully and correctly completed?				
Has a completed FY 2019 signature page with original ink signatures, been submitted for the AIP?				
<b>BUDGET AND OTHER DOCUMENTS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Comment</b>

Did the AAA submit an organizational chart with the AIP?				
Does the organizational chart include all positions listed in the AAA's operating budget, wages and salaries detail?				
Does the organizational chart include the names and titles of those persons in management positions?				
Does the AIP contain a complete and accurate FY 2019 area plan grant budget?				
Is the area plan grant budget based on the FY 2019 allocation planning amounts established by AASA?				
Are proposed transfers between Title III Parts B and C and between Title III C Parts C-1 and C-2 reflected in the area plan grant budget, and is a completed Request to Transfer Funds Appendix included in the AIP?				
Are program development expenses budgeted at no more than 20% of the original Title III Part B allotment?				
Are all AAA direct services budget details included under the appropriate tab in the area plan grant budget and correspond to the funding identified in the Area Plan Grant Budget, Support Services Detail Page?				
Did the AAA complete and include in the AIP a list of evidence-based disease prevention (EBDP) programs to be funded in FY 2019? [Part D funds must be used for EBDP programs approved at the highest level by the Administration for Community Living (formerly Administration on Aging).				
Has the maintenance of effort amount for long-term care ombudsman funding from Title III Part B been met in the budget?				
Does the area plan grant budget reflect the minimum required expenditures from the original Title III Part B allotment for priority service categories? [Legal Assistance, 6.5%; Access, 10%; and In-Home, 10%]				

If the AAA is requesting to use local resources to meet part of the minimum required expenditure for a priority service category, has a completed Appendix E been included in the AIP?				
Does the area plan grant budget reflect the amount of nutrition service funds to be used by the AAA for a registered dietitian, nutritionist or individual with comparable certification as approved by AASA?				
In the Administration section, do total revenues equal total expenditures?				
Is the federal AAA administration allotment matched with local resources by an amount that is at least 25% of the total program amount?				
In the Administration section, are the match detail totals accurately carried to the Revenues section?				
Is the amount of Merit Award Trust Funds (MATF) and State Caregiver Support (SGS) funding budgeted for administration no more than 9% of the allotment?				
Are service funds matched with local resources by an amount that is at least 10% of the total program amount?				
Does the AIP contain an accurate and complete FY 2019 AAA operating budget?				
Does the AAA operating budget reflect all AAA personnel and salaries funded from all sources, including the Home and Community-Based Services Medicaid Waiver?				
Are key management positions (director, deputy director, financial manager, department/division managers, etc.) specifically identified?				
Did the AAA complete and include in the AIP the Emergency Management and Preparedness document?				

\*New and/or revised language is highlighted.

## Custodial Services

The Agency completed a cost study to allow for adequate comparison of the costs associated with custodial services in each of the Agency's three main offices. The Agency reviewed the scope of work utilized in each location to ensure that similar work was being completed and to confirm that all costs were included. The custodial costs for each location were then broken down to a price per square foot to allow equal comparison of the different size buildings.

After completing the analysis, it was discovered that the custodial costs for the Hillsdale building were higher than the other buildings. Additionally, the scope of work that is being utilized in the Hillsdale location is not as well defined and fully inclusive as the one utilized in Three Rivers (which was created when the custodial services in the Three Rivers office was put out for bid last August).

The Agency believes it could save money by putting the custodial services in the Hillsdale building out for bid. Furthermore, if the project is put out for bid, a more comprehensive scope of work could be put into place, giving us a greater value and ensuring that all work was being done according to the cleaning standard set in our other facility.

The Agency's Board of Health, Program, Policy, and Appeals Committee by consensus has recommended that the full Board put the service out for bid.

For the bid process, the Agency intends to use the attached scope of work (created during the bid process in the Three Rivers facility) which will be amended to include window washing once per year, emptying outside trash containers, and picking up any trash on the sidewalk. The Agency would like to retain the services of Hillsdale County for maintenance of the facility.

Branch-Hillsdale-St. Joseph Community Health Agency requires that the facility be cleaned and maintained at a level of quality commensurate with the highest standards of professional healthcare janitorial services. The minimum service is as follows:

## **GENERAL SPECIFICATIONS**

### Daily Service:

1. Vacuum all carpeted areas (as needed).
  - a. Vacuum under tables and other large furniture
  - b. Vacuum edges and corners of floors
  - c. Vacuum with crevice tool behind doors and furniture
2. Sweep and/or dust mop all floor surfaces
3. Corners/edges free of debris (baseboards)
4. Mop all tile floor surfaces
5. Spot clean carpet stains, spills
6. Spot clean walls especially in hallways, exam rooms, conference rooms
7. Check all overhead light lenses and clean as necessary
8. Empty all trash receptacles
9. Items not in the receptacle are not to be thrown out unless specifically marked for disposal
10. Leave extra bags in bottom of trash cans
11. Place all collected trash in outside dumpsters
12. Wipe down and sanitize all counters, exam tables, chairs etc. in all exam rooms
13. Wipe down and sanitize waiting room chairs, tables, cabinets and counter surfaces
14. Clean transaction windows both sides in all waiting areas
15. Dust all ledges and other flat surfaces within reach (not including desks)
16. Remove fingerprints from doors and partition glass
17. Recycling- empty the recycling bins in the designated locations
18. Clean restrooms, wash basins, dispensers and chrome fittings
19. Clean mirrors and frames
20. Sanitize toilets, toilet seats
21. Disinfect hardware on bathroom doors and stalls
22. Remove any soap scum or residue left from dispenser soap.
23. Fill floor drains with germicidal solution, filling p-trap to alleviate sewer gas smell
24. Clean and wipe break area/kitchen tables
25. Scour kitchen sink, Disinfect and shine faucets
26. Wipe down and sanitize refrigerator and microwave exterior door handles
27. Soap, tissues, etc. well-stocked and replenished
28. Stock paper products in all areas
29. Disinfectants must be hospital grade
30. Check all doors and lock upon completion of work  
NOTE: Lock all doors during cleaning and upon leaving.
31. Report to Agency liaison areas not working properly or need maintenance

Weekly Service:

1. Wipe down hall baseboards
2. Wipe down bathroom walls
3. Disinfect all back-splash walls and cabinet doors/drawers in kitchens and break areas
4. Clean edges of all tiled floors
5. Dust all surfaces in conference rooms
6. Wipe down office/conference room window sills and blinds
7. Clean chair legs and armrests
8. Clean base of chairs and tables
9. Dust all surfaces in conference rooms
10. Polish or clean door kick plates and thresholds

Monthly Service:

1. Dust exit signs
2. Dust lights, ceilings, wall corners, etc.,
3. Wipe walls in entry ways, hallways, and conference rooms
4. Buff all floor tile
5. Clean floor chair pads

Semi-annual Service or as determined:

1. Shampoo all carpets including offices, hallways and waiting rooms
2. Wax all floor tiles
3. Strip and wax all linoleum floors.

Closing Instructions:

1. Turn off all designated lights
2. Lock all designated doors
3. Leave report on any designated problems

The Contractor must furnish all equipment, machinery, transportation and all other implements necessary to execute this contract. This includes, but is not limited to, scrubbing machines, buffers, vacuum cleaners, carpet cleaners, dust mops, brooms, rags, and brushes. The Contractor will also supply all other cleaning materials needed to perform the services, including, but not limited to, floor finish, cleaning agents, and trash liners.

The Contractor will stock and supply all paper products, hand soaps, hand sanitizer, and similar products. BHSJCHA will reimburse the contractor for these products with an itemized expense report and receipt.

The successful Contractor shall submit statement verifying employee competency. Emphasis should be placed on Handling Hazardous Materials. This training includes OSHA Guidelines related to Material Safety Data Sheets, Labeling of Hazardous Materials, Caution Signs, Blood Pathogen and other related requirements.

The Contractor shall employ bondable employees who shall be of stable emotional character. Contractor shall defend and hold BHSJCHA harmless for the actions, implied actions or omission of the Contractor's employees towards any tenant, guest or invitees of the building.

The Contractor must provide a copy of the employee's driver's license or work permit and a copy of their I-9 E-Verification documentation for employee prior to performing any work within the Facility. Each employee of the Vender shall have had a criminal background check.

The Contractor and all employees will be required to sign and abide by a confidentiality agreement and observe all rules and requirements of the Health Information Portability and Accountability Act (HIPAA).

#### Slip Resistance:

The Contractor shall verify that all floor finishes, seals, spray buff solutions and other such chemicals applied to non-carpeted floors provide adequate protection against slippery floors. Any observed instances of slippery or slick floors shall be corrected immediately upon discovery.

#### Germicidal Properties:

The Contractor shall use only germicidal disinfectants that bear an Environmental Protection Agency (EPA) Registration Number.

#### Material Safety Data Sheets:

The Contractor shall furnish to the Representative of BHSJCHA copies of Material Safety Data Sheets (MSDS) for all products used prior to beginning service and must update copies of the MSDS on an annual basis. In addition, each time a new chemical or cleaning product is introduced into the Facility, a copy of that product's MSDS must be provided to the Representative of BHSJCHA, prior to the product being used.

#### Labeling of Supplies/Chemicals:

The successful Contractor shall purchase and issue all chemicals in their original containers. Materials that require precautionary warnings shall have affixed to all containers such labels or markings as are prescribed by law, regulatory agencies or this Contract. Markings or labeling of materials containing hazardous or toxic substances or wastes shall be in accordance with all federal, state and county laws, ordinances, rules and regulations.

## Personal Health and Disease Prevention Update

June 28th, 2018

### **Communicable Disease: (CD-TB-HIV-STD):**

- ❖ While reviewing the way data was being reported over the years, some glitches were identified and some of the data was found to be a bit inaccurate and perhaps not as clear as we would want it to be. So, with a bit of effort, the data was re-reviewed for the past two fiscal years and re-entered into the adjusted reporting document. I will explain some of the changes.
- ❖ We are still making efforts in all three offices to do Hepatitis A education and clinics. The outbreak has actually slowed down a bit but is expected to continue for at least a year.

### **Immunizations:**

- ❖ We also have a new way of reporting our immunization statistics.

### **Women, Infants, and Children's Nutrition Program (WIC):**

- ❖ WIC has provided 73 Pack n' Plays and 130 Safe Sleep Kits to mothers of infants in need so far. They are available in both English and Spanish versions.
- ❖ Hillsdale is planning a special fun summer clinic on a Saturday for both WIC and Immunizations. We are planning to have a Project Fresh Vendor at the agency so their coupons can be redeemed right on site.

### **Children's Special Health Care Services (CSHCS), Lead, and Hearing and Vision:**

- ❖ CSHCS recently had a diaper drive and are planning on going to the Branch County Fair promoting the program. These events have and will be advertised on the radio station 98.5.
- ❖ Branch County has a challenging "Lead" case that following the initial homes visits, the lead level came down but now has started going back up. We are actively involved in determining the cause of the set back and more home visits are expected.

*Yvonne Atwood R.N., B.S.N.*

*Director of Personal Health and Disease Prevention*

## Health Trends

### Communicable Disease Reporting Branch County

Disease Category	May 2018	April 2018	March 2018	February 2018	January 2018	FY2018 YTD	FY2017 YTD	FY2016 Total
HIV/AIDS	-	-	-	-	-	-	1	-
Amebiasis	-	-	-	-	-	-	-	-
Animal Bite	2	3	2	1	2	15	32	44
Babesiosis	-	-	-	-	-	-	-	1
Blastomycosis	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-
Campylobacter	-	1	1	-	2	6	10	7
Chicken Pox	-	1	-	-	-	1	2	1
Chlamydia	7	10	19	6	21	93	121	101
Coccidioidomycosis	-	-	-	-	-	-	-	-
Colds W/O Fever	103	88	259	163	148	761	1,465	1,112
CRE Carbapenem Resistant Enterobac.	-	-	-	1	-	1	-	-
Creutzfeldt-Jakob Disease	-	-	-	-	-	-	-	-
Cryptococcosis	-	-	-	-	-	-	-	-
Cryptosporidiosis	1	-	-	-	-	1	-	1
Encephalitis - Primary	-	-	-	-	-	-	-	-
Encephalitis - St. Louis	-	-	-	-	-	-	-	-
E Coli 0157	-	-	-	-	-	-	-	-
Flu Like Disease	134	148	404	337	313	1,336	1,832	1,295
GI Illness	280	445	643	740	652	2,760	5,329	3,418
Giardiasis	1	-	-	-	-	3	2	-
Gonorrhea	1	3	-	1	1	9	13	11
Granuloma Inguinale	-	-	-	-	-	-	-	-
Guillain Bar Syndrome	-	-	-	-	-	-	-	-
Hemolytic Uremic Syndrome	-	-	-	-	-	-	-	-
Head Lice	26	41	45	49	37	198	421	362
Hepatitis A	-	1	-	-	-	1	1	1
Hepatitis C - Chronic	1	1	3	4	3	22	33	34
Hepatitis C - Unknown	-	-	-	-	-	-	-	-
Hepatitis B - Acute	1	-	-	-	-	1	-	-
Hepatitis B - Chronic	-	-	-	-	-	1	1	3
Hepatitis C Acute	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	-	-	-	-
H. Influenzae Disease - Inv.	-	-	-	1	-	1	-	-
Impetigo	2	3	3	1	5	14	24	32
Influenza	-	3	8	-	11	23	9	12
Influenza, Novel	-	-	-	-	-	-	-	-
Kawasaki	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	1	1
Listeriosis	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	1
Malaria	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	-	-
Menengitis - Bacterial	-	-	-	-	-	-	1	-
Meningococcal Disease	-	-	-	-	-	-	-	-
Mononucleosis	1	-	4	5	2	12	64	56
Mumps	-	-	-	-	-	-	-	-
Mycobacterium - Other	1	-	-	-	1	2	5	7
Norovirus	-	-	-	-	-	-	3	-
Pertussis	-	-	-	-	-	-	1	-
Pink Eye	19	12	33	10	11	85	174	530
Q Fever	-	-	-	-	-	-	-	-
Rabies - Animal	-	-	-	-	-	-	-	-
Rickettsial Disease	-	-	-	-	-	-	-	-
Salmonellosis	1	1	-	-	-	3	7	4
Scabies	-	1	-	-	-	1	6	10
Shiga toxin-producing (STEC)	-	-	-	-	-	-	1	1
Shigellosis	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	1	-
Strep pneumoniae, Drug	-	-	-	-	-	-	-	2
Strep Pneumonia Inv Ds.	-	-	-	-	-	1	3	1
Strep Invasive Gp A	-	-	-	-	1	1	1	3
Strep Throat	36	31	108	124	89	388	1,102	515
Syphilis - Primary	1	-	-	-	-	2	3	1
Syphilis - Secondary	1	-	-	-	-	1	-	-
Syphilis To Be Determined	-	-	-	-	-	-	-	-
Trachoma	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-
Unusual Outbreak/Occurrence	-	-	-	-	-	-	-	2
Vibriosis	-	-	-	-	-	-	-	-
VZ Infection, Unspecified	-	-	-	-	-	-	-	1
West Nile Virus	-	-	-	-	-	-	-	-
Yersinia Enteritis	-	-	-	-	-	-	-	-
Zika	-	-	-	-	-	-	-	-
<b>Total Reportable</b>	<b>619</b>	<b>793</b>	<b>1,532</b>	<b>1,443</b>	<b>1,299</b>	<b>5,686</b>	<b>10,666</b>	<b>7,570</b>
Reported in the last 5 months	Schools	STD's						


**Health Trends**
**Communicable Disease Reporting  
Hillsdale County**

Disease Category	May 2018	April 2018	March 2018	February 2018	January 2018	2018 YTD	2017 YTD	2016 Total
HIV/AIDS	-	-	-	-	-	-	-	-
Amebiasis	-	-	-	-	-	-	-	-
Animal Bite	10	1	3	5	2	28	60	54
Babesiosis	-	-	-	-	-	-	-	-
Blastomycosis	-	-	-	-	-	-	9	-
Bruceellosis	-	-	-	-	-	-	-	-
Campylobacter	1	-	-	-	-	4	1	4
Chicken Pox	1	-	-	-	1	4	1	18
Chlamydia	4	5	12	14	4	65	106	105
Coccidioidomycosis	-	-	-	-	-	-	-	-
Colds W/O Fever	67	60	183	137	88	535	989	936
CRE Carbpenem Resistant Enterobac.	-	-	-	-	-	-	-	-
Creutzfeldt-Jakob Disease	-	-	-	-	-	-	-	-
Cryptococcosis	-	-	-	-	-	-	-	1
Cryptosporidiosis	-	-	1	-	-	1	6	3
Encephalitis - Primary	-	-	-	-	-	-	-	-
Encephalitis - St. Louis	-	-	-	-	-	-	-	-
E Coli 0157	-	-	-	-	-	-	-	-
Flu like disease	43	122	321	569	253	1,308	1,506	709
GI Illness	240	226	337	257	228	1,288	2,126	1,895
Giardiasis	-	-	-	-	-	-	-	1
Gonorrhea	1	3	3	-	1	8	8	5
Granuloma Inguinale	-	-	-	-	-	-	-	-
Guillain Bar Syndrome	-	-	-	-	-	-	-	-
H. Influenza Disease, Inv.	-	-	-	-	-	-	-	-
Head lice	11	2	26	11	35	85	171	191
Hemolytic Uremic Syndrome	-	-	-	-	-	-	1	1
Hepatitis A	-	-	-	-	-	-	3	1
Hepatitis B - Acute	-	-	-	-	-	-	1	-
Hepatitis B - Chronic	-	-	-	-	-	2	1	2
Hepatitis C Chronic	3	5	2	1	7	26	54	35
Hepatitis C Unknown	-	-	-	-	-	-	-	-
Hepatitis C Acute	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	-	-	1	1
Impetigo	1	-	1	-	2	4	18	17
Influenza	-	12	13	21	11	58	19	15
Influenza, Novel	-	-	-	-	-	-	-	-
Kawasaki	-	-	-	-	-	-	1	-
Legionellosis	-	-	-	-	-	1	2	1
Listeriosis	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	1
Malaria	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	1	3
Menengitis - Bacterial	-	-	-	-	-	-	-	-
Meningococcal	-	-	-	-	-	-	-	-
Mononucleosis	2	2	4	1	1	10	14	15
Myobacterium - Other	-	-	-	2	-	2	4	2
Norovirus	-	-	-	-	-	-	-	-
Pertussis	-	-	-	-	-	-	3	3
Pink Eye	15	23	22	19	8	87	191	316
Q Fever	-	-	-	1	-	1	-	-
Rabies - Animal	-	-	-	-	-	-	-	-
Salmonellosis	2	1	-	-	-	6	8	15
Scabies	-	-	4	1	1	6	10	2
Shiga toxin-producing (STEC)	-	-	-	-	-	-	-	1
Shigellosis	-	-	-	-	-	-	2	-
Shingles	-	-	-	-	-	1	1	-
Strep throat	63	67	96	94	48	368	588	264
Strp Inv GP A	-	-	-	-	1	1	2	1
Strep Pneumoniae, Inv	2	-	-	1	2	8	8	5
Strep Pneumoniae, Drug Res.	-	-	-	-	-	-	-	-
Syphilis Primary	-	-	1	-	-	1	3	-
Syphilis Secondary	-	-	-	-	-	-	-	-
Syphilis To Be Determined	-	-	-	-	-	-	-	-
Trachoma	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-
Unusual Outbreak or Occurrence	-	-	-	-	-	1	1	-
Vibriosis - Non Cholera	-	-	-	-	-	-	-	-
VZ Infection - unspecified	1	-	-	-	-	1	5	3
West Nile Virus	-	-	-	-	-	1	1	-
Yersinia	-	1	-	-	-	1	-	-
Zika	-	-	-	-	-	-	-	1
<b>Total Reportable</b>	<b>467</b>	<b>530</b>	<b>1029</b>	<b>1134</b>	<b>693</b>	<b>3853</b>	<b>5926</b>	<b>4627</b>
Reported in the last 5 months	School Data	STDs						


**Health Trends**
**Communicable Disease Reporting  
St. Joseph County**

Disease Category	May 2018	April 2018	March 2018	February 2018	January 2018	FYTD 2018	FY2017 YTD	FY2016 Total
HIV/AIDS	-	-	1	-	-	1	3	*
Amebiasis	-	-	-	-	-	-	-	-
Animal Bite	-	1	2	2	1	6	6	1
Babesiosis	-	-	-	-	-	-	-	-
Blastomycosis	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-
Campylobacter	4	-	1	1	3	16	13	25
Chicken Pox	-	-	-	-	-	-	21	11
Chlamydia	21	19	15	12	19	131	213	207
Colds W/O Fever	152	129	247	186	56	770	2,014	1,665
Coccidioidomycosis	-	-	-	-	-	1	-	-
CRE Carpenum Resistant Enterobac.	-	-	-	-	-	-	-	-
Creutzfeldt-Jakob Disease	-	-	-	-	-	-	-	-
Cryptococcosis	-	-	-	-	-	-	-	-
Cryptosporidiosis	2	-	-	-	-	5	2	2
Encephalitis - Primary	-	-	-	-	-	-	-	-
Encephalitis - Post Other	-	-	-	-	-	-	-	-
E Coli 0157	-	-	-	-	-	-	-	-
Flu like disease	195	290	621	1,344	646	3,096	2,713	1,538
GI Illness	246	241	444	566	226	1,723	3,764	3,039
Giardiasis	-	-	-	-	-	-	5	4
Gonorrhea	7	1	3	3	2	30	28	24
Granuloma Inguinale	-	-	-	-	-	-	-	-
Guillian-Barre Syndrome	-	-	-	-	-	-	-	-
H. Influenzae Disease Inv.	-	-	1	-	-	2	1	2
Head lice	58	40	56	52	31	237	651	668
Hemolytic Uremic Syndrome	-	-	-	-	-	-	-	-
Hepatitis A	-	-	-	-	-	-	1	2
Hepatitis B - Acute	-	-	-	-	-	-	-	-
Hepatitis B - Chronic	-	-	-	-	1	2	2	5
Hepatitis C Chronic	9	6	7	7	2	43	59	45
Hepatitis C Unknown	-	-	-	-	-	-	1	-
Hepatitis C Acute	-	-	-	-	-	-	-	1
Histoplasmosis	-	-	-	-	1	2	3	4
Impetigo	-	-	1	1	3	5	33	41
Influenza	-	5	19	24	46	102	53	27
Influenza, Novel	-	-	-	-	-	-	-	1
Kawasaki	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	-	-
Listeriosis	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	2
Malaria	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	1	-	2	2	2
Menengitis - Bacterial	-	-	-	-	-	-	-	2
Meningococcal Disease	-	-	-	-	-	-	-	-
Mononucleosis	1	-	2	1	2	6	32	23
Mumps	-	-	-	-	-	-	-	1
Mycobacterium - Other	-	-	-	-	-	1	3	-
Norovirus	-	-	-	-	-	-	25	-
Pertussis	-	-	-	-	-	1	5	1
Pink Eye	31	18	34	23	12	118	437	515
Q Fever	-	-	-	-	-	-	1	-
Rabies- Animal	-	-	-	-	-	-	-	-
Rickettsial Dis. - Spotted	-	-	-	-	-	-	1	-
Salmonellosis	1	-	-	-	1	6	11	9
Scabies	1	-	1	-	2	4	11	11
Shiga Toxin-prod. (STEC)	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	-	-
Shigellosis	-	-	-	-	-	-	1	-
Strep Pneumo, Drug Resistant	-	-	-	-	-	-	-	-
Strep Pneumonia Inv. Dis.	1	1	-	-	2	8	7	13
Strep disorder Inv. Grp. A	-	-	1	-	-	1	2	1
Strep throat	44	55	150	106	32	387	1,139	809
Syphilis - Primary	-	-	-	-	-	-	-	3
Syphilis - Secondary	-	-	-	1	-	1	2	1
Syphilis - To be determined	-	-	-	-	-	1	3	-
Trachoma	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	1
Unusual Outbreak/Occurrence	-	1	1	-	-	2	1	5
Vibriosis	-	-	-	-	-	-	-	-
West Nile Virus	-	-	-	-	-	-	-	-
VZ Infection, Unspecified	-	-	-	-	1	2	1	1
Yersinia Enteritis	-	-	-	1	-	1	-	-
Zika	-	-	-	-	-	-	-	1
Monthly total	773	807	1,607	2,331	1,089	6,713	11,270	8,713
Reported in the last 5 months	School Data	STD's						

**Branch - Hillsdale - St. Joseph Community Health Agency  
Personal Health and Disease Prevention**

May-18	2017/18					YTD 2017/2018					YTD 2016/2017			
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	TR	Total
						AVERAGE FOR WIC 17/18					AVERAGE FOR WIC 16/17			
<b>WIC Participation/Ave.</b>	1,333	1,094	771	1,005	<b>4,203</b>	1,321	1,138	768	1,050	<b>4,277</b>	1,416	1,182	1,926	<b>4,524</b>
<b>CHILD IMMUNIZATIONS</b>														
<b># Vaccines Given BHSJ</b>	127	107	-	53	<b>287</b>	1,491	1,118	-	723	<b>3,332</b>	2,217	1,320	1,239	<b>4,776</b>
<b>All Cty VFC Doses</b>	566	457	-	645	<b>1,668</b>	5,629	4,522	-	7,936	<b>18,087</b>	6,482	5,226	9,349	<b>21,057</b>
<b>ADULT IMMUNIZATIONS</b>														
<b># Vaccines Given BHSJ</b>	155	56	-	75	<b>286</b>	1,618	478	-	789	<b>2,885</b>	1,442	329	415	<b>2,186</b>
<b>All Cty MI-AVP Doses</b>	63	11	-	20	<b>94</b>	477	139	-	330	<b>946</b>	415	87	571	<b>1,073</b>
<b>TRAVEL VACCINATIONS</b>														
<b>Branch Office</b>	13	-	-	-	<b>13</b>	257	-	-	-	<b>257</b>	238	-	-	<b>238</b>
<b>COMMUNICABLE DISEASE</b>														
<b>STD treatments</b>	2	-	-	10	<b>12</b>	20	18	-	36	<b>74</b>	40	14	59	<b>113</b>
<b>STD Investigations</b>	7	5	-	27	<b>39</b>	99	81	-	150	<b>330</b>	90	72	171	<b>333</b>
<b>CD Treatments</b>	-	1	-	-	<b>1</b>	-	2	-	-	<b>2</b>	-	3	-	<b>3</b>
<b>TB Tests Done</b>	27	6	-	1	<b>34</b>	111	80	-	24	<b>215</b>	114	77	34	<b>225</b>
<b>LTBI on Rx</b>	1	-	-	-	<b>1</b>	12	-	-	-	<b>12</b>	ND	ND	ND	<b>ND</b>
<b>HIV Testing</b>	-	1	-	-	<b>1</b>	6	13	-	14	<b>33</b>	7	23	31	<b>61</b>
<b>ENROLLMENTS</b>														
<b>All Medicaid &amp; Michild</b>	2	-	-	1	<b>3</b>	16	-	-	31	<b>47</b>	13	-	49	<b>62</b>
<b>REFERRAL SERVICE</b>														
<b>Pregnant Referrals</b>	9	69	3	11	<b>92</b>	58	283	69	86	<b>496</b>	102	177	191	<b>470</b>
<b>MIHP referrals</b>	12	-	4	14	<b>30</b>	100	-	120	190	<b>410</b>	159	9	209	<b>377</b>
<b>Family Success BR Co.</b>	18	-	-	-	<b>18</b>	102	-	-	-	<b>102</b>	188	-	-	<b>188</b>
<b>Free Clinic Referrals</b>	-	-	-	-	<b>-</b>	6	1	-	-	<b>7</b>	19	5	25	<b>49</b>
<b>Hearing Screens</b>														
<b>Pre-school</b>	65	-	-	94	<b>159</b>	261	321	-	837	<b>1,419</b>	400	598	985	<b>1,983</b>
<b>School Age</b>	-	48	-	72	<b>120</b>	1,224	1,022	-	2,233	<b>4,479</b>	1,328	1,034	2,509	<b>4,871</b>
<b>Vision Screens</b>														
<b>Pre-school</b>	42	-	-	109	<b>151</b>	244	302	-	930	<b>1,476</b>	513	568	942	<b>2,023</b>
<b>School Age</b>	-	-	-	241	<b>241</b>	3,066	2,533	-	5,291	<b>10,890</b>	3,013	2,626	4,604	<b>10,243</b>
<b>Children's Special Health Care Services</b>														
<b>Diagnostics</b>	-	-	-	-	<b>-</b>	2	-	-	3	<b>5</b>	5	3	11	<b>19</b>
<b>Assessments-Renewal</b>	23	15	-	27	<b>65</b>	140	142	-	220	<b>502</b>	98	114	170	<b>382</b>
<b>Assessments-New</b>	7	8	-	4	<b>19</b>	51	44	-	52	<b>147</b>	29	36	56	<b>121</b>

**Branch-Hillsdale-St. Joseph Community Health Agency  
Environmental Public Health Services  
Report for the June 28, 2018 Board of Health Meeting  
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

### **Food Service Sanitation**

The festival season is upon us and keeping our food staff very busy. We had two very large festivals in mid-June, (the “Water Festival” in St. Joseph County and the “Strawberry Festival” in Branch County). Both of these events had a large number of temporary and STFU operators in attendance.

A new STFU operator from Centreville was recently given approval and licensure. A STFU license is a class of food service operation that typically operate mobile food wagons that go to various festivals and events throughout the areas in which they are licensed but have the authority to travel throughout the state. Our new STFU facility is a hot dog vendor that operates under the name of “Rock Those Buns”. We also had a change of ownership at a restaurant in Litchfield. The former Litchfield Diner is now under new ownership as the Draft Horse Diner. I would encourage you to support these new businesses in your counties.’



### **Well & On-Site Sewage**

PFAS or perfluoroalkyl and polyfluoroalkyl substances are part of a group of chemicals used globally during the past century in manufacturing, firefighting and thousands of common household and other consumer products. In recent years, experts have become increasingly concerned about the potential health effects of high concentrations of PFAS on human health. In the past several months, PFAS has been found in water supplies in several areas in Michigan which has prompted a more comprehensive investigation into the potential of PFAS in public water supplies around the state. Therefore, PFAS water sampling at municipal water systems and schools on their own wells has begun. The DEQ has developed a priority system to rank the potential risk in each county. The DEQ rankings are broken down into in four categories: low, medium, high and very high. The sampling priority is determined by a combination of the following factors: PFAS sources (known at this time), geological sensitivity and population. All three of our counties are ranked in the medium priority category. The counties with the highest priority ranking will be sampled first and the remainder of the counties in the order of their priority rankings.

### **General Programs**

The summer months bring on a variety of seasonal inspections for our field staff on top of the increased workload in the well and septic programs. Additional inspections include: public swimming pools, campgrounds, children’s camps, septic pumpers and septic pumper dump sites. The inspection of the children’s camps also requires the involvement of our food service staff as they are required to perform inspections for food operations at all of the children’s camps.

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2017/2018

	MAY				YTD 2017/2018				YTD 2016/2017			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	1	-	-	1	4	1	7	12	14	1	7	22
CHANGE OF USE EVALUATIONS - FIELD	2	6	6	14	13	18	38	69	7	21	29	57
CHANGE OF USE EVALUATIONS - OFFICE	7	-	7	14	26	-	25	51	22	-	31	53
<b>ON-SITE SEWAGE DISPOSAL</b>												
PERMITS NEW CONSTRUCTION	3	8	9	20	23	33	45	101	22	36	57	115
REPAIR/REPLACEMENT	4	8	19	31	38	31	58	127	42	37	69	148
VACANT LAND EVALUATION	-	1	2	3	2	3	21	26	1	8	11	20
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	1	1
TOTAL	7	17	30	54	63	67	124	254	65	81	138	284
<b>SEWAGE PERMITS INSPECTED</b>	9	7	16	32	52	60	80	190	62	54	78	194
<b>WELL PERMITS ISSUED</b>	13	15	26	54	93	91	145	329	84	86	143	313
<b>WELL PERMITS INSPECTED</b>	14	23	7	44	92	88	101	281	86	82	71	225
<b>FOOD SERVICE INSPECTION</b>												
PERMANENT	19	20	42	81	172	186	252	610	182	185	260	627
NEW OWNER / NEW ESTABLISHMENT	-	2	1	3	7	9	7	23	3	6	9	18
FOLLOW-UP INSPECTION	2	5	4	11	12	19	22	53	23	8	21	52
TEMPORARY	1	10	8	19	8	23	29	60	18	16	35	69
MOBILE/STFU	2	3	2	7	4	15	4	23	1	11	9	21
PLAN REVIEW APPLICATIONS	1	1	2	4	2	6	8	16	7	3	3	13
FOOD RELATED COMPLAINTS	-	1	2	3	6	4	4	14	5	1	8	14
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	1	1	-	-	-	-
<b>FOOD CLASSES</b>												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	46	n/a	n/a	n/a	171	n/a	n/a	n/a	63
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
<b>METH LAB REFERRALS</b>	-	-	-	-	-	1	2	3	6	-	12	18
METH LAB LETTERS SENT	-	-	-	-	-	1	-	1	3	-	4	7
<b>CAMPGROUND INSPECTION</b>	1	-	-	1	1	-	-	1	1	6	-	7
<b>NON-COMM WATER SUPPLY INSP.</b>	1	1	4	6	3	2	7	12	15	12	7	34
<b>SWIMMING POOL INSPECTION</b>	-	6	2	8	10	10	2	22	10	10	12	32
<b>PROPOSED SUBDIVISION REVIEW</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>SEPTIC TANK CLEANER</b>	2	-	-	2	3	-	1	4	5	1	-	6
<b>DHS LICENSED FACILITY INSP.</b>	1	5	4	10	18	33	39	90	18	36	22	76
<b>COMPLAINT INVESTIGATIONS</b>	1	-	-	1	8	13	16	37	11	18	10	39
<b>LONG TERM MONITORING</b>	-	-	-	-	-	-	4	4	-	-	7	7
<b>BODY ART FACILITY INSPECTIONS</b>	-	-	-	-	2	3	1	7	2	4	1	7

# Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 05/01/2018 - 05/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
BURGER KING #13790	HILLSDALE	05/01/18	COMPLAINTS		0	
STURGIS PIZZA HUT	STURGIS	05/30/18	COMPLAINTS		0	
FRANKIE'S BY THE TRACKS, LLC	THREE RIVERS	05/04/18	COMPLAINTS	1 3	1	0
NUERO VALLARTA BAR AND GRILL	COLDWATER	05/22/18	CONSULT		1	
ARBY'S	THREE RIVERS	05/18/18	ENFORCEMENT ACTION		0	
BREWSTER'S	THREE RIVERS	05/24/18	ENFORCEMENT ACTION		0	
CITY OF HILLSDALE - FIELDS OF DREAMS	HILLSDALE	05/22/18	PREOPENING/NEV	0 0	0	0
DRAFT HORSE DINER WAGON	LITCHFIELD	05/04/18	PREOPENING/NEV	0 0	0	0
ROCKS THOSE BUNS	CENTREVILLE	05/02/18	PREOPENING/NEV	0 0	0	0
BRANCH COUNTY AYSO-CREAL SOCCER	COLDWATER	05/09/18	ROUTINE/FULL	0 0	0	0
BURR OAK SCHOOL	BURR OAK	05/07/18	ROUTINE/FULL	0 0	0	0
CENTERVILLE LITTLE LEAGUE CONCESS	CENTREVILLE	05/22/18	ROUTINE/FULL	0 0	0	0
COLDWATER MASONIC TEMPLE BUILDING	COLDWATER	05/18/18	ROUTINE/FULL	0 0	0	0
DAD'S PLACE	THREE RIVERS	05/30/18	ROUTINE/FULL	0 0	0	0
FIRST PRESBYTERIAN CHURCH	THREE RIVERS	05/03/18	ROUTINE/FULL	0 0	0	0
FIRST UNITED METHODIST CHURCH	THREE RIVERS	05/16/18	ROUTINE/FULL	0 0	0	0
HILLSDALE ACADEMY	HILLSDALE	05/14/18	ROUTINE/FULL	0 0	0	0
HILLSDALE COUNTY 4H BUILDING	HILLSDALE	05/09/18	ROUTINE/FULL	0 0	0	0
HILLSDALE COUNTY SENIOR SERVICE CE	HILLSDALE	05/08/18	ROUTINE/FULL	0 0	0	1
HOWARDSVILLE CHRISTIAN SCHOOL	MARCELLUS	05/01/18	ROUTINE/FULL	0 0	0	0
LITTLE CAESARS #1200-002	STURGIS	05/17/18	ROUTINE/FULL	0 0	0	3
M ENTERPRISE LLC D/B/A CORNER CAFE	STURGIS	05/17/18	ROUTINE/FULL	0 0	0	0
MASONVILLE PLACE	COLDWATER	05/11/18	ROUTINE/FULL	0 0	0	0
MENDON UNITED METHODIST CHURCH	MENDON	05/17/18	ROUTINE/FULL	0 0	0	0
MOSHERVILLE LADIES AID SOCIETY	MOSHERVILLE	05/08/18	ROUTINE/FULL	0 0	0	0
NOTTAWA COMMUNITY SCHOOLS	STURGIS	05/07/18	ROUTINE/FULL	0 0	0	0
OPEN DOOR ART GALLERY	STURGIS	05/23/18	ROUTINE/FULL	0 0	0	0
PIZZA HUT	COLDWATER	05/21/18	ROUTINE/FULL	0 0	0	0
QUINCY DAIRY QUEEN	QUINCY	05/22/18	ROUTINE/FULL	0 0	0	0
QUINCY GOLF COURSE	QUINCY	05/11/18	ROUTINE/FULL	0 0	0	1
QUINCY PIZZA	QUINCY	05/11/18	ROUTINE/FULL	0 0	0	0

# Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 05/01/2018 - 05/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
SAUGANASH COUNTRY CLUB LLC	THREE RIVERS	05/18/18	ROUTINE/FULL	0 0	0	0
SKATE GALAXY	THREE RIVERS	05/17/18	ROUTINE/FULL	0 0	0	0
ST. JOHN'S EPISCOPAL CHURCH	STURGIS	05/04/18	ROUTINE/FULL	0 0	0	0
SUBWAY AT WAL-MART	STURGIS	05/09/18	ROUTINE/FULL	0 0	0	1
SUPER 8	THREE RIVERS	05/31/18	ROUTINE/FULL	0 0	0	0
THE VANITY CAR WASH & ICE CREAM	HILLSDALE	05/04/18	ROUTINE/FULL	0 0	0	0
THREE RIVERS LIFE SKILLS CENTER	THREE RIVERS	05/15/18	ROUTINE/FULL	0 0	0	0
THREE RIVERS LITTLE LEAGUE BROADW	THREE RIVERS	05/22/18	ROUTINE/FULL	0 0	0	0
THREE RIVERS LITTLE LEAGUE CONSTAI	THREE RIVERS	05/22/18	ROUTINE/FULL	0 0	0	0
TRINITY EPISCOPAL CHURCH	THREE RIVERS	05/01/18	ROUTINE/FULL	0 0	0	0
TWIN COUNTY COMMUNITY PROBATION	THREE RIVERS	05/11/18	ROUTINE/FULL	0 0	0	1
VETERANS FOREIGN WARS	STURGIS	05/09/18	ROUTINE/FULL	0 0	0	0
WILLOWS BAR & GRILL	COLDWATER	05/01/18	ROUTINE/FULL	0 0	0	1
CENTRE HUB	CENTREVILLE	05/21/18	ROUTINE/FULL	0 1	0	0
CHECKER RECORDS	HILLSDALE	05/07/18	ROUTINE/FULL	0 1	0	2
CONEY & SWIRLS	HILLSDALE	05/08/18	ROUTINE/FULL	0 1	0	1
CONSTANTINE LITTLE LEAGUE	CONSTANTINE	05/22/18	ROUTINE/FULL	0 1	0	0
LAKE LEANN GOLF COURSE	JEROME	05/16/18	ROUTINE/FULL	0 1	0	0
MCDONALDS OF COLDWATER	COLDWATER	05/22/18	ROUTINE/FULL	0 1	0	2
MCDONALD'S OF QUINCY	QUINCY	05/21/18	ROUTINE/FULL	0 1	0	2
MCDONALD'S-HILLSDALE	HILLSDALE	05/14/18	ROUTINE/FULL	0 1	0	3
PATHFINDER	CENTREVILLE	05/03/18	ROUTINE/FULL	0 1	0	0
RACHAEL'S	WHITE PIGEON	05/23/18	ROUTINE/FULL	0 1	0	0
SCOTTS FOOD & BEVERAGE	THREE RIVERS	05/24/18	ROUTINE/FULL	0 1	0	0
SILVER SPOONS CATERING	WHITE PIGEON	05/16/18	ROUTINE/FULL	0 1	0	1
STRAND THEATRE	STURGIS	05/23/18	ROUTINE/FULL	0 1	0	0
THE GOSPEL BARN	HILLSDALE	05/24/18	ROUTINE/FULL	0 1	0	0
WHITE OAKS GOLF CLUB	HILLSDALE	05/08/18	ROUTINE/FULL	0 1	0	0
SMITTY'S PIZZA LLC	BRONSON	05/23/18	ROUTINE/FULL	0 2	0	0
CAMDEN CAFE	CAMDEN	05/18/18	ROUTINE/FULL	1 0	1	0
COMMUNITY ACTION	COLDWATER	05/10/18	ROUTINE/FULL	1 0	1	0
DAD'S PLACE	THREE RIVERS	05/29/18	ROUTINE/FULL	1 0	0	1
EL TACO LOCO	STURGIS	05/09/18	ROUTINE/FULL	1 0	1	4
FAMILY AFFAIR RESTAURANT	MENDON	05/22/18	ROUTINE/FULL	1 0	1	2
HILLSDALE FILLING STATION DELI	HILLSDALE	05/10/18	ROUTINE/FULL	1 0	1	0

# Branch-Hillsdale-St Joseph Food Establishment Inspection Report

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For Date Range: 05/01/2018 - 05/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
KENTUCKY FRIED CHICKEN	COLDWATER	05/29/18	ROUTINE/FULL	1 0	1	0
MAMMA MIA'S PIZZA	BURR OAK	05/07/18	ROUTINE/FULL	1 0	1	1
S & S CONCESSION II	JONESVILLE	05/19/18	ROUTINE/FULL	1 0	1	1
SPANGLER'S STOCKYARD RESTAURANT	HILLSDALE	05/19/18	ROUTINE/FULL	1 0	1	2
MICHINDOH CONFERENCE CENTER (CAM	HILLSDALE	05/15/18	ROUTINE/FULL	0 1	0	1
HILLSDALE LODGE BPO ELKS #1575	HILLSDALE	05/15/18	ROUTINE/FULL	0 2	0	1
JASPARE'S PIZZA	MENDON	05/21/18	ROUTINE/FULL	0 2	0	0
MEL'S 50S DINER	UNION CITY	05/07/18	ROUTINE/FULL	1 1	0	3
APPLEBEE'S # 8393	COLDWATER	05/22/18	ROUTINE/FULL	2 0	2	1
BLUE HAT COFFEE	COLDWATER	05/21/18	ROUTINE/FULL	2 0	2	0
FRANKIE'S BY THE TRACKS, LLC	THREE RIVERS	05/21/18	ROUTINE/FULL	2 0	2	1
MR GYROS	COLDWATER	05/11/18	ROUTINE/FULL	2 0	2	1
PIGEON INN	WHITE PIGEON	05/15/18	ROUTINE/FULL	2 0	2	0
WINGS ETC...	STURGIS	05/17/18	ROUTINE/FULL	2 0	0	2
JOHNNY T'S BISTRO	HILLSDALE	05/22/18	ROUTINE/FULL	2 1	1	1
TOKYO THREE RIVERS INC.	THREE RIVERS	05/14/18	ROUTINE/FULL	3 0	3	3
PRAIRIE LAKE TAVERN	STURGIS	05/30/18	ROUTINE/FULL	3 1	3	1
BOB EVAN RESTAURANTS LLC #2035	COLDWATER	05/03/18	ROUTINE/FULL	2 2	2	2
KIMBALL CAMP YMCA NATURE CENTER	READING	05/07/18	ROUTINE/FULL	2 2	2	0
THE UDDER SIDE	JONESVILLE	05/21/18	ROUTINE/FULL	2 2	1	0
COSMOS FAMILY RESTAURANT	STURGIS	05/04/18	ROUTINE/FULL	1 4	0	1
ADAM'S PIZZA INC	THREE RIVERS	05/18/18	ROUTINE/FULL	1 5	1	1
ADAM'S PIZZA INC	THREE RIVERS	05/18/18	ROUTINE/FULL	1 6	1	3
COLDWATER BROADWAY GRILLE	COLDWATER	05/02/18	ROUTINE/FULL	2 4	2	4
BAVARIAN NUT TENT	CENTREVILLE	05/11/18	STFU/MOBILE	0 0	0	0
B-S FROG POND	JONESVILLE	05/12/18	STFU/MOBILE	0 0	0	0
B-S FROG POND / YE OLD TREATS	JONESVILLE	05/12/18	STFU/MOBILE	0 0	0	0
CHARLIES PRIDE BBQ	COLDWATER	05/02/18	STFU/MOBILE	0 0	0	0
CHARLIES PRIDE BBQ POP'S PLACE	COLDWATER	05/02/18	STFU/MOBILE	0 0	0	0
THE PANINI GRILLE LLC	STURGIS	05/16/18	STFU/MOBILE	0 0	0	0
SMOKIN' STEVES BBQ & FRIED PIES	NORTH ADAMS	05/28/18	STFU/MOBILE	1 0	1	1
SILVER SPOONS CATERING	WHITE PIGEON	05/24/18	FOLLOW UP		0	
CENTRE HUB	CENTREVILLE	05/22/18	FOLLOW UP		0	

# Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 05/01/2018 - 05/31/2018

Name	Location	Date	Inspection Type	# P / Pf Fixed During Inspection	# Core
HILLSDALE LODGE BPO ELKS #1575	HILLSDALE	05/31/18	FOLLOW UP	1	
FOE JONESVILLE 4290	JONESVILLE	05/03/18	FOLLOW UP	1	
OUTPOST GRILLE	ALLEN	05/09/18	FOLLOW UP	0	
TOKYO THREE RIVERS INC.	THREE RIVERS	05/30/18	FOLLOW UP	0	
LOYAL ORDER OF THE MOOSE	HILLSDALE	05/10/18	FOLLOW UP	1	
KIMBALL CAMP YMCA NATURE CENTER	READING	05/21/18	FOLLOW UP	1	
PONDEROSA STEAK HOUSE	COLDWATER	05/23/18	FOLLOW UP	0	
COSMOS FAMILY RESTAURANT	STURGIS	05/04/18	FOLLOW UP	1	
COLDWATER BROADWAY GRILLE	COLDWATER	05/29/18	FOLLOW UP	4	

COMPLAINTS 3  
 CONSULT 1  
 ENFORCEMENT ACTION 2  
 PREOPENING/NEW 3  
 ROUTINE/FULL 81  
 STFU/MOBILE 7  
 FOLLOW UP 11  
 TOTAL NUMBER OF INSPECTIONS: 108

**Food Inspection Codes:**

P-This indicates a priority violation which is a violation which includes a quantifiable measure to show control of hazards such as cooking, cooling, reheating and handwashing. It is in general terms a violation that can potentially lead directly to an illness.

Pf-This is a priority foundation violation which is a violation that supports a priority violation. For example, the lack of soap or towels at a handwash sink is a Pf. This supports the priority violation of not washing hands.

C-This is a core violation-This is an item the usually relates to general sanitation, operational controls and maintenance of facilities and equipment.



Area  
Agency on  
Aging (IIC)  
Branch-St. Joseph

June 28, 2018

## Coordinator's Report

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### Enclosures:

1. FY2018 Provider Funding Amendments \*
  2. FY2019 Annual Implementation Plan \*
  3. AASA correspondence dated 6/21/18 re: review assessment process of AAA3C, including policies/procedures. No findings/recommendations.
- 

### Updates:

1. FY2018 Provider Funding Amendments were presented at the June 5<sup>th</sup> Finance Committee Meeting. We reviewed the amendment process and priorities for funding for all services in our planning & service area. The enclosed spreadsheet takes into account all discussions with providers, service trends & needs, and the 'rules' for funding/allocations.

The document has been amended since the Finance Committee meeting to reflect a small change in Title IID to support the licensing fee for evidence based programming – this will serve as a benefit for all providers because they won't have to pay for it individually. The other change was regarding the addition of a small amount of FY2017 Title III E carry over funding that will reimburse AAA for costs incurred for the region's Powerful Tools for Caregivers classes. Thank you for your time and approval!

2. The Fiscal Year 2019 Annual Implementation Plan DRAFT is enclosed for your review and approval to be submitted to the Michigan Aging & Adult Services Agency. The Plan was presented to Branch County Commissioners at their June 7<sup>th</sup> working meeting, and then a Resolution of Support passed unanimously at the June 12<sup>th</sup> regular meeting. St. Joseph County Commissioners were presented the Plan at their June 19<sup>th</sup> regular meeting, followed with a unanimous vote to pass a Resolution of Support. The Advisory Committee reviewed and approved the Plan at their June 21<sup>st</sup> meeting. To date there has been no formal testimony submitted regarding the Plan. I've enclosed the FY19 AIP Approval Criteria document for your review & information as well. The Plan meets AASA requirements. Thank you for your time and support. *(AIP Signature Page for Chair Balog and Rebecca to sign please!)*
3. Branch County Restaurant Voucher Meal Program Update: Broadway Grill in Union City has signed a contract w/ CA and submitted a menu to the AAA Registered Dietician for approval. Broadway's Coldwater owner is also reviewing the contract and is likely to sign on as well. Quincy Diner has signed a contract and we are awaiting a menu. Strike Zone in Bronson is in talks w/ CA about the restaurant voucher program. Exciting news for Branch County residents!
4. Our agency has been awarded the "Services to Victims of Elder Abuse – Victims of Crime Act (VOCA)" grant! Grant revisions are in process and we are extremely excited to begin our work serving elder/dependent adult victims across Branch & St. Joseph Counties!

RICK SNYDER  
GOVERNORSTATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING & ADULT SERVICES AGENCY  
LANSINGNICK LYON  
DIRECTOR

June 21, 2018

Rebecca Burns, Health Officer  
Branch-Hillsdale-St. Joseph Community Health Agency  
Area Agency on Aging Region 3-C  
570 N. Marshall Rd.  
Coldwater MI 49036

Dera Ms. Burns:

The Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA), has a responsibility to review the assessment process used by area agencies on aging as they monitor the performance of agencies awarded funds under the Older Americans Act and from the Michigan Legislature. The intent of AASA's review is to ensure that the assessment process complies with AASA's *Operating Standards for Area Agencies on Aging and Operating Standards for Service Programs*.

On June 21, 2018, staff from AASA reviewed the assessment of the Thurston Cares Adult Day Program completed by the Area Agency on Aging Region 3-C staff. Through a review of written records as well as a discussion with Region 3-C staff, AASA staff noted the AAA's use of the assessment schedule and tool, contracting standards, service definitions and minimum standards, and established assessment procedures. AASA found the assessment to be in compliance with all respective operating standards.

We appreciate the time and cooperation provided by the Area Agency on Aging 3-C staff involved in this assessment visit. Should you have any questions regarding this matter, please contact your field representative, Sherri King at [kings1@michigan.gov](mailto:kings1@michigan.gov), or 517-284-0167.

Sincerely,

Scott Wamsley  
Deputy Director

SW/sk

cc: Laura Sutter, AAA Coordinator  
Sherri King, AASA Field Representative