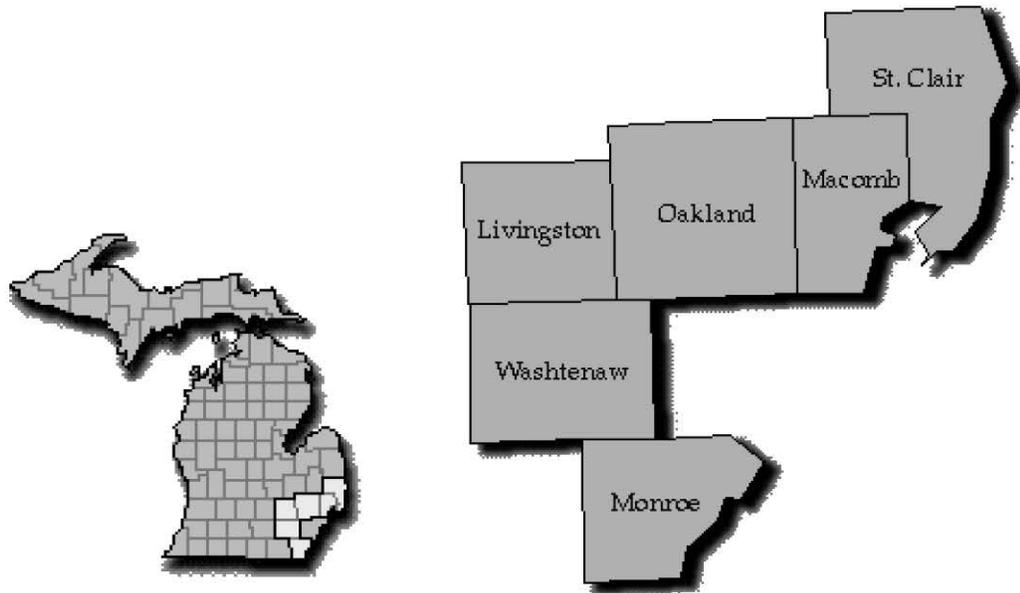


2020-2022 Multi Year Plan
FY 2020 ANNUAL IMPLEMENTATION PLAN
AREA AGENCY ON AGING 1-B



Planning and Service Area

Livingston, Macomb,
Monroe, Oakland,
St. Clair, Washtenaw

Area Agency on Aging 1-B

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County/Local Unit of Govt. Review

In May and early June, the AAA 1-B contacts each Region 1-B county Board of Commissioners (BOC) to determine their July meeting date and deadlines for submission of materials. The AAA 1-B Advisory Council and Board of Directors approve the Multi Year Plan (MYP) during their June meetings. Upon Board of Directors approval, the AAA 1-B mails a copy of the MYP, instructions for how to view and print the full MYP on the AAA 1-B website, and a draft resolution to the chairperson of each county BOC, with a letter requesting BOC action prior to July 31. A copy of the materials is also emailed to each of the BOC's clerk/administrative assistant who is asked to ensure approval of the MYP is placed on the July meeting agenda. A county commissioner serving as the designated Board member of AAA 1-B and the AAA 1-B staff member attends each BOC's July meeting to answer any questions and encourage approval of the MYP. In the past all six county boards of commissioners have approved the plans. No action by a BOC is considered passive approval. The AAA 1-B notifies AASA by August 1 of the status of county level action on the MYP.

Plan Highlights

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 Area Agency on Aging 1-B (AAA 1-B) is a non-profit organization that is responsible for planning and coordinating a network of services to more than 29% of the state's adults who are older and/or disabled. More than 737,000 persons age 60 and older reside in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. (SEMCOG 2045 Regional Forecast). It is the mission of the AAA 1-B to enhance the lives of older adults and adults with disabilities in the communities we serve. Our vision is independence and well being for those we serve. We are dedicated to: 1) ensuring access to a network of long term care services; 2) allocating federal and state funds for social and nutrition services; 3) advocating on issues of concern; 4) developing new older adult and independent living services; 5) coordinating activities with other public and private organizations; and 6) assessing needs of older adults and adults with disabilities and linking them with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, cultural/minority elders and adults with disabilities.

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

Individuals age 60 and older make up 25% of the 1-B Region's population, with 737,915 older adults living in Region 1-B. SEMCOG estimates that the Region 1-B older adult population will increase by approximately 3% each year until 2022, which would add 20,880 seniors each year during this Multi Year Plan (MYP); the AAA 1-B will have an average increase of 57 seniors per day. 9% of the older adult population is 85 and older.

The 60+ population in Region 1-B is racially diverse. According to the 2017 American Community Survey, the minority population remained constant at 12.4% since the last MYP. The largest non-white older adult populations in Region 1-B are African-American (8%), Asian (3%), and Hispanic/Latinx* (1%).

The 2017 American Community Survey reveals that the poverty rate for the age 60 and over population in Region 1-B has increased since 2010, with 7.1% of older adults living below the poverty line, and 13.6% living below 150% of the poverty line.

Additional notable demographic statistics are that currently 29% of Region 1-B's older adult population has a disability and nearly 29% of individuals aged 65+ live alone.

*We use the term Latinx because it is gender neutral.

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.

This Multi-Year Plan (MYP) proposes to support either financially or through program development efforts, the following array of home and community based/long term care social services:

Adult Day Health Service

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Assistance to the Hearing Impaired and Deaf
Assistive Devices & Technology
Care Management
Caregiver Support, Education, and Training
Case Coordination & Support
Community Living Program Services
Congregate Meals
Dementia Adult Day Service
Disease Prevention/Health Promotion
Gap Filling Services
Home Delivered Meals
Information & Assistance
Home Injury Control
Kinship Support Services / Grandparents Raising Grandchildren
Long Term Care Ombudsman
Legal Assistance
Medication Management
Options Counseling
Outreach / Public Education
Prevention of Elder Abuse, Neglect, and Exploitation
Transportation
Volunteer Caregiver

The five service categories which focus on priorities including reducing in-home service wait lists and receive the most funding are: Home Delivered Meals, Congregate Meals, Community Living Program (in-home) Services, Adult Day Health Services, and Care Management. Funded services which touch the largest number of lives are: Information and Assistance, Resource Advocacy (Outreach), Home Delivered Meals, and Long Term Care Ombudsman and Advocacy.

4. Highlights of planned Program Development Objectives.

This plan includes program development objectives designed to strengthen and increase capacity of existing agency assets. We plan to:

- Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy, systems change, and management.
- Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services.
- Initiate the identification, measurement, and reporting of outcomes for contracted services in collaboration with the aging network.
- Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.
- Increase AAA 1-B fundraising capacity to secure additional resources that support agency services, operations, and older adult unmet needs.

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- Increase AAA 1-B grant seeking activities to support program innovation and enhancement.
- Secure increased support for public transportation resources that address the unique needs of transit dependent older adults and adults with a disability.
- Increase family caregiver eLearning platform usage through a partnership with Trualta for caregiver education, support and training through the delivery of online education as a direct service.
- Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.
- Expand wellness programming throughout Region 1-B, particularly to the private pay market.
- Expand Medical Nutrition Therapy (MNT) throughout Region 1-B to Medicare recipients.

5. A description of planned special projects and partnerships.

The AAA 1-B is involved in a variety of collaborations and development activities designed to enhance our ability to fulfill our mission, identify opportunities to achieve greater efficiencies, diversify our funding, reduce wait lists, and fill the gaps resulting from the aging of the population without commensurate increases in tax dollars. We plan to expand partnerships with MI Health Link health plans, Family Care Coordination assisted living facilities, the region's transit authorities to support the myride2 program, the Veterans Administration's Veteran-Directed Home and Community Based Services program, and contracts for health-related services comparable to agreements with McLaren Health Plan and Total Health Care. We will continue to provide leadership to the Silver Key Coalition, which resulted in significant increases in state funding to support our highest priority services: in-home care (aka Community Living Program Services) and home delivered meals. The development of entrepreneurial activities that generate resources for services provided by AAA 1-B vendors and contractors will incorporate input from service provider agencies.

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.

- Develop uniform outcomes for all AASA-funded services
- Identify which funded services optimize impact and efficiency in the use of funding
- Work with the provider network to identify service delivery techniques to minimize waitlists and provide services within a 24-72 hour response period
- Maintain National Committee for Quality Assurance (NCQA) accreditation
- Re-evaluate our electronic client information management system to assure it delivers the best performance and value
- Maintain AIRS certification for all Resource Center staff who provide Information and Assistance services

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.

- Secure grants or other external resources to support the myride2 mobility management program and expansion of wellness training programs.
- Explore public/private partnerships for programs, specifically congregate meals, chore, and home injury control.

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- Work with the provider network to help them maximize and diversify funding, including coordination of grant writing workshops and sharing best practices for improving voluntary cost-share collection.
- Aggressively pursue and create grant funding opportunities.
- Invest in enhancing agency fundraising.
- Continued advocacy and support of the development and/or expansion of local senior and alternative transportation millages.

8. Highlights of strategic planning activities.

The AAA 1-B is developing a new three-year strategic plan and engaging AAA 1-B staff, Board of Directors, Advisory Council, Aging Network service providers, and consumers working collaboratively together. The Fiscal Year 2020-2022 Strategic Plan will align closely with the objectives described in this plan. Progress on MYP activities is monitored quarterly and reported regularly to the agency's Board of Directors, Advisory Council, state office on aging and through annual updates provided to the public in the subsequent year's Area Plan.

The strategic planning process included focus group meetings among key stakeholders: consumers, Board of Directors and Advisory Council members, AAA 1-B staff, and service providers. In addition, a web-based survey was distributed to stakeholders, including consumers, asking for comment on AAA 1-B funding and service priorities for the current and next three years.

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Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
06/03/2019	Area Agency on Aging 1-B, 29	01:30 PM	Yes	7
06/04/2019	NEW Center, 1100 North Mair	10:30 AM	Yes	4

The AAA 1-B held listening sessions in March 2019 in each of the six counties in Region 1-B at which over 231 members of the public provided testimony on priorities for the AAA 1-B to focus on over the next three years. In addition to the in-person listening sessions, the AAA 1-B encouraged the public to complete a service prioritization survey, which was available in person at listening sessions and online. Testimony at listening sessions and results from service prioritization surveys were used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan. Listening sessions and completion of the service prioritization survey were promoted on social media, the AAA 1-B website, by email, and printed flyers. Attached are the 2019 services priority ranking and summaries of each of the six listening sessions. Each forum was held in a barrier free setting and was advertised widely.

The AAA 1-B held public hearings on June 3, 2019 at the AAA 1-B Southfield office, at which 7 members of the public were in attendance, and June 4 at the NEW Center in Ann Arbor with 4 people in attendance. The AAA 1-B provided an overview of the FY 2020-2022 Multi Year Plan and encouraged feedback from participants by directly calling upon them at the hearings to request they provide comments on areas in which they had particular interest or concern. In addition, comments were received from two individuals who were unable to attend the hearings: one phone call and one email (attached). Attendance at public hearings was encouraged through emails to AAA 1-B interested parties, contractors, and vendors; postings on social media, the AAA 1-B website, at the AAA 1-B Annual Community Meeting, and in the AAA 1-B offices; press releases to area news outlets, including an article published in the June 3 edition of the Oakland Press; and verbally at meetings throughout the region. Notices of public hearings and the draft Multi Year Plan were available on the AAA 1-B website more than 30 days prior to the public hearings.

Feedback from participants included support for the in-home services, chore services, and in-home respite. The importance of home delivered meals was reported by multiple participants due to the added benefit of regular wellbeing checks for the older adults receiving home delivered meals. Multiple participants reported that funding for minor home repairs is needed to help keep older adults in their homes and safe. Additional support for grandparents raising grandchildren was reported as a necessity, especially resources for intergenerational transportation, emergency childcare, and respite care. There was support and enthusiasm for the AAA 1-B's program development objective to develop research-driven meaningful, measurable outcomes for contracted services. Comments expressed interest in the advocacy strategy for expansion of public transit services and plans for deployment of evidence-based wellness programs. Support, through funding or advocacy, was requested to assist with emergency child care respite needs for grandparents raising grandchildren, such as in the event of an emergency hospitalization.

It was stated that the reimbursement rate for Community Living Program Services made it difficult for vendors

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to take AAA 1-B cases because it was hard to staff at the rate provided. Comments requested that greater clarity be provided on the planned distribution of contracted funds to counties by service category. Additional comments related to the process for distributing funding among the region's six counties, concerns over the new service definition to replace Resource Advocacy, the impact of the development of non-Older Americans Act resources on contractors and vendors, and the limitations of technology in adequately assessing older adult service needs. Comments also requested that the Plan address ongoing communication activities with service provider agencies.

Based on comments provided for the public hearings, the following changes to the draft plan were made:

- Planned activities for the Program Development objective regarding grandparents raising grandchildren was amended to include an emphasis on understanding and addressing the respite needs of grandparents raising grandchildren. (PD objective)
- Provided clarification that the public transportation program development expansion advocacy objective will focus on support for regional transportation and expansion of the Michigan Department of Transportation Specialized Services program, which provides operating support for small bus service targeted to older adults and adults with a disability. (PD Objective)
- Stipulated that the development of planned entrepreneurial activities that generate resources for services provided by AAA 1-B vendors and contractors will incorporate input from service provider agencies. (Plan Highlights section # 5)

Scope of Services

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

Individuals aged 60 and older make up 25% of the 1-B Region's population, with 737,915 older adults living in Region 1-B. This represents an 11% population increase from the 662,666 older adults in the region at the start of the last MYP, and up 35% from the 2010 census. SEMCOG estimates that the Region 1-B older adult population will increase by approximately 3% each year until 2022. Region 1-B's older adult population is expected to grow by 20,880 seniors each year during this MYP, an average increase of 57 seniors per day. 9% of the older adult population is 85 and older.

The 60+ population in region 1-B is racially diverse. According to the 2017 American Community Survey, the minority population remained constant at 12.4% since the last MYP. The largest non-white older adult populations in Region 1-B are African-American (8%), Asian (3%), and Hispanic/Latinx* (1%).

The 2017 American Community Survey reveals that the poverty rate for the age 60 and over population in region 1-B has increased since 2010, with 7.1% of older adults living below the poverty line, and 13.6% living below 150% of the poverty line.

Additional notable demographic statistics are that currently 29% of region 1-B's older adult population has a disability and nearly 29% of individuals aged 65+ live alone.

*We use the term Latinx because it is gender neutral.

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

Participants at AAA 1-B's 2019 listening sessions identified in-home care services, kinship care support, and nutrition as top priority programs for seniors and caregivers in the community. Affordable transportation and housing were also identified as major persistent needs across all six counties. The Information and Assistance service was also regarded as highly valuable, with participants recognizing the need for older adults in our region to be aware of the services and resources available to them.

AARP estimates that there are about 1.3 million family caregivers in Michigan, and there are approximately 377,000 family caregivers in Region 1-B. One-third of caregivers surveyed in Monroe County in 2015 reported experiencing mental and emotional stress, and a majority reported feeling unprepared to fulfill a caregiving role. Although that number represents only one of our six counties, the AAA 1-B recognizes that the need to support and provide training to the growing caregiver community extends throughout our six-county region.

Diabetes is a prevalent chronic health condition within the 1-B Region. The MDHHS' 2016 Behavioral Risk Factor Survey reports that state diabetes rates are higher than the national median rate, with an estimated 11.2% of adults and more than 21% of adults age 75 and older receiving a diabetes diagnosis. AARP's 2018

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Disrupting Disparities Report found that two-thirds of Michigan older adults say they have one or more health conditions. The most common health conditions were high blood pressure, diabetes, heart disease, and depression or other mental health issues. Twelve percent of these individuals reported having gone without necessary care due to cost, lack of transportation, or lack of available timely appointments. These findings suggest a need for increased health and wellness programming focused on healthy eating and physical activity.

The 2017 American Community Survey shows high rates of health insurance coverage for those over age 65; only 0.4% of Region 1B's 65+ population is uninsured.

An emerging trend identified through discussion at our 2019 listening sessions is that there is increasing concern that the direct care workforce shortage will result in an inability to meet the demands of the rapidly growing older adult population in the region. Older adults are concerned about their ability to find and keep well-trained in-home care workers when they need them. These concerns reinforce the need for the AAA 1-B to work with partners, maximize efficiency and continue advocating for solutions to this problem.

The AAA 1-B also requested feedback via a survey of listening session participants, service provider and community members. 319 individuals completed the survey, which is used to develop our service priority ranking. In addition to the needs stated above, respondents identified financial insecurity, loneliness and technology literacy as additional issues facing the senior population.

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

The AAA 1-B is privileged to serve a racially, ethnically, religiously, and otherwise diverse older adult community in our six-county region. While the AAA 1-B and the aging network serve all older individuals, the AAA 1-B emphasizes outreach and service to traditionally underserved low-income minority populations. Over the next three years, the AAA 1-B will continue to make improving and expanding services to low-income, racial/ethnic minority, limited English proficient, and LGBTQ older adults a priority.

To better serve low-income older adults individuals contacting the AAA 1-B call center are screened to determine the public and private benefits that may be available to them. The AAA 1-B offers one-on-one counseling about Medicare and Medicaid benefits through the Medicare Medicaid Assistance Program and facilitates MDHHS' MI Choice Medicaid Waiver Program to help low-income older adults obtain in-home care.

The AAA 1-B is increasing its accessibility and visibility in the Hispanic, Chaldean and Arabic-speaking communities by providing informational materials and forms in Spanish and Arabic. The AAA 1-B also utilizes a language line, which is a phone-based live translation service. Additionally, the AAA 1-B is collaborating with the community-based Chaldean American Ladies of Charity (CALC) to increase outreach and services to Arabic-speaking older adult immigrants and refugees.

Finally, the AAA 1-B will continue its work with SAGE Metro Detroit to better serve the LGBTQ community. A focal point of current work is distributing relevant resources to LGBTQ older adults and caregivers.

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Contracted service providers are expected to analyze the demographic composition of the areas they serve, select one underserved/priority population group for focused outreach, and develop tactics to serve this population. The provider network is also encouraged to target outreach and services to the LGBTQ older adult and caregiver population, whom traditionally are underserved and isolated.

4. Provide a summary of the results of a self-assessment of the area agency’s service system dementia capability using the ACL/NADRC “Dementia Capability Assessment Tool” found in the Document Library. Indicate areas where the area agency’s service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.

The AAA 1-B has several protocols in place to identify and meet the needs of persons with dementia. The process begins in the AAA 1-B’s call center. Callers (caregivers or older adults) interested in AAA 1-B clinical programs are screened utilizing the “Universal Intake,” which identifies demographics and basic information about the potential participant, including if the person lives alone and/or if they have a primary caregiver. If the caller identifies a need for dementia specific resources, or if the Resource Specialist identifies a potential need, then the caller can be provided with relevant dementia specific resources from the AAA 1-B’s resource database. The database contains hundreds of dementia specific resources, all of which meet the AIRS criteria. If the caller is enrolled in the AAA 1-B’s Community Living Program, a consultation and strategy plan is completed for all CLP participants by licensed nurses and social workers. If cognitive challenges are noted during enrollment the participant may be flagged for an in-home visit and/or dementia specific resources will be provided to the participant and their caregiver.

The AAA 1-B’s clinical staff/supports coordinators and Community Health Workers receive quarterly trainings on various topics for professional development, and dementia related topics are covered at least annually. Staff receives Continuing Education credits for their attendance, or a certificate of completion if CE credits are not needed. Going forward, the call center Resource Specialists are also encouraged to attend these trainings to enhance their skills and knowledge.

In 2020 the AAA 1-B will focus program development efforts on creating more services for caregivers including web-based skills training and continuation of the Caregiver Legal Workshops provided in 2019.

In 2018, several AAA 1-B staffed received training to become Dementia Friends Master Trainers. Dementia Friends sessions provide information to attendees about dementia, with the goal of increasing understanding of the disease and improving community response to dementia. The AAA 1-B will offer these informational sessions to staff and community members.

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

Any older adult or caregiver seeking services through the AAA 1-B generally accesses services by speaking with an AAA 1-B Resource Specialist in the call center or working through a partner agency. Resource Specialists assess what programs or services a person may need or is eligible to receive. While AAA 1-B is fortunate to offer a wide variety of services through AASA funds, local match, senior millages, grants, and other fund sources in the area, in circumstances where the person needs an unfunded service then all attempts are made to provide the person with a list of options. The AAA 1-B’s Resource Center database contains thousands of resources to help older adults and caregivers obtain the services they need. The AAA 1-B’s data system also tracks unmet needs and we use this data as part of our program development activities.

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Individuals on the waiting list for the Community Living Program are contacted annually and offered the options counseling service to identify needs and develop strategies to meet these needs using any available community resources. Individuals currently enrolled in the community living program who need additional resources work with community health workers to identify options.

The AAA 1-B is working to expand the role of philanthropy in the organization. Philanthropic funds will be used to fund unmet needs in our communities.

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

The AAA 1-B uses a variety of means to determine unmet needs, including but not limited to: community listening sessions, stakeholder surveys with advocates and providers, satisfaction surveys with participants, regular feedback from service providers, Ad Hoc study committees, waitlist data, information and assistance caller needs data, Census data, SEMCOG population trend and projection data, as well as national, regional and local research and other data sources. Many of these data sources are available on the AAA 1-B website for public review.

The AAA 1-B recognizes that unmet needs exist within the region, and takes the following actions to address them:

- 1) Maintains relationships with service providers who may be able to meet the needs, and makes appropriate referrals;
- 2) Works with contract and direct purchase providers to encourage innovation in delivery and programs to meet these needs;
- 3) Allocates program development dollars to implement pilot projects that ultimately will meet these needs;
- 4) Uses leveraged partnerships and grants to meet these needs.

Home Delivered Meals consistently top the list of priority services and the AAA 1-B is committed to funding nutritious meals to individuals who are eligible for the program. Older Americans Act funding for nutrition services is allocated to both home-delivered and congregate meal programs. Each year, as allowed by the Older Americans Act, the AAA 1-B requests and receives approval from AASA to transfer congregate meal funds to the home-delivered program in order to avoid creating a wait list for this most vital of services.

During the 2019 community listening sessions, participants vocalized the need for transportation services. This is a persistent unmet need and meeting all the transportation needs within the large geographic serving area would exhaust much of the AAA 1-B's public funding. At this time, the AAA 1-B funds limited transportation for eligible Community Living Program participants, subject to the AASA transportation service definition. To address this unmet need, the AAA 1-B devotes considerable leveraged resources to advocate for transportation options for those who cannot or do not drive. Individuals are also directed to the AAA 1-B's myride2 mobility management service. Mobility specialists are able to identify low-cost options and assist callers with making transportation arrangements.

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

The need for in-home services also exceeds the agency's capacity to deliver. For that reason, we have implemented a prioritization strategy within our Community Living Program. Individuals who are enrolled in CLP are assigned stars depending on their individual circumstances and need. The fewer the stars, the higher they rank on the queue to be served. Refer to the charts in the appendix of this document. The AASA services plan is included below.

AASA Services Targeting Plan

Per the Michigan Office of Services to the Aging Operating Standards for Service Programs, "Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs."^[1]

Definitions per the Operating Standards

Social Need: isolation, living alone, age 75+, minority, non-English speaker

Functional Need: handicap per ADA, ADL limitation, mental/physical inability to perform specific tasks, acute or chronic health conditions

Economic Need: eligible for income assistance programs, self-declared income below 125% of poverty

If a participant meets the following criteria they will automatically receive the highest priority for service: Active APS, Hospice, Regional Transfers, Caregiver Burnout.

In AAA 1-B contracted service programs, when program resources are insufficient to meet the demand for services, each service program must establish and utilize written procedures for prioritizing participants wanting to receive services, based on social, functional and economic needs.

Indicating factors are included for:

Social Need – isolation, living alone, age 75 or over, minority group member, non English speaking, etc.

Functional Need – disabled (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.

Economic Need – eligibility for low income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold]

[1] <https://www.osapartner.net/pubsitedocs/OperatStandardsServiceProgramsOct-2013.pdf> (Pages 4 and 5)

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

The Advisory Council (AC) holds regularly scheduled meetings to review program updates and make recommendations for program and policy adoption to the Board of Directors. Nutrition services consistently receive AC priority as does providing services to isolated or severely low income individuals. AC members are active in their communities and suggest existing community-based programs that can potentially partner

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with the AAA 1-B to improve efficiencies and address unmet needs. AC members serve on annual Ad Hoc study committees, which explore issues of concern to older adults in the region and provide recommendations for system improvements. In addition, several AC members offer guidance on legislative advocacy strategy, including participating in the statewide Michigan Senior Advocates Council (MSAC). Input from the Advisory Council plays a key role in the service prioritization ranking developed by the AAA 1-B.

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

The AAA 1-B offers many evidenced-based wellness programs that provide health education and prevention strategies. These programs include A Matter of Balance, on strategies for fall prevention, PATH (Personal Action Toward Health), Diabetes PATH, and Chronic Pain PATH self-management workshops. AAA 1-B will expand the Aging Mastery Program in 2020. Educational wellness programs increase self-efficacy and can delay participants' need for further services.

The AAA 1-B also provides several trainings for caregivers including the Powerful Tools for Caregivers program, Dementia Live, and a new on-line training through Trualta. The AAA 1-B will continue to provide Best Friends caregiver training for professional and family caregivers and REST training for volunteers providing in-home respite to relieve the caregiver. Dementia Friends is a new informational program the AAA 1-B started providing for staff and different segments/organizations in the community to bring more awareness to persons with dementia who are living fulfilling lives in the community.

Resource Specialists in the AAA 1-B's AIRS-accredited Information and Assistance Service delay penetration of our service system by providing older adults and caregivers accurate and timely information and referrals to services and care resources throughout Region 1-B. By connecting local older adults with other organizations in the aging network, the AAA 1-B can more efficiently and effectively serve the growing population. Additionally, the AAA 1-B provides participants with Personal Emergency Response Systems on a free or donation-basis as another preventative measure for eligible individuals.

To increase the effectiveness of funding, the AAA 1-B systematically prioritize services that encourage independence and aging in place including: home delivered meals, community living program (in-home services), information & assistance, home injury control, elder abuse prevention, and adult day health services (including dementia adult day care). The order of prioritization is based on assessed community needs and input from our community members. The AAA 1-B prioritizes service delivery to best reach participants most in need of assistance, maximizing services to low-income participants, participants age 75 and over, participants that need assistance with multiple ADLs, and participants in other circumstances that make them especially in need of services. These dual prioritization systems allow us to maximize the impact of our limited funds.

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Planned Service Array			
	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Information and Assistance • Outreach • Options Counseling • Community Living Program (CLP) Supports Coordination 		<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Caregiver Education, Support and Training
Contracted by Area Agency	<ul style="list-style-type: none"> • Outreach • Transportation 	<ul style="list-style-type: none"> • Chore • Home Injury Control • Home Delivered Meals • Medication Management • Assistive Devices & Technologies • Respite Care • Community Living Program Services (CLPS) 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care • Congregate Meals • Disease Prevention/Health Promotion • Assistance to the Hearing Impaired and Deaf • Legal Assistance • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Kinship Support Services • Caregiver Education, Support and Training • Gap Filling Services
Local Millage Funded	<ul style="list-style-type: none"> • Care Management * • Outreach * • Transportation * • Options Counseling * 	<ul style="list-style-type: none"> • Chore * • Home Care Assistance * • Home Injury Control * • Homemaking * • Home Delivered Meals * • Personal Care * • Respite Care * • Friendly Reassurance * 	<ul style="list-style-type: none"> • Adult Day Services * • Dementia Adult Day Care * • Congregate Meals * • Nutrition Education * • Assistance to the Hearing Impaired and Deaf * • Home Repair * • Legal Assistance * • Senior Center Operations * • Senior Center Staffing * • Counseling Services * • Kinship Support Services *

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<p>Participant Private Pay</p>	<ul style="list-style-type: none"> • Care Management • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care • Nutrition Counseling • Nutrition Education • Disease Prevention/Health Promotion • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services • Counseling Services
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* Not PSA-wide

Planned Service Array Narrative

The Area Agency on Aging 1-B (AAA 1-B) determines the services funded by analyzing: 1) input from local and regional stakeholders, including AAA 1-B program participants, service providers, Board of Directors members, Advisory Council members, advocacy groups, county commissioners, and human service collaborative bodies; 2) program participants' demand for services; 3) call center data; 4) regional, state and national data on aging services, program needs, and waitlists; 5) impact of services on health and medical outcomes; 6) availability of services throughout the region; and 7) direct feedback from community members at local community listening sessions and through an online service priority survey. Two out of six counties and several municipalities in Region 1-B have a senior millage that supports services in their area, allowing a more comprehensive array of services available in the areas supported by senior millage funding. We work closely with our partners at the local level to ensure the funding is utilized to provide the highest priority services. This information is evaluated and utilized to develop our service prioritization list, which guides our funding decision making and is updated every three years in alignment with the Multi Year Plan. See the 2019 Service Priority Ranking that is enclosed with this plan in the Public Hearings section.

Strategic Planning

1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.

The Area Agency on Aging 1-B SWOT Analysis was completed with input from AAA 1-B senior management and members of the AAA 1-B Board of Directors and Advisory Council. Below is a summary of the agency's Strengths/Weaknesses/Opportunities/Threats. Please view the Appendix for examples of each characteristic gleaned at the small group meetings.

Strengths: innovative/responsive, market position, agency structure/management

Weaknesses: financial, market position, structure, technology/processing, staffing

Opportunities: expand current programs, marketing/branding, fundraising, improve efficiency, resource utilization, grant seeking

Threats: competition, regulations/funding, market, staffing, efficiency

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

The AAA 1-B budget is comprised of state and federal funding for Older Americans Act programs, private donations, county match dollars and revenue from MI Health Link, MI Choice, and other grants, contracts and partnerships. To maintain the practice of allocating 97% of agency revenues to services, we leverage administrative and overhead expenses among non-OAA programs. The agency strategic plan for FY 2020-22 will continue to focus on growth of non-public sources of revenue, through contracted services delivered to entities in the health care space: health plans, hospital-based health systems, senior living communities, foundations and other businesses which would benefit from AAA 1-B expertise and breadth of long term supports and services. Exploratory investigations will be undertaken to consider non-health areas such as senior housing. Excess revenue from these lines of business may be reinvested into the agency's core Older Americans Act programs. Greater roles for the agency in these endeavors will provide greater efficiency and the potential for margins that support achievement of other aspects of the agency mission. Reduced roles will produce the opposite outcomes and further fragment the regions service delivery system.

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

In the event any circumstance where authorization to spend is reduced or suspended, AAA 1-B shall focus on ensuring that the health and welfare of the most vulnerable adults is protected. The following considerations are made:

1. Services will be reduced or eliminated based on our 2019 Service Prioritization survey, which is based on a stakeholder opinion survey. Priority services are: Home Delivered Meals, Community Living Program Services (in-home personal care, homemaking and respite), Information and Assistance and Home Injury Control. The full AAA 1-B Services Priority Ranking can be found in the Public Hearings section of this document.
2. Services with waitlists, recent funding increases or decreases or with alternative funding sources will be taken into consideration prior to determining any reductions.
3. Operationally, AAA 1-B shall retain a workforce that ensures critical operations are delivered.

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Discretionary spending will be prioritized based on need to maintain critical operations.

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

The AAA 1-B has secured and will maintain NCQA accreditation for Case Management for Long Term Supports and Services. This direction was chosen because NCQA is the most recognized health care accrediting agency, and our strategic direction will emphasize partnerships with health care entities.

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

Technology helps drive business efficiencies in all areas including service delivery, performance and quality improvement. Key AAA 1-B focus areas are driving outcomes through the support of technology include analysis and adoption of:

1. Software for scheduling of assessments and reassessments in all clinical programs to drive efficiency in staff time and reduce traveling costs by bundling appointments by geographic area.
2. Software for scheduling of needed community based services in the home to gain optimum efficiency for the network of providers.
3. Continue to leverage technology to create reports that drive quality measures and outcomes including indicators such as utilization of expensive acute care services, Emergency Department visits, hospitalizations, falls etc.
4. Investigate opportunities to use new technology to provide one-on-one contact with participants or family caregivers remotely to provide information, improve health outcomes and reduce hospital utilization.
5. Continue to focus on the development and execution of reports from Harmony Enterprise Software, now called WellSky™, to drive decision making based on metrics to improve quality performance.
6. Continue to use Infographics to communicate key messages on agency outcomes.
7. Reduce paperwork and filing by becoming more paperless with the use of scanners and back-up systems.
8. Utilize online training technologies for staff and provider training.
9. Explore the utilization of predictive technologies to anticipate and prevent acute care events that lead to emergency room and hospital use.

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Regional Service Definitions

Service Name/Definition

Community Living Program Services (CLPS)

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

CLPS is a direct purchase service provided by home care companies and not by the AAA 1-B. CLPS is a person-centered definition that allows for participant choice and service direction. CLPS primarily allows for a participant to receive personal care, homemaking or in-home respite without requiring a separate authorization for each type. The participant is authorized a specific number of units per week, and may determine what specific type of care needs they have for that day.

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

Minimum Standards

A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation; 2) laundry; 3) routine, seasonal and heavy household care maintenance; 4) activities of daily living such as bathing, eating, dressing, personal hygiene; and 5) shopping for food and other necessities of daily living.

B. Assistance, support and/or guidance with such activities as: 1) money management; 2) non-medical care (not requiring RN or MD intervention); social participation, relationship maintenance, and building community connections to reduce personal isolation; 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence; 5) participation in regular community activities incidental to meeting the individual's community living preferences; 6) attendance at medical appointments; and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met.

C. Reminding, cueing, observing and/or monitoring of medication administration.

D. Provision of respite as required by the participant's caregiver. Respite care may also include chore, homemaking, home care assistance, home health aide, meal preparation and personal care services. When provided as a form of respite care, these services must also meet the requirements of that respective service category.

E. Minimum Standards for Agency Providers:

1. Each program shall maintain linkages and develop referral protocols with each Community Living Consultant (CLC), CCM, CM, MI Choice Waiver and LTCC program operating in the project area.

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2. All workers performing Community Living Program Services shall be competency tested for each task to be performed. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. Completion of a certified nursing assistant (CNA) training course by each worker is strongly recommended.

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

4. Semi-annual in-service training is required for all Community Living Program Services workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.

5. Community Living Program Services workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care when individually trained by the supervising RN for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.

6. When the CLPS provided to the participant include transportation described in B above, the following standards apply:

a. The Secretary of State must appropriately license all drivers and vehicles used for transportation. The provider must cover all vehicles used with liability insurance.

b. All paid drivers for transportation providers shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.

F. Minimum Standards for Individuals Employed by Participants:

1. Individuals employed by program participants to provide Community Living Program Services shall be at least 18 years of age and have the ability to communicate effectively, both orally and in writing, to follow instructions, and be in good standing with the law as validated by a criminal background check conducted by the area agency on aging that is shared with the participant. Members of a participant's family (except for spouses) may provide Community Living Program Services to the participant. If providing transportation incidental to this service, the individual must possess a valid Michigan driver's license.

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

3. Individuals providing Community Living Program Services shall have previous relevant experience or

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training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

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

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

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Service Name/Definition		
Community Living Program (CLP) Supports Coordination		
Rationale (Explain why activities cannot be funded under an existing service definition.) As the older adult population increases, the AAA 1-B's wait list for in-home services continues to grow. CLP Supports Coordination utilizes a prioritization process to serve as many individuals as possible, triaged into the most appropriate level of service, telephonic or in-home, from a qualified supports coordinator or community health worker. This model is designed such that individuals are served at their level of need with little or no wait.		
Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input checked="" type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input checked="" type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input checked="" type="checkbox"/> Other State Aging Network Services	One Hour

Minimum Standards

1. Intake may be conducted in person or over the telephone. All intake records will include:
 - a. Individual's name, address and telephone number
 - b. Individual's date of birth
 - c. Emergency contact information
 - d. Diagnosed medical problems
 - e. Perceived support service needs as reported by the individual or his/her representatives
 - f. Race (optional)
 - g. Gender (optional)
 - h. Self-reported income for intake and reporting purposes (optional)

2. If intake indicates single service need on a one-time or infrequent basis, the individual should be provided with information and assistance services. When intake suggest ongoing and/or multiple service needs, a consultation of need shall be performed. Initial and semi-annual consultations may be conducted in-person or by telephone based upon service level tier: Telephonic or In-Home, and each consultation should attempt to gather as much of the following information as possible:
 - a. Basic Information
 - i. Individual's name, address, telephone number and alternative contact method if desired.
 - ii. Age, date of birth
 - iii. Gender
 - iv. Marital Status
 - v. Race/ethnicity
 - vi. Living arrangements
 - vii. Self-reported income and other financial resources by source
 - viii. Social information including special interests and hobbies

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- b. Functional Status
 - i. Vision
 - ii. Hearing
 - iii. Speech
 - iv. Prosthesis
 - v. Psychological functioning
 - vi. Activities of Daily Living limitations (ADL/IADL)
 - vii. History of chronic and acute illnesses
 - viii. Eating patterns (diet history)
- c. Supporting Resources
 - i. Services currently receiving, or received in the past (including those funded through Medicaid)
 - ii. Extent of family and informal support network including the identification of caregivers
 - iii. Home safety equipment, assistive devices, and/or emergency response system utilized
- d. Need identification
 - i. Client/family perceived
 - ii. Consultor perceived and/or identified by referral source/professional community

Each participant shall receive a re-consultation at least every 6 months either by phone or in-person based upon the service tier, or as needed to determine the results of implementation of the supports plan. If re-consultation determines the client's identified needs have been adequately addressed, the case shall be closed.

3. A supports plan shall be developed for a person determined eligible and in need of Community Living Program Supports Coordination (CLPSC). The supports plan shall be developed in cooperation with and be approved by the participant, participant's legal guardian, or designated representative. Supports plan development shall have written policy and procedures to guide the development, implementation and management of support plans. The supports plan shall include at a minimum:

- a. Identification of service tier: Telephonic or In-Home. Participants will be made in-home if/when language barriers or other communication challenges prevent effective telephonic communication; at the request of the participant or participant's representative; or when clinical staff determine necessity. The In-Home tier of services provides quarterly contact and supports plan monitoring.
- b. Description of methods and/or approaches to be used in addressing needs.
- c. Identification of services and the respective time frames they are to be obtained/provided from other community agencies.

4. Comprehensive and complete electronic records will be maintained on all participants and will include at a minimum:

- a. Details of referral to CLPSC program
- b. Intake records

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- c. Consultation/re-consultation records
- d. Supports plan (with notation of any revisions)

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Service Name/Definition		
Gap Filling Services		
Rationale (Explain why activities cannot be funded under an existing service definition.) Gap Filling Services eliminate a threat to independence, health, or safety that require immediate attention when other resources are not available or accessible. Gap Filling Services are used as last resort to ensure there are flexible, cost effective, and person-centered services and options available to address the unmet needs of older adults and caregivers who have a unique, one-time need to create and/or maintain a safe environment.		
Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	One Hour

Minimum Standards

1. Services shall be based on an intake and assessment conducted by Information & Assistance, Care Management, or Supports Coordination staff.
2. Staff will verify the lack of available programs or resources to address presenting problem.
3. Recipients of Gap Filling Services will be encouraged to share in the cost of Gap Filling Services.
4. Gap Filling Services may include, but are not limited to, minor home modification/home safety equipment, household/yard chore, extermination service, moving assistance, transportation, major decluttering, personal care training, specialized medical or communications equipment and technologies, chore services including ramps, utility assistance, and supplies and other services deemed necessary to reduce risk to the older adult or their family caregiver.
5. Chief Clinical Officer and Chief Integration Officer will have final approval for use of gap filling services.

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Access Services

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$0.00	Total of State Dollars	\$303,302.00

Geographic area to be served

Region 1-B

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

Objective: Utilizing the Service Coordination Continuum to move participants from the Community Living Program or the Community Living Program waitlist into the Care Management program as they are determined to need this level of services and supports coordination. Provide Care Management services to MI Choice participants whose Medicaid becomes temporarily inactive.

Expected Outcome: Older adults at the greatest risk for unnecessary nursing home placement or hospitalization will receive Aging and Adult Services Aging (AASA) funded Care Management services.

Objective: Review the wait list prioritization processes, advocating with the state, to assure wait list best practices in alignment with the state's objectives.

Expected Outcome: Older adults with the highest level of need who are requesting in-home and other AASA funded services will receive them faster.

Objective: Conduct at least four trainings for Care Management supports coordinators on topics such as new technology, current practice guidelines, elder abuse, and caregiver resources. All new staff will complete person centered thinking online training within their first year of hire.

Expected Outcome: Care Management supports coordinators will keep their knowledge and skill levels current to the agency and state priorities and models of provision of care to participants.

Number of client pre-screenings:	Current Year:	Planned Next Year:
Number of initial client assesments:	Current Year: 48	Planned Next Year: 40
Number of initial client care plans:	Current Year: 48	Planned Next Year: 40
Total number of clients (carry over plus new):	Current Year: 52	Planned Next Year: 70
Staff to client ratio (Active and maintenance per Full time care	Current Year: 1:23	Planned Next Year: 1:30

Case Coordination and Support

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$2.00	Total of State Dollars	\$3.00

Geographic area to be served

Region 1-B

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

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These Objectives apply to the requested Regional Service Definition: CLP Supports Coordination. Total Federal dollars: \$476,910. Total State dollars: \$851,352. This new definition will replace Case Coordination & Support. A \$5 placeholder has been added to Case Coordination & Support should the Regional Service Definition request not be approved.

Objective: Review the Community Living Program Services and the Community Living Program Supports Coordination regional service definitions and compare them to the identified needs of participants the AAA 1-B service region to ensure alignment.

Expected Outcome: Provide services and supports in the most efficient manner to meet the needs of participants in the 1-B region.

Objective: Review the wait list prioritization processes, advocating with the state, to assure wait list best practices in alignment with the state’s objectives.

Expected Outcome: Older adults with the highest level of need who are requesting in-home and other AASA funded services will receive them faster.

Objective: Conduct at least four trainings for Community Living Program supports coordinators on topics such as new technology, current practice guidelines, elder abuse, and caregiver resources. All new staff will complete person centered thinking online training within their first year of hire.

Expected Outcome: Community Living Program supports coordinators will keep their knowledge and skill levels current to the agency and state priorities and models of provision of care to participants.

Information and Assistance

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
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Total of Federal Dollars	\$618,818.00	Total of State Dollars	\$0.00
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Geographic area to be served

Region 1-B

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

Objective: Investigate opportunities to technology to provide information and assistance.

Expected Outcome: Improve access to resources by caregivers and others that prefer alternative means of communication.

Objective: Increase the presence of information & Assistance within the communities we serve.

Expected Outcome: Increased awareness of I&A services, improved relationship building with community agencies for resource development, and increased access to I&A for a more person-centered approach.

Objective: Provide more enhanced Information & Assistance and support by helping with accessing resources at the first point of contact.

Expected Outcome: Confirm more older adults and family caregivers receive resources needed and increase the follow through on referrals given.

Outreach

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
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Total of Federal Dollars	\$688,364.00	Total of State Dollars	\$186,610.00
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Geographic area to be served
 Region 1-B

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

Objective: Enhance the digital presence of the Area Agency on Aging 1-B to increase awareness of the agencies and meet individuals at their point of need.

Expected Outcome: Increase the number of older adults and family caregivers who access the AAA 1-B for information and assistance.

Objective: Develop relationships with local companies to reach working family caregivers with information on the AAA 1-B and our programs and services.

Expected Outcome: Increase the awareness of working family caregivers of the AAA 1-B and the various programs and services available through the agency.

Objective: Strengthen the position of the AAA 1-B as the source of information on aging through active outreach to local and state media.

Expected Outcome: Increase the awareness of the AAA 1-B among all individuals with a focus on increasing awareness of the agency for older adults and family caregivers.

Options Counseling

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$4,545.00	Total of State Dollars	\$0.00

Geographic area to be served
 Region 1-B

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

Objective: Offer Options Counseling to participants on the Community Living Program wait list while completing annual wait list updates.

Expected Outcome: Participants waiting for Community Living Program Services will be provided with the opportunity to learn about other service options available to them while they wait and have long term care questions answered.

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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$230,887.00 Total of State Dollars \$0.00

Geographic Area Served Region 1-B

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

The AAA 1-B requests approval to continue to provide direct services in the category of Disease Prevention/Health Promotion. The AAA 1-B will provide regional leadership for these programs, add new programs as demand and health trends warrant, train subcontractors, and will ensure that older adults and caregivers who live throughout the region have access to these programs when they not provided locally by one of our subcontracted partners.

The AAA 1-B plans to deliver either direct training to older adults or trainer training to leaders or staff and in partner organizations. The programs include: PATH, Diabetes PATH, Chronic Pain, A Matter of Balance, Aging Mastery, and Powerful Tools for Caregivers.

The AAA 1-B has over 30 permanent and contingent staff members who are trained in one or more of these programs. AASA funding will be used to pay contingent staff trainers for workshop facilitation, purchase supplies and materials needed to conduct workshops, coordinate all trainings delivered directly, and pay mileage expenses for travel to workshop locations. The AAA 1-B also maintains a pool of Master Trainers who provide program fidelity assessments on trainers and facilitate workshops themselves in order to maintain certification in the programs they deliver. Funding will be used to pay these Master Trainers.

The AAA 1-B commits one staff person to lead the wellness training program operations and one staff person to provide coordination and administrative support. The manager will supervise all contingent staff trainers, is also certified to provide leader/coach training in several of the programs, and will provide technical assistance to subcontractors who provide these services as well.

The AAA 1-B plans to supplement public funding for direct DP/HP services through grants, corporate sponsorships, Medicare, and private pay. Private pay policies and procedures will be developed and implemented as required.

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

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.

Increasingly, public sentiment, state and federal authorities, and health care systems all point to the economic necessity of consumers guiding and managing their own behaviors to maintain or improve their health outcomes. Evidence-based programs approved by CMS and CDC provide consumers the tools to effectively self-manage, and the AAA 1-B has the capacity and capability to offer a wide variety of programs delivered by certified trainers. Contract providers deliver some programs, but do not have the infrastructure to meet the growing demand that will result as health care providers make referrals for their patients. Each subcontractor may provide one out of twenty plus programs allowable under this service definition and have its separate coordination and administrative costs. The AAA 1-B will provide regional leadership for these programs, add new programs as demand and health trends warrant, train subcontractors, and will ensure that older adults and caregivers who live throughout the region have access to these programs when they not provided locally by one of our subcontracted partners.

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

At a public hearing on 6/4/2019 a provider expressed appreciation for the inclusion of these programs in the plan.

Caregiver Education, Support and Training

Total of Federal Dollars \$181,818.00 Total of State Dollars \$0.00

Geographic Area Served Region 1-B

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

REST

AAA 1-B will continue to provide a nationally recognized training program for caregivers called REST (Respite Education and Support Tools). The target caregivers for this program are "Companion" caregivers, not the primary or family caregiver. These are often friends, volunteers and/or paid caregivers that provide assistance and respite to the primary caregiver.

REST is a way to provide respite for caregivers caring for individuals across the lifespan through a trained volunteer system as part of the Long-Term Services and Supports. It utilizes a train-the-trainer format that equips and prepares trainers to conduct 4 and 8 hour REST Companion respite trainings. REST follows National Respite Guidelines and is very interactive allowing REST Companions to gain a clear perspective of both the caregiver and the care recipient. It is utilized by many organizations across the country, including other AAAs. The program has measurable, positive outcomes thus far and has achieved

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evidence-based status from the ACL.

AAA 1-B will conduct the following activities:

1. Hold at least 2 REST trainings per year to train 30 – 50 Companion caregivers through the Senior Companion and Interfaith Volunteer Caregiver programs.
2. Coordinate the required promotion, marketing, trainer follow up and reporting of the program

Best Friends™

The AAA 1-B requests approval to continue to provide Best Friends™ Approach to Dementia Care as a direct service. This program helps caregivers understand how to enhance the lives of individuals living with Alzheimer's and Dementia. Professional and family caregivers will gain practical knowledge of the basics of dementia, communication strategies, facilitating purposeful activities, and using the Life Story effectively to foster positive relationships.

Trualta

The AAA 1-B requests approval to continue to provide Trualta as a direct service. Trualta is an innovative eLearning program for family caregivers of a care recipient with dementia that the AAA 1-B began providing in FY 2019. This program offers skill-based training delivered through an online learning system built specifically for the family caregiver audience. Each family caregiver receives a personalized learning journey based on the caregiving topics that are most relevant to their care situation. Family caregivers will gain practical knowledge of the basics of personal care (e.g. tips for showering and toileting), dementia care for managing difficult situations (e.g. wandering agitation), safety and injury prevention, and caregiver wellness (e.g. balancing work and caregiving) from the comfort of their home.

The AAA 1-B provides regional leadership for the Trualta program by providing at least 100 caregivers a year access to this program, either through the Community Living Program staff or through sign-up by AAA 1-B staff at Caregiver Trainings in the community. AAA 1-B staff will add increased access as demand warrants and funding allows, ensuring that 100 family caregivers who live throughout the region will have access to this program in FY 2020. This program will be provided in partnership with Trualta.

Dementia Friends

The AAA 1-B will continue to provide Dementia Friends as a direct service. The goal of the Dementia Friends informational session is to help community members understand dementia and the small things they can do to make a difference for people living with dementia throughout our networks and communities in Region 1-B in Southeastern Michigan.

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

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.

REST

No other organization in the AAA 1-B Region is currently providing the REST program. The AAA 1-B has a unique service that is subcontracted to several local service providers: the Volunteer Caregiver (VC) program. These organizations coordinate hundreds of volunteers to provide in-home respite and assistance to caregivers. The VC program as well as many other local organizations and service providers (churches, adult day health service programs, nursing homes, etc.) utilize trainings for volunteer and paid caregivers, but the scope of these trainings vary widely and not all follow national guidelines for respite training. AAA 1-B can coordinate the REST program for the region, recruit participants, and coordinate all of the required reporting. Costs include purchase of Companion caregiver training manuals and materials, admin costs for coordination of the program as detailed in the first question, and to cover part of time for AAA 1-B person trained in the program.

Best Friends™

The AAA 1-B provides regional leadership for this program, will add new programs as demand and health trends warrant, and will ensure that professional and family caregivers who live throughout the region have access to these programs. EHM Senior Solutions delivers the Best Friends™ programs in partnership with the AAA 1-B. Costs include purchase of supplies and materials needed to conduct workshops, training room reservations, and coordinating all trainings delivered by the subcontractor.

Tualta

The AAA 1-B is the first area agency on aging in Michigan to use Tualta on-line training for family caregivers. Costs include access to the software platform for AAA 1-B staff trainings, creation of 100 unique user profiles, data analytics, printed manuals and platform maintenance/assistance.

Dementia Friends

The AAA 1-B is one of only four area agencies on aging in Michigan, and the only organization in Region 1-B, to provide Dementia Friends informational sessions for families, colleagues, and the wider community. The AAA 1-B has several employees who are master trained Dementia Friends Champions, who can train other Dementia Friends Champions and conduct Dementia Friends informational sessions. Costs include purchase of handouts and admin costs for coordination of the program.

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

At a public hearing on 6/4/2019 an attendee expressed appreciation of the Best Friends workshops included in the Plan.

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Regional Direct Service Request

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.

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).

Program Development Objectives

Area Agency on Aging Goal

A. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services

State Goal Match: 1, 2, 3, 4

Narrative

The AAA 1-B strives to provide leadership on advocacy issues within the region and state by; directly influencing decision makers through the provision of information and analysis of older adult needs, researching the impact of programs and policies, and facilitating the direct involvement of older adults in advocacy on their own behalf. Such efforts played a role in the success of the statewide Silver Key Coalition's advocacy for increased funding to address unmet needs and reduce in-home services wait lists. The AAA 1-B Advocacy Platform describes activities that the AAA 1-B, through the efforts of senior advocates, Board and Council volunteer leadership, staff and other interested parties will undertake to fulfill the mission to advocate for the needs of older adults. Advocacy efforts relating to funding services will focus on expanding resources needed to satisfy the demand for services. Advocacy efforts relative to other priority services will emphasize effecting policy and systems change to make these services more responsive to the needs of older persons. Program development priorities will receive advocacy attention emphasizing support for research, demonstration projects, and development of innovative partnerships.

Objectives

1. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services.

Timeline: 10/01/2019 to 09/30/2022

Activities

Educate senior advocacy stakeholders about the needs and unmet needs of older adults and policy solutions, including the AAA 1-B Senior Advocacy Network, Michigan Senior Advocacy Council, Consumers, and AAA 1-B Board, Council and staff members. Produce and promote tools that support older adult advocacy efforts including monthly editions of The Advocate, the AAA 1-B Legislative Advocacy Platform, Legislative Analysis, and written Calls to Action. Engage in direct communications with elected officials about older adult issues through face to face contacts and written communications. Support collaborative advocacy efforts with state and local partners, including support for Older Michiganians Day, the Senior Regional Collaborative, local advocacy groups, and the Silver Key Coalition. Deliver testimony on legislative proposals affecting older adults.

FTEs: Director of Research, Policy Development & Advocacy; Senior Manager of Advocacy; Chief Strategy Officer; Communications Manager.

Expected Outcome

Increased appropriations and new policies and programs will be realized, which enhance the lives of older adults, adults with disabilities and their family caregivers.

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2. Secure increased support for regional transportation and expansion of the Michigan Department of Transportation Specialized Services program, which provides operating support for small bus service targeted to older adults and adults with a disability.

Timeline: 10/01/2019 to 09/30/2020

Activities

Develop and implement an advocacy strategy that increases public transit funding for gap-filling purposes provided by Specialized Services providers. Public and private transportation is consistently identified as a significant unmet need among the Region 1-B older adult population and was one of the most often mentioned problems at the six Listening Sessions conducted in each Region 1-B county. While there is an abundance of public transit authorities and Specialized Services providers, their services are characterized by restricted service areas, limited trip purposes, a failure among public transit authorities to provide the door-to-door and door-through door service that many vulnerable older adults require to live independently and high trip turn-down rates. The result is a transit system with service gaps that are exposed when older adults require transportation on short notice, need to cross city and county boundaries, require door through door and escort assistance, need to travel evenings or weekends, and have uncommon trip purposes.

FTEs: Director of Research, Policy Development & Advocacy; Senior Manager of Advocacy.

Expected Outcome

Increased appropriations for the Michigan Department of Transportation Specialized Services program, increased Specialized Services ridership, and more older adults getting to places they need to go.

B. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one

State Goal Match: 1, 2

Narrative

The Region 1-B population over the age of eighty is projected to almost triple by the year 2045. Concurrently, the number of residents who are of caregiving age who can serve as a family caregiver is decreasing. In 2015 there were 7.2 AAA 1-B residents of caregiving age for every AAA 1-B senior age 80 and older. By 2030 there will only be 3.6 AAA 1-B residents of caregiver age for every AAA 1-B resident age 80 and older. This ratio is projected to decline further to 2.3 by the year 2040, accounting for a 68% ratio decline. Combined with the current direct home care workforce shortage, the future of who will be taking care of AAA 1-B older adults is uncertain. The only certainty is that support to assist and sustain family caregivers in these roles will be vitally important in our future.

Objectives

1. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.

Timeline: 10/01/2019 to 09/30/2022

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Activities

Expand delivery of Powerful Tools for Caregivers, REST, Best Friends™, Dementia Live, and Dementia Friends trainings. Develop program that provides skills training for Supports Coordinators to assist family caregivers. Deliver caregiver training skills course to provider network.

FTE: Program Manager, Caregiver Services

Expected Outcome

Caregivers will report lower stress and a reduction in the number of hours they spend on caregiving activities. Utilization of Adult Day Services and Dementia Adult Day Care programs will increase.

2. Increase family caregiver eLearning usage through a partnership with Trualta for caregiver education, support and training through the delivery of online education as a direct service.

Timeline: 10/01/2019 to 09/30/2020

Activities

Negotiate and execute a contract for caregiver use of the Trualta© online platform, promote the resource to family caregivers, enroll 100 caregivers, and provide management services.

FTE: Program Manager, Caregiver Services.

Expected Outcome

Caregivers will report lower stress and an increased confidence in caregiving abilities.

C. Expand wellness programming throughout Region 1-B.

State Goal Match: 1, 2

Narrative

AAA 1-B has been growing Evidence Based wellness programs throughout the region since 2011 and will continue to expand programming in FY 2020-2022 through expansion of our pool of trainers and introduction of programs and expansion of the Aging Mastery Program.

Objectives

1. Expand wellness programming throughout Region 1-B

Timeline: 10/01/2019 to 09/30/2022

Activities

Maintain a pool of certified trained leaders who can deliver wellness programs offered by AAA 1-B.

FTE: Program Manager, Wellness Programs

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Expected Outcome

Wellness training will be delivered to at least 500 older adults or caregivers.

D. Expand Medical Nutrition Therapy (MNT) throughout Region 1-B to Medicare recipients

State Goal Match: 1, 2

Narrative

In 2018, the AAA 1-B initiated a new wellness program known as Medical Nutrition Therapy. Medical Nutrition Therapy is defined by the Academy of Nutrition and Dietetics as "Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional..." MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease. (Source: Academy of Nutrition and Dietetics)

Objectives

1. Expand Medical Nutrition Therapy (MNT) throughout Region 1-B to Medicare recipients.

Timeline: 10/01/2019 to 09/30/2020

Activities

Cross train Resident Care Transition Staff on MNT program for currently contracted residential buildings to target eligible older adults. Promote MNT program through community outreach activities to provide MNT services to older adults across the AAA 1-B region.

FTE: Registered Dietician.

Expected Outcome

Conduct 15 new visits within the MNT program by the Registered Dietitian.

E. Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.

State Goal Match: 2

Narrative

The AAA 1-B began assisting municipalities to become age-friendly years ago when we provided older adult census data analyses to individual city and county leaders. We maintained our commitment to aging-in-place by partnering with many municipalities to gain recognition as a CFL, and the opportunity is now well known. We will replicate this strategy to develop caregiver friendly communities that are more responsive to the needs of family caregivers.

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Objectives

1. Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.

Timeline: 10/01/2019 to 09/30/2022

Activities

Complete the development of a Caregiver Friendly Self-Assessment Tool, beta test the tool to achieve validity of the measures, publish the tool online, market the tool to family caregiver stakeholders, and evaluate the tool.

FTE: Grant Manager; Director of Research, Policy Development & Advocacy; Senior Manager of Advocacy.

Expected Outcome

At least three communities will utilize the tool and, as a result, plan for systems change, resource development, or public awareness enhancements.

F. Increase AAA 1-B capacity to secure additional funding resources.

State Goal Match: 2, 4

Narrative

Public resources to support the independence and quality of life of older adults is inadequate as evidenced by wait times for key services and gaps in the service delivery system. The projected 3% annual growth in the Region 1-B older adult population implies that the growth in need is not likely to be matched by commensurate increases in public resources. Charitable contributions toward the unmet needs of older adults are needed as part of an effort to diversify and grow financial support for older adults. Foundation and other grant-based contributions present opportunities to support needed innovations in service delivery that improve program performance and participant outcomes.

Objectives

1. Increase AAA 1-B fundraising capacity to secure additional financial resources that support agency services, operations, and older adult unmet needs

Timeline: 10/01/2019 to 09/30/2022

Activities

Develop and implement a fundraising strategy that diversifies agency fundraising that grows the agency donor base, the methods utilized to solicit donations, and the annual amount of donated funds.

FTE: Director of Philanthropy.

Expected Outcome

The AAA 1-B will expend increased amounts of donated funds for older adult services.

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2. Increase AAA 1-B grant seeking activities to support program innovation and enhancement.
Timeline: 10/01/2019 to 09/30/2022

Activities

Develop and implement a grant proposal development strategy that diversifies agency fundraising to support and improve program performance, innovations, and service delivery levels, and the annual amount of granted funds.

FTE: Grant Manager.

Expected Outcome

The AAA 1-B will secure new grant funding for older adult and caregiver programs.

G. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.

State Goal Match: 1, 2

Narrative

The agency is committed to data driven advocacy and policy development that is based on evidence of the cost-effective approaches of aging programs and their preventive effect on negative quality of life, health outcomes, and avoidable health expenditures.

Objectives

1. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.
Timeline: 10/01/2019 to 09/30/2022

Activities

Conduct analysis and produce reports on demographic studies; identification, quantification and root cause analysis of unmet needs; service demand projections; and economic impact/cost projections. Convene an annual Ad Hoc workgroup of Advisory Council members to study a topical issue and submit recommendations for action to the Board of Directors. The Aging Network adheres to federal reporting requirements that measure quality and performance, but not outcomes. Without measurable outcomes it is difficult to state the return on investment of taxpayer and charitable giving dollars to elected officials, foundations, business partners and donors. The service delivery system needs to move beyond simply reporting what we do and begin to quantify what our services accomplish. This data will be useful for advocacy purposes, such as for the Silver Key Coalition initiative, and benchmarking provider outcome performance.

FTEs: Director of Research, Policy Development & Advocacy; Senior Manager of Advocacy; Chief Strategy Officer; Grant Manager

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Expected Outcome

Data on aging program quality, cost effectiveness and impact will support the enactment of appropriations, policies and programs that address unmet needs of older adults, adults with disabilities, and their family care givers.

2. Identify additional resources and advocate for policy solutions to increase support to grandparents raising grandchildren, including understanding and addressing the respite needs of grandparents raising grandchildren.

Timeline: 10/01/2019 to 09/30/2020

Activities

Engage the AAA 1-B Advisory Council to complete a study of the needs among grandparents raising grandchildren and identify resource and policy solutions to support more manageable and successful child raising. Implement policy and benefits access recommendations from the report through advocacy, education, and potentially resource allocations.

FTE: Grant Manager; Senior Manager of Advocacy; Director of Research, Policy Development & Advocacy

Expected Outcome

Grandparents Raising Grandchildren will be better supported, more educated on their options, and benefit from systems change that makes entitled benefits more accessible.

3. Initiate the identification, measurement, and reporting of outcomes for contracted services in collaboration with the aging network.

Timeline: 10/01/2019 to 09/30/2022

Activities

Convene provider work groups to identify outcome measures and reporting methods for each service; Research national data on service outcomes for comparison/benchmarking; Initiate regular outcome measurement and reporting.

FTE: Director of Research, Policy Development & Advocacy; Program Managers; Senior Manager of Advocacy; Chief Integration Officer.

Expected Outcome

Produce value proposition statements that can be used in program evaluation, prioritization, management and advocacy to secure additional resources.

Advocacy Strategy

The Area Agency on Aging 1-B (AAA 1-B) advocacy efforts will focus on issues identified as priorities in the AAA 1-B Advocacy Platform and emerging issues identified during the planning period. Advocacy efforts relating to service funding will focus on expanding resources to satisfy the demand for services. Advocacy efforts relative to other priority services will emphasize effecting policy and systems change to make these services more responsive to the needs of older persons. Program development priorities will receive advocacy attention emphasizing support for research, demonstration projects, and development of innovative partnerships.

The AAA 1-B advocacy priorities and objectives are determined by actions of the AAA 1-B Advisory Council and Board of Directors. The Advisory Council recommends policy positions to the Board of Directors through the work of its ad hoc study committees and review of issues at Council meetings.

Advocacy issue identification will also stem from the AAA 1-B Consumer Advisory Team, input from our collaborative partners, and in response to legislative or regulatory activity at the federal, state, or local levels. In addition, advocacy priorities will be influenced by the platform for Older Michiganians Day. A specific emphasis will be placed on advocating for systems change, policies, and resources that will foster the rebalancing of Michigan's Medicaid long term care services system with a greater emphasis on development and access to community-based options. The AAA 1-B will continue to prioritize providing leadership to the Silver Key Coalition, working towards the goal of making Michigan a no wait state by increasing allocations of state funds to address unmet need for in-home services funded through the Michigan Aging and Adult Services Agency.

All advocacy activities are undertaken with special consideration given to the needs of targeted populations to assure that policies and programs are responsive to the needs of vulnerable, socially, and economically disadvantaged older persons.

AAA 1-B strives to provide leadership on advocacy issues within Region 1-B and the state; directly influencing decision makers through the provision of information and analysis of older adult needs and facilitating the direct involvement of older adults in advocacy on their own behalf. The AAA 1-B Advocacy Blueprint describes the elements of the advocacy strategy that the AAA 1-B, through the efforts of senior advocates, Board and Council volunteer leadership, staff, and other interested parties, will undertake to fulfill the mission to advocate for the needs of older adults:

SENIOR ADVOCATES

Senior Advocacy Network (SAN)

The SAN is a network of individuals and organizations that are committed to following public policy issues which affect older adults and speaking out on behalf of the needs of older persons. Members of the SAN receive informational mailings on various issues from the AAA 1-B; call, write, and speak with elected officials and other key decision makers; attend public information sessions; and provide leadership in urging others to be active senior advocates.

Michigan Senior Advocates Council (MSAC)

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The AAA 1-B appoints representatives to the MSAC. These representatives also sit on the AAA 1-B Advisory Council. MSAC members meet monthly in Lansing when the legislature is in session. They review introduced bills of importance to seniors, formulate positions on these bills, provide testimony before legislative committees, and regularly meet with their elected representatives to advocate on a wide range of issues.

AAA 1-B Advisory Council and Board of Directors

The AAA 1-B Advisory Council and Board of Directors are charged with the responsibility to aggressively advocate on behalf of older adults in their region. They accomplish this by arriving at positions relative to bills introduced at the state and federal levels, commenting on proposed policies and regulations, and by providing testimony at various hearings, forums, and meetings.

AAA 1-B Staff

As part of the AAA 1-B, staff are charged with advocating on behalf of older adults consistent with the agency's mission, and advocacy permeates the agency. Staff at the AAA 1-B coordinate advocacy efforts, serve as "front line" advocates (i.e. care managers), and educate others about the needs and unmet needs of older adults in the region (e.g. family care givers, the aging network, other stakeholders).

MI Choice Consumer Advisory Team

The MI Choice Consumer Advisory Team (CAT) is a group of MI Choice Medicaid Waiver consumers and caregivers whose purpose is to advise the AAA 1-B on matters related to MI Choice and to serve as a voice and advocate for current and potential MI Choice participants. Advocacy is a standing agenda item during the CAT's quarterly meetings. The CAT has taken positions on legislative issues and advocated on behalf of MI Choice participants through letter writing and meeting with key administrative and elected officials.

ADVOCACY TOOLS

The Advocate

To educate AAA 1-B advocates about current issues of concern, the agency produces The Advocate newsletter monthly. The Advocate is distributed electronically and as a paper copy. Through The Advocate, senior advocates can track pending and passed legislation on the local, state and federal levels, learn about upcoming advocacy events, and get tips for advocating more effectively.

Legislative Analyses

In addition to The Advocate, the AAA 1-B provides analysis of legislation that is pertinent to older adults. The legislative analyses are provided to the AAA 1-B Advisory Council and Board of Directors to facilitate their decision making of whether to advocate for or against a particular bill. Upon approval of the Board, the appropriate persons (staff, volunteers, senior advocates) use the analysis to educate elected officials regarding the pros or cons of the bills and the potential effect on older adults.

AAA 1-B Advocacy Platform

The AAA 1-B sets advocacy issue priorities in conjunction with the Board of Directors and Advisory Council by publishing a Legislative Platform. The platform is established on a biannual basis, coinciding with the start of each new legislative session. The platform outlines key issues impacting older adults and the AAA 1-B's position on each issue. AAA 1-B staff are able to respond quickly to policy issues outlined in the platform, as the agency's position has been established. The platform is shared with advocates and elected officials and is published on the AAA 1-B website.

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Advocacy Website

Oftentimes advocacy action is needed quickly. Therefore the AAA 1-B utilizes the advocacy portion of the AAA 1-B website in order to keep advocates informed on the most recent developments, as well as to expedite advocacy action when needed.

ADVOCACY ACTIVITIES

Legislative Visits

Regular, face-to-face contact with elected officials and their staff is a key component of the AAA 1-B Advocacy Blueprint. The AAA 1-B plans regular visits with the legislators from Region 1-B.

Older Michiganians Day

The statewide Older Michiganians Day offers opportunities for advocates to gather and hear about local issues of importance as well as to advocate on behalf of the statewide OMD legislative platform.

Direct Testimony

The AAA 1-B, in collaboration with older adults, advocates and service providers will testify before elected and appointed officials on issues of concern to older adults, as opportunities arise.

Research

AAA 1-B advocacy is data driven, and the agency regularly undertakes research quantify unmet needs, develop solutions, and educate decision makers about public policy issues.

State Commission on Services to the Aging Priority Areas

Each of the Commission's four priority areas, Transportation, Support for Direct Care Workers, Elder Abuse Prevention and Eliminating Wait Lists by expanding access to AASA in-home services, are included in the AAA 1-B's biannual advocacy platform, which is included as an attachment in the appendix. This sets each of these four areas as priorities for our advocacy efforts, enabling advocacy staff to respond quickly to new developments in these policy areas using the tactics described above.

Best Practices:

The AAA 1-B has provided leadership to the statewide Silver Key Coalition, which is advancing advocacy to make Michigan a no-wait list state, successfully securing increased appropriations towards this goal. The AAA 1-B has identified advocating for specialized services transportation as a program development objective in this plan.

Leveraged Partnerships

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:

- a. Commissions Councils and Departments on Aging.
- b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
- c. Public Health.
- d. Mental Health.
- e. Community Action Agencies.
- f. Centers for Independent Living.
- g. Other

The AAA 1-B is involved in a variety of collaborations and development activities designed to enhance our ability to fulfill our mission, identify opportunities to achieve greater efficiencies, diversify our funding, reduce wait lists, and fill the gaps resulting from the aging of the population without commensurate increases in tax dollars. Listed below are various activities we are engaged in to help ensure we are successful in meeting strategic objectives:

MI Health Link

The AAA 1-B remains committed to participation in the MI Health Link Integrated Care Pilot in Macomb County. This is our largest business to business endeavor to date. The AAA 1-B contracts as a provider with five integrated care organizations to offer one or more of the following services to the dually-eligible population Macomb County: case coordination, provider network management, case assessments, and other long-term care coordination services. This program leverages our assessment and service delivery expertise for disabled and aging adults. Enhanced customer service and quality improvement strategies are being implemented using lean principles for cost containment.

Assisted Living Communities – Family Care Coordination program

Various assisted living facilities have contracted with the AAA 1-B for its care coordination that supports the residents' ability to stay healthy, manage chronic conditions, and return directly home to the residence following an acute medical episode, including an emergency room visit, hospitalization, or skilled nursing facility stay. The model is designed to reduce the use of more expensive nursing facilities and to reduce hospital readmissions. The Family Care Coordinator, provided through AAA 1-B, works with residents to support successful transition and stabilization in their residence through care transitions coaching and person-centered recovery plans, and coordination of home and community-based services.

Myride2

Myride2 is a one call, one click mobility management service for Oakland, Macomb, and Wayne counties. Partners include The Senior Alliance, Detroit Area Agency on Aging, and Disability Network Oakland, & Macomb. The service is funded by grants through the Regional Transit Authority Southeast Michigan (RTA). Plans for FY 2020-22 include expanding service area to include Washtenaw County through the Reimagine Caregiving project, adding scheduling software, and advocating for improvement and expansion of service area of public transit, and obtain additional funding.

Veterans Administration

Area Agency on Aging 1-B continues to be committed to participate with and contract with our local Veteran

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Administration's to provide Veteran Directed Home and Community Based Services (VD-HCBS). VD-HCBS is a long-term care option for veterans who are eligible for long term care, regardless of age. The VA contracts with AAA 1-B for care coordination that supports veterans' ability to receive the long term supports and services to stay in their home setting of their preference while maintaining safety and independence. Care Coordination includes options counseling to a comprehensive assessment of the veteran's strengths as well as areas of need to develop a veteran directed plan of care. The goal of this program is to allow veterans to remain living in their preferred setting with proper supports and services in place to remain safe and independent and avoid long term nursing home placement.

McLaren Health Plan

McLaren Health Plan has contracted with the AAA 1-B for its ability to provide Community Health Worker services to service its Medicaid members upon transition from a hospitalization back to their home setting. The contract is designed to use CHWs to conduct home visits to assess for barriers to healthy living and accessing health care. The model is designed to reduce hospital readmissions by providing education, coordination of services, and ensuring discharge instructions are followed through. The Community Health Worker, provided through AAA 1-B, works with McLaren Care Managers to support successful transition through use of assessing barriers, linking and coordinating of needed services, providing self-management skills, and proper discharge instruction follow through.

Total Health Care

Total Health Care has contracted with the AAA 1-B for its ability to provide a Registered Nurse (RN) to service its members diagnosed with Chronic Obstructive Pulmonary Disease (COPD) upon transition from a hospitalization back to their home setting. The contract is designed to use a nurse to conduct home visit and telephonic follow up to assess for COPD education, medication management, and hospital discharge instruction follow through. The model is designed to reduce hospital readmissions for members with COPD by providing education, medication management, coordination with other health professionals, coordination of services, and ensuring discharge instructions are followed through. The nurse, provided through AAA 1-B, works with Total Health Care Telephonic Care Managers to support successful transition through use of COPD education, medication management, and coordination with health professionals and services as identified.

AAA 1-B participates in the following organizations:

- Alzheimer's Association of Greater Michigan
- AmeriHealth Consumer Advisory Council
- Livingston County Consortium on Aging
- Livingston Human Services Collaborative Body

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Livingston Leadership Council on Aging
Macomb County Senior Advisory Committee
Macomb County Senior Nutrition Advisory Committee
Michigan Dementia Coalition
Michigan Intergenerational Network
Michigan Public Transit Association
Michigan Senior Mobility Workgroup
Monroe Aging Services Directors
Monroe County Aging Consortium
OLHSA Older Adult Advisory Council
Oakland Senior Advisory Council
Regional Transit Authority
SAGE of Metro Detroit (Services and Advocacy for GLBT Elders)
Senior Regional Collaborative (Oakland, Macomb, and Wayne counties)
SMART (transit) Advisory Council
Southeast MI Regional Transportation Workgroup
Southeast Michigan Council of Governments (SEMCOG) Executive Committee
Southeast Michigan Regional Transportation Authority – Citizens Advisory Committee
St. Clair County Community Service Coordinating Body
St. Clair County Consortium on Aging
Tri-County CCRC, elder abuse prevention coalition
Troy Medi-Go Plus
Vital Seniors Challenge
Washtenaw Aging Sector
Washtenaw Health Initiative

AAA 1-B works closely with community action agencies, the three centers for independent living in our region, senior centers, and public health and mental health professionals in a variety of ways. Several AAA 1-B subcontractors include four Community Action Agencies and sixteen senior centers. AAA 1-B staff regularly attends the county commission meetings. The AAA 1-B is working to further grow relationships with the mental and public health professionals.

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

The AAA 1-B will continue to provide wellness programs directly and under contract in the community. The AAA 1-B will work closely with contractors to avoid duplication of services and identify unmet needs in the communities served. The AAA 1-B will continue to explore the opportunity to offer new programs and expand the Aging Mastery Program to baby boomers and older adults. The AAA 1-B will work over the next three years to identify grants and more sustainable revenue sources to help support programs including the opportunity to work with insurance providers.

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Community Focal Points

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

The AAA 1-B defines community focal points as locations within Region 1-B where older adults and informal caregivers can access long-term support programs, services, social activities, and/or resources in their community. Community is defined as a place in which a person feels a sense of belonging, due to factors such as a shared geographic region, culture, and/or interests. The AAA 1-B selected community focal points based on their status as active senior centers, cultural organizations, and community action agencies in Region 1-B. Community focal points are included in the AAA 1-B's information and assistance resource database and records are updated annually through a resource update request sent to the organizations.

KEY:

- A. Chore Services
- B. Computer Classes
- C. Congregate Meals
- D. Driving Classes
- E. Education/Lifelong Learning
- F. Food Commodity Distribution
- G. Friendly Reassurance
- H. Health Screenings/Fairs
- I. Home Delivered meals
- J. Intergenerational Activities
- K. Legal Assistance
- L. Medicare/Medicaid Assistance
- M. Mobile Library
- N. Outreach (Home visits)
- O. Physical Fitness/Exercise
- P. Support Groups
- Q. Tax Filing Assistance
- R. Transportation
- S. Travel Programs
- T. Vision Services
- U. Hearing Impaired Services
- V. Volunteer Opportunities
- W. Other: SPECIFY

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

Name: Armada Twp. Senior Center
Address: 75400 N. Ave., PO Box 306, Armada, MI 48005

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Website: <http://armadatwp.org/Departments/SeniorCenter.aspx>
 Telephone Number: (586) 784-8050
 Contact Person: Donna Peitz
 Service Boundaries: Armada Twp.
 No. of persons within boundary:
 Services Provided: C, G, N, W: Assistive Technology Equipment Loan, Social Activities, Extreme Cold Warming Center

Name: Arthur Leslow Community Center
 Address: 120 Eastchester, Monroe, MI 48161
 Website: www.monroe.lib.mi.us
 Telephone Number: (734) 241-4313
 Contact Person: Felix Hill
 Service Boundaries: Monroe
 No. of persons within boundary: 4,063
 Services Provided: C, E, H, O, W: Social Activities

Name: Ash Seniors
 Address: 700 Carleton-South Rockwood Rd., PO Box 21, Carleton, MI 48117
 Website: <http://ashtownship.org/index.html>
 Telephone Number: (734) 654-2006
 Contact Person: Priscilla Reiser
 Service Boundaries: Ash Twp.
 No. of persons within boundary:
 Services Provided: C, H, W: Social Activities

Name: Association of Chinese Americans
 Address: 32585 Concord Dr., Madison Heights, MI 48071
 Website: www.acadetroit.org
 Telephone Number: (248) 585-9343
 Contact Person: Kaikai Chen
 Service Boundaries: Chinese Elders
 No. of persons within boundary:
 Services Provided: C, E, H, J, L, N, O, R, S, W: Social Activities, Language Translation Services, Chinese Library, Bilingual Counseling, Information & Referral

Name: Auburn Hills Senior Center
 Address: 1827 North Squirrel, Auburn Hills, MI 48326
 Website: www.auburnhills.org

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Telephone Number: (248) 370-9353
 Contact Person: Karen S. Adcock
 Service Boundaries: City of Auburn Hills
 No. of persons within boundary: 2,016
 Services Provided: A, B, C, H, K, L, O, P, Q, R, S, W: Social Activities, Assistive Technology Equipment Loan, Extreme Heat Cooling Center, Extreme Cold Warming Center, Emergency Medical Information Alert System

Name: Bedford Senior Community Center
 Address: 1653 Samaria, Temperance, MI 48182
 Website: www.bedfordseniorcenter.com
 Telephone Number: (734) 856-3330
 Contact Person: Dianne Carroll
 Service Boundaries: Southeastern Monroe County
 No. of persons within boundary: 6,670
 Services Provided: C, H, I, K, L, O, R, S, W: Social Activities, Assistive Technology Equipment Loan

Name: Berkley Parks and Recreation
 Address: 2400 Robina, Berkley, MI 48072
 Website: http://www.berkleymich.org/seniors_home.shtm
 Telephone Number: (248) 658-3470
 Contact Person: Tom Cowell
 Service Boundaries: City of Berkley
 No. of persons within boundary: 1,702
 Services Provided: A, G, L, N, O, Q, R, S, W: Social Activities, Assistive Technology Equipment Loan, Information and Referral, Extreme Heat Cooling Center

Name: Jewish Community Center of West Bloomfield
 Address: 6600 W. Maple Rd., West Bloomfield, MI 48322
 Website: www.jccdet.org
 Telephone Number: (248) 967-4030
 Contact Person: Noemy Herzig
 Service Boundaries: Jewish Elders
 No. of persons within boundary:
 Services Provided: E, O, Q, V, W: Social Activities

Name: Birmingham NEXT
 Address: 2121 Midvale Street, Birmingham, MI 48009
 Website: www.birminghamnext.org

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Telephone Number: (248) 203-5270
 Contact Person: Cris Braun
 Service Boundaries: Birmingham, Villages of Beverly Hills, Bingham Farms, Franklin, Bloomfield Hills, Bloomfield Township, West Bloomfield, Troy and Southfield
 No. of persons within boundary: 8,500
 Services Provided: A, B, C, F, I, L, N, O, Q, R, S, , V, W: Social Activities, Assistive Technology Equipment Loan, Bathroom Modification Services, Minor Home Repairs and Maintenance, Information and Referral, Extreme Heat Cooling Center

Name: Bloomfield Township Senior Services
 Address: 4315 Andover Road, Bloomfield Township, MI 48302
 Website: www.bloomfieldtpw.org/seniors
 Telephone Number: (248) 723-3500
 Contact Person: Christine Tvaroha
 Service Boundaries: Bloomfield Township
 No. of persons within boundary: 20,000
 Services Provided: E, F, G, H, I, L, O, P, R, S, V, W: Social Activities, Assistive Technology Equipment Loan, Home Maintenance & Minor RepairsAdult Day Service

Name: Blue Water Community Action
 Address: 302 Michigan Street, Port Huron, MI 48060
 Website: www.bwcaa.org
 Telephone Number: 810-982-8541
 Contact Person: Melinda Johnson
 Service Boundaries: St. Clair County
 No. of persons within boundary:
 Services Provided: F, W: Home Rehabilitation Grants and Loans, Information & Referral, Mortgage Counseling, Mortgage & Utility Payment Assistance, Personal Finance Counseling, Temporary Financial Assistance, Weatherization Programs

Name: Bowen Senior Center
 Address: 52 Bagley St., Pontiac, MI 48341
 Website:
 Telephone Number: (248) 758-3240
 Contact Person: Alma Moss
 Service Boundaries: Pontiac
 No. of persons within boundary: 5,569

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Services Provided:	C, H, O, S, V, W: Social Activities, Extreme Heat Cooling Center, Information & Referral
Name:	Brighton Senior Center
Address:	850 Spencer Road, Brighton, MI 48116
Website:	www.brightoncommunityed.com
Telephone Number:	(810) 299-3817
Contact Person:	Nancy Blumenthal
Service Boundaries:	Livingston County
No. of persons within boundary:	22,854
Services Provided:	B, C, H, O, Q, R, W: Social Activities, Assistive Technology Equipment Loan
Name:	Novi Senior Center
Address:	45175 Ten Mile Road, Novi, MI 48375
Website:	http://www.cityofnovi.org
Telephone Number:	(248) 347-0414
Contact Person:	Sandy Fisher
Service Boundaries:	Novi
No. of persons within boundary:	6,280
Services Provided:	C, F, G, H, L, N, O, Q, R, S, V, W: Social Activities, Assistive Technology Equipment Loan, Errand Running/Shopping Assistance, Housekeeping, Personal Care, Emergency Medical Information Alert Systems, Extreme Heat Cooling Center, Extreme Cold Warming Center
Name:	Oak Park Senior Center
Address:	14300 Oak Park Blvd., Oak Park, MI 48237
Website:	www.oakpark-mi.com/Recreation/Senior_Activities.htm
Telephone Number:	(248) 691-7577
Contact Person:	Marilee Rosmond
Service Boundaries:	Oak Park
No. of persons within boundary:	3,806
Services Provided:	A, C, H, O, R, S, V, W: Social Activities, Smoke Alarms, Information & Referral, Extreme Heat Cooling Center, Extreme Cold Warming Center
Name:	Oakland Livingston Human Service Agency - Central Office
Address:	196 Cesar E. Chavez Ave., Pontiac, MI 48343
Website:	www.olhsa.org
Telephone Number:	(248) 209-2600
Contact Person:	Marie Verheyen
Service Boundaries:	Oakland and Livingston Counties

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No. of persons within boundary: 5,000
Services Provided: A, F, N, P, Q, R, W: Financial Assistance, Appliance Donation Program, Bathroom Modification Services, Home Maintenance & Minor Repairs, Information & Referral, Kinship Care Support, Smoke Alarms, Weatherization Program

Name: Oakland Livingston Human Service Agency - Livingston Office
Address: 2300 E. Grand River, Ste. 107, Howell, MI 48843
Website: www.olhsa.org
Telephone Number: (517) 546-8500
Contact Person: Marie Verheyen
Service Boundaries: Livingston County

No. of persons within boundary:
Services Provided: A, F, N, P, W: Home Maintenance & Minor Repairs, Weatherization Program, Smoke Alarms, Appliance Donation Program, Housing Assistance (rent/utility assistance, re-housing program, homeless motel vouchers), Bathroom Modification Services, Food Vouchers

Name: Chelsea Senior Citizen Activity Center
Address: 512 E. Washington St., Chelsea, MI 48118
Website: www.chelseaseniors.org
Telephone Number: (734) 475-9242
Contact Person: Bill O'Reilly
Service Boundaries: Chelsea, Sylvan Twp., Lima Twp., Lyndon Twp.

No. of persons within boundary:
Services Provided: B, C, H, O, Q, R, S, W: Social Activities, Information and Referral, Extreme Heat Cooling Center

Name: Clawson Senior Center
Address: 509 Fisher Ct., Clawson, MI 48017
Website: www.cityofclawson.com
Telephone Number: (248) 583-6700
Contact Person: Kathy Leenhouts
Service Boundaries: City of Clawson and surrounding area
No. of persons within boundary: 1,761
Services Provided: C, I, Q, R, V, W: Social Activities, Assistive Technology Equipment Loan, Extreme Heat Cooling Center, Home Maintenance & Minor Repairs

Name: Capac Senior Center
Address: 585 North Main Street, Capac, MI 48014
Website:

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Telephone Number: (810) 395-7889
 Contact Person: Jan Hathcock
 Service Boundaries: Berlin Twp., Capac, Emmett Twp., Mussey Twp., Riley Twp.
 No. of persons within boundary: 1,642
 Services Provided: A, G, H, N, O, Q, R, S, T, U, W: Social Activities, Assistive Technology Equipment Loan, Prescription Expense Assistance, Smoke Alarms, Home Maintenance & Minor Repairs, Personal Care, Adult In Home Respite Care, Weatherization Programs, Bathroom Modification Services, Ramp Construction Services

Name: Catholic Social Services of Washtenaw/Blueprint for Aging
 Address: 4925 Packard Rd., Ann Arbor, MI 48108
 Website: www.csswashtenaw.org or www.blueprintforaging.org
 Telephone Number: (734) 971-9781
 Contact Person: Lawrence Voight
 Service Boundaries: Washtenaw County
 No. of persons within boundary: 35,478
 Services Provided: L, P, Q, V, W: Respite, Information and Referral

Name: Chaldean American Ladies of Charity
 Address: 2033 Austin Dr, Troy, MI
 Website: www.ucfamilyservices.org
 Telephone Number: (248) 538-8300
 Contact Person: Kelly Scheer
 Service Boundaries: Oakland and Macomb Counties
 No. of persons within boundary:
 Services Provided: C, E, L, S, W: Social Activities, Refugee and Immigrant Assistance Programs, Interpretation and Translation Services

Name: Chaldean Federation of America
 Address: 29850 Northwestern Hwy., Suite 250, Farmington Hills, MI 48034
 Website: www.chaldeanfederation.org
 Telephone Number: (248) 996-8384
 Contact Person: Joseph T. Kassab
 Service Boundaries: Chaldean Elders
 No. of persons within boundary:
 Services Provided: G, J, K, V, W: Refugee Assistance

Name: Charter Twp. of Chesterfield Senior Center
 Address: 47275 Sugarbush, Chesterfield Twp., MI 48047

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Website: www.chesterfieldtwp.org
Telephone Number: (586) 949-0400
Contact Person: Carol Rose
Service Boundaries: Chesterfield Twp., New Baltimore
No. of persons within boundary: 4,334
Services Provided: B, H, O, R, S, W: Social Activities

Name: Ruth Peterson Senior Center
Address: 990 Joslyn Avenue, Pontiac, MI 48340
Website:
Telephone Number: 248-758-3282
Contact Person: Marlene Marion
Service Boundaries: Pontiac
No. of persons within boundary:
Services Provided: C, H, O, P, W: Social Activities, Assistive Technology Equipment Loan

Name: Saline Area Senior Center
Address: 7190 N. Maple, Saline, MI 48176
Website: www.salineseniors.org
Telephone Number: (734) 429-9274
Contact Person: Rina Chemin
Service Boundaries: Saline
No. of persons within boundary: 5,000
Services Provided: B, H, I, O, Q, R, W: Social Activities

Name: Shelby Township Senior Center
Address: 51670 Van Dyke Ave., Shelby Township, MI 48316
Website: www.shelbytwp.org
Telephone Number: (586) 739-7540
Contact Person: Amy Drake
Service Boundaries: Shelby Township and Utica
No. of persons within boundary: 10,000
Services Provided: B, C, H, K, L, O, P, R, S, U, W: Social Activities, Assistive Technology Equipment Loan, Extreme Cold Warming Center

Name: Solberg Activity Center
Address: 27783 Dequindre Road, Madison Heights, MI 48071
Website:
Telephone Number: 248-542-6720

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Contact Person: Carmela Lacommare
Service Boundaries: Madison Heights
No. of persons within boundary:
Services Provided: C, H, O, W: Social Activities

Name: Clinton Township Senior Adult Life Center
Address: 40730 Romeo Plank Road, Clinton Township, MI 48038
Website: www.clintontownship-mi.gov/seniors
Telephone Number: (586) 286-9333
Contact Person: Matthew Makowski
Service Boundaries: Macomb County
No. of persons within boundary: 122,870
Services Provided: H, L, O, R, S, V, W: Social Activities

Name: Yale Senior Center
Address: 3 First Street, Yale, MI 48097
Website: www.councilonaging.org
Telephone Number: 810-984-5061
Contact Person: Jan Hathcock
Service Boundaries: Yale, St. Clair County
No. of persons within boundary:
Services Provided: A, C, G, H, N, O, Q, R, S, T, U, W: Social Activities, Weatherization Programs, Bathroom Modification Programs, Ramp Construction Programs, Smoke Alarms, Assistive Technology Equipment Loan, Prescription Expense Assistance, Home Maintenance and Minor Repairs, Housekeeping, Personal Care, Adult In Home Respite Care, Information & Referral

Name: Ypsilanti Senior Citizen Center
Address: 1015 N. Congress, Ypsilanti, MI 48197
Website: <http://ypsiseniorcenter.org/>
Telephone Number: (734) 483-5014
Contact Person: Monica Prince
Service Boundaries: Washtenaw County
No. of persons within boundary: 1,999
Services Provided: C, E, H, J, M, O, W: Recreation and Enrichment Activities

Name: Ypsilanti Township Recreation Center
Address: 2025 East Clark Rd., Ypsilanti, MI 48198
Website: <http://lytown.org/government/township-departments/recreation>

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Telephone Number: (734) 544-3838
 Contact Person: Deborah Aue
 Service Boundaries: Ypsilanti Twp., Superior Twp.
 No. of persons within boundary: 6,124
 Services Provided: B, C, F, H, Q, S, U, W: Social Activities, Assistive Technology Equipment Loan

Name: Commerce Township Richardson Senior Center
 Address: 1485 Oakley Park Dr., Commerce Twp., MI 48390
 Website: www.commercetwp.com/seniors
 Telephone Number: (248) 473-1830
 Contact Person: Emily England
 Service Boundaries: Commerce Twp.
 No. of persons within boundary: 3,626
 Services Provided: B, C, H, O, S, V, W: Social Activities, Extreme Heat Cooling Center

Name: Costick Center/Adults 50 and Better
 Address: 28600 Eleven Mile Road, Farmington Hills, MI 48336
 Website: www.fhgov.com
 Telephone Number: (248) 473-1830
 Contact Person: Marsha Koet
 Service Boundaries: Farmington Hills and City of Farmington
 No. of persons within boundary: 20,000
 Services Provided: B, C, F, G, H, I, K, L, N, O, P, Q, R, V, W: Social Activities, Appliance Repair, Financial Assistance, Adult Day Services, Home Maintenance & Minor Repairs, Information & Referral, Extreme Heat Cooling Center, Extreme Cold Warming Center

Name: Council on Aging, Inc., Serving St. Clair County
 Address: 600 Grand River Ave., Port Huron, MI 48060
 Website: www.thecouncilonaging.org
 Telephone Number: (810) 987-8811
 Contact Person: Scott Crawford
 Service Boundaries: St. Clair County
 No. of persons within boundary: 26,445
 Services Provided: A, G, H, N, O, Q, R, S, U, W: Social Activities, Assistive Technology Equipment Loan, Information and Referral, Weatherization Programs, Bathroom Modification Services, Ramp Construction Services, Smoke Alarms, Prescription Expense Assistance, Home Maintenance & Minor Repairs, Housekeeping, Personal Care, Adult In Home Respite Care

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Name:	Dexter Senior Center
Address:	7720 Ann Arbor St., Dexter, MI 48130
Website:	www.dexterseniors.org
Telephone Number:	(734) 426-7737
Contact Person:	Wendy Smith
Service Boundaries:	Dexter, Webster Township, Scio Township
No. of persons within boundary:	
Services Provided:	B, C, I, O, V, W: Social Activities, Extreme Cold Warming Center
Name:	Jewish Vocational Service (JVS): Brown Jewish Community Center
Address:	29699 Southfield Rd., Southfield, MI 48076
Website:	www.jvsdetroit.org
Telephone Number:	(248) 559-5000
Contact Person:	Julie Verriest
Service Boundaries:	Jewish Elders
No. of persons within boundary:	
Services Provided:	E, J, O, P, S, V, W: Adult Day Services, Social Activities
Name:	Macomb County Community Action
Address:	21885 Dunham Rd., Clinton Twp., MI 48036
Website:	www.macombcountymi.gov/mccsa
Telephone Number:	(586) 469-6999
Contact Person:	Nicole Urban
Service Boundaries:	Macomb County
No. of persons within boundary:	139,027
Services Provided:	A, F, I, L, N, Q, R, V, W: Information and Referral, Speakers Bureau, Assistive Technology Equipment Loan, Adult Day Service, Housing Options Counseling, Bathroom Modification Services, Food Vouchers, utility and rent/mortgage assistance, weatherization program, home injury prevention
Name:	Madison Heights Senior Center
Address:	29448 John R., Madison Heights, MI 48071
Website:	www.madison-heights.org/departments/senior_center
Telephone Number:	(248) 545-3464
Contact Person:	Jennifer Cowan
Service Boundaries:	Madison Heights
No. of persons within boundary:	

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Services Provided: A, B, C, O, R, S, V, W: Social Activities, Information and Referral, Assistive Technology Equipment Loan, Extreme Heat Cooling Center, Home Maintenance & Minor Repairs

Name: Manchester Senior Citizens
Address: 324 W. Main, Manchester, MI 48158
Website: <http://vil-manchester.org>
Telephone Number: (734) 428-7877
Contact Person: Jeff Wallace
Service Boundaries: Manchester Twp., Sharon Twp.
No. of persons within boundary: 855
Services Provided:

Name: Marvin Blank Senior Center
Address: 21510 Alma Drive, Macomb, MI 48042
Website:
Telephone Number: 586-992-2900
Contact Person: Sandra Kirk
Service Boundaries: Macomb Township
No. of persons within boundary:
Services Provided: S, W: Social Activities

Name: Milan Seniors for Healthy Living
Address: 45 Neckel Ct., Milan, MI 48160
Website: www.milanseniors.org
Telephone Number: (734) 508-6229
Contact Person: Jennifer Michalak
Service Boundaries: Greater Milan area (portions of Washtenaw and Monroe Counties)
No. of persons within boundary: 2,185
Services Provided: C, H, I, O, P, R, U, W: Social Activities, Extreme Cold Warming Center

Name: Milford Senior Center
Address: 1100 Atlantic St., Milford, MI 48381
Website: www.villageofmilford.org/1/village/senior_center.asp
Telephone Number: (248) 685-9008
Contact Person: Nancy Hinzmann
Service Boundaries: Milford Twp.
No. of persons within boundary:
Services Provided: C, H, K, O, R, S, V W: Social Activities, Extreme Heat Cooling Center

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Name: Mitchell Senior Center
Address: 3 First St., Yale, MI 48097
Website: <http://www.yalechamber.com/YaleSeniorCenter.html>
Telephone Number: (810) 387-3720
Contact Person: Debra Green
Service Boundaries: Brockway Twp., Greenwood Twp., Kenockee, Lynn Twp. and Yale
No. of persons within boundary:
Services Provided: A, G, H, N, O, Q, R, S, W: Loan Closet, Prescription Drug Assistance

Name: Monroe Center for Healthy Aging
Address: 15275 South Dixie Hwy., Monroe, MI 48161
Website: www.monroectr.org
Telephone Number: (734) 241-0404
Contact Person: Sandie Pierce
Service Boundaries: Monroe County
No. of persons within boundary: 20,000
Services Provided: C, G, K, O, S, W: Social Activities, Personal Finances Administration, Assistive Technology Equipment Loan, Case/Care Management, Glee Club/Choir Group, Information & Referral, Financial Assistance

Name: Monroe County Commission on Aging
Address: 29 Washington St., Monroe, MI 48161
Website: www.co.monroe.mi.us
Telephone Number: (734) 240-7363
Contact Person: Jeff McBee
Service Boundaries: Monroe County
No. of persons within boundary: 21,829
Services Provided: W

Name: Monroe County Opportunity Program
Address: 1148 S. Telegraph, Monroe, MI 48161
Website: <http://www.monroecountyop.org/>
Telephone Number: (734) 241-2775
Contact Person: Stephanie Kasprzak
Service Boundaries: Monroe County
No. of persons within boundary: 21,829

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Name: Northfield Township Senior Center
Address: 9101 Main Street, Whitmore Lake, MI 48189
Website: www.twp-northfield.org
Telephone Number: (734) 449-2295
Contact Person: Tami Averill
Service Boundaries: Communities Surrounding Whitmore Lake
No. of persons within boundary:

Services Provided: C, H, O, Q, S, W: Social Activities, Extreme Heat Cooling Center, Assistive Technology Equipment Loan

Name: Northville Senior Adult Services
Address: 303 W. Main St., Northville, MI 48167
Website: www.northvilleparksandrec.org
Telephone Number: 248-305-2851
Contact Person: Pam Cameron
Service Boundaries: Northville
No. of persons within boundary: 960
Services Provided: F, G, H, O, P, Q, R, S, W: Assistive Technology Equipment Loan, Social Activities

Name: Older Persons' Commission
Address: 650 Leticia Drive, Rochester, MI 48307
Website: www.opcseniorcenter.org
Telephone Number: (248) 656-1403
Contact Person: Renee Cortright
Service Boundaries: Rochester Hills, Rochester and Charter Township of Oakland
No. of persons within boundary: 19,551
Services Provided: A, C, E, F, H, I, K, L, O, P, R, S, V, W: Adult Day Service, Social Activities, Assistive Technology Equipment Loan, Home Maintenance & Minor Repair, Information & Referral, Extreme Heat Cooling Center

Name: Orion Senior Center
Address: 21 East Church St., Lake Orion, MI 48362
Website: www.orion.lib.mi.us/township/seniorcenter/senior.html

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Telephone Number: (248) 693-2066
 Contact Person: Lisa Sokol
 Service Boundaries: Orion Twp.
 No. of persons within boundary:
 Services Provided: A, B, C, H, K, L, N, O, P, Q, S, W: Cell Phone Donation Program

Name: Orion Township Senior Center
 Address: 1335 Joslyn Road, Lake Orion, MI 48360
 Website: www.oriontownship.org
 Telephone Number: (248) 391-0304
 Contact Person: Ann Marie Stuben
 Service Boundaries: Orion Twp.
 No. of persons within boundary:
 Services Provided: B, C, H, K, L, N, O, Q, S, V, W: Social Activities, Information & Referral, Extreme Cold Warming Center

Name: Owen Jax Parks and Recreation Center
 Address: 8207 East Nine Mile Road, Warren, MI 48089
 Website: www.cityofwarren.org
 Telephone Number: (586) 757-7570
 Contact Person: Becky Rose
 Service Boundaries: Warren
 No. of persons within boundary:
 Services Provided: C, W: Social Activities

Name: Pacific Rim Senior Center
 Address: 2763 Mackintosh, Bloomfield Hills, MI 48302
 Website:
 Telephone Number: 248-568-6431
 Contact Person: Mary Valente
 Service Boundaries: Asian Community
 No. of persons within boundary:
 Services Provided: N, O, S, W: Social Activities

Name: Pearl Wright Senior Center
 Address: 21131 Garden Lane, Ferndale, MI 48220
 Website: http://www.royaloaktwp.com/seniorcenter.html
 Telephone Number: (248) 542-6752
 Contact Person: Donna Squalls

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Service Boundaries: Royal Oak Twp.
No. of persons within boundary:
Services Provided: O, R, V, W: Social Activities

Name: Pittsfield Township Senior Center
Address: 701 West Ellsworth Road, Ann Arbor, MI 48108
Website: www.pittsfield-mi.gov
Telephone Number: (734) 822-2117
Contact Person: Ann Bouchard
Service Boundaries: Washtenaw County and surrounding counties
No. of persons within boundary: 1,800
Services Provided: B, C, H, O, P, S, W: Social Activities

Name: Pleasant Ridge Community Center
Address: 4 Ridge Rd., Pleasant Ridge, MI 48069
Website: <http://cityofpleasantridge.org>
Telephone Number: (248) 542-7322
Contact Person: Scott Pietrzak
Service Boundaries: Pleasant Ridge
No. of persons within boundary:
Services Provided: W: Social Activities

Name: Putnam Township Senior Center
Address: 350 Mower, Pinckney, MI 48169
Website: www.putnamtwp.us
Telephone Number: (734) 878-1810
Contact Person: Patrice Rentsch
Service Boundaries: Livingston County
No. of persons within boundary: 1,000
Services Provided: H, O, W: Social Activities, Information & Referral, Assistive Technology Equipment Loan

Name: Ray Township
Address: 64255 Wolcott Rd., PO Box 306, Ray, MI 48096
Website: www.raytwp.org
Telephone Number: (586) 749-5171
Contact Person: Kelly Timm
Service Boundaries: Ray Twp.
No. of persons within boundary:

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Services Provided: C, O, S, W: Social Activities

Name: Richmond Community Center

Address: 36164 Festival, Richmond, MI 48062

Website:

Telephone Number: (586) 727-3064

Contact Person: Margo VanHove

Service Boundaries: Richmond

No. of persons within boundary: 890

Services Provided: S, W: Social Groups

Name: Richmond Township Senior Center

Address: 34505 32 Mile Road, Richmond, MI 48062

Website:

Telephone Number: (586) 727-2184

Contact Person: Marie Bertossi

Service Boundaries: Richmond

No. of persons within boundary: 890

Services Provided: W: Social Activities

Name: Romeo Senior Activity Center

Address: 361 Morton, Romeo, MI 48065

Website: www.rwbparksrec.org

Telephone Number: (586) 752-9601

Contact Person: Becky Hopp

Service Boundaries: Ray Twp., Romeo, Washington, Bruce Twp.

No. of persons within boundary: 4,806

Services Provided: B, C, G, H, K, N, O, Q, R, S, W: Social Activities, Assistive Technology Equipment Loan

Name: Roseville Recreation Authority Senior Center

Address: 18185 Sycamore, Roseville, MI 48066

Website: <http://www.ci.roseville.mi.us/Departments/SeniorCenter.aspx>

Telephone Number: (586) 777-7177

Contact Person: Mary Grant

Service Boundaries: Roseville, Eastpointe, Southern Macomb County

No. of persons within boundary:

Services Provided: C, O, Q, R, S, W: Social Activities, Assistive Technology Equipment Loan

Name: Royal Oak Senior Center

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Address: 3500 Marais, Royal Oak, MI 48073
 Website: www.ci.royal-oak.mi.us
 Telephone Number: (248) 246-3900
 Contact Person: Paige Gembarski
 Service Boundaries: Royal Oak
 No. of persons within boundary:
 Services Provided: A, B, C, E K, L, N, O, P, Q, R, S, V, W: Social Activities, Assistive Technology Equipment Loan, Home Maintenance & Minor Repair, Housekeeping, Personal Care, Information & Referral, Extreme Heat Cooling Center

Name: South Lyon Center for Active Adults
 Address: 1000 N. Lafayette, South Lyon, MI 48178
 Website: http://www.slcs.us/Center_for_Active_Adults.html
 Telephone Number: (248) 573-8175
 Contact Person: Linda Graham
 Service Boundaries: City of South Lyon, South Lyon Twp., Green Oak Twp.
 No. of persons within boundary: 5,020
 Services Provided: B, H, O, P, Q, S, V, W: Social Activities, Assistive Technology Equipment Loan, Information & Referral

Name: Southeastern Michigan Indians Assoc., Inc.
 Address: 26641 Lawrence St., Center Line, MI 48015
 Website: www.semii1975.org
 Telephone Number: (586) 756-1350
 Contact Person: Euphemia Franklin
 Service Boundaries: Native American Elders and Macomb, Oakland, St. Clair Counties
 No. of persons within boundary: 432,000
 Services Provided: H, W: Social Activities

Name: Southfield Senior Adult Center
 Address: 26000 Evergreen, Southfield, MI 48076
 Website: www.cityofsouthfield.com
 Telephone Number: (248) 796-4650
 Contact Person: Nicole Massina
 Service Boundaries: Southfield
 No. of persons within boundary:
 Services Provided: O, Q, R, V, W: Social Activities, Advocacy, Property Tax Information, Information & Referral, Extreme Heat Cooling Center

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Name: Springfield Township Parks and Recreation
Address: 12000 Davisburg Rd., Davisburg, MI 48350
Website: http://www.springfield-twp.us/pr_srServices.htm
Telephone Number: (248) 846-6558
Contact Person: Sarah Richmond
Service Boundaries: Clarkston, Independence Twp., Springfield Twp.
No. of persons within boundary:
Services Provided: Q, R, W: Social Activities, Property Tax Information

Name: St. Clair Shores Senior Center
Address: 20000 Stephens St., St. Clair Shores, MI 48080
Website: <http://www.ci.saint-clair-shores.mi.us/index.aspx?nid=282>
Telephone Number: 586-445-0996
Contact Person: Carly Podzikowski
Service Boundaries: City of St. Clair Shores
No. of persons within boundary:
Services Provided: A, B, C, H, O, R, V, W: Social Activities, Appliance Repair, Home Maintenance & Minor Repairs

Name: Sterling Heights Senior Citizen Center
Address: 40200 Utica Rd, PO Box 8009, Sterling Heights, MI 48313
Website: <http://sterling-heights.net>
Telephone Number: (586) 446-2750
Contact Person: Kristen Briggs
Service Boundaries: Sterling Heights
No. of persons within boundary: 19,954
Services Provided: C, H, O, R, S, W: Social Activities

Name: Stillwell Manor/Joseph Coach Manor
Address: 26600 Burg Rd., Warren, MI 48089
Website: <http://www.cityofwarren.org/index.php/senior-citizens-housing>
Telephone Number: (586) 758-1300
Contact Person: Becky Rose
Service Boundaries: Warren
No. of persons within boundary:
Services Provided: H, P, W: Social Activities

Name: Sullivan Senior Center
Address: 13613 Tuttlehill Road, Milan, MI 48161

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Website:
Telephone Number: (734) 439-1733
Contact Person: Larry Black
Service Boundaries: London Twp., Milan, Milan Twp.
No. of persons within boundary: 856
Services Provided: C, H, K, W: Social Activities

Name: Taekeuk Village
Address: 3712 Williams, Wayne, MI 48184
Website:
Telephone Number: (734) 729-7920
Contact Person: Eun Jong
Service Boundaries: Korean Elders
No. of persons within boundary:
Services Provided: W: Social Activities

Name: Troy Community Center
Address: 3179 Livernois, Troy, MI, 48083
Website: www.troymi.gov
Telephone Number: (248) 524-3484
Contact Person: Nikki McEarchern
Service Boundaries: Greater Troy Area
No. of persons within boundary: 20,000
Services Provided: A, B, C, D, F, H, K, L, N, O, Q, S, V, W: Social Activities, Home Maintenance & Minor Repairs, Assistive Technology Equipment Loan, Personal Care, Extreme Heat Cooling Center, Extreme Cold Warming Center

Name: Tucker Senior Center
Address: 26980 Ballard, Harrison Twp., MI 48045
Website: http://www.harrison-township.org/resources/senior_center/index.php
Telephone Number: (586) 466-1497
Contact Person: Muriel Joseph
Service Boundaries: Harrison Twp.
No. of persons within boundary:
Services Provided: C, S, W: Social Activities

Name: Turner Senior Resource Center
Address: 2401 Plymouth Rd., Ste. C, Ann Arbor, MI 48105

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Website: <http://www.med.umich.edu/geriatrics/community/turner.htm>
 Telephone Number: (734) 998-9353
 Contact Person: Rachel Dewees
 Service Boundaries: Ann Arbor
 No. of persons within boundary:
 Services Provided: B, C, E, H, L, O, P, W: Social Activities, Meditation, Hoarding Counseling Program, Dance Therapy, Adult Day Services

Name: Warren Community Center
 Address: 6100 Arden, Warren, MI 48092
 Website:
 Telephone Number: (586) 268-8400
 Contact Person: Becky Rose
 Service Boundaries: Warren
 No. of persons within boundary:
 Services Provided: O, S, W: Social Activities

Name: Lenox Township Senior Center
 Address: 63975 Gratiot, Lenox, MI 48050
 Website: www.lenoxtpw.org
 Telephone Number: (586) 727-2085
 Contact Person: LuAnne Kandell
 Service Boundaries: Lenox Township, Village of New Haven and surrounding areas
 No. of persons within boundary:
 Services Provided: H, O, W: Social Activities

Name: Lighthouse
 Address: 46152 Woodward, Pontiac, MI 48342
 Website: www.lighthouseoakland.com
 Telephone Number: (248) 920-6100
 Contact Person: Ryan Hertz
 Service Boundaries: Oakland County
 No. of persons within boundary: 7,548
 Services Provided: E, F, G, H, Q, W: Social Activities. Personal Financial Counseling, Prescription Expense Assistance, Home Maintenance & Minor Repairs, Temporary Financial Assistance

Name: Lincoln Golden Ages Senior Citizens Center
 Address: 8970 Whittaker, Ypsilanti, MI 48197

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Website: www.lincollnk12.org
 Telephone Number: 734-483-8366
 Contact Person: Donald Cook
 Service Boundaries: Ypsilanti
 No. of persons within boundary:
 Services Provided: B, C, H, O, Q, S, W: Social Activities

Name: Lincoln Senior Citizens Center
 Address: 8970 Whittaker, Ypsilanti, MI 48197
 Website: www.lincollnk12.org
 Telephone Number: 734-483-8366
 Contact Person: Donald Cook
 Service Boundaries:
 No. of persons within boundary:
 Services Provided: B, C, H, O, Q, S, W: Social Activities

Name: LaAmistad Senior Center/Ruth Peterson Center
 Address: 990 Joslyn Rd., Pontiac, MI 48340
 Website:
 Telephone Number: (248) 858-2307
 Contact Person: Pablo Moran Jr.
 Service Boundaries: Pontiac
 No. of persons within boundary: 7,548
 Services Provided: C, G, H, N, V, W: Social Activities, Language Interpretation and Translation Services

Name: Washington Life Center
 Address: 7232 S. River Rd., Marine City, MI 48039
 Website:
 Telephone Number: (810) 765-3523
 Contact Person: Laurie Adair
 Service Boundaries: Algonac, Casco Twp., China Twp., Clay Twp., Columbus Twp., Cottrellville Twp., East China, Ira Twp., Marine City, St. Clair, St. Clair Twp.
 No. of persons within boundary: 9,406

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Services Provided: A, C, D, G, H, N, O, Q, R, S, T, U, W: Social Activities, Weatherization Programs, Bathroom Modification Services, Ramp Construction Services, Smoke Alarms, Assistive Technology Equipment Loans, Prescription Expense Assistance, Home Maintenance & Minor Repairs, Housekeeping, Personal Care, Adult In Home Respite Care, Information & Referral

Name: Washington Senior Activity Center
Address: 57880 Van Dyke, Washington, MI 48094
Website: <http://www.rwbparksrec.org/Default.aspx?id=13>
Telephone Number: (586) 786-0131
Contact Person: Sandy Keown
Service Boundaries: Washington Twp.
No. of persons within boundary:

Services Provided: E, H, K, L, O, Q, W: Social Activities, Veterans Aid, Manicures, Grief Counseling Services,

Name: Washtenaw County Office of Community & Economic Development
Address: 415 West Michigan Avenue, Suite 2200, Ypsilanti, MI 48197
Website: www.washtenaw.org/569/Community-Economic-Development
Telephone Number: 734-544-6748
Contact Person: Teresa Gillotti
Service Boundaries: Washtenaw County
No. of persons within boundary:

Services Provided: I, J, V, W: Foster Grandparent Program, Appliance Donation Program, Home Rehabilitation Loans, Ramp Construction Services and Residential Lift Equipment, Rent and Utility Payment Assistance, Temporary Financial Assistance, Weatherization Programs

Name: Water Tower Park Center
Address: 11345 Harold Drive, Luna Pier, MI 48157
Website:
Telephone Number: (734) 848-8700
Contact Person: Wendy Colter
Service Boundaries: Erie Twp., LaSalle Twp., Luna Pier
No. of persons within boundary:

Services Provided: C, H, K, W: Social Activities

Name: Waterford Senior Center
Address: 3621 Pontiac Lake Rd., Waterford, MI 48328
Website: www.waterford.k12.mi.us/seniorcenter

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Telephone Number: (248) 682-9450
 Contact Person: Erin Asdell
 Service Boundaries: Waterford Twp.
 No. of persons within boundary:
 Services Provided: B, C, F, I, K, L, N, O, P, Q, S, U, V, W: Social Activities, Assistive Technology Equipment Loan, Prescription Expense Assistance, Adult Day Services, information & Referral, Extreme Heat Cooling Center

Name: West Bloomfield Recreation Activities Center
 Address: 4640 Walnut Lake Road, West Bloomfield, MI 48322
 Website: www.westbloomfieldparks.org
 Telephone Number: (248) 451-1900
 Contact Person: Jennifer Tucker
 Service Boundaries: West Bloomfield Township
 No. of persons within boundary: 13,000
 Services Provided: H, O, Q, R, S, W: Social Activities, Driving Evaluation, Driving Training

Name: Wixom Senior Citizen's Center
 Address: 49015 Pontiac Trail Wixom, MI 48393
 Website: <http://www.ci.wixom.mi.us/index.aspx?NID=868>
 Telephone Number: (248) 624-0870
 Contact Person: Tracy McMahan
 Service Boundaries: Wixom
 No. of persons within boundary:
 Services Provided: H, O, R, S, W: Social Activities, Extreme Heat Cooling Center, Assistive Technology Equipment Loan

Name: Dublin Community Senior Center
 Address: 685 Union Lake Road, White Lake, MI 48386
 Website: www.whitelaketwp.com
 Telephone Number: (248) 698-2394
 Contact Person: Kathy Gordinear
 Service Boundaries: White Lake, Commerce, Highland, Waterford, Milford, Wixom, Holly, Davisburg and West Bloomfield
 No. of persons within boundary:
 Services Provided: C, F, H, L, O, R, S, W: Social Activities, Extreme Heat Cooling Center

Name: Addison Senior Center
 Address: 1440 Rochester Road, Leonard, MI 48367
 Website:

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Telephone Number: 248-628-3388
 Contact Person: Marie May
 Service Boundaries: Addison Township, Leonard
 No. of persons within boundary:
 Services Provided: C, H, V, W: Social Activities

Name: Ann Arbor Community Center
 Address: 625 North Main, Ann Arbor, MI 48105
 Website: <http://www.annarbor-communitycenter.org/>
 Telephone Number: (734) 662-3128
 Contact Person: Yolanda Whiten
 Service Boundaries: Ann Arbor
 No. of persons within boundary:
 Services Provided: F, N, O, Q, W: Information & Referral, Social Activities, Holiday Baskets

Name: Ann Arbor Senior Center
 Address: 1320 Baldwin, Ann Arbor, MI 48104
 Website: www.a2gov.org/senior
 Telephone Number: (734) 794-6250
 Contact Person: Brittany Ruthven
 Service Boundaries: Ann Arbor
 No. of persons within boundary:
 Services Provided: O, Q, W: Social Activities

Name: Arab-American and Chaldean Council
 Address: 363 W Big Beaver Rd, Suite 300, Troy, MI 48084
 Website: www.myacc.org
 Telephone Number: (248) 559-1990
 Contact Person: Haifa Fakhoury
 Service Boundaries: Macomb, Oakland, and Wayne counties
 No. of persons within boundary:
 Services Provided: E, F, H, N, W: Language Interpretation

Name: Area Agency on Aging 1-B Macomb Access Center
 Address: 39090 Garfield, Suite 102, Clinton Twp., MI 48038
 Website: www.aaa1b.com
 Telephone Number: (586) 226-0309
 Contact Person: Michael Karson

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Service Boundaries: Macomb County
No. of persons within boundary: 122,870
Services Provided: L, W: Information and Assistance, Care Management, Advocacy

Name: Area Agency on Aging 1-B Oakland Office
Address: 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034
Website: www.aaa1b.com
Telephone Number: (800) 852-7795
Contact Person: Michael Karson
Service Boundaries: Oakland County
No. of persons within boundary: 166,009
Services Provided: L, W: Information and Assistance, Care Management, Advocacy

Name: Hamburg Senior Center
Address: 10307 Merrill Road, Hamburg, MI 48139
Website: www.hamburg.mi.us
Telephone Number: (810) 222-1140
Contact Person: Christine Hoskins
Service Boundaries: Hamburg, Pinckney, Brighton, Whitmore Lake and Dexter
No. of persons within boundary:
Services Provided: B, C, H, N, O, S, W: Social Activities

Name: Hartland Senior Center
Address: 9525 Highland Road, Howell, MI 48843
Website: www.hartlandseniorcenter.org
Telephone Number: (810) 626-2135
Contact Person: Kim Konarski
Service Boundaries: Livingston County
No. of persons within boundary: 14,000
Services Provided: C, G, H, I, L, N, O, Q, R, S, W: Social Activities, Assistive Technology Equipment Loan, Extreme Heat Cooling Center

Name: Hazel Park Senior Center
Address: 620 W. Woodward Heights Blvd., Hazel Park, MI 48030
Website: http://hazelpark.org/senior-services
Telephone Number: (248) 546-4093
Contact Person: Sareen Papakhian
Service Boundaries: Hazel Park
No. of persons within boundary:

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Services Provided: C, H, I, R, S, T, V, W: Social Activities, Extreme Heat Cooling Center

Name: Highland Twp. Senior Center
Address: 209 N. John St. PO Box 249, Highland, MI 48357
Website: <http://haacnews.webs.com/>
Telephone Number: (248) 887-1707
Contact Person: Heidi Bey
Service Boundaries: Highland Twp.

No. of persons within boundary:
Services Provided: C, H, K, M, N, O, Q, R, S, V, W: Social Activities, Assistive Technology Equipment Loan, Information & Referral, Extreme Heat Cooling Center

Name: Howell Senior Center
Address: 925 W. Grand River Ave., Howell, MI 48843
Website: www.howellrecreation.org
Telephone Number: (517) 546-0693
Contact Person: Melissa Ferrara
Service Boundaries: Livingston County

No. of persons within boundary: 22,854
Services Provided: C, H, Q, W: Social Activities, Extreme Heat Cooling Center

Name: Huntington Woods Parks and Recreation
Address: 26325 Scotia Road, Huntington Woods, MI 48070
Website: www.ci.huntington-woods.mi.us
Telephone Number: (248) 541-3030
Contact Person: Nancy Waldmann
Service Boundaries: Huntington Woods

No. of persons within boundary: 1,000
Services Provided: G, H, N, R, W: Social Activities

Name: Independence Township Senior Adult Activity Center
Address: 6000 Clarkston Road, Clarkston, MI 48348
Website: www.twp.independence.mi.us
Telephone Number: (248) 625-8231
Contact Person: Barb Rollin
Service Boundaries: Clarkston, Springfield, Waterford and Oakland County

No. of persons within boundary: 10,000
Services Provided: C, K, L, O, P, Q, R, S, V, W: Social Activities, Information & Referral, Assistive Technology Equipment Loan

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Name: International Institute of Metropolitan Detroit
Address: 111 E. Kirby, Detroit, MI 48202
Website: www.iimd.org
Telephone Number: (313) 871-8600
Contact Person: Wojciech Zolnowski
Service Boundaries: Polish and Eastern European Elders (Ukrainian, Romanian, Yugoslavian, Albanian)
No. of persons within boundary:
Services Provided: E, J

Name: Italian American Cultural and Community Center
Address: 43843 Romeo Plank Rd., Clinton Twp., MI 48038
Website: www.iacsonline.com
Telephone Number: (586) 228-3030
Contact Person: William Moreli
Service Boundaries: Italian Elders
No. of persons within boundary:
Services Provided: H, W: Social Activities

Name: Jewish Community Center of Greater Ann Arbor
Address: 2935 Birch Hollow Dr., Ann Arbor, MI 48108
Website: <http://asoft8259.accrisoft.com/annarborjcc>
Telephone Number: (734) 971-0990
Contact Person: David Stone
Service Boundaries: Ann Arbor, Jewish Elders
No. of persons within boundary:
Services Provided: C, E, J, O, W: Social Activities

Name: Jewish Community Center of Metropolitan Detroit
Address: 15110 West Ten Mile Road, Oak Park, MI 48237
Website: www.jccdet.org
Telephone Number: (248) 967-4030
Contact Person: Leslee Magidson
Service Boundaries: Oakland County
No. of persons within boundary:
Services Provided: B, C, D, E, H, J, O, Q, S, V

Name: Dundee Senior Citizen Center
Address: 284 Monroe St., Dundee, MI 48131

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Website: www.dundeeareaseniorcitizencenter.com
 Telephone Number: (734) 529-2401
 Contact Person: Nancy Clark
 Service Boundaries: Dundee Twp., Petersburg, Summerfield Twp.
 No. of persons within boundary:
 Services Provided: C, H, I, K, O, S, W: Social Activities

Name: Edna Burton Senior Center
 Address: 345 Ball St., PO Box 429, Ortonville, MI 48462
 Website: <http://www.brandontownship.us/index.php/senior-center>
 Telephone Number: (248) 627-6447
 Contact Person: Faye Bindig
 Service Boundaries: Groveland Twp., Brandon Twp.
 No. of persons within boundary:
 Services Provided: C, I, R, V, W: Social Activities, Assistive Technology Equipment Loan, Extreme Heat Cooling Center

Name: Finnish Center Association
 Address: 35200 W. 8 Mile Rd., Farmington Hills, MI 48335
 Website: www.finnishcenter.org
 Telephone Number: (248) 478-6939
 Contact Person: Lois Makee
 Service Boundaries: Finnish Elders
 No. of persons within boundary:
 Services Provided: E, S, V, W: Social Activities

Name: Fowlerville Senior Center
 Address: 203 N. Collins St., Fowlerville, MI 48836
 Website: <http://fowlervilleseniorcenter.com/>
 Telephone Number: (517) 223-3929
 Contact Person: Dean Snider
 Service Boundaries: Cohoctah Twp., Conway Twp., Fowlerville, Handy Twp., Iosco Twp.
 No. of persons within boundary: 2,272
 Services Provided: B, C, H, K, N, W: Social Activities

Name: Fraser Senior Center
 Address: 34935 Hidden Pine Dr., Fraser, MI 48026
 Website: www.ci.fraser.mi.us
 Telephone Number: (586) 296-8483

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Contact Person: Christina Woods
Service Boundaries: Fraser
No. of persons within boundary: 2,948
Services Provided: O, R, S, W: Social Activities

Name: Frenchtown Senior Citizen Center
Address: 2786 Vivian Rd., Monroe, MI 48162
Website: <http://frenchtownsenior.com/>
Telephone Number: (734) 243-6210
Contact Person: Paul Iacoangeli
Service Boundaries: Berlin Twp., Carleton, Exeter Twp., Frenchtown Twp.
No. of persons within boundary: 4,513
Services Provided: C, E, H, K, P, S, W: Adult Day Service, Social Activities

Name: Gerry Kulick Community Center
Address: 1201 Livernois, Ferndale, MI 48220
Website: <http://www.ferndalerecreation.org/Default.aspx?id=31>
Telephone Number: (248) 544-6767
Contact Person: LeReiner Wheeler
Service Boundaries: Ferndale
No. of persons within boundary:
Services Provided: C, H, O, Q, R, V, W: Social Activities, Extreme Cold Warming Center

Name: Gregory Area Senior Center
Address: 126 Webb, PO Box 372, Gregory, MI 48137
Website:
Telephone Number: (517) 851-8881
Contact Person: Richard Ellsworth
Service Boundaries: Livingston and Washtenaw Counties
No. of persons within boundary:
Services Provided: C, F, G

Name: Gregory Senior Center
Address: 126 Webb, PO Box 372, Gregory, MI 48137
Website:
Telephone Number: (517) 851-8881
Contact Person: Richard Ellsworth
Service Boundaries: Livingston and Washtenaw Counties

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No. of persons within boundary:

Services Provided:

F, W: Social Activities

Other Grants and Initiatives

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

Caregiver Trainings

The AAA 1-B provides several trainings for caregivers including the Powerful Tools for Caregivers program, Dementia Live, and a new on-line training through Trualta. We also provide Best Friends caregiver training for professional and family caregivers, and REST training for volunteers providing in-home respite to relieve the caregiver.

Dementia Friends

Dementia Friends is a new informational program the AAA 1-B is providing for staff and the community to bring more awareness to persons with dementia who are living fulfilling lives in our communities. The AAA 1-B is one of four Area Agencies on Aging in Michigan providing this program.

Evidence-Based Wellness Programs

The AAA 1-B offers many evidenced-based wellness programs that provide health education and prevention strategies. These programs include A Matter of Balance, on strategies for fall prevention, PATH (Personal Action Toward Health), Diabetes PATH and Chronic Pain PATH self-management workshops. AAA 1-B will expand the Aging Mastery Program in 2020. Our educational wellness programs increase self-efficacy and can delay participants' need for further services.

Medical Nutrition Therapy

In 2018, the AAA 1-B initiated a new wellness program, Medical Nutrition Therapy (MNT), which is defined by the Academy of Nutrition and Dietetics as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional..." MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease. (Source: Academy of Nutrition and Dietetics).

Michigan Medicare and Medicaid Assistance Program (MMAP)

The AAA 1-B is committed to meeting the required performance measures for the MMAP program as determined by MMAP, Inc. and Administration for Community Living. The AAA 1-B will reach individuals through presentations and events and will meet the required performance measures as determined by MMAP, Inc. In addition, the AAA 1-B will meet established contacts with low income Medicare beneficiaries and disabled beneficiaries. The AAA 1-B will continue to have a strategic plan for the recruitment and training of strong volunteers to support the MMAP program.

Medicare fraud prevention activities are an integral part of MMAP. The AAA 1-B will provide presentations on Medicare fraud and will assist beneficiaries individually with identifying and reporting fraud and abuse.

MI Health Link

The AAA 1-B remains committed to participation in the MI Health Link Integrated Care Pilot in Macomb

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County. This is our largest business to business endeavor to date. The AAA 1-B contracts as a provider with five integrated care organizations to offer one or more of the following services to the dually-eligible population Macomb County: case coordination, provider network management, case assessments, and other long-term care coordination services. This program leverages our assessment and service delivery expertise for disabled and aging adults.

Myride2 Mobility Management

Myride2 is a one call, one click mobility management service for Oakland, Macomb, and Wayne counties. Partners include The Senior Alliance, DAAA, and the Disability Networks of Oakland, & Macomb. The service is funded by grants through the Regional Transit Authority Southeast Michigan (RTA). Plans for FY 2020-22 include expanding service area to include Washtenaw County through the Reimagine Caregiving Project, adding scheduling software, and advocating for improvement and expansion of service area of public transit, and obtain additional funding.

Reducing Avoidable Hospitalizations Among MI Choice Medicaid Waiver and MI Health Link Populations

Through grant funding from Michigan Health Endowment Fund, the AAA 1-B is operationalizing a Smart Survey technological strategy that resulted in a one-third reduction in hospitalizations into established support coordination and care coordination protocols for the AAA 1-B MI Choice and MI Health Link programs. Key components of the strategy include asking participants by phone a series of questions about their immediate health status that can predict the risk of hospitalization. When an elevated risk is identified, a clinical response is provided by a MI Choice Supports Coordinator or MI Health Link Integrated Care Organization (ICO) Care Coordinator. The clinical responses address the emerging concern identified by the survey, and prompt actions that may involve a range of applicable health care, social determinant, and/or behavioral responses. The Care Coordinator may engage a variety of clinical interventions that have been found to achieve the primary outcome of reduced hospitalizations.

Refugee Assistance for Older Refugees

The Refugee Assistance for Older Refugees grant is funded by LARA, Michigan Office of New Americans to provide access to community services and resources and reduce social isolation for refugees over age 60, primarily Iraqi and Syrian individuals residing in Oakland and Macomb Counties. Chaldean American Ladies of Charity are subcontracted to provide services for this grant.

Reimagine Caregiving

In November 2018 AAA 1-B was awarded the Ralph C. Wilson, Jr. Foundation Caregiver Prize through Vital Seniors: A Community Innovation Competition for our Reimagine Caregiving project. Vital Seniors is supported by the Glacier Hills Legacy Fund (GHLF) of the Ann Arbor Area Community Foundation. Reimagine Caregiving is a multi-year project that began in early 2019 with a focus on the Washtenaw County caregiver support system. The project employs a multi-faceted approach to connect Washtenaw County family caregivers to supports and services we need to thrive as individuals and as a community. In collaboration with partner agencies, the AAA 1-B's Reimagine Caregiving project will transform the caregiver support system through improved information about and access to community-based services, increased opportunities for caregiver respite, education, and training, and expanded public awareness of caregiving needs and supports.

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

These grants and initiatives provide support, education opportunities, access services, and improved service delivery methods to older adults, family caregivers, and adults with disabilities in Region 1-B. Quality of life will be positively affected through the increased level of support and stronger service delivery systems.

3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.

Each of the grants and initiatives reinforce the AAA 1-B's mission to enhance the lives of older adults, adults with disabilities, and family caregivers through the programs being delivered and coordinated.

Area Agency On Aging 1-B

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Appendices

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APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	2	1	0	0	2	10	19
Aged 60 and Over	0	1	0	0	2	8	10

Board Member Name	Geographic Area	Affiliation	Membership Status
Ron Borngesser	Oakland County	Older Adult Representative	Appointed
Jeff Chang		Information Technology	Community Representative
Howard Collens		Legal	Community Representative
Monika Grewal		Healthcare	Community Representative
Kelli Dobner		Philanthropy	Community Representative
Bob Smith	Macomb County	Board of Commissioners	Elected Official
Sandra Hann	Macomb County	Older Adult Representative	Appointed
Andy Hetzel		Public Relations / Marketing	Community Representative
Kate Lawrence	Livingston County	Board of Commissioners	Elected Official
Madelyn McCarthy	St. Clair County	Older Adult Representative	Appointed
Tom Miree	Washtenaw County	Older Adult Representative	Appointed
Sue-Anne Sweeney		Education / Gerontology	Community Representative
Jason Turner	Monroe County	Board of Commissioners	Elected Official
Barbara Turner	Monroe County	Older Adult Representative	Appointed
Karen Wintringham	Health Insurance		Community Representative
Marc Zwick	Finance		Community Representative
Terese Gainer	Livingston County	Older Adult Representative	Appointed

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Penny Luebs	Oakland County	Board of Commissioners	Elected Official
Jason Maciejewski	Washtenaw County	Board of Commissioners	Elected Official
Vacant	St. Clair County	Board of Commissioners	Elected Official

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APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	1	9	16
Aged 60 and Over	0	2	0	0	1	5	11

Board Member Name	Geographic Area	Affiliation
Ruth Dunkle		Public Sector: Education/Gerontology
Gloria Edwards	Washtenaw County	Older Adult Representative
Steve Faine	Oakland County	Older Adult Representative
Jim Forrer		Private Sector: Nonprofit/Charity
Jyme Hager		Private Sector: Title IIIB Nutrition Provider
Catherine Martin		Private Sector: UAW Retirees
Floreine Mentel	Monroe County	Older Adult Representative
Vanessa Metti		Private Sector: DSP Provider
Christina Murray		Public Sector: Veteran's Administration
Dan Sier	Macomb County	Older Adult Representative
Joseph Sucher	Oakland County	Older Adult Representative
Mark Swanson	Livingston County	Older Adult Representative
Carol Thompson		Private Sector: Home Care Provider
Scott Turske		Private Sector: Communications
Karen Wintringham		Ex Officio
Tom Zaremba	Washtenaw County	Older Adult Representative

APPENDIX C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board: 02/22/2019

Outline new or changed criteria that will be used to select providers:

Applications will only be accepted from agencies that attend the Applicant Workshop and have submitted a Letter of Intent. Applications must include all required documents and original signatures, where appropriate. One (1) application with original signatures and five (5) copies of the application must be submitted to AAA 1-B no later than 4:30 p.m. on the application due date of May 31, 2019. Late applications will not be accepted. An agency submitting for multiple services funded through the AAA 1-B Title III/State Funds must submit a separate application and budget for each service.

Applications are reviewed based on the following criteria:

- Agency Experience
- Program Description
- Program Need
- Program Implementation/Service Delivery
- Quality Assurance Procedures
- Staffing
- Budget
- Targeting Plan
- Copy of Articles of Incorporation and federal ID number
- Other Relevant Information

Contracts will be awarded to agency whose applications best meet the stated criteria, demonstrate cost effective delivery of quality services, show collaboration and coordination with partner agencies, and are responsive to older adults most in need.

APPENDIX D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:

2,300,000

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

AAA 1-B Services Priority Ranking Fiscal Years 2020-22

Highest Priority



Lower Priority

Priority Rating	Service	Average Priority Rank	Change from 2016 rating
1	Home Delivered Meals	4.13	↑
2	Community Living Program Services*	4.01	↓
3	AAA 1-B's Information & Assistance	3.90	↑
4	Home Injury Control	3.87	↑
5	Elder Abuse Prevention	3.80	↑
6	Adult Day Services	3.74	↓
7	Minor Home Repair	3.74	–
8	Care Management	3.64	↑
9	Chore Services	3.63	↑
10	Legal Services	3.63	↑
11	Congregate Meals	3.62	↑
12	Caregiver Supplemental Services	3.62	–
13	Volunteer Caregiver	3.56	↓
14	Long Term Care Ombudsman	3.53	↑
15	Counseling Services	3.53	–
16	Public Education	3.49	↓
17	Assistive Devices/Technology	3.44	↓
18	Evidence Based Disease Prevention	3.44	↓
19	Medication Management	3.44	↓
20	Health Screening	3.33	–
21	Hearing Impaired & Deaf Services	3.32	↓
22	Grandparents Raising Grandchildren	3.24	↓
23	Nutrition Counseling	2.98	–
24	Disaster Advocacy & Outreach	2.86	–

Priorities developed in June 2019 based on Older Adult, Service Provider and Advocate surveys completed at 6 Community Forums and online.

KEY

↑/ ↓ moved up or down from 2016 rank
 – not surveyed in 2016
Bold arrows indicate move of 3 or more spots from 2016 list

*Community Living Program Services includes personal care, homemaking, and in-home respite services.

Services listed in this priority ranking are non-Medicaid Waiver services.

Services included on this list are traditionally provided to older adults (60+) or caregivers and are funded through the Federal Older Americans Act and the Michigan Aging & Adult Services Agency.

The Area Agency on Aging 1-B, established in 1974, is a non-profit 501(c)3 agency responsible for services to more than 737,000 persons age 60 and older residing in Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties

2019 Livingston County Listening Session Summary

March 27, 2019 at Bennett Recreation Center -- 45 Attendees

Key Themes:

► Homelessness

Service Provider noted an increase in homelessness among older adults, stating that 61 older homeless individuals were served in the past year, a 60% increase over the previous year. A key factor is the prevalence of nursing homes releasing rehabilitation patients who are unable to return home or have no home to return to.

► Resource Advocacy

- A recent elder abuse prevention strategy that educates police to identify vulnerable adults during wellness checks has resulted in a significant increase in referrals to Resource Advocates for linkages to community resources.
- Despite availability of Medicare prescription drug coverage older adults are paying high out of pocket costs for prescription drugs. Medicare counseling by a Resource Advocate assisted a beneficiary to reduce out of pocket drug costs by \$800/month.

► Housing

There is an urgent need for more affordable housing options because private investors are buying low cost housing and raising rents. In many cases rents are raised to levels that current tenants cannot afford.

► Unmet Needs

The following services and programs were reported as unmet needs through testimony:

- Income tax assistance
- Transportation specialized services
- More home injury control programs and services
- Support and services for grandparents raising grandchildren. Extra funding is needed to expand support services into Livingston County.
- Increased accessibility in public places such as sidewalks on main roads and in subdivisions and accessible buildings

► Substance Abuse

An increase in substance abuse, particularly with alcohol, is being observed in older adults.

► In-Home Services

- Finding in-home skilled care and respite providers is difficult.
- Friendly visitors have a wait list and are unable to lift participants.
- In-home respite providers are difficult to secure due to lack of vetting
- Home care agencies report that the Community Living Program 3 hour minimum poses a problem for them with affordability.

Listening sessions have been used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan



Advocacy • Action • Answers on Aging

The Area Agency on Aging 1-B is a nonprofit agency serving and advocating on behalf of more than 737,000 older adults and adults with disabilities residing in Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties.

Visit us at www.aaalb.org or call 1-800-852-7795.

2019 Macomb County Listening Session Summary

March 19, 2019 at Macomb County Board of Commissioners -- 49 Attendees

Key Themes:

► Unmet Needs

Service provider testimony indicated senior needs regarding hoarding, decluttering, and bedbug infestation often go unmet, and there is inadequate small bus door to door transportation for older adults and adults with a disability. There is also a need for assisted transportation where an escort can accompany a vulnerable older adult on medical appointments.

► Medicare Fraud

Older adult testimony expressed concern about pervasive Medicare fraud, especially regarding durable medical equipment and double billing, and educating beneficiaries about identifying and reporting suspected Medicare fraud.

► Home Care Funding

Home care provider testimony indicated that AAA 1-B home care reimbursement rates are too low, and that they turn away requests for their service. Vendors want to provide the highest wage for direct care workers that is possible to promote retention in a very competitive employment market.

► Housing

There are insufficient affordable housing options for downsizing older adults, with some HUD facilities having two year wait lists.

► Loneliness

Advocate testimony stated 40% of older adults report being lonely and there is a need for intergenerational programs to address this problem.

► Grandparents Raising Grandchildren

Service provider testimony described situation many grandparents raising grandchildren are in as being a triple-decker- with responsibilities for young grandchildren, teens, and aging parents. Support for favorable legislation and better supports are needed to help manage these responsibilities.

► Home Delivered Meals

Service provider testimony described the value of home delivered meals in addressing malnutrition and social isolation, indicating that the driver is often the only person recipients see that day.

Listening session input has been used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan

2019 Monroe County Listening Session Summary

March 20, 2019 at the Frenchtown Senior Center -- 13 Attendees

Key Themes:

► Transportation

Lack of access to transportation is significant issue for seniors. Transportation for things other than medical appointments, like grocery shopping, transportation to court or getting to senior centers, is needed. Specialized service transportation funding would be helpful to increase service levels, this is especially true in southern Monroe County. Door to door and door through door transportation is needed. Transportation does not cross county lines.

► Nutrition

Utilization of the congregate meal program has grown in lower income areas. There is a need for second and weekend meals.

► Elder Justice

The Monroe Elder Justice Council is working to inform professionals, caregivers and seniors about Elder Abuse. Elder Abuse creates expensive legal problems and can have lifelong consequences.

► In-Home Services

In-home service programs, like AAA 1-B's Community Living Program are important to Monroe County seniors. Resource Advocacy provides important linkages to this type of care.

► Guardianship

Funding for guardians is too low, and the guardianship system needs more support to effectively support seniors in the community.

► Adult Day Service

AAA 1-B support for the adult day care program is essential. Most participants would not be able to pay private market rate for this service.

Listening sessions have been used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan



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2019 Oakland County Listening Session Summary

March 18, 2019 at the Village of Oakland Woods -- 78 Attendees

Key Themes:

► Kinship Caregivers

Kinship Caregivers, including grandparents raising grandchildren, have difficulty accessing the resources they need to provide for themselves and the children they are caring for. The population of kinship caregivers is growing, in part due to the opioid epidemic. Many kinship caregivers struggle to obtain proper legal status over the children they care for due to state policies and fear of interaction with the child welfare system. OLHSA has program to support kinship caregivers that recently received additional funding that has been beneficial; additional funds would enable program expansion.

► Elder Abuse

More outreach to local law enforcement could improve outcomes for victims of elder abuse.

► Transportation

Lack of access to transportation is significant issue for seniors. Seniors who drive have difficulty affording cars and auto insurance. Door to door and door through door transportation is needed.

► Knowing Where to Turn for Help

When seniors and family caregivers have difficulties, they often aren't aware of the resources available to them. The AAA 1-B has great resources, but more people need to know about them. Outreach to the public should be a priority. Not all seniors are comfortable using digital resources.

► Home Care & Direct Care Worker Shortage

When hiring private in-home care, it is hard for families to determine what companies provide reputable care. Training requirements for care workers are unclear for consumers. The direct care worker shortage is making it more difficult for home care providers to recruit and retain skilled workers.

► Housing

Access to affordable, accessible senior housing is an issue in Oakland County. Chore, minor home repair, and home injury control services are helping to keep seniors at home.

► Dementia

The AAA 1-B should explore technology solutions to support people living with dementia in the community.

Listening sessions have been used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan



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2019 St. Clair County Listening Session Summary

March 7, 2019 at Council on Aging, serving St. Clair County -- 14 Attendees

Key Themes:

► Housing

Access to affordable senior housing (independent and assisted living facilities) is an issue in St. Clair County. There was interest in opening a Program of All-Inclusive Care for the Elderly (PACE) in St. Clair County to help keep seniors at home.

► Home Delivered Meals

Home delivered meals are important in helping keep older adults living in their homes.

► Direct Care Worker Shortage

The direct care worker shortage is affecting St. Clair County older adults because it's difficult to hire aides to provide in-home care.

► Funding

Funding levels are not proportionate with the increasing number of older adults requesting services. St. Clair County is fortunate to have a senior services millage, which has helped meet the needs of older adults living in the county. It was stressed that the Commission on Aging and service providers need to work together strategically to prioritize how services are delivered to keep up with the growing demand.

► Service Coordination

The AAA 1-B needs to have strong communication with in-home services providers to ensure Community Living Program participants are receiving the level and type of services they need to remain safe in their home.

Listening sessions have been used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan



Advocacy • Action • Answers on Aging

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Visit us at www.aaalb.org or call 1-800-852-7795.

2019 Washtenaw County Listening Session Summary

March 26, 2019 at Chelsea Senior Center -- 41 Attendees

Key Themes:

▶ **Adult Day Service**

Additional adult day services options are needed in Washtenaw County to support older adults and caregivers. Western Washtenaw County is lacking an adult day services site. Expanded hours for adult day services would benefit caregivers who cannot otherwise attend trainings and support activities during daytime hours.

▶ **Funding**

A dedicated source of revenue for older adult services is necessary to support county residents as they age.

▶ **Caregiver Support and Respite**

Caregivers would benefit from additional in home respite services and a subsidized out of home extended stay respite bed.

▶ **Counseling Services**

Older adults in Washtenaw County need access to in home counseling services.

▶ **Education/Training**

Caregivers need training resources on how to best provide care for their loved ones. Older adults and caregivers need training on Americans with Disabilities Act (ADA) services, compliance, and entitlements.

▶ **Direct Care Worker Shortage**

The direct care worker shortage is an issue that needs to be researched to determine what is the root cause and how to best address the issue.

▶ **Intergenerational Programs**

Intergenerational programs are an option to combat social isolation.

▶ **Housing**

Affordable and accessible housing for older adults is an issue in Washtenaw County. Older adults would benefit from resources for home repair services to help them remain living safely in their homes.

▶ **Substance Abuse Resources**

Older adults in Washtenaw County need substance abuse and addiction resources.

Listening sessions have been used to inform the development of the AAA 1-B FY 2020 – 2022 Multi Year Area Plan

From: Mary Taylor <mtaylor@thecouncilonaging.org>
Sent: Tuesday, June 4, 2019 4:41 PM
To: Jim McGuire <jMCGUIRE@aaa1b.org>
Subject: Area Agency on Aging 1-B 2020-2022 Area Plan

After reviewing the Area Agency 1-B Area Plan for 2020-2022 I am left to question a number of statements and items pointed out in the plan.

In particular was the fact a service we providers have been told would not be included after December 31, 2019 would be Resource Advocacy, yet it is listed as one of the five services that touch the most lives in the region. Given our agency exceeds our projected 1400 RA clients last year and again this year, I believe that is a true statement. However AAA 1- B's decision to replace it with a very watered down new category (which is not mentioned at all in this plan) for we current providers, is hard to swallow when AAA 1-B never brought the current providers together to discuss with them why they felt a change was necessary, and how it could be a better solution than what we were offering to our residents in St. Clair County.

Also confusing is the summary of AAA 1-B's strengths, Weaknesses, and Opportunities Threats Analysis, when you have items that are listed as both strengths and weakness and/or opportunities and threats. This might actually make more sense if the appendixes were available on line for our viewing as well.

Another area of concern is how much of the "growth of non-OAA programs" you will be looking for contract holders and vendors to actually do the ground work for. And if that is what is being envisioned, it would be professional courtesy to hold those discussions with the entire group of those service providers beforehand to get input from agencies and individuals who have a long history of service in the aging network in Southeastern Michigan.

And finally, new-technology is great – as long as it works properly, but please remember computers are only as good as the information that is put into them. And dealing with seniors over the telephone only to assess needs and issues is never a way to get the clearer, nor complete picture of how they are living. That can only be done when options counseling is done face-to-face with a senior in their home environment. Being proactive is less costly than being reactive to issues and situations with the aging population we work with. This where our Resource Advocates are the most successful, but this plan totally eliminates that option for we service providers.

Communication with and between AAA 1-B and the service providers and agencies in our region is what has always kept this region moving forward, and that is not addressed in this plan either.

Sincerely,

Mary M. Taylor, L.B.S.W.
Assistant Director
Council on Aging, Inc., serving St. Clair County 600 Grand River Ave.
Port Huron, MI 48060
(810) 987-8811
Fax: (810) 987-7190

AAA 1-B 2016 SWOT Analysis: Strengths, Weaknesses, Opportunities, Threats

The Area Agency on Aging 1-B SWOT Analysis was completed with input from AAA 1-B senior management and members of the AAA 1-B Board of Directors and Advisory Council. Below is a summary of the agency's Strengths/Weaknesses/Opportunities/Threats.

Strengths

Innovative/Responsive

- Leadership is strong, visionary and proactive
- Reviews and analyses market and trends
- Innovative and creative with an entrepreneurial spirit
- Metrics/Dashboard focused tied to big picture
- Board is proactive and engaged

Market Position

- Trusted source
- Positive reputation
- Market size is growing
- Non profit status- good cause
- Recognized as a leader and respected within the community and network

Structure/Management

- Established goals and objectives
- Size of the agency compared to other companies/agencies
- Strong partner network
- Part of a national network
- Large geographic service area
- Broad range of services
- Tenure and knowledge of staff
- Staff engaged in mission
- Focus on quality and customer service

Weaknesses

Financial

- Lack of resources to implement ideas
- Largely dependent on government funding
- Future revenue sources uncertain
- Revenue streams are not diversified enough

- Lack of fundraising/donors
- Lacking a for profit business IQ/model
- Unpredictable cost of service
- Funding mismatch to high acuity AAA 1-B participants

Market Position

- Brand/name recognition is low
- Services are not widely known
- Viewed as bureaucratic
- Viewed as low income resource (adverse selection)

Structure

- Trying to be all things to all people/ too many priorities/lack of focus
- Major programs are complex
- Reliant on providers to deliver
- Staff turnover
- National Area Agency on Aging network is fragmented and unfocused
- Competition is part of the AAA 1-B's provider pool
- Small organization in a big and growing industry
- Lack of coordinated efforts between nonprofits, AAA's and for profit business

Technology/Process

- Lack of information – hard to pull data
- Not reaching clients/staff through technology
- Process improvement needed

Staffing

- Pay is lower than in for profit world
- Retention of high performing staff
- Recruiting skilled staff

Opportunities

Expand Current Programs

- Partner with the network/vendors to provide opportunities
- Create new business segments/revenue streams
- Increase focus on Health/wellness/prevention
- Partner with other organizations to provide services/revenue
- Continued growth of SameAddress

- Create new programs/services for growing population
- Provide continuum of care services

Marketing/branding

- Define unique position and point for differentiation
- Drive loyalty with multi generations (caregivers and receivers)
- Improve brand recognition

Fund Raising

- Create endowment and long term investment strategy

Improve Efficiency

- Improve/create technology capability for clients, caregivers, and staff to drive efficiency, quality and reduce costs
- Expand roles based on understanding the needs in the community

Resource Utilization

- Hire P/T nurses who are retiring from hospitals
- Advertising as recurring revenue
- Better recruiting /utilization of students

Threats

Competition

- Consolidation of other AAA's
- Competing with others in health care field
- Vertical integration

Regulations/Funding

- Elections impact on regulations, resources, program focus and funding
- Increase in government regulations
- Government cost control/strings attached to funding by government
- Uncertainty in program direction and resources
- Outcome quality payment model (based on results not only delivery)
- IT costs and security threats

Market

- Boomers have lack of \$ for programs/services and life span increase

- Consumerism - consumers can find what they want/need, no need for AAA 1-B to provide info
- Price transparency for people paying
- Increased acuity of participants
- Chronic health issues of younger aging population
- Adverse selection of people served (looked at as a low income resource only)
- Clients are not forward thinking about needs

Staffing

- Staffing to meet the increased demand
- Labor costs and ability to recruit talent

Efficiency

- Technology replacing people

AASA Services Targeting Plan

Per the Michigan Office of Services to the Aging Operating Standards for Service Programs, “Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs.”¹

Definitions per the Operating Standards:		
Social Need	Functional Need	Economic Need
<ul style="list-style-type: none"> • Isolation • Living alone • Age 75+ • Minority • Non-English Speaker 	<ul style="list-style-type: none"> • Handicap per ADA • ADL Limitation • Mental/Physical inability to perform specific tasks • Acute or Chronic health conditions 	<ul style="list-style-type: none"> • Eligible for income assistance programs • Self-declared income below 125% of poverty

Star Rating: Every PPT seeking CLP services begins with 5 stars. Stars are removed based upon the criteria outlined below and then placed on the wait list at the appropriate priority level.

- **Subtract one star** for income at or below \$1,237.50 per month
- **Subtract one star** for needing support or assistance with 2 or more ADL’s
 - Dressing, Bathing, Toileting, Transferring, Continence, Feeding
- **Subtract one star** for living alone and having limited or no support from family or friends
- **Subtract one star** for being age 75+ or having a cognitive impairment
- **Subtract one star** for assets (includes savings, stocks, bonds, etc...) less than \$20,000

Star Rated	Wait List Placement
0 STARS	Placement on top of wait list
★	Placement after 0 stars by date of referral
★ ★	Placement after 1 stars by date of referral
★ ★ ★	Placement after 2 stars by date of referral
★ ★ ★ ★	Placement after 3 stars by date of referral
★ ★ ★ ★ ★	Placement after 4 stars by date of referral

If a PPT meets the following criteria they will automatically receive a 0 star priority rating:
Active APS, Hospice, Regional Transfers, Monroe County Residents, Caregiver Burnout.

¹ <https://www.osapartner.net/pubsitedocs/OperatStandardsServiceProgramsOct-2013.pdf> (Pages 4 and 5)

ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

Instructions

The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1	Level 2	Level 3	Level 4	Level 5
	<i>Least Intensive</i>			<i>Most Intensive</i>	
Program	Information & Assistance	Resource Advocacy or Options Counseling	Community Living Program Telephonic	Community Living Program In-Home	Care Management
Participants	All persons inquiring about services and resources for those over the age of 60.	All persons needing information and guidance with long term care options planning or assistance accessing entitled services and benefits	CLP: Individuals age 60 or older, who have ongoing needs, and require assistance with obtaining/coordinating care.	Individuals age 60 or older, who have ongoing needs, require assistance with obtaining/coordinating care, and who would have difficulty with participating in a telephonic consultation.	Individuals age 60 or older who are medically complex and at risk of, or in need of, a nursing facility level of care due to functional and/or cognitive limitations.
What Is Provided?	Basic information on services available in the community to meet the callers needs	Information on issues of Long-Term Care and consultation/planning and resources that address other basic needs such as housing, health services, mobility options, and income benefits or their equivalents.	<ol style="list-style-type: none"> 1) Consultation with clinical staff to identify long term care needs and develop strategies 2) Provision of an individualized strategy plan 3) Authorization of services including personal care, homemaking, respite, assistive devices, medication management, transportation, and adult day 4) Empowerment of individuals/families to work towards solutions 5) Telephonic support from a care team via a toll free phone number, answered live during business hours, by nurses, social workers and community health workers 6) Case coordination and support, including 6 month monitoring calls and referral to community resources 	<p>1-4 as described for Level 3</p> <ol style="list-style-type: none"> 5) Case coordination and support from a 2 person team of a nurse or social worker and a community health worker with quarterly monitoring calls and referral to community resources as needed 6) One annual in-home visit by the nurse or social worker and one annual in-home visit from the community health worker 	<ol style="list-style-type: none"> 1) In-home completion of full IHC assessment by a nurse and social worker 2) Development of person-centered plan for services 3) Authorization of services including personal care, homemaking, respite, assistive devices, medication management, transportation, and adult day 4) Monthly monitoring calls and reassessment every 90 to 180 days
Where is the service provided?	Phone	Phone/In-Home	Phone	In-home consultations with telephonic monitoring	In-home assessments with telephonic monitoring.

FY 2020 ANNUAL IMPLEMENTATION PLAN

ASSURANCES AND CERTIFICATIONS

The undersigned agency, designated by the Michigan Commission on Services to the Aging to act as the Area Agency on Aging within a given planning and service area, agrees to the following:

1. That the Annual Implementation Plan shall cover the current Fiscal Year.
2. To administer its Annual Implementation Plan in accordance with the Older Americans Act, the Older Michiganians Act, federal and state rules, and policies of the Michigan Commission on Services to the Aging as set forth in publications and policy directives issued by the Michigan Aging and Adult Services Agency.
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from the Michigan Aging and Adult Services Agency.
4. That any proposed revisions to the Annual Implementation Plan initiated by the Area Agency on Aging will be made in accordance with procedures established by the Michigan Aging and Adult Services Agency.
5. That funds received from the Michigan Aging and Adult Services Agency will only be used to administer and fund programs outlined in the Annual Implementation Plan approved by the Michigan Commission on Services to the Aging.
6. That the Area Agency on Aging will undertake the duties and perform the project responsibilities described in the Annual Implementation Plan in a manner that provides service to older persons in a consistent manner over the entire length of the Annual Implementation Plan and to all parts of the planning and service area.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved Area Implementation Plan.
8. That all services provided under the Annual Implementation Plan are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the Michigan Commission on Services to the Aging and issued by the Michigan Aging and Adult Services Agency, including Care Management.
9. That the Area Agency on Aging will comply with all conditions and terms contained in the Statement of Grant Award issued by the Michigan Aging and Adult Services Agency.
10. That the Area Agency on Aging may appeal actions taken by the Michigan Commission on Services to the Aging with regard to the Annual Implementation Plan, or related matters, in accordance with procedures issued by the Michigan Aging and Adult Services Agency in compliance with the requirements of the Older Michiganians Act and Administrative Rules.

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11. That the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the Area Agency on Aging has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.
13. That the Area Agency on Aging will send copies of the Annual Implementation Plan to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the Area Agency on Aging Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.
15. That the Area Agency on Aging identifies itself as a subrecipient (versus a vendor) of the Aging and Adult Services Agency, Michigan Department of Health and Human Services.
16. That the Area Agency on Aging certifies to the best of its knowledge and belief that reports submitted to the Aging and Adult Services Agency are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. That the Area Agency on Aging is aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject the agency, and its personnel, to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-38120).
17. The signatory on the Signature Page indicates that the Area Agency on Aging is submitting the current Fiscal Year Annual Implementation Plan or Multi-Year Implementation Plan that describes the initiatives and activities which will be undertaken on behalf of older persons within the planning and service area. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

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Assurance of Compliance

I. **Responsibilities – Grantee**

The Grantee in accordance with the general purposes and objectives of this agreement shall:

A. **Publication Rights**

1. Where the Grantee exclusively develops books, films, or other such copyrightable materials through activities supported by this agreement, the Grantee may copyright those materials. The materials that the Grantee copyrights cannot include service recipient information or personal identification data. Grantee grants the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials.
2. Any materials copyrighted by the Grantee or modifications bearing acknowledgement of the Department's name must be approved by the Department before reproduction and use of such materials. The State of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The State of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this agreement to the Grantee. If the Grantee ceases to conduct business for any reason, or ceases to support the copyrightable materials developed under this agreement, the State of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
3. Give recognition to the Department in any and all publications, papers and presentations arising from the program and service contract herein; the Department will do likewise. Prior written authorization must be requested from the Department's Communication office.
4. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this agreement and must submit a final invention statement and certification within 90 days of the end of the agreement period.
5. Not make any media releases related to this agreement, without prior written authorization from the Department's Communication office.

B. **Fees**

1. Guarantee that any claims made to the Department under this Agreement shall not be financed by any sources other than the Department under the terms of this Agreement. If funding is received through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.

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2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any underrecoveries of otherwise available fees resulting from failure to bill for eligible services will be executed from reimbursable expenditures.

C. Grant Program Operation

Provide the necessary administrative, professional, and technical staff for operation of the grant program. Obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of this Agreement.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the effective date of this agreement, and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation to support program activities and all expenditures made under the terms of this agreement, as required. The Grantee must assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this agreement will be maintained for a period of not less than three years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved. This Section applies to Grantee, any parent, affiliate, or subsidiary organization of Grantee, and any subcontractor that performs Agreement Activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector Generals, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.

2. The rights of access in this section are not limited to the required retention period but last as long as the records are retained.

1. Grantee must cooperate and provide reasonable assistance to authorized representatives of the Department and others when those individuals have access to Grantee's grant records.

G. Audits

This section only applies to Grantees designated as subrecipients by the Department (see Part 1, Section 2.A.).

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1. Required Audit or Audit Exemption Notice

Grantees must submit to the Department either a Single Audit, Financial Related Audit, Audit Exemption Notice as described below. A Financial Related Audit is applicable to for-profit Grantees that are designated as subrecipients. If submitting a Single Audit or Financial Related Audit, Grantees must also submit a corrective action plan prepared in accordance with Title 2 Code of Federal Regulations, Section 200.511(c) for any audit findings that impacts the Department-funded programs, and management letter (if issued) with a corrective action plan.

 - a) Single Audit

Grantees that are a state, local government, or non-profit organization that expend \$750,000 or more in federal awards during the Grantee's fiscal year, must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of Title 2 Code of Federal Regulations, Subpart F. The Single Audit reporting package must include all components described in Title 2 Code of Federal Regulations, Section 200.512(c).
 - b) Financial Related Audit

Grantees that are for-profit organizations that expend \$750,000 or more in federal awards during the Grantee's fiscal year must submit either a financial related audit prepared in accordance with Government Auditing Standards relating to all federal awards; or an audit that meets the requirements contained in Title 2 Code of Federal Regulations, Subpart F, if required by the federal awarding agency.
 - c) Audit Exemption Notice

Grantees exempt from the Single Audit and Financial Related Audit requirements (a. and b. above) must submit an Audit Exemption Notice that certifies these exemptions. The template Audit Exemption Notice and further instructions are available at <http://www.michigan.gov/MDHHS/> by selecting Inside MDHHS – MDHHS Audit.
2. Financial Statement Audit

Grantees exempt from the Single Audit and Financial Related Audit requirements (that are required to submit an Audit Exemption Notice as described above) must also submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards if the audit includes disclosures that may negatively impact the Department funded programs including, but not limited to fraud, going concern uncertainties, financial statement misstatements, and violations of contract and grant provisions. If submitting a Financial Statement Audit, Grantees must also submit a corrective action plan for any audit findings that impacts the Department funded programs.

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3. Due Date and Where to Send

The required audit and any other required submissions (i.e. corrective action plan and management letter with a corrective action plan), and/or Audit Exemption Notice must be submitted to the Department within nine months after the end of the Grantee's fiscal year by e-mail at MDHHS-AuditReports@michigan.gov. The required submissions must be assembled in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a) Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit or Financial Related Audit, including any, management letter and applicable corrective action plan within nine months after the end of the Grantee's fiscal year, the Department may withhold from any payment from the Department to the Grantee an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing requirements.

b) Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding from any payment from Department to the Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

5. Other Audits

The Department or federal agencies may also conduct or arrange for "agreed upon procedures" or additional audits to meet their needs.

H. Subrecipient/Contractor Monitoring

When passing federal funds through to a subrecipient (if the agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:

1. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.331(a).
2. Ensure the subrecipient complies with all the requirements of this grant agreement.
3. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.331(b).
4. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and

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the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.331(d) are met including reviewing financial and programmatic reports, following up on corrective actions, and issuing management decisions for audit findings.

5. Verify that every subrecipient is audited as required by Subpart F of 2 CFR 200.

The Grantee must also develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight, and monitoring activities, such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Grantee must establish requirements to ensure compliance for for-profit subrecipients as required by Title 2 (CFR), Section 200.501(h), as applicable.

The Grantee must ensure that transactions with contractors comply with laws, regulations, and provisions of contracts or grant agreements in compliance with Title 2 (CFR), Section 200.501(h), as applicable.

I. **Notification of Modifications**

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

J. **Software Compliance**

Ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Grantee's business operations for processing date/time data. All information systems, electronic or hard copy, that contain state or federal data must be protected from unauthorized access.

K. **Human Subjects**

Comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved inter-Departmental

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agreement. The manner of the review will be agreed upon between the Department's IRB chairperson and the Grantee's authorized official.

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor, or an officer or director of Grantee or subcontract, or that arises during the term of this Agreement including:
 1. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the agreement.
 2. A criminal Proceeding;
 3. A parole or probation Proceeding;
 4. A Proceeding under the Sarbanes-Oxley Act;
 5. A civil Proceeding involving:
 - a) A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
 - b) A governmental or public entity's claim or written allegation of fraud;or
 6. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee's ownership and/or executive management.

M. Statement of Work Progress Reports

The Grantee must submit Progress reports as outlined in the Statement of Work (Attachment A) or Performance/Progress Report Requirements (Attachment C).

N. Conflict of Interest and Code of Conduct Standards

1. The Grantee is subject to the provision of 1968 PA 317, as amended, 1973 PA 196, as amended, and Title 2 Code of Federal Regulations, Section 200.318(c)(1) and (2).
2. The Grantee will uphold high ethical standards and is prohibited from:
 - a. Holding or acquiring an interest that would conflict with this Agreement;
 - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
 - c. Attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or
 - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. Immediately notify the Department of any violation or potential violation of these standards. This Section applies to Grantee, any parent, affiliates, or subsidiary organization of Grantee, and any subcontractor that performs Agreement activities in connection with this Agreement.

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O. **Travel Costs**

1. Be reimbursed for travel cost (including mileage, meals and lodging) budgeted and incurred related to services provided under this Agreement.
2. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the State of Michigan travel reimbursement rate applies.
3. State of Michigan travel rates may be found at the following website:
https://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html

P. **Federal Funding Accountability and Transparency Act (FFATA)**

1. Complete and upload the FFATA Executive Compensation report to the OSA Secure Report File Drop if:
 - a. The Grantee's federal revenue was 80% or more of the grantee's annual gross revenue;
 - b. Grantee's gross revenue from federal awards was \$25,000,000 or more; AND
 - c. The public does not have access to the information about executive officers compensation through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 or Section 6104 of the Internal Revenue Code of 1986.
2. FFATA Executive Compensation report template can be found in Attachment F.

Q. **Insurance Requirements**

1. Maintain a minimum of the insurances listed below and is responsible for all deductibles. All required insurance must:
 - a. Protect the State of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
 - b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the State; and
 - c. Be provided by a company with an A.M. Best rating of "A" or better and a financial size of VII or better.
2. Insurance Types
 - a. Commercial General Liability Insurance: Policies must be endorsed to add "the State of Michigan, its departments, divisions, agencies, office, commissions, officers, employees, and agents" as additional insureds using endorsement CG 2010 07 04 and CG 2037 07 04.
If the Grantee will deal with children, schools, or the cognitively impaired, coverage must not have exclusions or limitations related to sexual abuse and molestation liability.
 - b. Workers' Compensation Insurance: Coverage according to applicable laws governing work activities. Waiver of subrogation, except where waiver is prohibited by law.
 - c. Employers Liability Insurance or Governmental Self-Insurance

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3. Grantees must require that subcontractors maintain the required insurances contained in this Section.
4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this Agreement.
5. Each Party must promptly notify the other Party of any knowledge regarding an occurrence which the notifying Party reasonably believes may result in a claim against either Party. The Parties must cooperate with each other regarding such claim.

R. Fiscal Questionnaire

1. Submit yearly fiscal questionnaire to the Department via the EGrAMS website by the 15th of December.
2. Fiscal Questionnaire template can be found in EGrAMS documents.

S. Criminal Background Check

1. Conduct or cause to be conducted an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with clients or has access to client information.
 - a. ICHAT: <http://apps.michigan.gov/ichat>
 - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Conduct or cause to be conducted a Central Registry (CR) check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with children or vulnerable adults.
 - a. Central Registry: http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330---,00.html
3. Require each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Prohibit each employee, subcontractor, subcontractor employee, or volunteer that works directly with clients or has access to client information and has a positive ICHAT response or reported criminal felony conviction or perpetrator identification from assigned duties related to clients under this Agreement.
5. Ensure that each employee, subcontractor, subcontractor employee, or volunteer that works directly with children and/or vulnerable adults and has a positive CR response or reported perpetrator identification are not assigned to duties under this Agreement.

June, 2019

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II. **Responsibilities – DEPARTMENT**

The Department in accordance with the general purposes and objectives of this agreement will:

A. **Reimbursement**

Provide reimbursement in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

B. **Report Forms**

Provide any report forms and reporting formats required by the Department at the effective date of this agreement, and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 90 days prior to their required usage in order to afford the Grantee an opportunity to review and offer comment.

III. **Assurances**

The following assurances are hereby given to the Department:

A. **Compliance with Applicable Laws**

The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Grantee will also comply with all applicable general administrative requirements such as Title 2 Code of Federal Regulations (CFR) covering cost principles, grant/agreement principles, and audits, in carrying out the terms of this Agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws, guidelines, rules, and regulations in carrying out the terms of this Agreement and may then terminate this Agreement under Part II Section V.

B. **Anti-Lobbying Act**

The Grantee will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-209). Further, the Grantee shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

C. **Non-Discrimination**

1. In the performance of any contract or purchase order resulting herefrom, the Grantee agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability

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unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.

2. The Grantee will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:
 - a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
 - b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
 - c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of disabilities;
 - d) The Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
 - e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
 - f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
 - g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records.
 - h) Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,
 - i) The requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned

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businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

D. Debarment and Suspension

The Grantee will comply with Federal Regulation, 2 CFR part 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal Department or contractor;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, claims, or obstruction of justice;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2;
4. Have not within a five-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.
5. Have not committed an act of so serious or compelling nature that it affects your present responsibilities.

E. Federal Requirement: Pro-Children Act

1. The Grantee will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or

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facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's services.

2. The Grantee also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities or services are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant, or private work site), the activities or services shall be smoke-free.

F. **Hatch Political Activity Act and Intergovernmental Personnel Act**

The Grantee will comply with the Hatch Political Activity Act, 5 USC 1501-1509 and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728-4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

G. **National Defense Authorization Act Employee Whistleblower Protections**

The Grantee will comply with the National Defense Authorization Act "Pilot Program for Enhancement of Grantee Employee Whistleblower Protections".

- a) This agreement and employees working on this agreement will be subject to the whistleblower rights and remedies in the pilot program on Grantee employee whistleblower protections established at 41 U.S.C.4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2012 and FAR 3.908.
- b) The Grantee shall inform its employees in writing, the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
- c) The Grantee shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

H. **Clean Air Act and Federal Water Pollution Control Act**

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended.

- a) This agreement and anyone working on this agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all

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applicable standards, orders or regulations issue pursuant to these Acts. Violations must be reported to the Department.

I. **Trafficking Victims Protection Act**

The Grantee will comply with the Trafficking Victims Act of 2000, as amended.

- a) This agreement and anyone working on this agreement will be subject to the Trafficking Victims Protection Act and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to the Department.

J. **Procurement of Recovered Materials**

The Grantee will comply with section 6002 of the Solid Waste Disposal, as amended.

- a) This agreement and anyone working on this agreement will be subject to section 6002 of the Solid Waste Disposal Act and must comply with all applicable standards, orders or regulations issued pursuant to these Acts. Violations must be reported to the Department.

K. **Subcontracts**

For any subcontracted service, activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request within 30 days of execution of the agreement.
2. That any executed subcontract to this agreement shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail.

A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this agreement;
 - b. Restates provisions of this agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
 - c. Requires the subcontractor to perform duties and/or services in less time than that afforded to Grantee in this agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontract activity.
 4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.

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FY 2020 ANNUAL IMPLEMENTATION PLAN

5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.

L. **Procurement**

Grantee will ensure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of Title 2 Code of Federal Regulations, Part 200. Funding from this agreement shall not be used for the purchase of foreign goods or services or both. Records shall be sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

M. **Health Insurance Portability and Accountability Act**

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with requirements including the following:

1. The Grantee must not share any protected health data and information provided by the Department that falls within HIPAA requirements except as permitted or required by applicable law; or to a subcontractor as appropriate under this agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach, and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurance and the Grantee must provide the same to the Department.

FY 2020 ANNUAL IMPLEMENTATION PLAN

6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Agreement Termination.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.
8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

N. Website Incorporation

The Department is not bound by any content on Grantee's website unless expressly incorporated directly into this Agreement. The Department is not bound by any end user license agreement or terms of use unless specifically incorporated in this agreement or any other agreement signed by the Department. The Grantee may not refer to the Department on the Grantee's website without the prior written approval of the Department.

O. Survival

The provisions of this Agreement that impose continuing obligations will survive the expiration or termination of this Agreement.

P. Non-Disclosure of Confidentiality Information

1. The Grantee agrees that it will use Confidential Information solely for the purpose of this Agreement. The Grantee agrees to hold all Confidential information in strict confidence and not to copy, reproduce, sell, transfer or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or subcontracts of a party who have a need to know in connection with this Agreement or to use such Confidential Information for any purpose whatsoever other than the performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the Confidential Information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.
2. Meaning of Confidential Information
For the purpose of this Agreement the term "Confidential Information" means all information and documentation of a part that:
 - a. Has been marked "confidential" or with words or similar meaning, at the time of disclosure by such part;
 - b. If disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning.

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- c. Should reasonably be recognized as confidential information of the disclosing party.
 - d. Is unpublished or not available to the general public; or
 - e. Is designated by law as confidential.
3. The term “Confidential Information” does not include any information or documentation that was:
- a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
 - b. Already in the possession of the receiving party without an obligation of confidentiality.
 - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party’s proprietary rights;
 - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
 - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving part).
4. The Grantee must notify the Department within 1 business day after discovering any unauthorized use or disclosure of Confidential Information. The Grantee will cooperate with the Department in every way possible to assist the Grantee regain possession of the Confidential Information and prevent further unauthorized use or disclosure.

IV. Financial Requirements

A. Reimbursement Method

The Grantee will be reimbursed in accordance with the staffing grant reimbursement method as follows:

Reimbursement from the Department is based on the understanding that the Department funds will be paid up to the total the Department allocation as agreed to in the approved budget. The Department funds are first source after the application of fees and earmarked sources unless a specific local match condition exists.

B. Financial Status Report, Cash Request and Expense Detail Submission

Monthly and quarterly Financial Status Reports (FSRs), cash requests and detailed budget expenses shall be prepared and submitted to the Department.

FSRs and expense reports must be submitted through the OSA Secure File Drop or FIRST on a quarterly basis by the 15th of the following month. **The Final FSR and Final Cash Request for this grant will be due to the Department no later than December 15 following the end of the fiscal year.** All FSRs must reflect total actual program expenditures, regardless of the source of funds. Amounts submitted on all FSRs and cash requests must be rounded to the nearest dollar.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments. Final FSRs must be submitted as required above in order to ensure proper submission by the Department to the federal government.

Cash requests must be submitted through FIRST. AASA Transmittal Letter #2019-392 indicates that cash requests should be prepared “within a timeframe that allows for receipt of cash as near to distributions as possible. Federal and state regulations require that no more than a three-day supply of funds be maintained at the agency.” Please refer to transmittal letter #2019-392 for further guidance. Cash requests are intended to cover immediate need per the Cash Management Improvement Act. A link to the Cash Request example is located in FIRST for reference.

For access to FIRST and the OSA Secure Report File Drop, contact Emma Buycks, AASA, at buyckse@michigan.gov or at (517) 284-0170.

For technical assistance with Cash Requests, contact Terri Simon at simont@michigan.gov or (517) 284-0159. For technical assistance with Financial Status Reports (FSRs) contact your program manager/field representative.

C. Reimbursement Mechanism

All Grantees must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by MCL 18.1283a. Vendor registration information is available through Department of Technology, Management and Budget’s web site:

- o <http://www.michigan.gov/SIGMAVSS>

D. Final Obligations and Financial Status Report Requirements

1. Obligation Report (Estimated Final Expenditure Report)

The Obligation Report (Estimated Final Expenditure Report), based on annual guidelines, must be submitted by the due date using the format provided by the Department’s Budget and Finance Office. The Grantee must provide an estimate of total expenditures for the entire agreement period. The information on the report will be used to record the Department’s year-end accounts payables and receivables for this agreement.

2. MDHHS Department-wide Payment Suspension

A temporary payment suspension is in effect on agreements during the MDHHS year-end closing period beginning September 20 until mid to late November. FSRs through the August period should be submitted by September 15 to ensure payment prior to the payment suspension period.

FY 2020 ANNUAL IMPLEMENTATION PLAN

3. Final FSRs

Final FSRs are due according to the date established in the Agreement in IV. Financial Requirements, B. Financial Status Report, Cash Request and Expense Detail Submission. The final FSR must be clearly marked “Final”. Final FSRs not received by the due date may result in the loss of funding requested on the Obligation Report and may result in the potential reduction in the subsequent year’s agreement amount.

E. Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department within 30 days of the end of the Agreement or treated in accordance with instructions provided by the Department.

F. Indirect Costs

The Grantee is allowed to use an approved federal indirect rate in their budget calculations and financial status reporting. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs. Approved indirect rates will appear on Attachment 1.

V. Agreement Termination

The Department may cancel this agreement without further liability or penalty to the Department for any of the following reasons:

A. This agreement may be terminated by either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.

B. This agreement may be terminated on 30 days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the 30 day period.

C. This agreement may be terminated immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Section III.D. of this agreement during the term of this agreement or any extension thereof.

VI. Stop Work Order

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop order detailing the suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for Activities, Grantee’s lost profits, or any additional compensation during a stop work period.

FY 2020 ANNUAL IMPLEMENTATION PLAN

VII. **Final Reporting Upon Termination**

Should this agreement be terminated by either party, within 30 days after the termination, the Grantee shall provide the Department with all financial, performance and other reports required as a condition of this agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee shall immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures.

VIII. **Severability**

If any provision of this Agreement is held invalid or unenforceable, by any court of competent jurisdiction, that part will be deemed deleted from this Agreement and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining Agreement will continue in full force and effect.

IX. **Waiver**

Failure to enforce any provision of this Agreement will not constitute a waiver to enforce any other provision of this agreement.

X. **Amendments**

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement. Any change proposed by the Grantee which would affect the Department funding of any project, in whole or in part in Part I, Section 2.C of the agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change. The Grantee shall, upon request of the Department and receipt of a proposed amendment, amend this Agreement.

XI. **Liability**

All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Grantee in the performance of this agreement shall be the responsibility of the Grantee and not the responsibility of the Department, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act

on the part of the Grantee, any subcontractor, anyone directly or indirectly employed by the Grantee, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by statute or court decisions. The Department is not liable for consequential, incidental, indirect or special damages, regardless of the nature of the action.

XII. **State Of Michigan Agreement**

This is a State of Michigan Agreement and must be exclusively governed by the laws and construed by the laws of Michigan, excluding Michigan's choice-of-law principle. All claims related to or arising out of this agreement, or its breach, whether sounding in contract, tort, or otherwise, must likewise be governed exclusively by the laws of Michigan, excluding Michigan's choice-of-law principles. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging FY 2020 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 2020 will address the element.

Area Agency on Aging Area Agency on Aging 1-B
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).
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).
The current Emergency Preparedness Plan for the Area Agency on Aging 1-B (AAA 1-B) has one primary designee, Manager, Compliance & Regulatory Performance, as the organization contact for communications with AASA staff on current status of emergency situations.
2. Being prepared to identify and report on unmet needs of older individuals.
Unmet needs are currently collected by the AAA 1-B Resource Center. A report can be generated that identifies unmet needs of older adults that cannot be met by current programs and services available through the agency and community partners. We are planning on doing a region wide unmet needs study in the summer of 2019.
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.
The AAA 1-B generates a quarterly report of all high risk homebound individuals, sorted by county, who would need assistance through first responders and/or the AAA 1-B in the event of emergency situations. Our nutrition providers provide information on older adults receiving home delivered meals to the appropriate county department.
4. Being able to contact such affected older persons to determine their well-being.
The AAA 1-B report above includes name, address, primary contact information of either the older adult or designated representative and indicates the service need level of those individuals receiving in-home services. Nutrition providers provide similar contact information directly to the appropriate county department.
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.
All individuals on the AAA 1-B emergency preparedness committee are provided with laptops and car chargers for laptop to ensure the ability to charge the computer if there is a power outage. All emergency preparedness committee members also receive an electronic copy of the high risk individuals, and are required to copy this list to a secure flash drive. The information can then be sent to the state or other first responders, if needed, through a secure email.
Page 123

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.

The AAA 1-B requires all nutrition providers to have an emergency plan for food delivery. In addition to the above components the plan is also required to include:

- A backup plan for food preparation if usual kitchen facility is unavailable.
- Agreements in place with volunteer organizations, individual volunteers, hospitals, LTC facilities, and/or other nutrition providers
- Communications system to alert congregate and home delivered meals participants of changes in meal site/delivery

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.

All nutrition providers are required to send out emergency meals packs with a minimum of six shelf-stable meals and instructions on how to use such meals. They are replenished as necessary. Emergency meals are distributed to each new participant and are replaced as used within a reasonable time period. MI Choice participants receive emergency meals at the same time.

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

Nutrition Providers have agreements with different agencies and organizations to assist with meal prep and delivery in the event a kitchen facility becomes unavailable. They also utilize satellite kitchens within their organization to relocate HDM or congregate programs should the kitchen become 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.

The AAA 1-B requires that our nutrition providers have established agreements with alternate locations to provide assistance with food acquisition, meal preparation and delivery if the standard kitchen and meal preparation/delivery function is not available due to emergency or unanticipated situations.

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

Nutrition Providers alert participants of changes in meal site/delivery via television, radio, social media, and the organization's website. Macomb Community Action, which covers all of Macomb County also does robo calling to all meal recipients.

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.

Nutrition Providers are required to submit policies and procedures to the Nutrition Services Program Manager for review and approval.

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

The plan is reviewed and updated as needed, and then is submitted electronically to AASA for review.

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2020

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2020. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service."

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i>	<i>Example: List each provider offering programs on a single line as shown below.</i>	<i>Example: Total participants for all providers</i>	<i>Example: Funding total for all providers</i>
Arthritis Exercise Program	1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	80	\$14,000
Aging Mastery Program (6) PATH, D-PATH, Chronic Pain (10) A Matter of Balance (15)	Area Agency Aging 1-B	400	\$119,844
PATH, D-PATH, Chronic Pain A Matter of Balance EnhanceFitness Diabetes Prevention Program	Contract providers TBD	800	\$85,584

QUALITY OUTCOME MEASURES*

For Care Management and Case Coordination and Support

FY 10/01/2019 – 09/30/2020

1. Participant Satisfaction Level

The Measure

The percentage of the total participant satisfaction survey question responses that are positive, negative and neutral for Care Management; and Case Coordination & Support.

2. Participant Quality of Life Satisfaction Level Before and After Receiving Services

The Measure

The percentage of the total participant satisfaction survey question responses about quality of life before and after receiving services that are positive; negative; or neutral for Care Management; and Case Coordination & Support (based on these two questions to be added to the area agency survey):

<i>My quality of life prior to receiving services was:</i>	<i>Positive</i>	<i>Negative</i>	<i>Neutral</i>
<i>My quality of life after receiving services is:</i>	<i>Positive</i>	<i>Negative</i>	<i>Neutral</i>

3. Prevalence of Social Isolation

The Measure

The percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely - OR- Participants who are distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment if less than 90 days) for Care Management; and Case Coordination & Support.

4. Prevalence of Emergency Room Visits and Hospital Stays

The Measure

The percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days of the assessment/reassessment (or since the last assessment if less than 90 days) for Care Management; and Case Coordination & Support.

5. Prevalence of Inadequate Meals and Dehydration

The Measure

The percentage of all participants who in at least 4 of last 7 days prior to assessment/reassessment ate one or fewer meals for Care Management; and Case Coordination & Support.

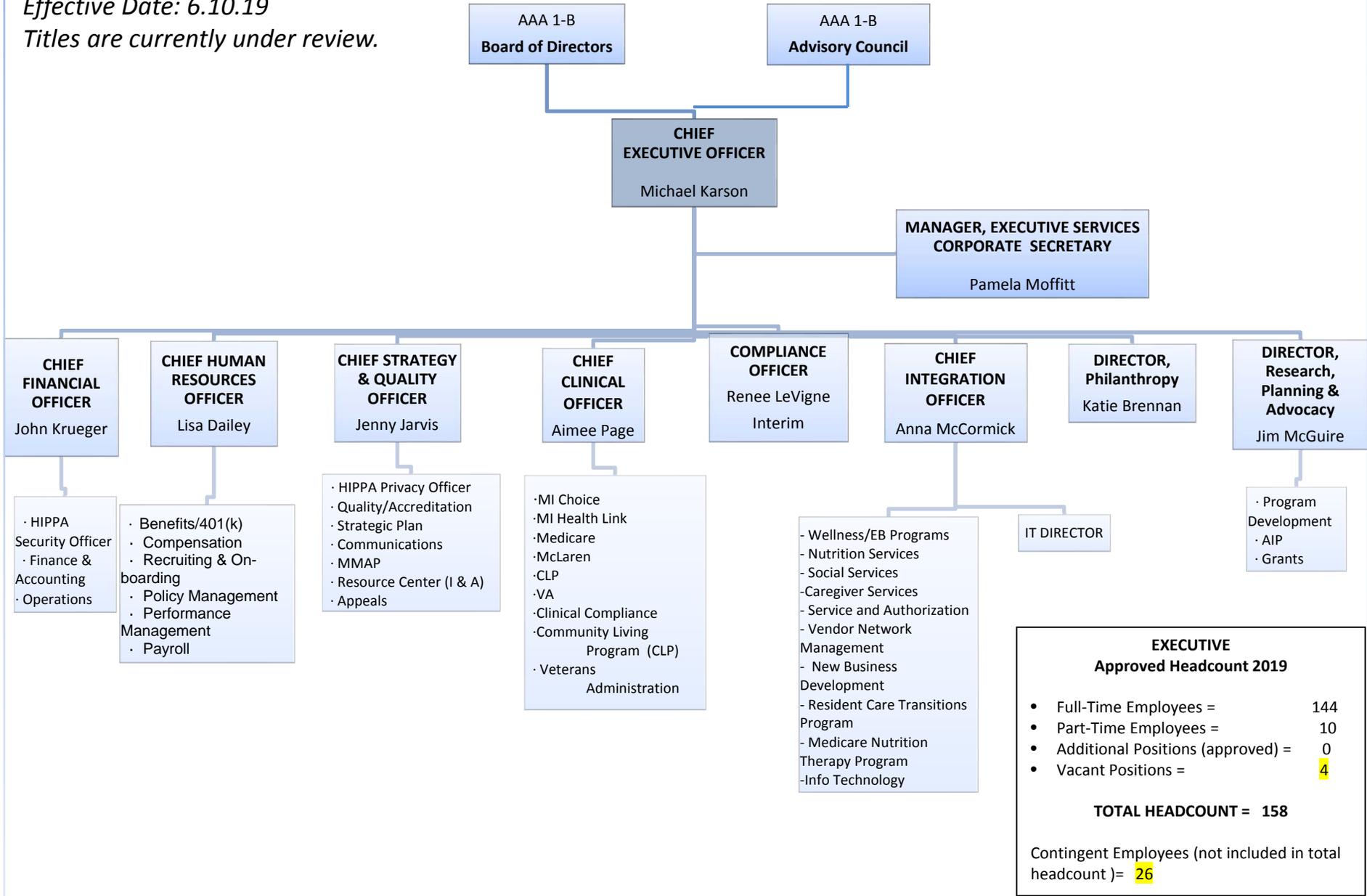
The Measure

The percentage of all participants who in the last 3 days prior to assessment/reassessment had fluid intake less than 1,000 cc per day (less than four 8 oz. cups/day) for Care Management; and Case Coordination & Support.

EXECUTIVE

Effective Date: 6.10.19

Titles are currently under review.



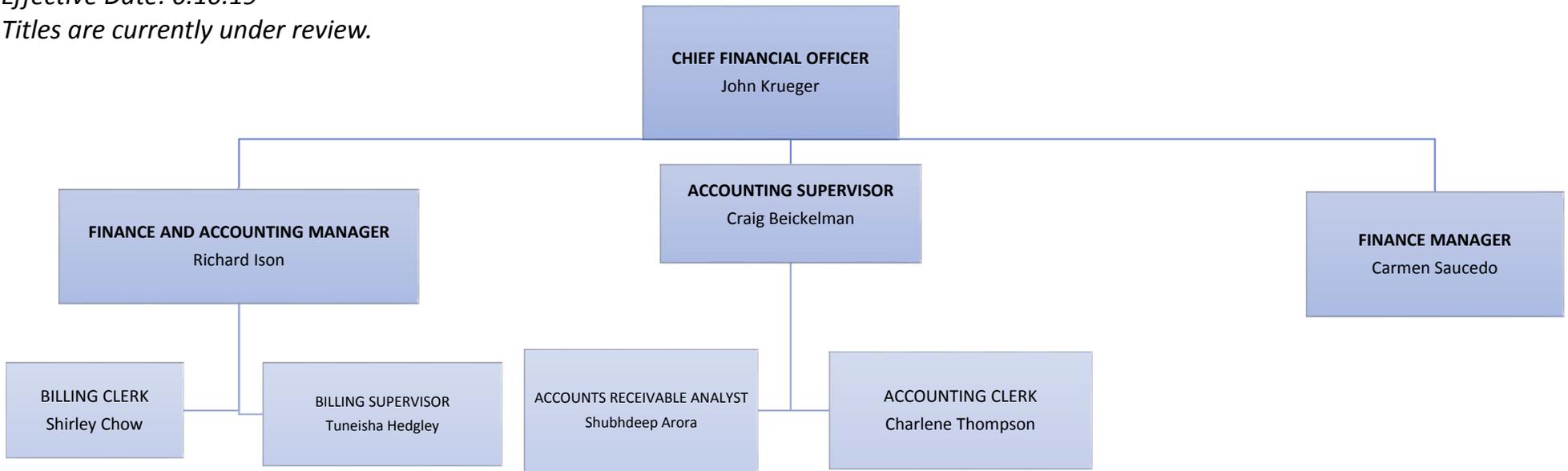
EXECUTIVE Approved Headcount 2019	
• Full-Time Employees =	144
• Part-Time Employees =	10
• Additional Positions (approved) =	0
• Vacant Positions =	4
TOTAL HEADCOUNT = 158	
Contingent Employees (not included in total headcount)= 26	

Updated 6/12/2019

FINANCE

Effective Date: 6.10.19

Titles are currently under review.

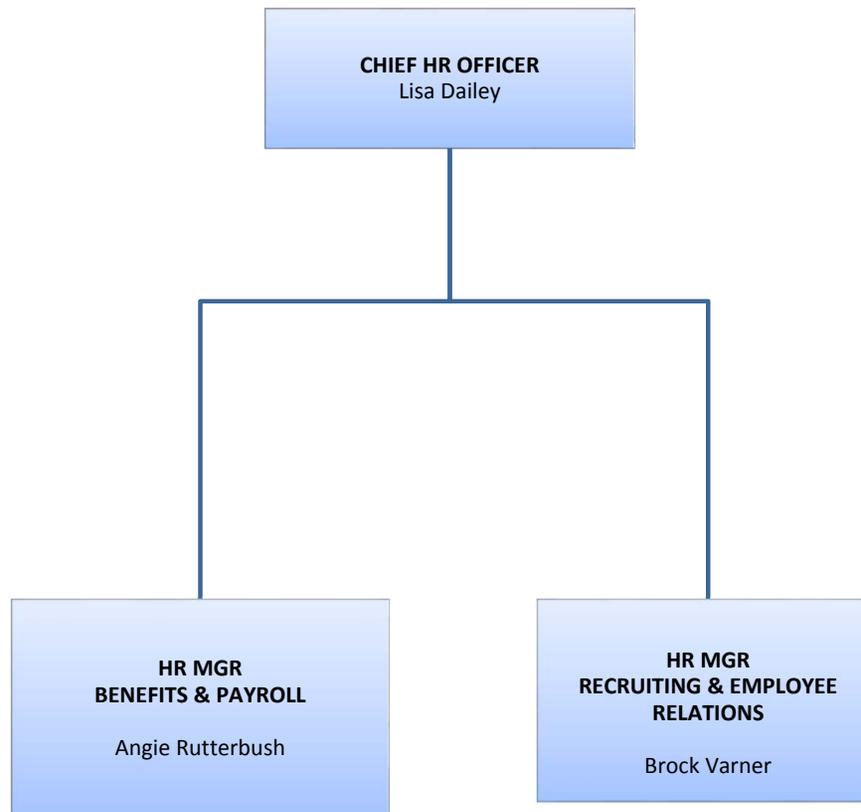


FINANCE	
Approved Headcount 2019	
• Full-Time Employees =	8
• Part-Time Employees =	0
• Additional Positions (approved) =	0
• Vacant Positions =	0
TOTAL HEADCOUNT = 8	
Contingent Employees (not included in headcount) =	

HUMAN RESOURCES

Effective Date: 6.10.19

Titles are currently under review.

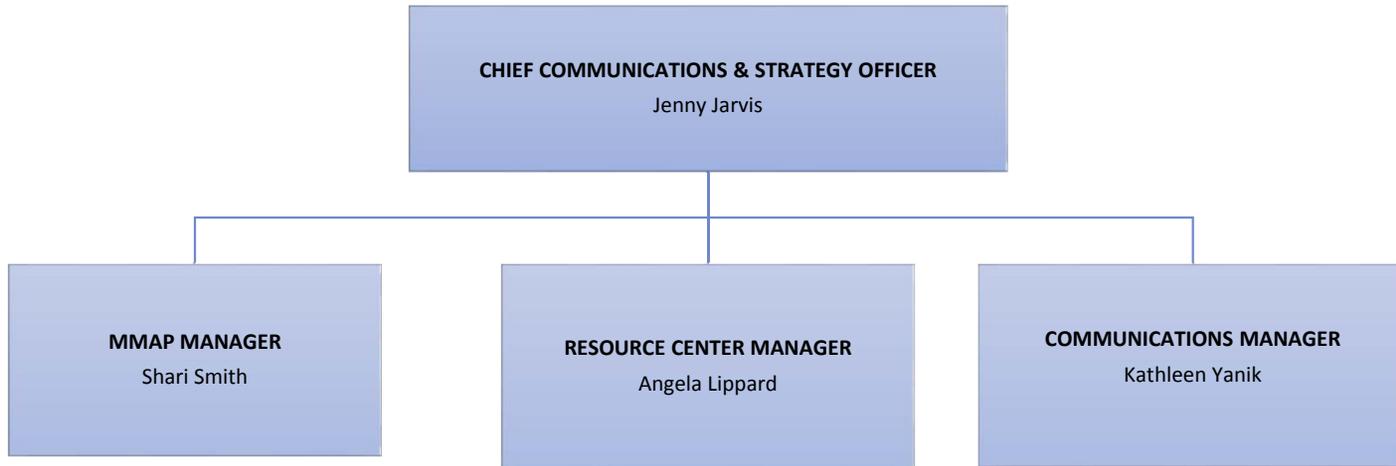


HUMAN RESOURCES	
Approved Headcount 2018	
• Full-Time Employees =	3
• Part-Time Employees =	0
• Additional Positions (approved) =	0
• Vacant Positions =	0
TOTAL HEADCOUNT = 3	
*Contingent Employees (not included in headcount) = 0	

COMMUNICATIONS

Effective Date: 6.10.19

Titles are currently under review.

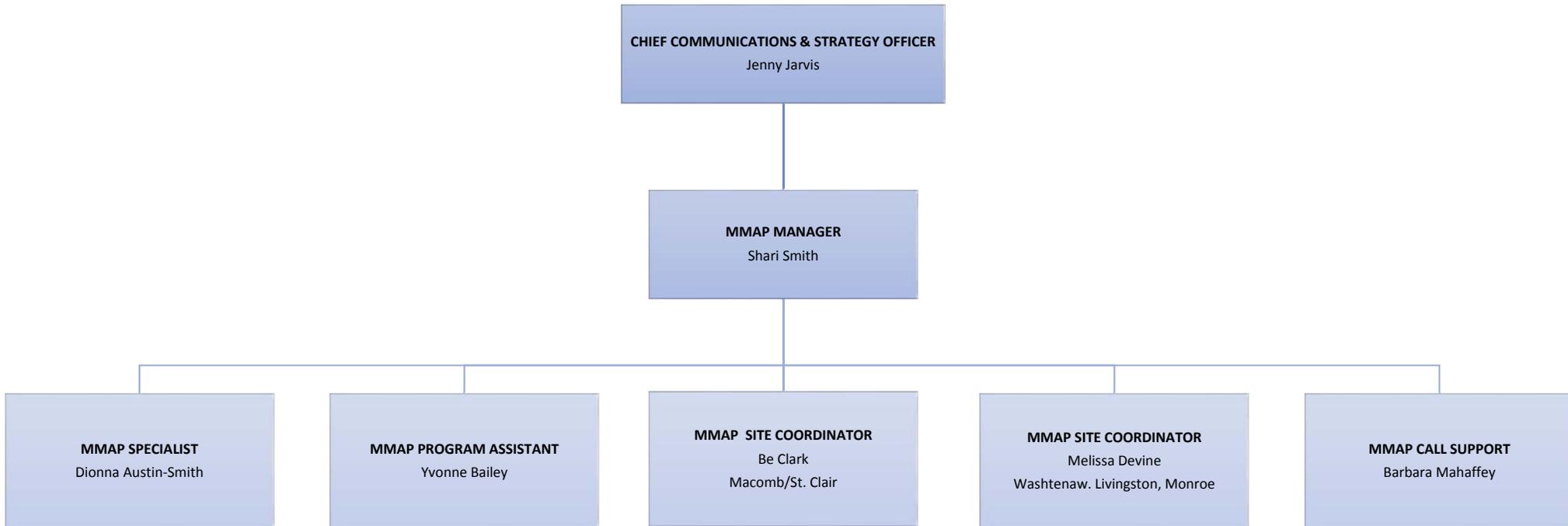


COMMUNICATIONS	
Approved Headcount 2019	
• Full-Time Employees =	20
• Part-Time Employees =	2
• Additional Positions (approved) =	
• Vacant Positions =	
TOTAL HEADCOUNT = 22	
Contingent Employees (not included in headcount) =	

COMMUNICATIONS

Effective Date: 6.10.19

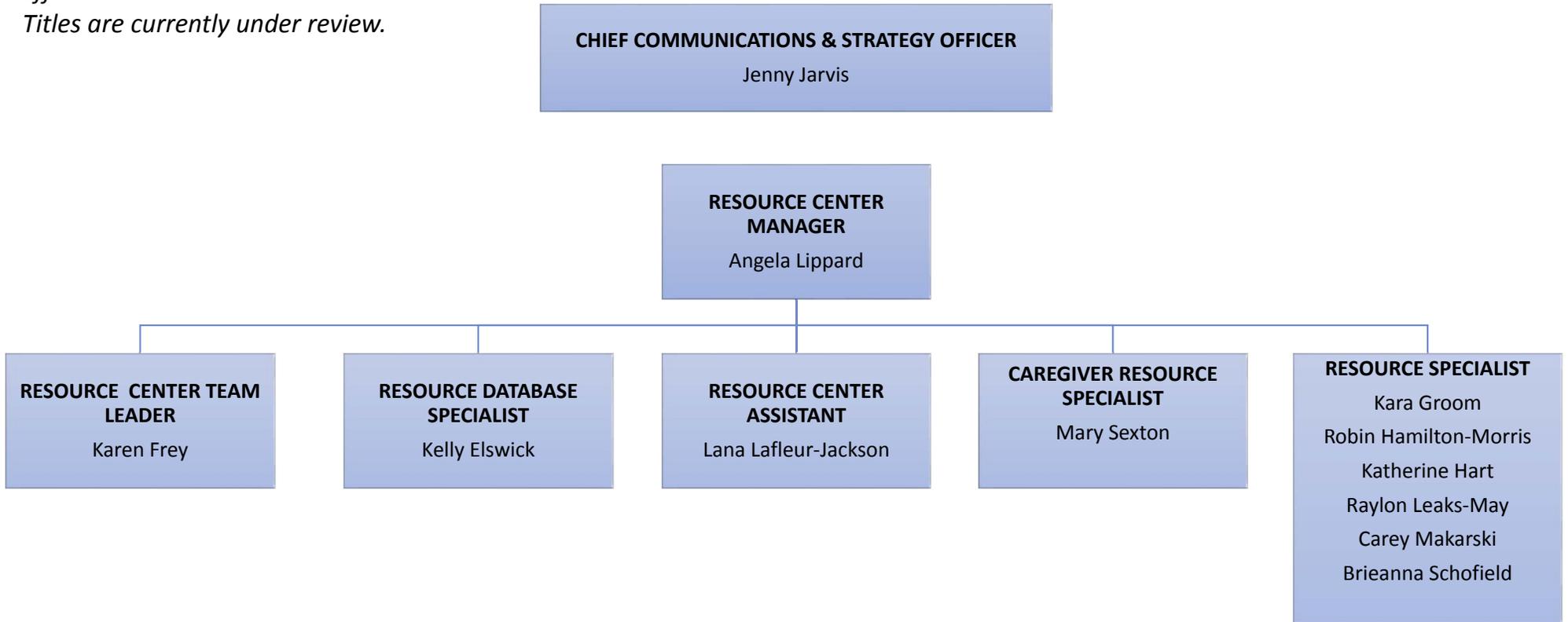
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COMMUNICATIONS

Effective Date: 6.10.19

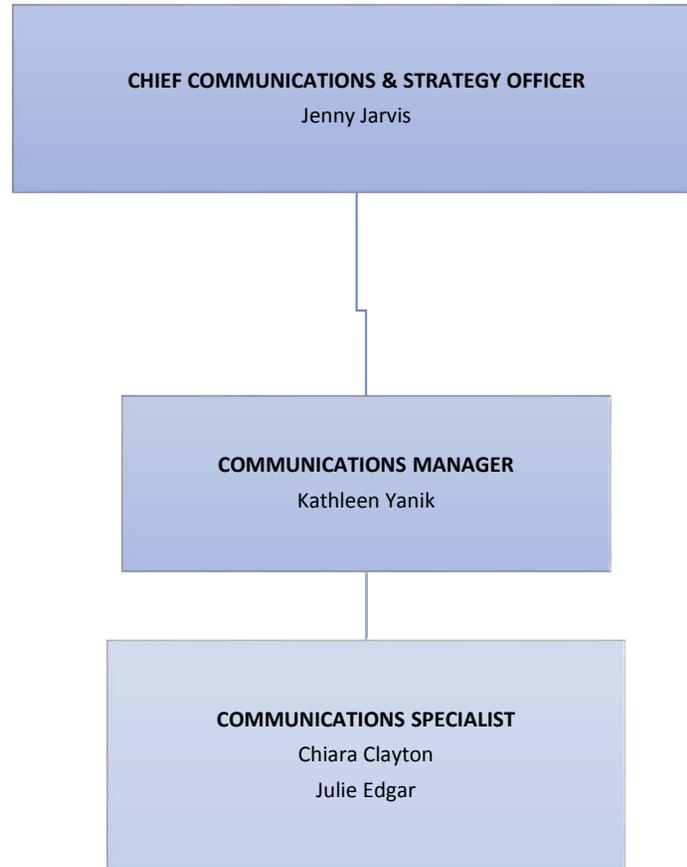
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COMMUNICATIONS

Effective Date: 6.10.19

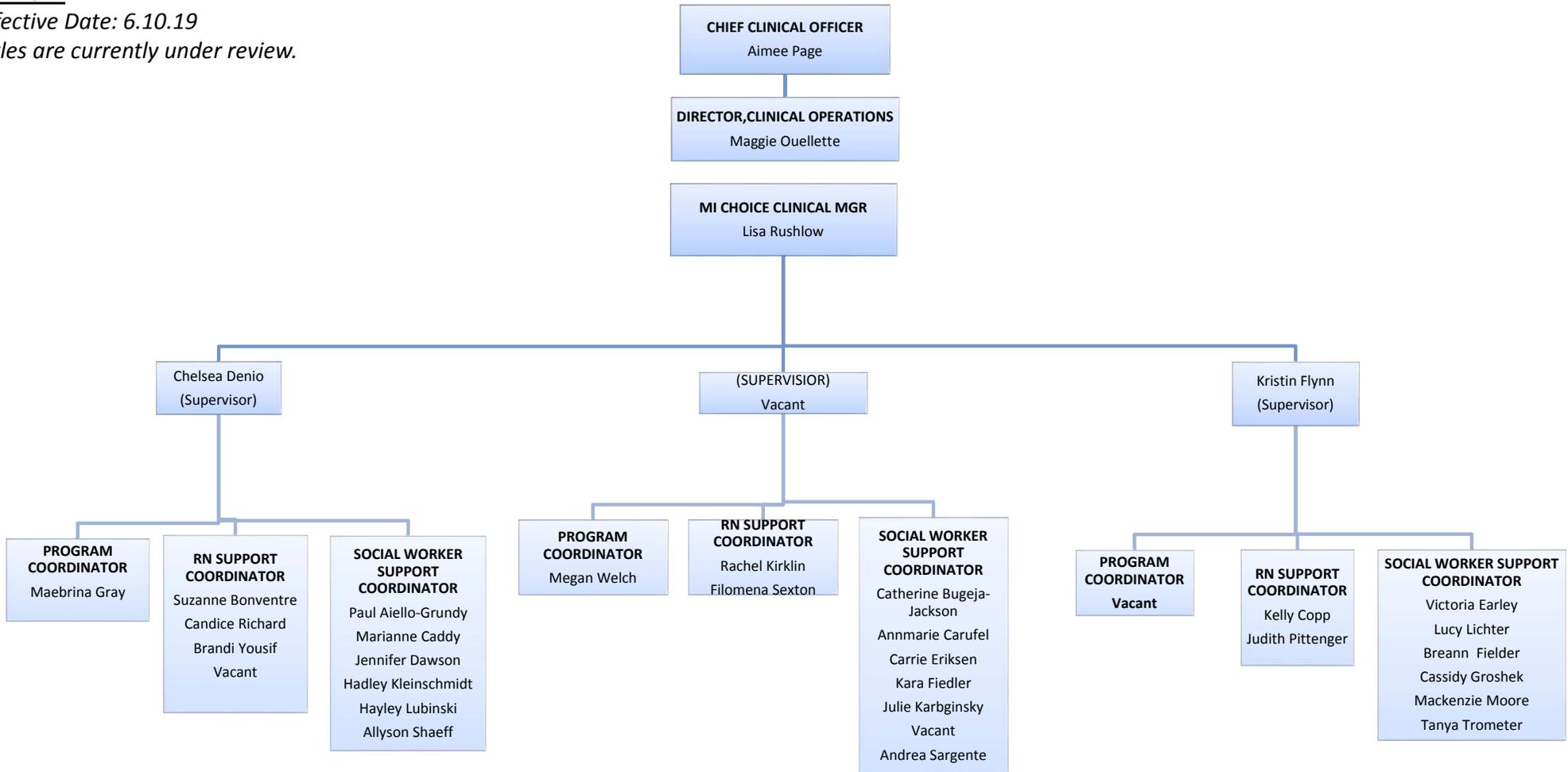
Titles are currently under review.



CLINICAL

Effective Date: 6.10.19

Titles are currently under review.



CLINICAL
Approved Headcount 2019

- Full-Time Employees = 80
- Part-Time Employees =
- Additional Positions (approved) = 0
- Vacant Positions = 9

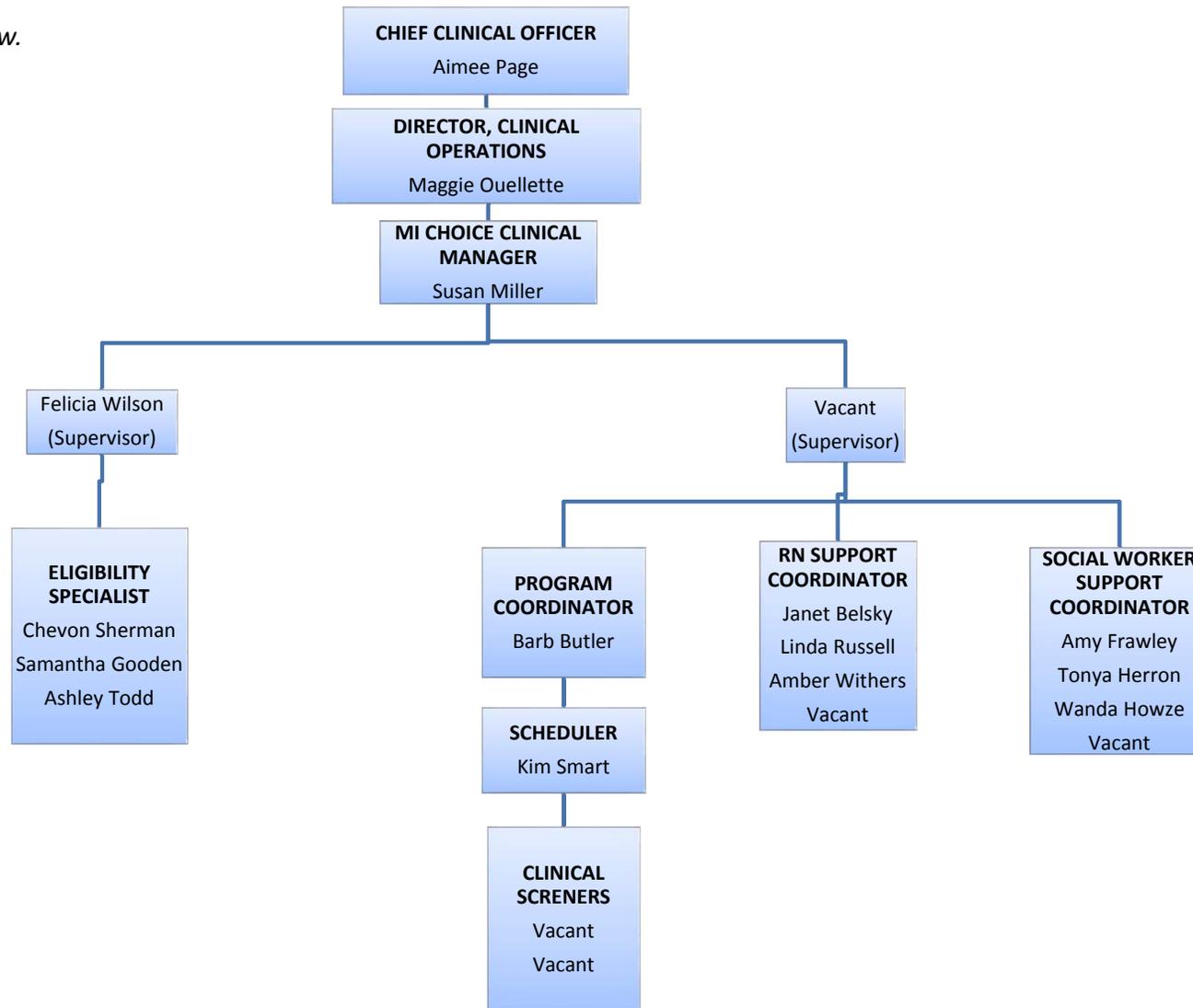
TOTAL HEADCOUNT = 89

Contingent Employees (not included in headcount) = 0

CLINICAL

Effective Date: 6.10.19

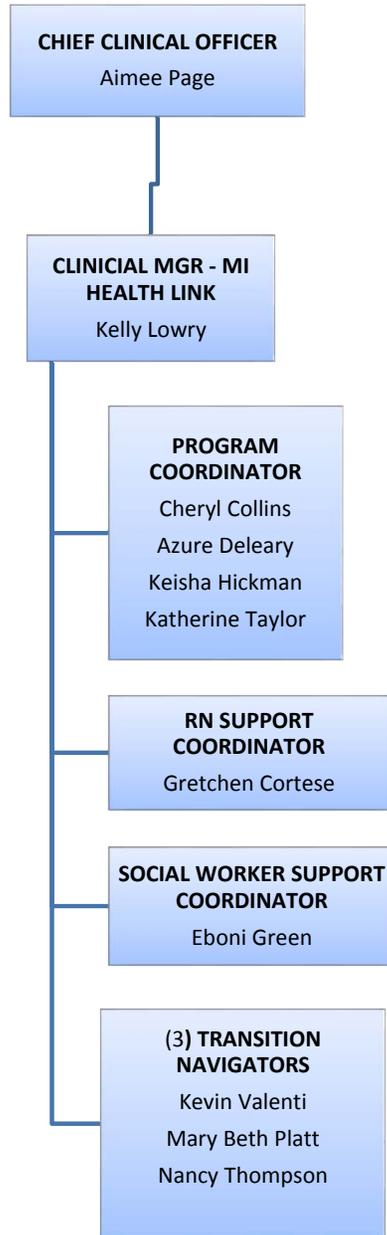
Titles are currently under review.



CLINICAL

Effective Date: 6.10.19

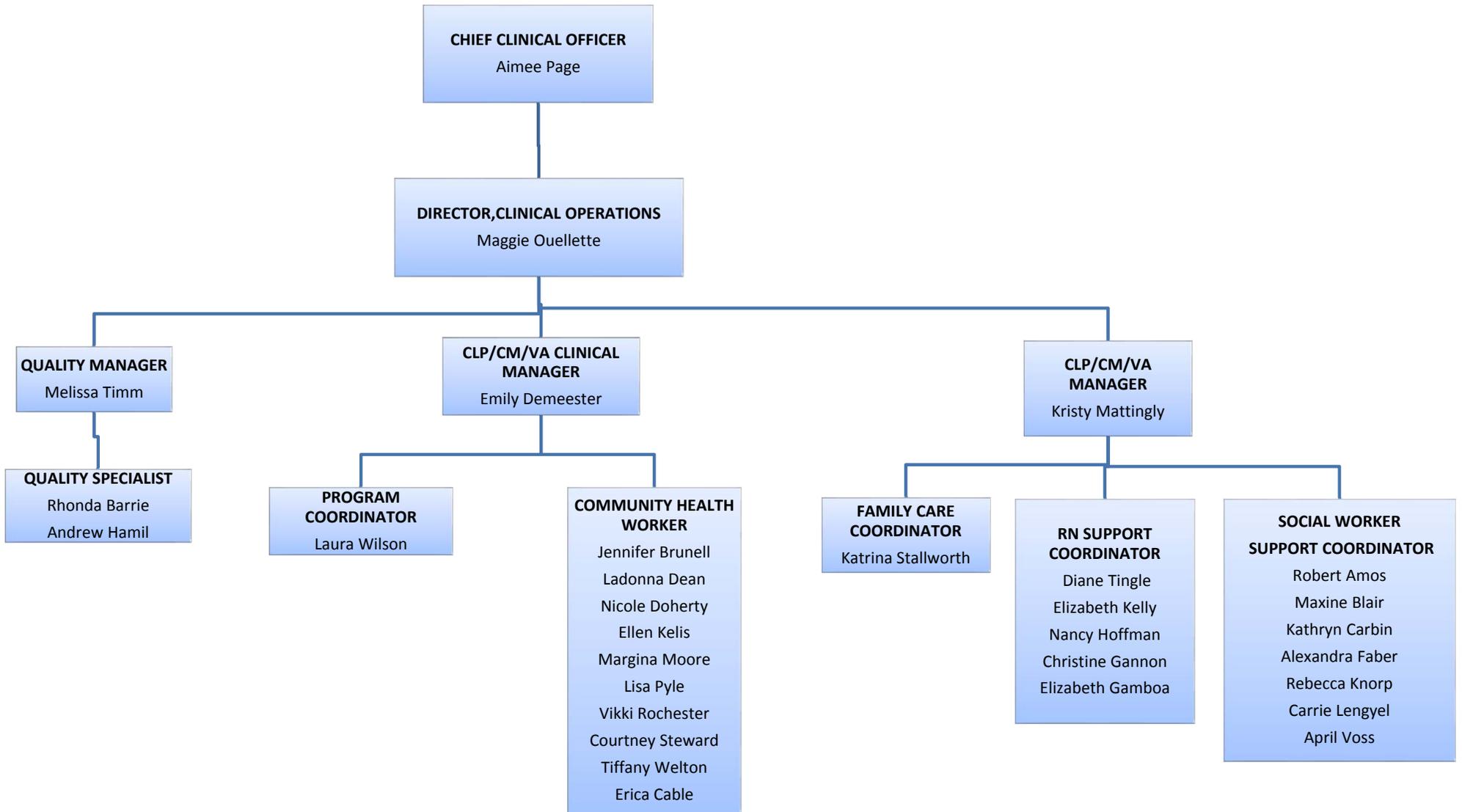
Titles are currently under review.



CLINICAL

Effective Date: 6.10.19

Titles are currently under review.



COMPLIANCE

Effective Date: 6.10.19

Titles are currently under review.

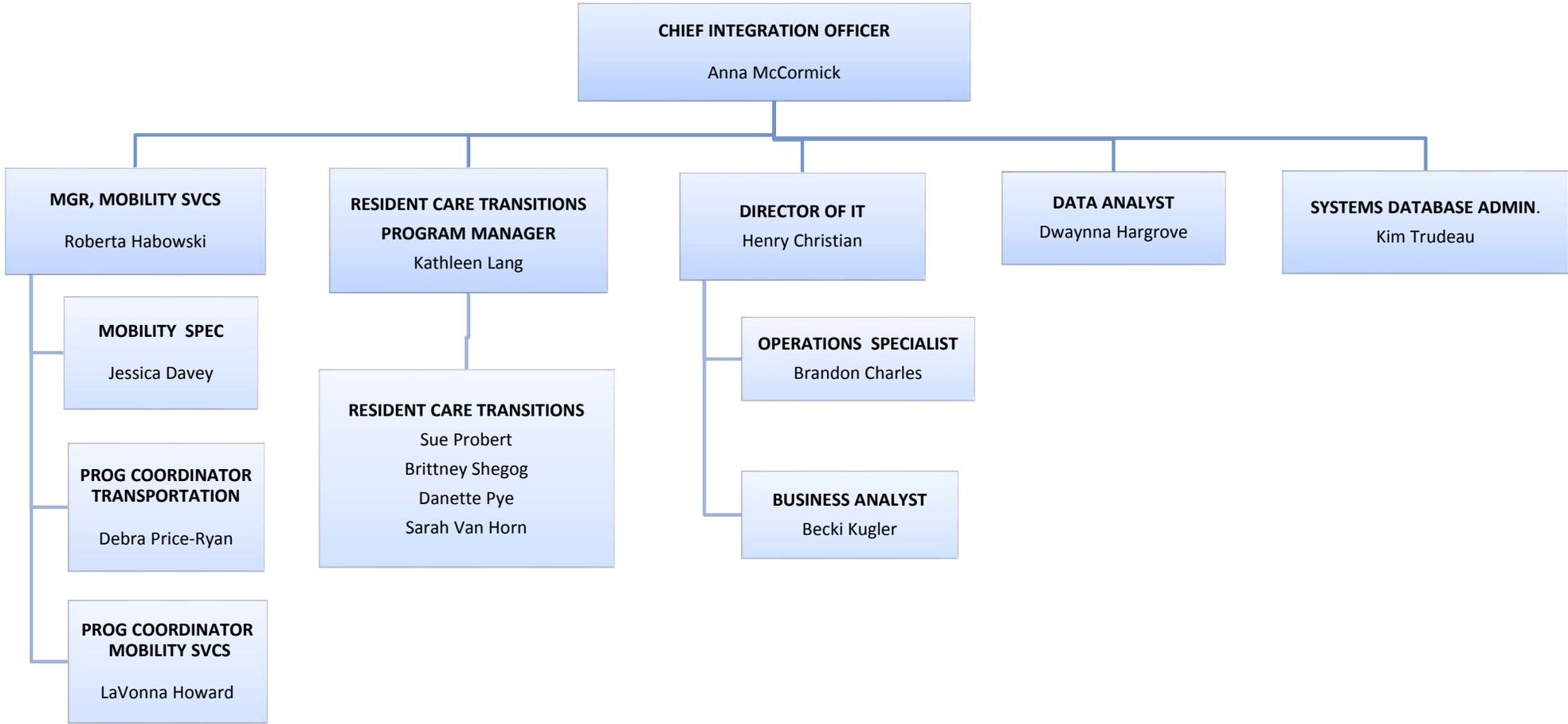


<p style="text-align: center;">COMPLIANCE Approved Headcount 2019</p> <ul style="list-style-type: none">• Full-Time Employees = 2• Part-Time Employees =• Additional Positions (approved) = 0• Vacant Positions = 0 <p style="text-align: center;">TOTAL HEADCOUNT = 2</p> <p>Contingent Employees (not included in headcount) = 0</p>
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SYSTEMS, MOBILITY,RCT

Effective Date: 6.10.19

Titles are currently under review.

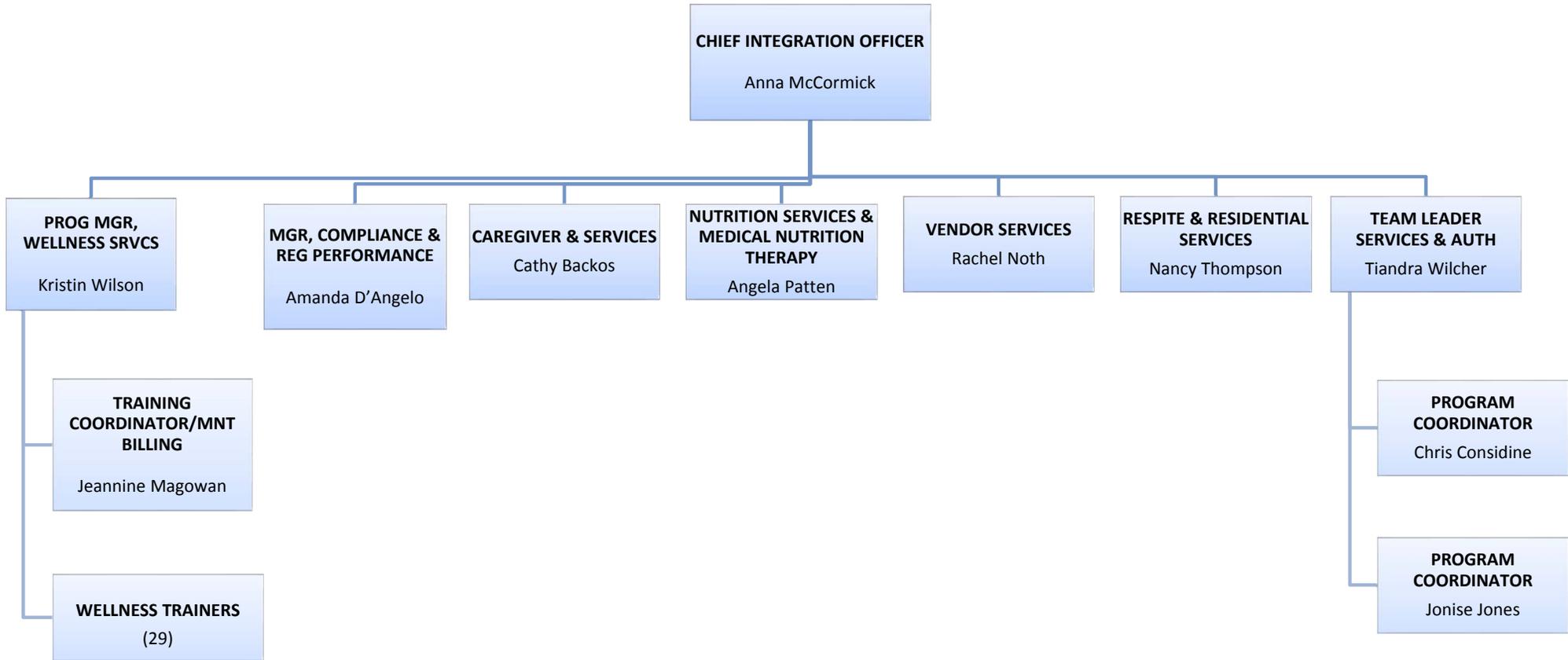


SYSTEMS, MOBILITY,RCT	
Approved Headcount 2019	
• Full-Time Employees =	14
• Part-Time Employees =	0
• Additional Positions (approved) =	0
• Vacant Positions =	2
TOTAL HEADCOUNT = 16	
Contingent Employees (not included in total headcount) =	31

COMMUNITY & BUSINESS ADVANCEMENT

Effective Date: 6.10.19

Titles are currently under review.

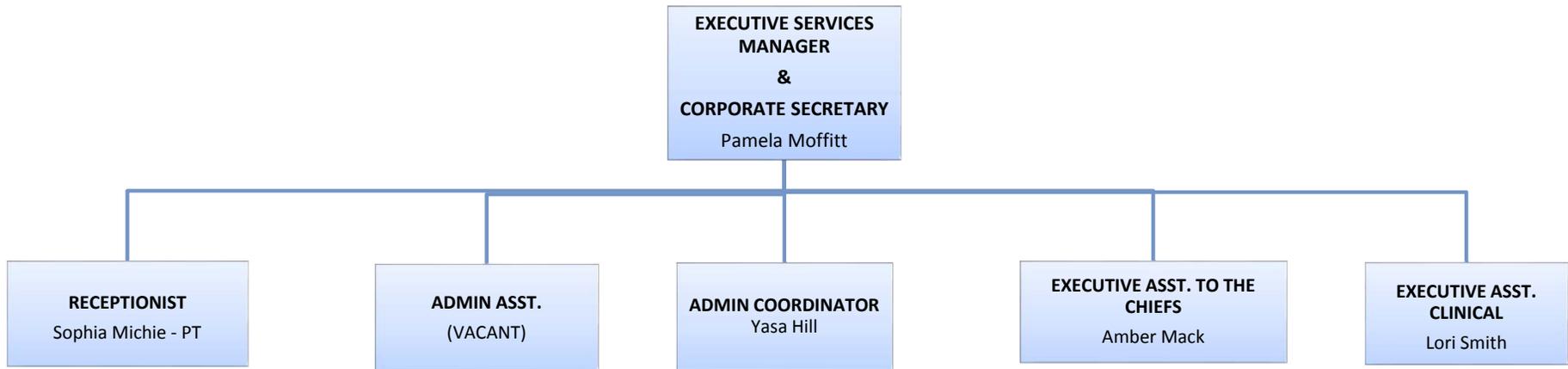


COMMUNITY & BUSINESS ADVANCEMENT	
Approved Headcount 2019	
• Full-Time Employees =	11
• Part-Time Employees =	0
• Additional Positions (approved) =	0
• Vacant Positions =	2
TOTAL HEADCOUNT = 13	
Contingent Employees (not included in total headcount) = 29	

EXECUTIVE SERVICES

Effective Date: 6.10.19

Titles are currently under review.

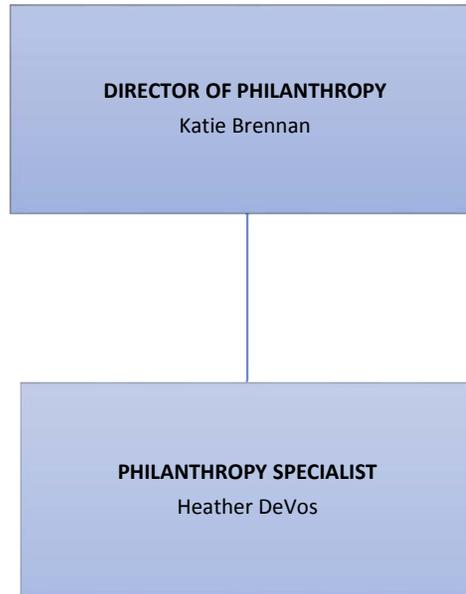


EXECUTIVE SERVICES	
Approved Headcount 2019	
• Full-Time Employees =	4
• Part-Time Employees =	1
• Additional Positions (approved) =	0
• Vacant Positions =	1
TOTAL HEADCOUNT = 6	
Contingent Employees (not included in headcount) = 0	

PHILANTHROPY

Effective Date: 6.10.19

Titles are currently under review.

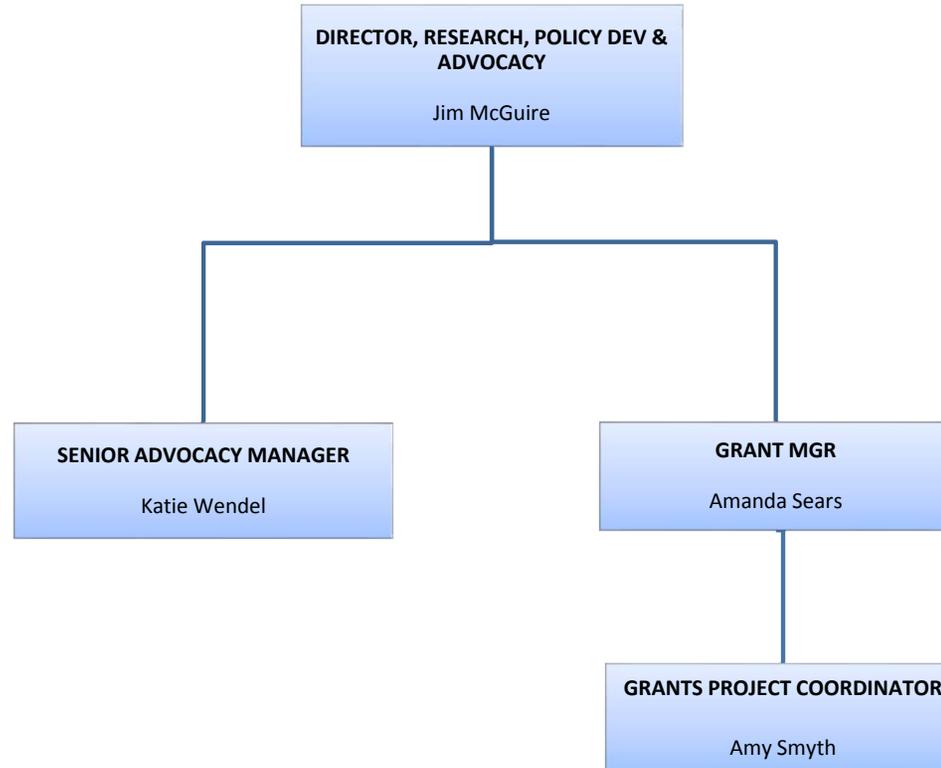


<p style="text-align: center;">PHILANTHROPY Approved Headcount 2019</p> <ul style="list-style-type: none">• Full-Time Employees = 2• Part-Time Employees = 0• Additional Positions (approved) = 0• Vacant Positions = 0 <p style="text-align: center;">TOTAL HEADCOUNT = 2</p> <p>Contingent Employees (not included in headcount) = 0</p>
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RESEARCH, POLICY DEV & ADVOCACY

Effective Date: 6.10.19

Titles are currently under review.



RESEARCH, POLICY DEV & ADVOCACY Approved Headcount 2019

- Full-Time Employees = 4
- Part-Time Employees = 0
- Additional Positions (approved) = 0
- Vacant Positions = 0

TOTAL HEADCOUNT = 4

Contingent Employees (not included in total headcount) = 1

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: AAA 1-B
 PSA: 1-B

Budget Period: 10/01/19
 Date: 04/04/19

to 09/30/20
 Rev. No.: 0

Rev. 03/25/20
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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 VI/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppt	TCM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																		
A-1	Care Management	1		1		1			12,302		290,987							33,700	336,992
A-2	Case Coord/supp	1		1		1			1		1								5
A-3	Disaster Advocacy & Outreach Program	1																	1
A-4	Information & Assis	454,545		227,273		1					1						45,455	25,253	752,528
A-5	Outreach	461,091		227,273		186,603					1						46,109	45,987	967,064
A-6	Transportation	1		12,727									100,000	1				1,414	114,143
A-7	Options Counseling	4,545		1		1			1		1						455		5,004
B	In-Home																		
B-1	Chore	545,455															54,546		600,001
B-2	Home Care Assis	1					1	1			1								4
B-3	Home Injury Cntrl	90,909		45,455													9,091	5,051	150,506
B-4	Homemaking	1					1	1			1								4
B-6	Home Health Aide	1					1	1			1								4
B-7	Medication Mgt	1					15,000	1			1								15,003
B-8	Personal Care	1					1	1			1								4
B-9	Assistive Device&Tech	18,182		1			200,000	1			1						1,818		220,003
B-10	Respite Care	1		36,364			1	1			1	1	50,000	1				4,040	90,410
B-11	Friendly Reassure	1																	1
C-10	Legal Assistance	290,909		1													29,091		320,001
C	Community Services																		
C-1	Adult Day Services	13,636		27,273				1			1	1	400,000	1			1,364	3,030	445,307
C-2	Dementia ADC	1		113,636				371,362			1	1	429,501	96,315				64,591	1,075,408
C-6	Disease Prevent/Health Promtion	1	205,428	25,455														25,654	256,538
C-7	Health Screening	1																	1
C-8	Assist to Hearing Impaired & Deaf Cmty	40,909															4,091		45,000
C-9	Home Repair	1																	1
C-11	LTC Ombudsman	28,000			18,728					73,035					27,308		2,800	11,150	161,021
C-12	Sr Ctr Operations																		-
C-13	Sr Ctr Staffing																		-
C-14	Vision Services	1																	1
C-15	Prevnt of Elder Abuse,Neglect,Exploitation	31,818			42,343												3,182		77,343
C-16	Counseling Services	1		1															2
C-17	Creat.Conf.CG@ CCC	1	1	1															3
C-18	Caregiver Supplmt Services	1		1															2
C-19	Kinship Support Services	1		90,909														10,101	101,011
C-20	Caregiver E,S,T	1		181,818														20,202	202,021
*C-8	Program Develop	454,545															45,455		500,000
	Region Specific																		
	CLP Services	1	1	1	1	1	3,112,361	363,626	1			403,310	1			270,000	315,576	123,572	4,588,452
	CLP Supports Coordination	222,710	1	254,198	1	1	1	1	851,347			1	1				25,967	119,847	1,474,076
	Gap Filling Services	5,000	1	5,000	1	1	1	1	1			1	1					1,000	11,008
	d.																		-
	7. CLP/ADRC Services	-		-															-
Sp Co	8. MATF Adm												96,850						96,850
Sp Co	9. St CG Sup Adm													9,500				950	10,450
	SUPPRT SERV TOTAL	2,662,276	205,432	1,247,390	61,074	186,610	3,327,368	734,998	863,653	73,035	291,000	403,315	1,076,354	105,818	27,308	270,000	585,000	495,542	12,616,173

FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 03/25/2019

Agency: AAA 1-B Budget Period: 10/01/19 to 9/30/20
 PSA: 1-B Date: 04/04/19 Rev. Number 0

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FY 2020 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	3,448,339		62,518		250,000			392,650	4,153,507
B-5	Home Delivered Meals		1,703,080		3,124,751	1,450,000			543,093	6,820,924
C-4	Nutrition Counseling									-
C-5	Nutrition Education	5,000	10,000							15,000
	AAA RD/Nutritionist*	18,000	50,000							68,000
	Nutrition Services Total	3,471,339	1,763,080	62,518	3,124,751	1,700,000	-	-	935,743	11,057,431

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

FY 2020 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	28,000	18,728		73,035	27,308	-	2,800	11,150	161,021
C-15	Elder Abuse Prevention	31,818		42,343			-	3,182	-	77,343
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	59,818	18,728	42,343	73,035	27,308	-	5,982	11,150	238,364

FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2020 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	1	90,909				-	-	10,101	101,011
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	1	90,909				-	-	10,101	101,011

Planned Services Summary Page for FY 2020			PSA: 1-B		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 336,992	1.42%			X
Case Coordination & Support	\$ 5	0.00%			X
Disaster Advocacy & Outreach Program	\$ 1	0.00%			
Information & Assistance	\$ 752,528	3.18%			X
Outreach	\$ 967,064	4.08%		X	
Transportation	\$ 114,143	0.48%	X		
Option Counseling	\$ 5,004	0.02%			X
IN-HOME SERVICES					
Chore	\$ 600,001	2.53%		X	
Home Care Assistance	\$ 4	0.00%			
Home Injury Control	\$ 150,506	0.64%		X	
Homemaking	\$ 4	0.00%			
Home Delivered Meals	\$ 6,820,924	28.81%		X	
Home Health Aide	\$ 4	0.00%			
Medication Management	\$ 15,003	0.06%	X		
Personal Care	\$ 4	0.00%			
Personal Emergency Response System	\$ 220,003	0.93%	X		
Respite Care	\$ 90,410	0.38%	X	X	
Friendly Reassurance	\$ 1	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 445,307	1.88%	X		
Dementia Adult Day Care	\$ 1,075,408	4.54%		X	
Congregate Meals	\$ 4,153,507	17.54%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ 15,000	0.06%			X
Disease Prevention/Health Promotion	\$ 256,538	1.08%		X	X
Health Screening	\$ 1	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 45,000	0.19%		X	
Home Repair	\$ 1	0.00%			
Legal Assistance	\$ 320,001	1.35%		X	
Long Term Care Ombudsman/Advocacy	\$ 161,021	0.68%		X	
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 1	0.00%			
Programs for Prevention of Elder Abuse,	\$ 77,343	0.33%		X	
Counseling Services	\$ 2	0.00%			
Creating Confident Caregivers® (CCC)	\$ 3	0.00%			
Caregiver Supplemental Services	\$ 2	0.00%			
Kinship Support Services	\$ 101,011	0.43%		X	
Caregiver Education, Support, & Training	\$ 202,021	0.85%			X
AAA RD/Nutritionist	\$ 68,000	0.29%			X
PROGRAM DEVELOPMENT	\$ 500,000	2.11%			X
REGION-SPECIFIC					
CLP Services	\$ 4,588,452	19.38%	X		
CLP Supports Coordination	\$ 1,474,076	6.23%			X
Gap Filling Services	\$ 11,008	0.05%	X		
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 23,566,304				
MATF & ST CG ADMINISTRATION	\$ 107,300	0.45%			
TOTAL PERCENT		100.00%	25.43%	62.46%	12.11%
TOTAL FUNDING	\$ 23,673,604		\$6,018,611	\$14,788,593	\$2,866,400

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.