Area Agency On Aging 1-B **FY 2020**

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Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

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 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, and 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
Assistance to the Hearing Impaired and Deaf
Assistive Devices & Technology
Care Management
Caregiver Support, Education, and Training
Case Coordination & Support
Chore
Community Living Program Services
Congregate Meals
Dementia Adult Day Care
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, 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.
- 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.

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 provide the most economic value relative to dollars invested
- 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 accreditation 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.
- 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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Scope of Services

The numbers of potentially eligible older adults who could approach the AAA's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations is increasing. There is an exponentially growing target population of the "old-old" (85-100+) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports, coordination, and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long-term-care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease"* as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via Aging and Disability Resource Collaborations (ADRCs), 211 Systems and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges, it is essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

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

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. 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, which would add 20,880 seniors each year during this 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.

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 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 means we will not be able to meet the demands of the rapidly growing older adult population in our 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 our agency to work with our 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.

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, working through a partner agency, or by working with a Resource Advocate. 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.

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 devotea 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.

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	***Functional Need***	***Economic Need***
• *Isolation* • *Living alone* • *Age 75+*	• *Handicap per ADA* • *ADL Limitation* • *Mental/Physical inability*	• *Eligible for income assistance programs*

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

• *Minority* • *Non-English Speaker*	*to perform specific tasks* • *Acute or Chronic health conditions*	• *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]

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 with the AAA 1-B to improve efficiencies and address unmet needs. 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

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

	Access	In-Home	Community
Participant Private Pay	• Care Management • Transportation	• Assistive Devices & Technologies • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Respite Care	• Adult Day Services • Assistance to the Hearing Impaired & Deaf • Counseling Services • Dementia Adult Day Care • Congregate Meals • Health Screening • Home Repair • Legal Assistance • Nutrition Counseling • Vision Services
Provided by Area Agency	• Care Management • Case Coordination and Support • Information and Assistance • Options Counseling • Outreach		• Disease Prevention/Health Promotion • Caregiver Education, Support, and Training
Contracted by Area Agency	• Outreach • Transportation	• Chore • Community Living Program Services • Home Injury Control • Home Delivered Meals • Medication Management • Respite Care	• Adult Day Services • Assistance to the Hearing Impaired and Deaf • Caregiver Support, Education, and Training • Congregate Meals • Dementia Adult Day Care • Disease Prevention/Health Promotion • Gap Filling Services • Kinship Support Services * • Legal Assistance

			• Long-Term Care Ombudsman • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Volunteer Caregiver
Local Millage Funded	• Case Coordination and Support * • Outreach* • Transportation *	• Chore * • Friendly Reassurance * • Home Care Assistance * • Home Delivered Meals * • Home Injury Control * • Homemaking * • Personal Care * • Respite Care *	• Adult Day Services * • Assistance to the Hearing Impaired and Deaf * • Congregate Meals * • Counseling Services * • Dementia Adult Day Services * • Home Repair * • Kinship Support Services * • Legal Assistance * • Nutrition Education * • Senior Center Operations * • Senior Center Staffing *

* Not PSA-wide

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Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the 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 service prioritization list that is enclosed with this plan.

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Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

1. 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, Fund Raising, 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: Community Living Program Services (in-home personal care, homemaking and respite), Home Delivered Meals, Adult Day Health Services, Information and Assistance and Home Injury Control. The full AAA 1-B Services Priority Ranking can be found in the Appendix 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. 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.

Area Agency On Aging 1-B **FY 2020**

Regional Service Definitions

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

Service Name/Definition

Community Living Program Services

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

Community Living Program Services (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
☐ Access ☒ In-Home ☐ Community	☒ Title III PartB ☐ Title III PartD ☒ Title III PartE ☐ Title VII ☒ State Alternative Care ☐ State Access ☒ State In-home ☒ State Respite ☐ 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.

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-born pathogens. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

3. Individuals providing Community Living Program Services shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation,

reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

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

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

Area Agency On Aging 1-B **FY 2020**

Regional Service Definitions

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

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
☒ Access ☐ In-Home ☐ Community	☒ Title III PartB ☐ Title III PartD ☒ Title III PartE ☐ Title VII ☐ State Alternative Care ☒ State Access ☐ State In-home ☐ State Respite ☒ 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

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

Area Agency On Aging 1-B **FY 2020**

Regional Service Definitions

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

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 funding is intended to be a fund of last resort. The Gap Filling Services regional service definition is requested to ensure there are flexible, cost effective and person-centered services and options available in the region to meet the unmet needs of older adults. Because of the chronic wait lists for programs like the Community Living Program, MI Choice Medicaid Waiver, and other programs, gap filling services allow the agency to address emergent and pressing unmet needs that are one-time only or intermittent, and for which there is no other accessible resource. The AAA 1-B has identified a need to assist older adults and family caregivers who have a unique, one-time need to create and/or maintain a safe environment. Identified gaps include minor home modification/home safety equipment, household/yard chore, extermination service, moving assistance, transportation, and major decluttering/environmental cleaning when hoarding is present.

Service Category	Fund Source	Unit of Service
☐ Access ☐ In-Home ☒ Community	☒ Title III PartB ☐ Title III PartD ☒ Title III PartE ☐ Title VII ☐ State Alternative Care ☐ State Access ☐ State In-home ☐ State Respite ☐ 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 Filing 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.

Area Agency On Aging 1-B **FY 2020**

Access Services

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

Starting Date 10/1/2019 Ending Date 9/30/2020

Total of Federal Dollars $0 Total of State Dollars $303,302

Geographic area to be served All of 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.

New initial client assessments:	Current Year: 48	Planned Next Year: 40
New initial client care plans:	Current Year: 48	Planned Next Year: 40
Total number of clients at start fiscal year (carry over):	Current Year: 52	Planned Next Year: 70
Total number of clients served (carry over, plus new):	Current Year: 100	Planned Next Year: 110
Staff to client ratio (Active and Maintenance per full time SC):	Current Year: 1:23	Planned Next Year: 1:30

Community Living Program

Starting Date 10/1/2019 Ending Date 9/30/2020

Total of Federal Dollars $249,666 Total of State Dollars $3,879,319

Geographic area to be served All of Region 1-B

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

- 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.

Number of prescreens:	Current Year: 1,726	Planned Next Year: 1,800
Number of initial client consultations/ enrollments:	Current Year: 870	Planned Next Year: 900
Total number of clients at start fiscal year (carry over):	Current Year: 1,264	Planned Next Year: 1,325
Total number of clients served (carry over, plus new):	Current Year: 2,134	Planned Next Year: 2,225

Staff to client ratio (SCs and CHWs): Current Year: 1:76 Planned Next Year: 1:80

Options Counseling

Starting Date 10/1/2019 Ending Date 9/30/2020

Total of Federal Dollars $4,545 Total of State Dollars $0

Geographic area to be served All of 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.

Number of participants served: Current Year: 155 Planned Next Year: 175

Information and Assistance

Starting Date 10/1/2019 Ending Date 9/30/2020

Total of Federal Dollars $618,818 Total of State Dollars $0

Geographic area to be served All of 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.

Area Agency On Aging 1-B **FY 2020**

Outreach

Starting Date 10/1/2019 Ending Date 9/30/2020

Total of Federal Dollars $688,364 Total of State Dollars $186,610

Geographic area to be served All of 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.

Area Agency On Aging 1-B **FY 2020**

Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as "providing a service directly to a participant." Direct service provision by the area agency may be appropriate when, in the judgment of AASA:

a) provision is necessary to assure an adequate supply;
b) the service is directly related to the area agency's administrative functions; or
c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Disease Prevention/Health Promotion

Total of Federal Dollars $230,887 Total of State Dollars $0

Geographic Area Served All of 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).

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

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).

This will be updated following the scheduled public hearing on June 3, 2019 in Southfield and June 4, 2019 in Ann Arbor.

Caregiver Education, Support, and Training

Total of Federal Dollars $181,818 Total of State Dollars $0

Geographic Area Served All of 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 evidence-based status from the ACL.

AAA 1-B will conduct the following activities:

- Hold at least 2 REST trainings per year to train 30 – 50 Companion caregivers through the Senior Companion and Interfaith Volunteer Caregiver programs.
- 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).

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

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.

Trualta
The AAA 1-B is the first area agency on aging in Michigan to use Trualta 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).

This will be updated following the scheduled public hearing on June 3, 2019 in Southfield and June 4, 2019 in Ann Arbor.

Area Agency On Aging 1-B **FY 2020**

Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

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

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

State Goal 1: Advocate, inform, and empower those we serve.
State Goal 2: Help older adults maintain their health and independence at home and in their community.
State Goal 3: Promote elder and vulnerable adult rights and justice
State Goal 4: Conduct responsible quality management and coordination of Michigan's aging network.

Area Agency on Aging Goals

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

   Timeline
   10/1/2019 to 9/30/2022

   Narrative
   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.

   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 care givers.

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

Timeline
10/1/2019 to 9/30/20222

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.

Activities
Expand delivery of Powerful Tools for Caregivers, REST, Best Friends™, Dementia Live, and Dementia Friends trainings. Develop program through the agency's Training Center for Excellence that provides skills training for Supports Coordinators to assist family caregivers. Deliver caregiver training skills course to provider network through Training Center for Excellence. 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.

3. Expand wellness programming throughout Region 1-B

Timeline
10/1/2019 to 9/30/2022

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.

Activities
Maintain a pool of certified trained leaders who can deliver wellness programs offered by AAA 1-B. FTE: Program Manager, Evidence Based.

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

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

Timeline
10/1/2019 to 9/30/2020

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)

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.

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

Timeline
10/1/2019 to 9/30/2022

Narrative
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.

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 and 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.

6. Identify additional resources and advocate for policy solutions to increase support to grandparents raising grandchildren.

Timeline
10/1/2019 to 9/30/2020

Narrative
A growing number of grandparents are faced with the responsibility of parenting their grandchildren at a time in their lives when they are supposed to be planning and enjoying their retirement. For over one-third of these children neither parent is present, and the grandparent assumes the role of primary caregiver. Beyond the obvious drain on their leisure time and retirement nest eggs, these grandparents must deal with social, emotional, and practical problems inherent in raising grandchildren at their stage of life. These challenges are often compounded by the fact that many of the children are "special needs" children with emotional and/or behavioral impairments often related to a failed traditional family structure. Coping and parental skills that they developed through years of raising their own children may not be appropriate or effective for raising children in society today. These challenges are compounded by the new financial responsibilities and a child welfare system that does not offer clear or optimal pathways to structuring and managing these new responsibilities.

Activities
Engage the AAA 1-B Advisory Council to compete 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: Grants Manager, Senior Manager of Advocacy.

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

7. Secure increased support for public transportation resources that address the unique needs of transit dependent older adults and adults with a disability.

Timeline
10/1/2019 to 9/30/2020

Narrative
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.

Activities
Develop and implement an advocacy strategy that increases public transit funding for gap-filling purposes provided by Specialized Services providers. FTE: Senior Manager of Advocacy, Director of Research, Policy Development and Advocacy.

Expected Outcomes
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.

8. **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
10/1/2019 to 9/30/2020

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.

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

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

Timeline
10/1/2019 to 9/30/2020

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 implied need growth 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.

Activities: Develop and implement a fundraising strategy that diversities 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.

10. Increase AAA 1-B grant seeking activities to support program innovation and enhancement.

Timeline
10/1/2019 to 9/30/2020

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 implied need growth is not likely to be matched by commensurate increases in public resources. Foundation and other grant=based contributions present opportunities to support needed innovations in service delivery that improve program performance and participant outcomes. FTE: Grant Manager.

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

Expected Outcome
The AAA 1-B will secure at least $400,000 in new grant funding for older adult programs.

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

Timeline
10/1/2019 to 9/30/2022

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.

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

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.

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

Timeline
10/1/2019 to 9/30/2022

Area Agency On Aging 1-B **FY 2020**

Narrative

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.

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 and 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.

Area Agency On Aging 1-B **FY 2020**

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

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 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)

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.

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.

Area Agency On Aging 1-B **FY 2020**

Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

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

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, 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.

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

Veteran 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 AAA1-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
- 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. AAA 1-B will work closely with contractors to avoid duplication of services and identify unmet needs in the communities served. 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. 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.

Area Agency On Aging 1-B **FY 2020**

Other Grants and Initiatives

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

--Tailored Caregiver Assessment and Referral® (TCARE)
--Creating Confident Caregivers® (CCC)
--Chronic Disease Self-Management Programs (CDSMPs) such as PATH
--Building Training...Building Quality (BTBQ)
--Powerful Tools for Caregivers®
--PREVNT Grant and other programs for prevention of elder abuse
--Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
--Medicare Medicaid Assistance Program (MMAP)
--MI Health Link (MHL)
--Respite Education & Support Tools (REST)
--Projects funded through the Michigan Health Endowment Fund (MHEF)

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 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.

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.

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
	Least Intensive				***Most Intensive***
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.	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	1-4 as described for Level 3 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	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.

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.

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.

FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/25/2019

Agency: AAA 1-B Budget Period: 10/01/19 to 09/30/20

PSA: 1-B Date: 04/04/19 Rev. No.: 0

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	2,662,276		2,662,276
2. Fed. Title III-C1 (Congregate)		3,471,339	3,471,339
3. State Congregate Nutrition		62,518	62,518
4. Federal Title III-C2 (HDM)		1,763,080	1,763,080
5. State Home Delivered Meals		3,124,751	3,124,751
8. Fed. Title III-D (Prev. Health)	205,432		205,432
9. Federal Title III-E (NFCSP)	1,247,390		1,247,390
10. Federal Title VII-A	18,728		18,728
10. Federal Title VII-EAP	42,346		42,346
11. State Access	186,610		186,610
12. State In-Home	3,327,368		3,327,368
13. State Alternative Care	734,998		734,998
14. State Care Management	863,653		863,653
15. St. ANS	291,000		291,000
16. St. N ursing Home Ombs (NHO)	73,035		73,035
17. Local Match			
a. Cash	585,000	-	585,000
b. In-Kind	494,592	935,743	1,430,335
18. State Respite Care (Escheat)	403,315		403,315
19. MATF	979,504		979,504
19. St. CG Support	96,318		96,318
20. TCM/Medicaid & MSO	27,308		27,308
21. NSIP		1,700,000	1,700,000
22. Program Income	270,000	-	270,000
TOTAL:	12,508,873	11,057,431	23,566,304

ADMINISTRATION

Revenues		Local Cash	Local In-Kind	Total
Federal Administration	1,038,835	150,000	19,762	1,208,597
State Administration	179,425			179,425
MATF Administration	96,850	-	-	96,850
St. CG Support Administration	9,500	-	950	10,450
Other Admin				-
Total AIP Admin:	1,324,610	150,000	20,712	1,495,322

Expenditures

	FTEs	
1. Salaries/Wages	21.00	1,092,000
2. Fringe Benefits		240,240
3. Office Operations		163,082
Total:		1,495,322

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
County Match	150,000	Caregivers	9,762
		Board of Directors	10,000
Total:	150,000	**Total:**	19,762

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

	CFO	04/04/19
Signature	Title	Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: AAA 1-B | Budget Period: 10/01/19 to 09/30/20 | Rev. 03/25/20

PSA: 1-B | Date: 04/04/19 | Rev. No.: 0 |

*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB / Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	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		227,273		1			851,347		1							119,847	1,198,470
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	26,926	1	1	1	1	1			1	1				25,967		275,611
	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

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		42,346			-	3,182	-	77,346
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	59,818	18,728	42,346	73,035	27,308	-	5,982	11,150	238,367

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	-	90,909				-	-	10,101	101,010
C-20	Caregiver E,S,T	-	-				-	-	-	-
		-	-				-	-	-	-
	Kinship Services Total	-	90,909				-	-	10,101	101,010