



AREA AGENCY ON AGING 1-B DRAFT MULTI-YEAR AREA PLAN Fiscal Years 2023-2025

(Displayed in the Web-Based Annual and Multi-Year Planning System—AMPS)

The complete Fiscal Year (FY) 2023-2025 Multi-Year Plan (MYP) and FY 2023 Annual Implementation Plan (AIP) is due in AMPS no later than June 24, 2022.

COUNTY/LOCAL GOVERNMENT REVIEW

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their ACLS Bureau field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:

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

Instructions

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

EXECUTIVE SUMMARY

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please note there are separate text boxes for the responses to each item.

Instructions

Please enter your responses to each of the following items in the proper sections of the executive summary.

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.

a. Response:

The Area Agency on Aging 1-B (AAA 1-B) is a nonprofit 501(c)3 organization with a rich history of supporting older adults, people with disabilities and family caregivers in southeast Michigan. More than 29% of the state's older adult population resides in Region 1-B, with SEMCOG estimating that in 2022, 800,000 persons age 60 and older are living in our six-county region that includes Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. (SEMCOG 2045 Regional Forecast).

The mission of the AAA 1-B is to enhance the lives of older adults and adults with disabilities in the communities we serve. Our vision is independence and well-being for those we serve. We are dedicated to: 1) ensuring access to a network of long term care services; 2) allocating federal and state funds for social and nutrition services; 3) advocating on issues of concern; 4) developing new older adult and independent living services; 5) coordinating activities with other public and private organizations; and 6) assessing needs of older adults and adults with disabilities and linking them with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, cultural/minority elders and adults with disabilities.

The AAA 1-B's strengths include our staff's knowledge, skill sets and commitment to our agency mission, high customer satisfaction, and partnerships with local organizations. Weaknesses include our heavy reliance on state and federal funding. In the next three years, the AAA 1-B will focus on opportunities to expand on business development opportunities with healthcare entities to diversify our funding.

2. A description of planned special projects and partnerships.

a. Response:

The AAA 1-B is involved in a variety of collaborations and development activities aimed at achieving its mission, identifying opportunities for increased efficiencies, diversifying funding sources, reducing wait lists, and filling the gaps resulting from

the aging of the population without commensurate increases in funding. The AAA 1-B plans to strengthen exiting partnerships with MI Health Link health plans, Veterans Administration, the region's transit authorities to support the myride2 program, and other key partnerships in the healthcare industry, including McLaren and Priority Health. By collaborating with our network of aging services providers and contractors, we plan to increase participation in social services, nutrition, and adult day programs.

The pandemic highlighted key gaps in aging services including family caregiver strain, health promotion, disease prevention, and disease management. We are focusing on family caregivers by providing training, education, and resources through a caregiver training & resource portal, caregiver coaching, and other supports. We are expanding the reach of health and wellness workshops to promote health and disease prevention, which will be achieved by offering in-person and virtual programming. The AAA 1-B will continue to provide leadership to the Silver Key Coalition, resulting in significant increases in state funding to support the highest priority services: in-home care and home delivered meals. The development of entrepreneurial activities that generate resources for services provided by AAA 1-B vendors and contractors will incorporate input from service provider agencies.

3. 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.

a. Response:

- Continuously identify ways to optimize impact and efficiency through service delivery.
- The AAA 1-B will work with its provider network to identify service delivery techniques to minimize waitlists.
- Implementation of a new electronic medical record system (EMR) will increase efficiency in service delivery.
- The AAA 1-B will maintain National Committee for Quality Assurance (NCQA) accreditation.
- The AAA 1-B will maintain Alliance of Information and Referral Systems (AIRS) certification for all Resource Center staff who provide Information and Assistance services.

4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.

a. Response:

COVID-19 continues to have an impact on Region 1-B. At the start of the COVID-19 pandemic, the AAA 1-B quickly implemented a virtual work environment by providing current employees with additional equipment and

adjusted processes to maintain operations. We also worked on several initiatives centered around employee engagement and reminded employees of our Employee Assistance Program (EAP) support services. We are now facing considerable staff turnover due to the COVID-19 pandemic. To sustain personnel numbers, the AAA 1-B has developed additional recruiting strategies and is working on engagement and retention initiatives.

Throughout the pandemic, the AAA 1-B collaborated with local service providers to ensure older adults throughout Region 1-B had access to food and other necessities. The aging network response to COVID-19 in Region 1-B was successful thanks to the strong service providers that work with and alongside the AAA 1-B. A summary of key challenges and AAA 1-B operational changes, including challenges and ongoing needs, is provided below.

VACCINATIONS- In partnership with county health departments and local community organizations, the AAA 1-B connected older adults, caregivers, and direct care workers with information about the COVID-19 vaccine, including how to access in-home vaccination. Community partners offered targeted COVID-19 vaccine outreach to the various communities they serve. Vaccination information is updated regularly and is available from the AAA 1-B Resource Center, website, and social media platforms. The AAA 1-B clinical team contacted all of its in-home service participants and residents at adult foster care and homes for the aged in Region 1-B to provide support to register for vaccine and booster appointments and assistance in arranging transportation to and from vaccination sites. Outreach efforts attempt to address challenges related to misinformation about the COVID-19 vaccine and reaching individuals who are hesitant to receive the COVID-19 vaccine.

DIRECT CARE WORKFORCE- Region 1-B continues to experience severe shortages in the direct care workforce due to COVID-19. Several factors, including fear of contracting COVID-19, lack of childcare options, and low wages, led to a shortage of workers. Premium pay was implemented for direct care workers providing approved services through September 2022. The AAA 1-B is working with colleagues across Michigan to address the challenges related to the direct care workforce.

SOCIAL ISOLATION- Social isolation has been a challenge throughout the COVID-19 pandemic as older adults have followed quarantine and social distancing guidelines and reduced contact with people outside of their households. Social distancing requirements necessitated the closure of many programs that seniors rely on, including adult day centers, congregate meal sites, and senior centers. Many programs shifted to online formats, which posed additional issues for older adults who may not have access to technology or

reliable internet connectivity. In addition to program closures and shift to online formats, many other facilities, including assisted living facilities, licensed care facilities, and nursing homes prohibited outside visitors, further limiting socialization. Social isolation has many negative health implications and can be especially difficult for individuals with dementia.

The AAA 1-B is evaluating the impact of technology to lessen social isolation among older adults through a grant from Michigan Health Endowment Fund and a private/public partnership with Oakland County, Amazon, and American House Senior Living Residences to connect quarantined residents virtually with family and friends utilizing ECHO Show devices.

DIGITAL DIVIDE- Difficulty using and obtaining technology is a significant challenge for older adults during the pandemic. Older adults without internet access face added difficulties registering for COVID-19 vaccines, obtaining health care services, and have fewer outlets to combat isolation during quarantine.

ACCESS TO CARE/CARE REFUSAL- In Region 1-B, some older adults have declined to seek care and canceled appointments out of fear of contracting the virus. This placed some older adults at risk who otherwise depend on in-home services. This issue was especially prevalent in the early phases of the pandemic; the agency has seen requests from participants to reinstate services that they had previously cancelled.

5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.

a. Response:

The AAA 1-B anticipates that it will be necessary to focus significant resources to continue responding to the COVID-19 pandemic outbreak and recovery in FY 2023 and beyond. The AAA 1-B will prioritize developing new business opportunities to diversify our revenue to support our mission. The AAA 1-B plans to shift funding for contracted Outreach services, which is known locally as Community Liaison, to American Rescue Plan Act funding for FY 2023.

6. A description of the area agency's assessment of the needs of their service population. See *Operating Standard for AAAs C-2, #4*.

a. Response:

The AAA 1-B hosted virtual listening sessions in November 2021 to obtain feedback from service providers and community members on their top priorities and needs of older adults, caregivers, and service providers. Participants identified additional priorities for seniors and caregivers in the community such

as prevention of elder abuse and financial exploitation, kinship care support, housing, mental health and social isolation, and transportation as. The AAA 1-B developed and administered a service prioritization survey which is used to develop our service priority ranking. Respondents identified installation of home safety devices, minor home repair, public education about resources, and transportation for in-home service participants as top priorities.

PUBLIC HEARINGS

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

Instructions

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

a. Response

Date	Location	Time	Barrier Free?	No. Of Attendees
May 5, 2022	Virtual	11am-12pm	Yes	
May 6, 2022	28600 W Eleven Mile Rd, Farmington Hills, MI 48336	2pm-3pm	Yes	

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

a. Response:

The AAA 1-B held two virtual listening sessions in November 2021 at which over 66 members of the public provided testimony on priorities for the AAA 1-B to focus on over the next three years. In addition to the in-person listening sessions, the AAA 1-B encouraged the public to complete a service prioritization survey, which was provided through a link during the virtual listening sessions and distributed online throughout each of the six counties in Region 1-B. The service prioritization survey received 277 responses. Testimony at listening sessions and results from service prioritization surveys were used to inform the development of the AAA 1-B FY 2023-2025 Multi-Year Plan. Listening sessions and completion of the service prioritization survey were promoted on social media, the AAA 1-B website, by email through community partners, and through The Advocate newsletter. Attached are the 2022 services priority ranking and summaries of the two listening sessions.

The AAA 1-B held public hearings on May 5, 2022, virtually hosted through Zoom, at which xx members of the public were in attendance, and May 6, 2022, at the Costick Center in Farmington Hills with xx members of the public in attendance. The AAA 1-B provided an overview of the FY 2023-2025 Multi-Year Plan and encouraged feedback from participants by directly calling upon them at the hearings to request they provide comments on areas in which they had particular interest or concern.

The AAA 1-B placed notices in the Michigan Chronicle, which has a large African American readership; Pridesource, a publication targeted to LGBTQ+ audience; and La Presna, a local paper serving the Hispanic community. The agency also

worked with SAGE of Metro Detroit to have an email sent about the public hearing to SAGE email recipients. Emails were distributed to other minority organizations including Association of Chinese Americans, Asian Center Southeast Michigan, Centro Multicultural La Familia, and Chaldean American Ladies of Charity. Hearing notices were also shared through the AAA 1-B social media platforms and advertised to community partners through email and a press release. Notices were sent to Region 1-B contractors and shared through The Advocate newsletter.

SCOPE OF SERVICES

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

Constantly changing service demand challenges make it 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.

Instructions

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

- a. Response:

According to the 2020 American Community Survey, individuals aged 60 and older make up 24% of the 1-B Region's population, with 705,743 older adults living in Region 1-B. This represents a 5% population increase from the 669,351 older adults in the region at the start of the last MYP. The 60 and older population is up 29% from the 2010 census. SEMCOG estimates that the Region 1-B older adult population will reach 982,609 by 2045.

During this MYP, Region 1-B's 65+ population is predicted to grow by 154,402 seniors, an average of approximately 141 seniors per day. 2.2% of the older adult population is 85 and older.

The population of people 60 and older in Region 1-B is racially diverse. According to the 2020 American Community Survey, the minority population in Region 1-B increased from 13.7% in the previous MYP to 15.2% of the 60+ population. The largest non-white older adult populations in Region 1-B are Black or African-American (8.3%), Asian (3.2%), and Hispanic/Latinx* (1.4%).

Region 1-B has the largest population of Limited English Proficient older adults compared to other areas of the state. Region 1-B's 65+ Limited English Proficient (LEP) population is 5.3% (25,538), whereas there are 53,297 LEP older adults statewide.

The 2020 American Community Survey reveals that the poverty rate for the age 60 and over population in Region 1-B has remained consistent since the previous MYP, with 7.2% of older adults living below the poverty line, and 13.0% living below 150% of the poverty line.

By 2045, the population of people over the age of eighty in Region 1-B is projected to nearly triple, while concurrently the number of residents of caregiving age (ages 45-64) who can serve as a family caregiver are projected to decrease. 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.

Additional notable demographic statistics are that currently 28% of Region 1-B's older adult population has a disability, and nearly 26% of individuals aged 60+ live alone.

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

2. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

- a. **Response:**

- i. Service Categories Receiving Most Funds:

- Case Coordination & Support
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Respite

ii. Service Categories with Greatest Anticipated Participants:

- Congregate Meals
- Home Delivered Meals
- Information & Assistance
- Long-Term Care Ombudsman
- Outreach

3. 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.

a. Response:

Participants at AAA 1-B's November 2021 listening sessions identified top priorities and needs for older adults, caregivers, and service providers in the community. The 66 participants at the two listening sessions identified many areas of need, such as prevention of elder abuse and financial exploitation, kinship care support, housing, mental health and social isolation, and transportation as additional priorities for older adults and caregivers in the community.

The AAA 1-B requested feedback via a survey of listening session participants, as well as service providers and community members who did not attend the listening sessions. 277 individuals completed the survey, which is used to develop our service priority ranking. In addition to the needs stated above, respondents identified installation of home safety devices, minor home repair, public education about resources, and transportation for in-home service participants as top priorities. When asked to identify key areas to focus on to serve older adults, the top themes were in-home services, homemaking, respite, and chore services.

A 2021 report from the Center for Health and Research Information (CHRT) estimates that 23% of adults in Michigan (1.7 million) provide unpaid care to another adult. AARP estimates there are approximately 377,000 family caregivers in Region 1-B. A 2019 Needs Assessment conducted by AAA 1-B found that approximately 27% of all respondents in Region 1-B provided unpaid care to an adult relative or friend. AAA 1-B continues to recognize the need to support and provide training to the growing caregiver community that extends throughout our six-county region.

There are approximately 1.4 million persons with disabilities in Michigan and in Region 1-B alone there are 370,014. This is 26% of the total Michigan disabled population. Of the 60+ population in Region 1-B, 28% are a person with a disability.

Diabetes is a prevalent chronic health condition within the 1-B Region. The MDHHS' 2020 Behavioral Risk Factor Survey reports that state diabetes rates are higher than the national median rate, with an estimated 12.3% of adults and more than 23.9% 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 mental health issues such as depression. 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 levels of health insurance coverage for those over age 65; only 0.4% of Region 1B's 65+ population is uninsured.

A continuing concern identified during both the listening sessions and the service prioritization survey is the direct care workforce shortage and inability to meet the demands of the rapidly growing older adult population in the region. Older adults are concerned about their ability to find and keep well-trained in-home care workers when they need them. These concerns reinforce the need for the AAA 1-B to work with partners, maximize efficiency and continue advocating for solutions to this problem.

4. 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/AIP cycle, including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

a. Response:

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 improving and expanding services to low-income, racial/ethnic minority, limited English proficient, and LGBTQ older adults a priority.

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, who traditionally are underserved and isolated.

5. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?

a. Response:

All AAA 1-B employees receive diversity, equity & inclusion (DEI), and Implicit Bias (IB) training in addition to various topics annually for professional development. Diversity, Equity & Inclusion, and Implicit Bias trainings are provided biennially for non-clinical employees, and annually for clinical employees (next all Agency DEI & IB training to be conducted approximately Q2 2023). New Hires will be enrolled in our LGBTQIA training within the first 6 months of employment. Attending employees will receive continuing education credits for their attendance (if available), and/or a certificate of completion.

AAA 1-B will provide live online training with interactive discussions and learning to its subcontracting agencies, which will include diversity, equity, and inclusion and knowledge of the harms of implicit bias.

6. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.

a. Response:

The AAA 1-B has several protocols in place to identify and meet the needs of persons living with dementia and their caregivers. When individuals or caregivers contact the AAA 1-B information and assistance resource center seeking dementia-specific resources, they are provided relevant services and resources from the AAA 1-B's resource database. The resource database contains hundreds of dementia-specific resources that meet the AIRS criteria.

If an individual enrolled in the AAA 1-B Community Living Program has cognitive challenges noted during enrollment or follow-up assessments, the participant and their caregiver may be provided with dementia-specific resources, as needed. The AAA 1-B's clinical staff (supports coordinators and case workers) receive quarterly trainings on various topics for professional development, which at least annually include dementia-related topics.

The AAA 1-B provides several education and support programs for caregivers of persons living with dementia. The Caregiver Coaching program provided one-on-one peer support for family and informal caregivers, several of whom are dementia caregivers. The volunteer caregiver coaches are regularly provided information on supporting dementia caregivers. The AAA 1-B offers an on-line training and education platform with several dementia-specific resources.

The AAA 1-B provides Dementia Friends information sessions to its staff and community. Dementia Friends is an informational program that aims to increase awareness of dementia and encourage community members to work toward the creation of a dementia-friendly community.

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

- a. **Response**

Any older adult or caregiver seeking services through the AAA 1-B generally accesses services by speaking with an AAA 1-B Resource Specialist in the call center or working through a partner agency. Resource Specialists assess what programs or services a person may need or is eligible to receive. While AAA 1-B is fortunate to offer a wide variety of services through ACLS bureau 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 and/or supports coordinators to identify options.

8. Describe the area agency's priorities for addressing identified unmet needs within the PSA for the FY 2023-2025 MYP/AIP.

- a. **Response:**

The AAA 1-B uses a variety of means to determine unmet needs, including but not limited to: advisory council input, 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.

The AAA 1-B is committed to funding nutritious meals to individuals eligible for the older adult nutrition program. Older Americans Act funding for nutrition services is allocated to home-delivered and congregate meal programs. Each year, as allowed by the Older Americans Act, the AAA 1-B requests and receives approval from ACLS Bureau to transfer congregate meal funds to the home-delivered program to avoid creating a wait list for this most vital of services.

The AAA 1-B hosted two community listening sessions and issued a survey in November 2021 to collect feedback and input on community needs and service prioritization for the FY 2023-2025 Multi-Year Plan. Installation of home safety devices, minor home repairs, public education about resources, and transportation were ranked as top priorities in the survey. The most cited unmet needs and priority service areas mentioned at the community listening sessions were social isolation and mental health, transportation, support for grandparents raising grandchildren, affordable and accessible housing, and help preventing and reporting elder abuse and financial exploitation.

Funded services are informed by the community listening sessions and priority survey when there is additional funding to allocate toward services or when funding cuts are required. This information is used by the AAA 1-B when planning for grant-funded pilot programs. In some cases, there is insufficient funding available to address the unmet need. Transportation is a persistent unmet need and satisfying all the transportation demands within the AAA 1-B's

broad geographic serving area would deplete 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 ACLS Bureau transportation service definition. To address this unmet need, the AAA 1-B devotes considerable leveraged resources to advocate for transportation options for those who cannot or do not drive. Individuals are also directed to the AAA 1-B's myride2 mobility management service. Mobility specialists are able to identify low-cost options and assist callers with making transportation arrangements.

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

a. Response:

Due to the inability to meet the demand for in-home services offered through its Community Living Program (CLP), the AAA 1-B has implemented a prioritization strategy using a star ranking system that is based on social, functional, and economic needs. Individuals 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. The ACLS Bureau services plan is included below.

ACLS Bureau Services Targeting Plan

Per the ACLS Bureau 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."

Definitions per the Operating Standards

- Social Need: isolation, living alone, age 75+, minority, non-English speaker
- Functional Need: handicap per Americans with Disabilities Act (ADA), activities of daily living (ADL) limitation, mental/physical inability to perform specific tasks, acute or chronic health conditions
- Economic Need: eligible for income assistance programs, self-declared income below 125% of poverty

If a participant meets the following criteria, they will automatically receive the highest priority for service: *Active Adult Protective Services (APS) case, 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.

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

The AAA 1-B Advisory Council reviewed feedback from AAA 1-B MYP Community Listening Sessions and the FY 2023-2025 Service Prioritization survey results during their February 2022 meeting. Advisory Council members emphasized the importance of the Home Delivered Meal program as a core service provided by aging network providers in Region 1-B. Personal Care services were also identified as an essential service providing care and connection for older adults.

Unmet needs identified by Advisory Council members included the need for additional information about the value of Hospice care in the community. For the Home Delivered Meal program, rising food costs were identified as a concern for providers. Social Isolation was identified as an ongoing need in the community, with concern for senior mental health and suicide rates during the COVID-19 pandemic.

Council members recommended utilizing Home Delivered Meal volunteers to identify individuals at risk for social isolation. Training for Home Delivered Meal drivers could include information about identifying signs of social isolation. Future opportunities could include partnerships with local food banks to provide additional food for older adults. Strategies to address social isolation and suicide among older adults could include providing information about proper prescription drug disposal and connecting older adults socially through technology.

11. Summarize how the area agency uses information, education, or prevention programs to delay the need for additional services by the eligible target populations.

- a. **Response:**

Through, the AAA 1-B Resource Specialists provide comprehensive information and assistance, which consists of person-centered referrals to help support older adults, and/or their family caregivers, to remain living as independently as

possible. The Resource Specialists encourage individuals to call back if their needs change and they may benefit from additional services. For callers that would benefit from additional support provided by referral organizations, a Resource Specialist will, with permission of the individual, initiate a warm transfer call to ensure the older adult or caregiver connects with a key referral. The Resource Specialists will make follow-up calls to older adults or family caregivers who they feel may be at risk for not following through on the information provided.

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

The AAA 1-B provides several trainings for family and informal caregivers, including the Aging Mastery Program for Caregivers, Powerful Tools for Caregivers, Caregiving Survival seminar(s) with Jill Gafner, and a new on-line training and education platform for caregivers. The Caregiver Coaching program provides caregivers with one-on-one peer support from trained, vetted volunteers. The AAA 1-B is also providing Dementia Friends for staff and the community to bring more awareness to the needs of persons with dementia living in our communities.

To increase the effectiveness of funding, the AAA 1-B systematically prioritizes 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). Prioritization is determined by a combination of 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 activities of daily living (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.

The agency focuses on various aspects of outreach including community and workplace presentations, event participation, building and maintaining a comprehensive website, social media, public and media relations, in addition to a monthly newsletter, producing a bi-annual resource guide and targeted emails

and direct mail campaigns. Building awareness of the agency and the services we directly provide and fund in the community is vital to helping family caregivers and older adults learn and access these programs and services when the need is identified. We are focused on eliminating the phrase “I wish I had known about your agency when...”.

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 that describes the range of access and service coordination programs in the PSA. Upload your completed continuum into the Budget tab.

PLANNED SERVICE ARRAY

Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

A. Response:

	Access	In-Home	Community
Provided by Area Agency	Care Management Case Coordination & Support Information & Assistance Options Counseling Outreach		Disease Prevention/Health Promotion Long-Term Care Ombudsman Caregiver Education, Support, and Training
Contracted by Area Agency	Transportation Outreach**	Chore Home Injury Control Homemaking Home-Delivered Meals Medication Management Personal Care	Adult Day Services Dementia Adult Day Care Congregate Meals Disease Prevention/Health Promotion Assistance to the Hearing Impaired and Deaf Community

		Assistive Devices & Technology Respite Care	Legal Assistance Prevention of Elder Abuse, Neglect, and Exploitation Kinship Supplemental Services – Grandparents Raising Grandchildren Caregiver Education, Support, and Training
Local Millage Funded	Care Management* Outreach* Transportation* Options Counseling*	Chore* Home Care Assistance* Home Injury Control* Homemaking* Home Delivered Meals* Personal Care* Respite Care* Friendly Reassurance*	Adult Day Services* Dementia Adult Day Care* Congregate Meals* Nutrition Education* Assistance to the Hearing Impaired and Deaf Community* Home Repair* Legal Assistance* Senior Center Operations* Senior Center Staffing* Counseling Services* Kinship Support Services*
Participant Private Pay	Care Management Transportation	Chore Home Care Assistance Home Injury Control Homemaking Home Delivered Meals Home Health Aide Medication Management Personal Care Assistive Devices and Technologies Respite Care Friendly Reassurance	Adult Day Services Dementia Adult Day Care Nutrition Counseling Nutrition Education Disease Prevention/Health Promotion Health Screening Assistance to the Hearing Impaired and Deaf Home Repair Legal Assistance Vision Services Counseling Services

*Not PSA-Wide

**Funded using American Rescue Plan Act funding in FY 2023

PLANNED SERVICE ARRAY NARRATIVE

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

Instructions

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

a. Response

The 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 prioritization survey. Two out of six counties and several municipalities in Region 1-B have a senior millage that support 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.

STRATEGIC PLANNING

Strategic planning is essential to the success of any area agency on aging 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 ACLS Bureau. **Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.**

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.

Instructions

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.

a. Response:

Strengths

- Staff knowledge, skill sets and commitment to the mission
- Strong financial position and grant performance
- Quality focused resulting in high customer satisfaction
- Competency in developing key partnerships with local organizations

Weaknesses

- Heavy reliance on state and federal funding
- Technology challenges that reduce efficiency
- Clinical staff retention
- Competitive vendor rate payments

Opportunities

- Expand current business opportunities with healthcare entities
- Investigate opportunities within behavioral health services and older adults
- Leverage the focus on social determinants of health by the healthcare industry
- Advocacy to increase state and federal funding of older adult services

Threats

- Changes to the structure of the MI Choice Medicaid Waiver Program
- Increased industry demand for nurses and social workers
- Potential federal funding reductions
- Direct care worker shortage impacting service delivery

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

a. Response:

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 AAA 1-B strategic plan for FY 2023-25 will continue to focus on the 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 that would benefit from AAA 1-B expertise and breadth of long term supports and services. Exploratory investigations will be undertaken to consider new and strengthened partnerships with managed health care organizations and other lines of new business. Revenue

from these opportunities may be reinvested into the agency's core Older Americans Act programs which will support the agency mission. Reduced roles with health systems will produce the opposite outcomes and further fragment the region's service delivery system.

3. Describe what the area agency would do if there was a 10% funding cut from the ACLS Bureau, including specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods.

a. Response:

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

1. Service utilization, waitlists, recent funding increases or decreases, and/or alternative funding sources will be considered before to determining any reductions.
2. Services will be reduced or eliminated based on our FY 2023-2025 Service Prioritization survey, based on a community survey conducted in November 2021. Priority services are: Home Safety (Home Injury Control), Public Education about Resources, and In-home Services (Transportation, Personal Emergency Response, In-home Respite and Homemaking). The full AAA 1-B Services Priority Ranking can be found in the Public Hearings section of this document.
3. Operationally, AAA 1-B shall retain a workforce that ensures critical operations are delivered.

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

The AAA 1-B is prioritizing one-time investments with temporary covid-related funding, so service programs do not experience major disruptions when funding ceases.

4. Describe the area agency's future plans 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 and why.

a. Response:

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 other healthcare 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.

a. Response:

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

1. 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.
2. Implementation of a Contract Management Software System.
3. Continue to leverage technology to create reports that drive quality measures and outcomes, including the utilization of expensive acute care services, Emergency Department visits, hospitalizations, falls etc.
4. Continue to use Infographics to communicate key messages on agency outcomes.
5. Continue to use online training technologies for staff and provider training.
6. Explore the utilization of predictive technologies to anticipate and prevent acute care events that lead to emergency room and hospital use.
7. Transitioning to a new Electronic Medical Record (EMR) software will bring efficiency to operations, effective service delivery and performance, and enhance quality improvements.
8. Utilization of software for scheduling assessments in clinical programs to drive efficiency in staff time and reduce travel costs by bundling appointments in geographic area.
9. Continue to provide virtual programming, such as webinars, virtual Caregiver Coaching, and virtual Medicare and Medicaid Assistance Program counseling, to reach a wider audience and to provide services that are accessible to the needs of the participants.

6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.

a. Response:

The current Emergency Preparedness Plan for the AAA 1-B has one primary designee, Director of Clinical Operations, ACLS Services, as the organization

contact for communications with ACLS Bureau staff on status of emergency situations.

In addition to a primary designee, the AAA 1-B has established an emergency preparedness committee. 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 have access to 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. The report includes 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. AAA 1-B Supports Coordinators will conduct outreach to program participants to ensure health and safety, services are received, and coordinate resource needed. AAA 1-B will work collaboratively with its service contractors and provider network to ensure critical services are delivered to program participants.

All nutrition providers send out emergency meals packs with a minimum of six shelf-stable meals and instructions on using 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. Nutrition Providers also 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 home delivered meals or congregate programs should the kitchen become unavailable.

ACCESS SERVICES

Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations.

If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.

Instructions

Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. Specify, in the appropriate text

box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 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.

a. Response:

Care Management

- Number of client pre-screenings
 - o Current year (2022): 11
 - o Planned Next Year (2023): 72
- Number of initial client assessments
 - o Current year (2022): 10
 - o Planned Next Year (2023): 54
- Number of initial client care plans
 - o Current year (2022): 10
 - o Planned Next Year (2023): 54
- Total number of clients (carry over plus new)
 - o Current year (2022): 41
 - o Planned Next Year (2023): 95
- Staff to client ratio (Active and maintenance per Full time care manager)
 - o Current year (2022): 1:14
 - o Planned Next Year (2023): 1:50

Objective:

Utilize 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, Community Living and Supports (ACLS) funded Care Management services.

Objective:

Review the wait list prioritization processes, advocating with the state, to assure wait list best practices align with the state's objectives.

Expected Outcome:

Older adults with the highest level of need who are requesting in-home and other ACLS Bureau-funded services will receive them faster.

Objective:

Conduct at least four trainings for Care Management supports coordinators on topics such as diversity, equity, and inclusion (DEI), 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.

Case Coordination and Support

- Number of client pre-screenings
 - o Current year (2022): 700
 - o Planned Next Year (2023): 725
- Number of initial client assessments
 - o Current year (2022): 7
 - o Planned Next Year (2023): 215
- Number of initial client care plans
 - o Current year (2022): 7
 - o Planned Next Year (2023): 215
- Total number of clients (carry over plus new)
 - o Current year (2022): 630
 - o Planned Next Year (2023): 845
- Staff to client ration (Active and maintenance per Full time care manger)
 - o Current year (2022): Caseworker 1:67; Supports Coordinator 1:13
 - o Planned Next Year (2023): Caseworker 1:75

Objective:

Review the wait list prioritization processes, advocating with the state, to assure wait list best practices align with the state's objectives.

Expected Outcome:

Older adults with the highest level of need who are requesting in-home and other ACLS Bureau-funded services will receive them faster.

Objective:

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

Expected Outcome:

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

Information and Assistance (Resource Center)

Goal: Reduce the barriers to accessing programs and services by providing additional support to and follow up with higher-risk older adults and family caregivers.

Activities:

1. Establish a baseline of the percentage of higher-risk older adults and family caregivers who have not connected with referrals provided by the Information and Assistance department.
2. Implement strategies to help higher-risk older adults and family caregivers connect with local programs and services.
3. Track the percentage of higher risk older adults and family caregivers who connect with the referral and compare to the baseline data.

Expected Outcomes: An increase in the percentage of higher risk older adults and family caregivers who connect with local programs and services.

Outreach Communications

Goal: Increase the awareness of first responders on how the Area Agency on Aging 1-B can help older adults and family caregivers.

Activities:

1. Provide an in-person or video presentation to first responders about the Agency and how we help older adults and family caregivers.

Expected Outcome: To increase the number of referrals made by first responders to older adults and/or family members to the Agency.

Options Counseling

Goal: Increase the number of older adults and family caregivers receiving unbiased, person-centered Options Counseling.

Activities:

1. Through staff training and new EMR efficiencies grow the number of older adults and family caregivers who receive Options Counseling.

Expected Outcomes: A 5% annual increase, year or year, for three years of the number of older adults and family caregivers who receive Options Counseling through the AAA 1-B.

LTC Ombudsman

Goal: Improve the quality of life of long-term care facility residents through responsive outreach.

Activities:

1. Identify long term care facilities that may have a higher percentage of vulnerable older adult residents.
2. Develop a process to track complaint trends by these facilities and identify data trends that would trigger a facility visit by a LTC Ombudsman.

Expected Outcomes: Increased visits to some long-term care facilities based on the trend data.

DIRECT SERVICE REQUEST

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the 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 requesting approval to provide an in-home, community, and/or a nutrition service must complete the section below for each service category.

Instructions

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any Direct Service Provision Request for FY 2023-2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

a. Response:

Service Category: LTC Ombudsman

- Total of federal dollars:
 - Response: 156,612
- Total of state dollars:
 - Response: 100,343
- Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category:

Response: Certified long-term care ombudsman will provide assistance, advocacy and complaint resolution to individuals in long-term care facilities. Program staff will maintain participant confidentiality as required by the state long-term care ombudsman.

Trained long-term care ombudsman will make visits to long-term care facilities throughout the region quarterly, or more frequently as necessary.

AAA 1-B will work closely with and make referrals to legal service providers, elder abuse prevention providers and the Medicare Medicaid Assistance Program (MMAP) as necessary to assist individuals with accessing services.

Designated program staff will be trained and participate in ongoing continuing education /training as required by the State Long Term Care Ombudsman and AAA 1-B. Staff will complete and submit all reports, including but not limited to, activity reports, through the state electronic OmbudsManager database and any other required reporting platform for compliance.

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

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

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

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

Response: A & C

- 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.

Response: AAA 1-B is requesting a direct service waiver for long-term care Ombudsman due to notification of termination of service from the previous Ombudsman contractor effective September 30, 2020. AAA 1-B recognizes the importance of this service and successfully transitioned the program to AAA 1-B beginning on October 1, 2020 and has retained all program staff. The agency has made the decision to continue directly providing the Ombudsman program to ensure continuity of services and staffing. LTC Ombudsman staff must be certified by the State to provide services and participate in ongoing training as required.

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

Response:

Service Category: Disease Prevention/Health Promotion

- Total of federal dollars:
 - o **Response:** \$101,380
- Total of state dollars:
 - o **Response:** \$0
- Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category:
 - o **Response:**

The AAA 1-B requests approval to continue providing 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 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. AAA 1-B is exploring the opportunity of adding two additional programs, including PEARLS (Reduce symptoms of depression and improve health-related quality of life) and Eat Smart, Move More, Weigh Less (Weight Loss, Weight Management, Healthy Eating, Physical Activity, Wellness, Social Engagement.).

The AAA 1-B has over 30 permanent and contingent staff members trained in one or more of these programs. ACLS 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 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. 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.

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

- o (B) Such services are directly related to the Area Agency's administrative functions.
- o (C) Such services can be provided more economically and with comparable quality by the Area Agency.

A&C

- 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.

- o **Response:**

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).

- o **Response:**

Service Category: Caregiver Education, Training, and Support

- Total of federal dollars:
 - o **Response:** \$90,000
- Total of state dollars:

- o **Response:** \$0
- Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category:

- o **Response:**

Care Academy

The AAA 1-B requests approval to continue to provide Care Academy as a direct service. Care Academy is an innovative eLearning program for professional direct care workers and family caregivers of a care recipient with dementia or older adult. This program offers skill-based training delivered through an online learning system built specifically for a direct care worker and family caregiver audience. Each caregiver receives a personalized learning journey based on the caregiving topics that are most relevant to their care situation. 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 Care Academy program by providing at least 100 caregivers a year access to this program, either through current programs offered 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 2023. This program will be provided in partnership with Care Academy.

Dementia Friends

The AAA 1-B will continue to provide Dementia Friends as a direct service. The Dementia Friends informational session aims 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.

Caregiver Coaching Program

The AAA 1-B will provide Caregiver Coaching as a direct service. The Caregiver Coaching program is based on a curriculum developed by the Westchester County Department of Senior Programs and Services (WCDSPS) and Fordham University

Ravazzin Center on Aging. Caregiver Coaches are volunteers who are required to make a one-year commitment to the program. The volunteer coaches are trained on the Caregiver Coaching curriculum, which covers caregiver challenges, the aging process, and coaching techniques. Once trained, Caregiver Coaches are matched with a family caregiver in need of support.

After coaches and caregivers are matched, there is no specific length of time for the coaching relationship. In some instances, it will be a longer-term relationship spanning months or possibly years, while other times it will be only a couple of contacts while the caregiver needs assistance with something time-limited. Coaches act as mentors, referral sources, and valuable resources for caregivers with whom they work. Caregiver Coaches work with AAA 1-B employees, including Project Manager and Caregiver Resource Specialist, to receive ongoing education and support. Caregiver Coaches report to the AAA 1-B on their contacts with caregivers to track hours spent supporting caregivers and the types of support provided.

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

A,C

- 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.

o Response:

Care Academy

The AAA 1-B is the first area agency on aging in Michigan to use Care Academy online 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.

Caregiver Coaching Program

The AAA 1-B is the only area agency on aging in Michigan to provide the Caregiver Coaching program. One other organization recently launched the program in northern Michigan. Following a successful pilot in select Region 1-B counties, the AAA 1-B expanded the program throughout Region 1-B in FY 2022. Caregiver Coaching is a cost-effective program that serves family caregivers using a one-on-one method that utilizes volunteers and serves as the next step for caregivers after attending traditional support groups and caregiver trainings and workshops. Costs include training volunteer Caregiver Coaches, volunteer management, staffing for the Program Manager, and administrative expenses for coordination of the program.

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.

Instructions

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

REGIONAL DIRECT SERVICE REQUEST

It is expected that regionally defined services will be provided under contracts with community-based service providers, but when appropriate, a provision to provide such regional services directly by the area agency may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the 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.

Instructions

Area agencies requesting permission to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after a screen refresh. Select the link for the newly added regional service and enter the requested information pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2023-2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. **Since regional service definitions expire with the end of each multi-year plan period, please include any previously approved regional services the agency expects to continue providing directly, including COVID-19 policy-waiver-approved services. Address any discussion at the public hearing related to each regional direct service provision request.**

Regional Direct Service Budget details for FY 2023-2025 are to be included under the Direct Service Budget tab and the Support Services Detail 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.

Please skip this section if the area agency is not planning on providing any regional services directly as of now.

PROGRAM DEVELOPMENT OBJECTIVES

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

Diversity, Equity, and Inclusion Goal

Aging and Community Living Services Bureau (ACLS) *Operating Standards for Area Agencies on Aging* have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to *Operating Standards for Area Agencies on Aging* #C-2 and #C-4.

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

- Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.
- Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

Goal: Improve the Accessibility of Services to Michigan’s Communities and People of Color, Immigrants and LGBTQ+ Individuals.

Instructions

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency’s program development goals correspond to the ACLS Bureau’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. Additional instructions on completing the Program Development section can be found in the Documents Library.

Goal 1: Develop resources to support aging service program growth.

Narrative: The AAA 1-B provides 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. 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.

Public resources to support the independence and quality of life of older adults are inadequate as evidenced by wait times for key services and gaps in the service delivery system. The projected annual growth in the Region 1-B older adult population implies that current public resources will not be able to match the population growth. The AAA 1-B is committed to diversifying and growing funding for older adult programs to support the needs of older adults. Grant-based contributions present opportunities to support needed innovations in service delivery that improve program performance and participant outcomes.

1. Objective: Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services, including support for the direct care workforce.
 - A. Activities:
 - i. Educate advocacy stakeholders about policy solutions for issues impacting older adults, caregivers and direct care workers.
 - ii. 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.
 - iii. Engage in direct communications with elected officials about older adult issues through face-to-face contacts and written communications.
 - iv. Support collaborative advocacy efforts with state and local partners.
 - B. Expected Outcomes: Increased appropriations and new policies and programs will be realized, which will enhance the lives of older adults, adults with disabilities and their family caregivers.
2. Objective: Increase AAA 1-B capacity to secure additional funding resources.
 - A. Activities:
 - i. Enhance AAA 1-B fundraising strategy to grow the agency donor base and increase the annual amount of donated funds.
 - ii. Increase AAA 1-B grant-seeking activities to support program innovation and enhancement.
 - B. Expected Outcomes: The AAA 1-B will expend increased amounts of donated funds for older adult services.

Goal 2: Expand access to and awareness of aging services.

Narrative: The Region 1-B population over the age of sixty is projected to grow by nearly 30% by the year 2045, while the 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 2040 there will only be 2.3 AAA 1-B residents of caregiver age for every AAA 1-B resident age 80 and older, accounting for a 68% ratio decline. Expanding the reach of, awareness of, and access to aging services is critical to adequately provide support to the growing number of older adults and their informal caregivers.

1. Objective: Increase the awareness of first responders on how the Area Agency on Aging 1-B can help older adults and family caregivers.
 - A. Activities:
 - i. Provide presentations and educational opportunities to first responders about the Agency and how we help older adults and family caregivers.
 - B. Expected Outcome:
 - i. To increase the number of referrals made by first responders to older adults and/or family members to the Agency.
2. Objective: Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one
 - A. Activities:
 - i. Provide caregivers with access to the Care Academy eLearning program to provide skill-based training
 - ii. Encourage communities to take the Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.
 - iii. Reduce the barriers to accessing programs and services by providing additional support to and follow up with higher risk older family caregivers using our information and referral service.
 - B. Expected Outcomes:
 - i. Caregivers will gain practical knowledge that increases their capacity to provide quality care and prevent burnout.
 - ii. Communities will enact systems change that supports family caregivers.
 - iii. An increase in the percentage of higher risk older adults and family caregivers who connect with local programs and services.

Goal 3: Modernize programs and services to enable older adults to age in place.

Narrative: The AAA 1-B 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. The

AAA 1-B is committed to work with its contractors and ACLS Bureau to evaluate services offered and service standards to ensure services are meeting the needs of older adults in their homes and the community. By focusing on modernization of systems and procedures, the AAA 1-B will ensure older adults have access to services to enable them to age in place, while the AAA 1-B and its network of contractors and vendors will gain efficiencies in their ability to deliver services.

1. Objective: Ensure high risk older adults have access to supportive services
 - A. Activities:
 - i. Review the wait list prioritization processes to assure highest-need individuals receive services
 - ii. Collaborate with contracted service providers to share best practices to address social isolation
 - iii. Establish new network communication to facilitate collaboration between AAA 1-B and our vendor network.
 - B. Expected Outcome:
 - i. Older adults with the highest level of need who are requesting in-home and other ACLS Bureau-funded services will receive them faster.
 - ii. Older adults and caregivers experiencing social isolation will receive increased support, resulting in lower levels of social isolation.
2. Objective: Implement IT System improvements to increase efficiency in providing programs and services.
 - A. Activities:
 - i. Transition to a new Electronic Medical Record (EMR) software for aging service programs.
 - B. Expected Outcomes
 - i. Improve the quality and quantity of data collection and extraction to anticipate current and future resource needs.
 - ii. Improve the quality and accuracy of assessment documentation captured to improve participant health outcomes.
 - iii. Improve staff efficiency in providing ACLS Bureau services.

Goal 4: Improve the Accessibility of Services to Michigan’s Communities and People of Color, Immigrants and LGBTQ+ Individuals.

Narrative: Michigan’s communities and people of color, immigrants, and LGBTQ+ individuals experience a disproportionate amount of negative health impacts. The AAA 1-B is committed to serving individuals in these communities, providing culturally competent services that address social determinants of health.

The AAA 1-B requires contractors to complete targeting plans to reach eligible persons with greatest social and/or economic need with attention to low-income minority individuals, and/or individuals with limited English proficiency. The AAA 1-B additionally recommends targeting of Hispanics and/or Lesbian, Gay, Bi-Sexual, Transgender and Queer (LGBTQ) older adults. “Substantial Emphasis” is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. AAA 1-B direct service

The AAA 1-B is committed to providing training on an ongoing basis to all employees, thereby maintaining relevant and current diversity, equity & inclusion, and implicit bias knowledge and skillsets. Through an interactive virtual workshop, participants engage in discussions and exercises around understanding the origin of biases and how they may impact decisions, perceptions, and interactions in the context of diversity, equity & inclusion, and implicit biases.

The AAA 1-B general agency information for Outreach purposes is available in Spanish, Simplified Chinese, Arabic, and Russian. The AAA 1-B website contains translated pages, in those same languages that provide information on how we help older adults and family caregivers.

In FY 2021, the AAA 1-B assisted 209 callers using the Language Line. The largest percentage of minorities assisted were Arabic (57%), Somali (9%), Spanish (7%), Albanian (6%), and Mandarin/Cantonese (5%). Other minority-speaking individuals supported included Bengali, Chaldean, Macedonian, Russian, and Hindi.

1. Objective: Provide outreach and education to minority and underserved populations to increase access to understanding what services and programs are available through the AAA 1-B.
 - A. Activities:
 - i. Continue to build on existing relationships with local organizations serving minority populations to provide information and education to their community.
 - ii. Review and implement, where feasible, translation services for on-line presentations including education and public hearings.
 - B. Expected Outcomes
 - i. Continue growth in the number of minority older adults and/or family caregivers who contact the AAA 1-B for information and assistance services.
2. Objective: Ensure staff at the AAA 1-B and subcontracting agencies is knowledgeable about DEI and unconscious bias.
 - A. Activities:
 - i. Provide all AAA 1-B employees with diversity, equity & inclusion (DEI) training annually.
 - ii. Provide a live online training with interactive discussions and learning to its subcontracting agencies including diversity, equity, and inclusion.

B. Outcomes:

- i. Increased utilization of both direct and contracted services by minority caregivers /older adults.

ADVOCACY STRATEGY

Describe the area agency's comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging #C-6*.

Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state.

Instructions

Enter your advocacy strategy in the dialogue box.

a. Response

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

The AAA 1-B advocacy priorities and objectives are determined by the 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 Advisory Council meetings. In addition, advocacy priorities will be influenced by the platform for Older Michiganians Day.

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. 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 and supporting the direct care workforce. 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 ACLS Bureau.

The AAA 1-B continues to advocate for a permanent direct care worker (DCW) wage increase and supports the professionalization of the workforce. Support for the direct care workforce was included in the AAA 1-B Legislative platform and has also been included in other advocacy efforts that have been supported by AAA 1-B, such as the Older Michiganiaan's Day Platform. Advocacy efforts towards supporting the direct care workforce also include advocating for a MI Choice capitation rate increase to incentivize individuals to join and remain in the direct care workforce. Region 1-B continues to work with advocacy groups in Michigan focused on improving the direct care workforce recruitment and retention to serve older adults.

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.

The 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 committed to following public policy issues that 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 older persons, 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 caregivers, 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

The AAA 1-B produces the The Advocate newsletter monthly to educate advocates about current issues of concern. 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 an analysis of legislation 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 can 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 to keep advocates informed on the most recent developments and expedite advocacy action when needed.

ADVOCACY ACTIVITIES

Legislative Visits

Regular face-to-face and virtual 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 or virtual meetings 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 and 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 to quantify unmet needs, develop solutions, and educate decision makers about public policy issues.

State Commission on Services to the Aging Priority Areas

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

Best Practices

The AAA 1-B has provided leadership to the statewide Silver Key Coalition, advancing advocacy to make Michigan a no-wait list state, successfully securing increased appropriations towards this goal.

LEVERAGED PARTNERSHIPS

Describe the area agency's strategy for FY 2023-2025 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

Instructions

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

a. Response:

The AAA 1-B is involved in various collaborations and development activities designed to enhance our ability to fulfill our mission, identify opportunities to achieve greater efficiencies, diversify our funding, reduce waitlists, and fill the gaps resulting from the aging of the population without commensurate increases in funding. Listed below are various activities the AAA 1-B is engaged in to help ensure success 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. The AAA 1-B contracts as a provider with three integrated care organizations to offer one or more of the following services to the dually-eligible population residing in Macomb County: service 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.

Veterans Administration

The AAA 1-B continues to be committed to participate and contracting with our local Veteran Administrations 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 the AAA 1-B for care coordination that supports veterans' ability to receive 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 and areas of need to develop a veteran directed plan of care. This program aims 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 to provide Community Health Worker services to its Medicaid members upon transition from hospitalization back to their home setting. The contract is designed to use CHWs to conduct home visits to assess barriers to healthy living and accessing health care. The model is designed to reduce hospital readmissions by providing education, coordinating services, and ensuring discharge instructions are followed. The Community Health Worker, provided through AAA 1-B, works with McLaren Care Managers to support successful transition by assessing barriers, linking and coordinating needed services, providing self-management skills, and ensuring proper discharge instruction follow through.

Priority Health

Priority Health has contracted with the AAA 1-B to provide a Registered Nurse (RN) to service its members diagnosed with Chronic Obstructive Pulmonary Disease (COPD) upon transition from hospitalization back to their home setting or those newly diagnosed. The contract is designed to use a nurse to conduct home visits and telephonic follow-up to assess for COPD education, medication management, and ensure follow through on hospital discharge instructions. 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. The nurse, provided through AAA 1-B, works with Priority Health Telephonic Care Managers to support successful transition through COPD education, medication management, and coordination with health professionals and services as identified.

AAA 1-B participates in the following organizations and committees:

- Ascension Health Community Advisory Committee
- Evidence Based Program Coordinators
- 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 AIRS (Alliance of Information and Referral Systems) Board of Directors
- Michigan Dementia Coalition
- Michigan Elder Abuse Task Force
- Michigan Mobility Leaders
- MMAP, Inc. Board of Directors
- Monroe Aging Services Directors
- Monroe County Aging Consortium
- OLHSA Older Adult Advisory Council
- Oakland County Senior Advisory Council
- Professional Partners in Healthcare
- Safe Drivers Smart Options Operating Committee
- SAGE of Metro Detroit (Services and Advocacy for GLBT Elders)
- SCAN (Senior Coordinating Aging Network) Macomb
- SCAN (Senior Coordinating Aging Network) Oakland
- Senior Mobility & Safety Action Team
- Senior Regional Collaborative (Oakland, Macomb, Washtenaw, and Wayne counties)
- Southeast Michigan Council of Governments (SEMCOG) Executive Committee
- SEMCOG Transportation Choices
- Southeast Michigan Partners on PATH
- St. Clair County Community Service Coordinating Body
- St. Clair County Consortium on Aging
- United Way Partner Network
- Vital Seniors Initiative
- Washtenaw County Healthy Aging Collaborative
- Washtenaw County Mobility Leadership Circle
- Washtenaw Health Initiative
- WXYZ Community Advisory Board

AAA 1-B works closely with commissions on aging in the Monroe, St. Clair, and Washtenaw counties, community action agencies, the two centers for independent living in our region, senior centers, and public health and mental health professionals in a variety of ways, including supporting planning efforts and advocating for programs. Several AAA 1-B subcontractors include Community Action Agencies and senior centers. The AAA 1-B is working to grow relationships with mental and public health professionals.

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

a. Response:

The AAA 1-B will continue to provide evidence-based disease prevention (EBDP) programs directly and under contract in the community. The AAA 1-B will work closely with contractors to avoid duplication of services and identify unmet needs in the communities served. The AAA 1-B plans to continue providing the option of in-person and virtual classes to expand its reach to individuals with difficulties leaving home. The AAA 1-B will continue to explore the opportunity to offer new programs and expand its current EBDP programs to caregivers and older adults. The AAA 1-B will work over the next three years to identify grants and more sustainable revenue sources to help support programs, including the opportunity to work with insurance providers.

3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.

a. Response:

The AAA 1-B employs a multi-pronged approach to develop non-formula resources that include fundraising, grants to support new and existing programs, public/private partnerships for programs, and advocacy and support of the development of and/or expansion of local senior and alternative transportation millages. This strategy builds upon the AAA 1-B's programs, such as the myride2 mobility management program, and provides funding for Holiday Meals on Wheels.

The AAA 1-B uses volunteers to support its Caregiver Coaching program as coaches to the caregiver participants. Using volunteers allows the program to be implemented at a lower cost than it would be if the coaches were paid employees. It provides volunteers with a meaningful way to give back to their community and share their skills. The growing needs of caregivers can be addressed on a one-on-one basis, which could not be easily achieved without a corps of dedicated volunteers.

COMMUNITY FOCAL POINTS

Community Focal Points are visible and accessible points within communities where participants learn about and gain access to available services. Community Focal Points are defined by region.

Instructions

Please review and update the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.

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

a. Response:

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

OTHER GRANTS AND INITIATIVES

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

- Tailored Caregiver and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- 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)
- Care Transitions Project

Instructions

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

a. Response:

Caregiver Initiatives

The AAA 1-B provides several trainings for family and informal caregivers, including the Aging Mastery Program for Caregivers, Powerful Tools for Caregivers, Caregiving Survival seminar(s) with Jill Gafner, and a new on-line training and education platform for caregivers. The Caregiver Coaching program provides caregivers with one-on-one peer support from trained, vetted volunteers.

Dementia Friends

The AAA 1-B provides Dementia Friends for staff and the community to bring more awareness to the needs of persons with dementia living in our communities. The goal of Dementia Friends is to increase awareness of dementia and encourage community members to work toward the creation of a dementia-friendly community.

Evidence-Based Wellness Programs

The AAA 1-B offers several direct-service evidenced-based wellness programs that provide health education and prevention strategies. These programs include A Matter of Balance, Aging Mastery Program, PATH (Personal Action Toward Health), Diabetes PATH, Chronic Pain PATH self-management, and Powerful Tools for Caregivers. Our educational wellness programs increase self-efficacy by providing support to older individuals and their caregivers with the intent to avoid illness and improve health status.

Michigan Medicare and Medicaid Assistance Program (MMAP)

The AAA 1-B is committed to meeting the required performance measures for the MMAP program. The AAA 1-B will reach individuals through presentations, events, social media, and other activities. The AAA 1-B will continue recruiting, training, and maintaining a strong cohort of 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 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. The AAA 1-B contracts as a provider with three integrated care organizations to offer one or more of the following services to the dually-eligible population residing in Macomb County: service 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 provided by the Area Agency on Aging 1-B utilizing 5310 funds awarded by the Regional Transportation Authority of Southeast Michigan (RTA). Services provided include transportation information and options, driver cessation counseling, and travel training. The service areas include Oakland, Macomb, Washtenaw, and Wayne counties. Partners include The Senior Alliance, DAAA, and the Disability Network Eastern Michigan.

Refugee Assistance for Older Refugees

The Refugee Assistance for Older Refugees grant is funded by Office of Global Michigan 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 is subcontracted to provide services for this grant.

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

a. Response:

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 other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

a. Response:

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.

BUDGET

The purpose of the Budget tab is to provide the area agency a place to upload completed budget forms. Because of formatting limitations within the AIS system, other required documents and elective MYP/AIP documents that the area agency wishes to include must be downloaded within this tab as well.

MYP/AIP budget forms can be accessed and downloaded via the Documents Library tab. Instructions, resource and technical assistance documents can also be found in the Documents Library.

Instructions:

1. Area Plan Grant Budget and Operating and Wages Budget forms are listed in the Documents Library and identified with a “Yes” underneath the “Required Document” column.
2. The area agency must base its FY 2023 budget(s) on the FY 2023 Estimated Cost Allocation Worksheet, issued as an attachment to Transmittal Letter #2022-468.
3. Download the budget forms to your computer, complete the required information, and upload them through this tab.
4. Because of limitations with the AIS system, other documents listed in the sections below must also be uploaded in this section.

OTHER SUPPORTING DOCUMENTS

The Documents Library also includes various instructions, planning, demographic, guidance and technical assistance documents. Some are essential to follow for completing required components of the MYP/AIP and others are resources that may be useful in developing the MYP/AIP. These documents are identified with a “No” underneath the “Required Document” column signifying that, while some of these documents are essential to follow for developing the MYP/AIP fully and completely, they are not required to be included within the area agency MYP/AIP itself.

Other documents the area agency is required to complete and include with the AIP are listed in the Documents Library and identified with a “Yes” underneath the “Required Document” column. Upload these documents in either PDF or Excel format in the Budget tab.

Required supporting documents include:

- A. An area agency organizational chart reflecting all paid staff positions. Wages do not need to be listed. Do not include Senior Community Service Employment Program (SCSEP) participants. If you have a multi-page chart, please scan as a PDF and upload as a single document.
- B. FY 2023 Evidence-Based Programs document
- C. Emergency Management and Preparedness document
- D. Policy Board Membership
- E. Advisory Council Membership

DOCUMENTS FOR SPECIAL APPROVAL

The documents listed below must be presented to the CSA for special approval. Select the document(s) from the list below only if applicable to the FY 2023 AIP. Provide all requested information for each selected document and upload in the Budget tab.

- A. Request to Transfer Funds
- B. Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers
- C. Waiver of Minimum Percentage of a Priority Service Category

D. Cash-In-Lieu-Of-Commodity Agreement

SIGNATURE PAGE

The FY 2023-2025 Signature Page must be signed by the area agency director and the area agency board chairperson, saved as a pdf and uploaded through the Budget Tab.

MYP/AIP APPROVAL CRITERIA

The Final FY 2023-2025 MYP/AIP Approval Criteria was approved by the CSA on **XXXX, 2022**, and issued thereafter in Transmittal Letter # **XXXX**.

BOARD OF DIRECTORS MEMBERSHIP

	Asian/ Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	2	1	0	0	0	9	16
Age 60 and Over	1	1	0	0	0	6	9

Board Member Name	Geographic Area	Affiliation	Membership Status
Comm. Dawn Asper	Monroe	Monroe County Board of Commissioners	Elected Official
Ron Borngesser	Oakland	Oakland County Older Adult Representative	Appointed

Jeff Chang		Business/Information Technology	Community Representative
Howard Collens		Legal	Community Representative
Kelli Dobner		Philanthropy	Community Representative
Sandra Hann	Macomb	Macomb County Older Adult Representative	Appointed
Michelle Hodges		Finance	Community Representative
Comm. Penny Luebs	Oakland	Oakland County Board of Commissioners	Elected Official
Kathy Lyall		Healthcare/Health Insurance	Community Representative
Comm. Julie Matuzak	Macomb	Macomb County Board of Commissioners	Elected Official
Tom Miree	Washtenaw	Washtenaw County Older Adult Representative	Appointed
Comm. Wes Nakagiri	Livingston	Livingston County Board of Commissioners	Elected Official
Hamza Osto		Medical/Telehealth	Community Representative
Sue-Anne Sweeney		Gerontology/Geriatrics	Community Representative
Barbara Turner	Monroe	Monroe County Older Adult Representative	Appointed
Marc Zwick		Finance	Community Representative

ADVISORY COUNCIL MEMBERSHIP

	Asian/ Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	1	9	16
Age 60 and Over	0	2	0	0	1	6	12

Board Member Name	Geographic Area	Affiliation
Ruth Dunkle		Public Sector: Education/Gerontology
Gloria Edwards	Washtenaw	Older Adult Representative
Steve Faine	Oakland	Older Adult Representative
Jim Forrer		Public Sector: Non-Profit/Charity
Jyme Hager		Public Sector: Title IIIB Nutrition Provider
Catherine Martin		Public Sector: UAW Retirees
Floreine Mentel	Monroe	Older Adult Representative
Vanessa Metti		Public Sector: DSP Provider
Christina Murray		Public Sector: Veteran's Administration
Daniel Sier	Macomb	Older Adult Representative
David Soltis		Local Government Official
Joseph Sucher	Oakland	Older Adult Representative
Mark Swanson	Livingston	Older Adult Representative
Carol Thompson		Public Sector: DPS Provider
Carol Weidenbach	Macomb	Older Adult Representative
Tom Zaremba	Washtenaw	Older Adult Representative

FY 2023 AREA PLAN GRANT BUDGET

Rev. 10/8/21

Agency: Area Agency on Aging

Budget Period: 10/01/22 to 09/30/23

PSA: 1B

Date: 04/08/22

Rev. No.: 1 Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	2,737,827		2,737,827
2. Fed. Title III-C1 (Congregate)		3,615,534	3,615,534
3. State Congregate Nutrition		62,518	62,518
4. Federal Title III-C2 (HDM)		1,934,077	1,934,077
5. State Home Delivered Meals		3,117,709	3,117,709
8. Fed. Title III-D (Prev. Health)	206,062		206,062
9. Federal Title III-E (NFCSP)	1,302,059		1,302,059
10. Federal Title VII-A	18,728		18,728
10. Federal Title VII-EAP	42,555		42,555
11. State Access	186,610		186,610
12. State In-Home	3,327,050		3,327,050
13. State Alternative Care	733,341		733,341
14. State Care Management	863,653		863,653
15. St. ANS	291,000		291,000
16. St. Nursing Home Ombs (NHO)	73,035		73,035
17. Local Match			
a. Cash	108,000	-	108,000
b. In-Kind	1,066,121	1,040,900	2,107,021
18. State Respite Care (Escheat)	358,605		358,605
19. MATF	780,464		780,464
19. St. CG Support	96,294		96,294
20. TCM/Medicaid & MSO	27,308		27,308
21. NSIP		1,677,792	1,677,792
22. Program Income	100,000	-	100,000
TOTAL:	12,318,712	11,448,530	23,767,242

ADMINISTRATION			
Revenues	Local Cash	Local In-Kind	Total
Federal Administration	1,088,396	247,496	1,335,892
State Administration	188,123		188,123
MATF Administration	77,188	-	77,188
St. CG Support Administration	9,524	-	9,524
Other Admin			-
Total AIP Admin:	1,363,231	247,496	1,610,727

Expenditures		
	FTEs	
1. Salaries/Wages	27.00	1,127,850
2. Fringe Benefits		327,077
3. Office Operations		155,801
Total:		1,610,727

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
County Match	247,496	1. Federal Admin	
2. Federal Admin	-	2. Federal Admin	-
3. Federal Admin	-	3. Federal Admin	-
MATFF Administration Match	-	MATF Administration Match	-
St CG Support Match	-	St CG Support Match	-
Total:	247,496	Total:	-

BGP Allocation Amount 22,815,452

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.

Laura Gruczelak
Signature

CFO
Title

05/02/22
Date

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Area Agency on Aging
 PSA: 1B

Budget Period: 10/01/22 to 09/30/23
 Date: 04/08/22 Rev. No.: 1

Rev. 10/8/21
 page 2 of 3

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII/EAP	Title VII A OMB	State Access	State In-Home	St. Alt Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Supp	TCW-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																			
A-1	Care Management	265,708		297,355						250,000		120,000						68,000	35,674	1,036,737
A-2	Case Coord/supp	150,457		312,801						613,653		146,000						40,000	95,879	1,358,790
A-3	Disaster Advocacy & Outreach Program																			-
A-4	Information & Assis	378,307		323,800			20,000					25,000							83,012	830,119
A-5	Outreach	203,129		186,000			166,610												61,749	617,488
A-6	Transportation													15,000						15,000
A-7	Options Counseling	15,000		45,000						-									6,667	66,667
B	In-Home																			
B-1	Chore	500,000															10,000		55,556	565,556
B-2	Home Care Assis																			-
B-3	Home Injury Cntrl	119,500		47,000															18,500	185,000
B-4	Homemaking							2,280,000									50,000		253,334	2,583,334
B-6	Home Health Aide																			-
B-7	Medication Mgt									18,000									2,000	20,000
B-8	Personal Care							730,000	20,000								40,000		83,334	873,334
B-9	Assistive Device&Tech			5,000				210,000											23,889	238,889
B-10	Respite Care	377						89,050	713,341				338,605	62,676	84,458				98,581	1,387,088
B-11	Friendly Reassurance																			-
C-10	Legal Assistance	245,000		10,000															28,334	283,334
C	Community Services																			
C-1	Adult Day Services													472,788	11,836				53,848	538,472
C-2	Dementia ADC												20,000	230,000					27,778	277,778
C-6	Disease Prevent/Health Promtion		206,062																22,896	228,958
C-7	Health Screening																			-
C-8	Assist to Hearing Impaired & Deaf Cmty	47,500																	5,278	52,778
C-9	Home Repair																			-
C-11	LTC Ombudsman	137,884				18,728					73,035					27,308			26,470	283,425
C-12	Sr Ctr Operations																			-
C-13	Sr Ctr Staffing																			-
C-14	Vision Services																			-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation	47,445				42,555													5,272	95,272
C-16	Counseling Services																			-
C-17	Creat.Conf.CG@ CCC																			-
C-18	Caregiver Supplmt Services																			-
C-19	Kinship Support Services			65,103															7,234	72,337
C-20	Caregiver E,S,T	80,000		10,000															10,000	100,000
*C-8	Program Develop	547,520																	60,836	608,356
	Region Specific																			
	Critical Urgent Unmet Needs																			-
	Nursing Services																			-
	c.																			-
	d.																			-
	7. CLP/ADRC Services																			-
Sp Co	8. MATF Adm												77,188							77,188
Sp Co	9. St CG Sup Adm														9,524					9,524
	SUPPRT SERV TOTAL	2,737,827	206,062	1,302,059	42,555	18,728	186,610	3,327,050	733,341	863,653	73,035	291,000	358,605	857,652	105,818	27,308	100,000	108,000	1,066,121	12,405,424

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 10/8/21

Agency: Area Agency on Aging Budget Period: 10/01/22 to 9/30/23
 PSA: 1B Date: 04/08/22 Rev. Number 1

page 3 of 3

FY 2023 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	3,615,534		62,518					367,900	4,045,952
B-5	Home Delivered Meals		1,934,077		3,117,709	1,677,792			673,000	7,402,578
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	Nutrition Services Total	3,615,534	1,934,077	62,518	3,117,709	1,677,792	-	-	1,040,900	11,448,530

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

FY 2023 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	137,884	18,728	-	73,035	27,308	-	-	26,470	283,425
C-15	Elder Abuse Prevention	47,445		42,555			-	-	5,272	95,272
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	185,329	18,728	42,555	73,035	27,308	-	-	31,742	378,697

FY 2023 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 2023 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	-	65,103				-	-	7,234	72,337
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	-	65,103				-	-	7,234	72,337

Planned Services Summary Page for FY 2023			PSA: 1B		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 1,036,737	4.35%			X
Case Coordination & Support	\$ 1,358,790	5.70%			X
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 830,119	3.48%			X
Outreach	\$ 617,488	2.59%			X
Transportation	\$ 15,000	0.06%	X		
Option Counseling	\$ 66,667	0.28%			X
IN-HOME SERVICES					
Chore	\$ 565,556	2.37%		X	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ 185,000	0.78%		X	
Homemaking	\$ 2,583,334	10.83%	X		
Home Delivered Meals	\$ 7,402,578	31.03%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 20,000	0.08%	X		
Personal Care	\$ 873,334	3.66%	X		
Personal Emergency Response System	\$ 238,889	1.00%	X		
Respite Care	\$ 1,387,088	5.81%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 538,472	2.26%		X	
Dementia Adult Day Care	\$ 277,778	1.16%		X	
Congregate Meals	\$ 4,045,952	16.96%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 228,958	0.96%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 52,778	0.22%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 283,334	1.19%		X	
Long Term Care Ombudsman/Advocacy	\$ 283,425	1.19%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 95,272	0.40%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 72,337	0.30%		X	
Caregiver Education, Support, & Training	\$ 100,000	0.42%			X
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 608,356	2.55%			X
REGION-SPECIFIC					
Critical Urgent Unmet Needs	\$ -	0.00%			
Nursing Services	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 23,767,242				
MATF & ST CG ADMINISTRATION	\$ 86,712	0.36%			
TOTAL PERCENT		100.00%	20.13%	58.48%	21.38%
TOTAL FUNDING	\$ 23,853,954		\$4,800,978	\$13,952,038	\$5,100,938

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

FY 2023 BUDGET REVIEW SPREADSHEET

Rev. 10/8/21

Agency:	Area Agency on A	1B		Fiscal Year:	FY 2023
Date of SGA:	SGA No.			Date Reviewed by AASA:	
Date of Budget:	04/08/22	Revision No.	1	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 1,088,396		\$ 1,088,396		
State Administration	\$ 188,123		\$ 188,123		
Title III-B Services	\$ 2,737,827		\$ 2,737,827		
Title III-C-1 Services	\$ 3,615,534		\$ 3,615,534		
Title III-C-2 Services	\$ 1,934,077		\$ 1,934,077		
Federal Title III-D (Prev. Health)	\$ 206,062		\$ 206,062		
Title III-E Services (NFCSP)	\$ 1,302,059		\$ 1,302,059		
Title VII/A Services (LTC Ombuds)	\$ 18,728		\$ 18,728		
Title VII/EAP Services	\$ 42,555		\$ 42,555		
St. Access	\$ 186,610		\$ 186,610		
St. In Home	\$ 3,327,050		\$ 3,327,050		
St. Congregate Meals	\$ 62,518		\$ 62,518		
St. Home Delivered Meals	\$ 3,117,709		\$ 3,117,709		
St. Alternative Care	\$ 733,341		\$ 733,341		
St. Aging Network Srv. (St. ANS)	\$ 291,000		\$ 291,000		
St. Respite Care (Escheats)	\$ 358,605		\$ 358,605		
Merit Award Trust Fund (MATF)	\$ 857,652		\$ 857,652		
St. Caregiver Support (St. CG Sup.)	\$ 105,818		\$ 105,818		
St. Nursing Home Ombuds (NHO)	\$ 73,035		\$ 73,035		
MSO Fund-LTC Ombudsman	\$ 27,308		\$ 27,308		
St. Care Mgt.	\$ 863,653		\$ 863,653		
NSIP	\$ 1,677,792		\$ 1,677,792		
			\$ -		
SGA TOTALS:	\$ 22,815,452	\$ -	\$ 22,815,452		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE		
Federal Administration	\$ 1,088,396	\$ 1,088,396	\$ -	Minimum federal administration match amount	\$362,798
State Administration	\$ 188,123	\$ 188,123	\$ -	Administration match expended (State Adm. + Local Match)	\$435,619
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 1,276,519	\$ 1,276,519	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 77,188				
ST CG Supp	\$ 9,524				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 247,496			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ -			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 247,496			Amount of MATF Funds budgeted on Adult Day Care	\$ 702,788
Other Admin	\$ -			Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 1,610,727	\$ 1,610,727	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	
Federal Title III-B Services	\$ 2,737,827	\$ 2,737,827	100.0000%		Yes
Fed. Title III C-1 (Congregate)	\$ 3,615,534	\$ 3,615,534	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition	\$ 62,518	\$ 62,518	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	Yes
Federal C-2 (HDM)	\$ 1,934,077	\$ 1,934,077	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 3,117,709	\$ 3,117,709	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	\$27,100
Federal Title III-D (Prev. Health)	\$ 206,062	\$ 206,062	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$137,884
Federal Title III-E (NFCSP)	\$ 1,302,059	\$ 1,302,059	100.0000%	Is required maintenance of effort met?	Yes
St. Access	\$ 186,610	\$ 186,610	100.0000%		
St. In Home	\$ 3,327,050	\$ 3,327,050	100.0000%		
St. Alternative Care	\$ 733,341	\$ 733,341	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 863,653	\$ 863,653	100.0000%	Minimum service match amount required	\$2,063,786
State Nursing Home Ombs (NHO)	\$ 73,035	\$ 73,035	100.0000%	Service matched budgeted: (Local Cash + In-Kind)	\$2,215,021
St ANS	\$ 291,000	\$ 291,000	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 18,450,475	\$ 18,450,475	100.0000%	Miscellaneous Budget Requirements / Constraints	
Local Service Match				Amounts budgeted for OAA / AASA Priority Services:	
Local Cash Match	\$ 108,000			Access:	\$1,012,601
Local In-Kind Match	\$ 2,107,021			In-Home:	\$619,877
				Legal:	\$245,000
Sub-Total:	\$ 2,215,021			Total Budgeted for Priority Services:	\$1,877,478
Title VII/A Services (LTC Ombuds)	\$ 18,728	\$ 18,728	100.0000%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ 42,555	\$ 42,555	100.0000%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 1,677,792	\$ 1,677,792	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 358,605	\$ 358,605	100.0000%	(Actual % of Legal)	8.95%
MATF	\$ 780,464	\$ 780,464	100.0000%		
St. CG Support	\$ 96,294	\$ 96,294	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$2,737,827
MSO Fund-LTC Ombudsman	\$ 27,308	\$ 27,308	100.0000%	Amount budgeted for Program Development:	\$547,520
TCM-Medicaid / CM	\$ -			% of Title III-B Program Development (must be 20% or less):	19.0%
Program Income	\$ 100,000			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$206,062
Total Services:	\$ 23,767,242			Amount budgeted for EBDP Activities, per TL#2012-244:	\$206,062
Grand Total: Ser.+ Admin.	\$ 25,377,969			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$265,708
b. Case Coord/supp	\$150,457
c. Disaster Advocacy	\$0
d. Information & Assis	\$378,307
e. Outreach	\$203,129
f. Transportation	\$0
g. Options Counseling	\$15,000
Access Total:	\$1,012,601

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$500,000
b. Home Care Assis	\$0
c. Home Injury Cntrl	\$119,500
d. Homemaking	\$0
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$0
h. Assistive Device&Tech	\$0
i. Respite Care	\$377
j. Friendly Reassure	\$0
In Home Services Total:	\$619,877

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

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$65,103
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
Kinship Services Total:	\$65,103

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

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$2,737,827
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$2,737,827

(Use ONLY If SGA Reflects Transfers)

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

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

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	407,736		278,393		68,000	35,674		789,803
Fringe Benefits	118,327		80,873					199,200
Travel	15,000		5,000					20,000
Training	6,000							6,000
Supplies	4,000							4,000
Occupancy								0
Communications	12,000		5,734					17,734
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	563,063	0	370,000	0	68,000	35,674	0	1,036,737

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		35,674			
Local Resources	68,000				
Totals	68,000	35,674	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Case Coordination & Support

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	349,319		581,608		40,000	95,879		1,066,806
Fringe Benefits	101,529		168,955					270,484
Travel	5,000		5,000					10,000
Training	1,410		1,090					2,500
Supplies								0
Occupancy								0
Communications	6,000		3,000					9,000
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	463,258	0	759,653	0	40,000	95,879	0	1,358,790

SERVICE AREA: _____

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

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

If yes, please describe: _____

Explanation for Other Expenses: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2 **FY 2023**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		95,879			
Local Resources	40,000				
Totals	40,000	95,879	0	0	

Difference 0 OK 0 OK 0 OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Information & Assitance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	517,324		34,870			83,012		635,206
Fringe Benefits	150,283		10,130					160,413
Travel	3,500							3,500
Training	6,000							6,000
Supplies								0
Occupancy								0
Communications	25,000							25,000
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	702,107	0	45,000	0	0	83,012	0	830,119

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		83,012			
Local Resources					
Totals	0	83,012	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Outreach

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	345,407		11,623			61,749		418,779
Fringe Benefits	100,332		3,377					103,709
Travel	10,000							10,000
Training								0
Supplies	15,000							15,000
Occupancy								0
Communications	70,000							70,000
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	540,739	0	15,000	0	0	61,749	0	617,488

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		61,749			Insurance
Local Resources					
Totals	0	61,749	0	0	

Difference

OK

OK

66 of 77 OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Options Counseling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	46,494					6,667		53,161
Fringe Benefits	13,506							13,506
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	60,000	0	0	0	0	6,667	0	66,667

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #5

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		6,667			
Local Resources					
Totals	0	6,667	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Disease Prevention/Health Promotion

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	62,000					11,264		73,264
Fringe Benefits	17,980							17,980
Travel	9,000							9,000
Training								0
Supplies	10,000							10,000
Occupancy								0
Communications	2,400							2,400
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	101,380	0	0	0	0	11,264	0	112,644

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #6

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time					
Local Resources					
Contractors		11,264			
Totals	0	11,264	0	0	

Difference 0 OK 0 OK 0 OK 0 OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #7**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Long Term Care Ombudsman/Advocacy

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	73,115	14,410	77,187			26,470		191,182
Fringe Benefits	21,245	4,318	23,156					48,719
Travel	38,524							38,524
Training								0
Supplies	5,000							5,000
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	137,884	18,728	100,343	0	0	26,470	0	283,425

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time					
Local Resources		26,470			
Totals	0	26,470	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #8**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Caregiver Education, Support & Training

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	60,000					10,000		70,000
Fringe Benefits	18,000							18,000
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:	12,000							12,000
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	90,000	0	0	0	0	10,000	0	100,000

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		10,000			Training Platform
Local Resources					
Totals	0	10,000	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #9**

AAA: Area Agency on Aging

FISCAL YEAR: FY 2023

SERVICE: Program Development

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	400,000					60,836		460,836
Fringe Benefits	116,200							116,200
Travel	20,000							20,000
Training	3,000							3,000
Supplies	5,000							5,000
Occupancy								0
Communications	3,320							3,320
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	547,520	0	0	0	0	60,836	0	608,356

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		30,418			
Local Resources		30,418			
Totals	0	60,836	0	0	

Difference 0 OK 0 OK 0 OK 0 OK

Fundable Services Matrix - Updated attachment to TL #2019-384

Attachment

ACCESS SERVICES

		Federal Funds				State Funds						
Op Std	Access Services	Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Access	St. Care Management	St. Respite Care (Escheats)	St. In- Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
A-1	Care Management	X		X		X	X					X
A-2	Case Coordination & Support	X		X		X	X					X
A-3	Disaster Advocacy & Outreach Program	X										
A-4	Information & Assistance	X		X		X						X
A-5	Outreach	X		X		X						X
A-6	Transportation (For MATF & St. CG Sup. only) - adult day service and respite related transport of service recipients including related medical and shopping assistance is allowed.	X		X						X	X	
A-7	Options Counseling	X		X		X	X					X

IN-HOME SERVICES

		Federal Funds				State Funds						
Op Std	In-Home Services	Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Access	St. Alternative Care	St. Respite Care (Escheats)	St. In- Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
B-1	Chore	X										
B-2	Home Care Assistance	X					X		X			X
B-3	Home Injury Control	X		X								
B-4	Homemaking	X					X		X			X
B-6	Home Health Aide	X					X		X			X
B-7	Medication Management	X					X		X			X
B-8	Personal Care	X					X		X			X
B-9	Assistive Devices & Technologies (PERS)	X		X			X		X			X
B-10	Respite Care (may also include chore, homemaking, home care assistance, home health aide, meal prep./HDM & personal care serv. as a form of respite care)	X		X			X	X	X	X	X	X
B-11	Friendly Reassurance	X										

COMMUNITY SERVICES

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

NUTRITION SERVICES

Op Std	Nutrition Service	Title III-C1 & State Congregate	Title III-C2 & State Home Delivered Meals	Title III-E	*NSIP	Requirements from AASA Transmittal letters that establish Fundable Service Categories Replaces: TL 367, 2005-102 & 2007-142 See TL343 & TL2006-111 for guidance re St. MATF See TL 2012-244 for guidance re Title D See TL 2012-256 for guidance re St. ANS Rev Date 7/26/17
C-3	Congregate Meals	X			X	
B-5	Home Delivered Meals		X	X	X	
C-4	Nutrition Counseling	X	X	X		
C-5	Nutrition Education	X	X	X		

*NSIP funds are designated for actual food costs for CAA Title III eligible meals

** Note for Title III D – All funds have to be used for Evidence-Based programs.
TL #2019-384 Fundable Services Matrix, revised 2/15/2019, replaces TL #2015-301

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

Federal
State
Federal
Federal
Federal
Federal
Federal
Federal
Federal
State
Federal

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

MATCHING REQUIREMENTS

Revision date 1/26/2016

Revision to Transmittal Letter #2016-320

FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%

STATE 15%^[2] (AASA)

LOCAL 10% (AAAs)

FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

Table 1 AAA Local Matching Requirement by Fund Source

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

(a) 15% is an approximate amount and may vary slightly after applying the state match amount.

(b) AoA is the acronym for the federal Administration on Aging

(c) Michigan Office of Long Term Care Supports and Services (OLTCSS)

(d) OAA is the acronym for the Older Americans Act

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

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

AREA AGENCY ON AGING--OPERATING BUDGET

PSA: 1B
Agency: AAA1B

Budget Period: 10/01/22

to: 09/30/23

Date of Budget: 05/02/22

Rev. No.: _____ Page 1 of 2

Operations		Program Services/Activities									
Admin	Program Develop	HASA	MI Choice	MI Health Link	Vetrans Admin	Contracted Services	Mmap	Mobility Management	Refugee Grant		TOTAL

REVENUES

Federal Funds	1088396	300000	11234634					312000				12935030
State Funds	188123		10004299	31413000						120473		41725895
Local Cash	247496											247496
Local In-Kind							594000					594000
Interest Income	5917											5917
Fund Raising/Other	150000			6917000	2150000	55000		370080				9642080
TOTAL	1679932	300000	21238933	31413000	6917000	2150000	55000	906000	370080	120473	0	65150418

EXPENDITURES

Contractual Services			12504543	23125915	6134225	1555924				114674		43435281
Purchased Services			4300605					594000				4894605
Wages and Salaries	2372138	300000	2400395	4598304	292292	215323	31516	197770	190588	3808	0	10602134
Fringe Benefits	789400		644966	861448	80692	37982	5294	29605	23665	961		2474013
Payroll Taxes			209112	351779	22361	16471	1569	15130	14580	291		631293
Professional Services	211850		48000	140000	800		8265	5651	92000			506566
Accounting & Audit Services	45000		18000									63000
Legal Fees	160000											160000
Occupancy	291708											291708
Insurance	74000											74000
Office Equipment	941610		8000	30000				4454	9636			993700
Equip Maintenance & Repair	13200							500				13700
Office Supplies	66150		30000	4500	400	700		4500	1260	739		108249
Printing & Publication	24550		72000	1000				4000	2204			103754
Postage	29350		15000	3200	80	100	100	6000	220			54050
Telephone	362500		20000					1890				384390
Travel	23650		60000	90000	1500	2500	2256	2500	3700			186106
Conferences	97224		40000	7854	650			2000	3500			151228
Memberships	84900		8000						575			93475
Special Events	32000		12000					10000	2152			56152
	41371											41371
	-3739312		848312	2199000	484000	151000	3000	28000	26000			0
TOTAL	1921289	300000	4433785	8287085	882775	424076	52000	312000	370080	5799	0	16988889

