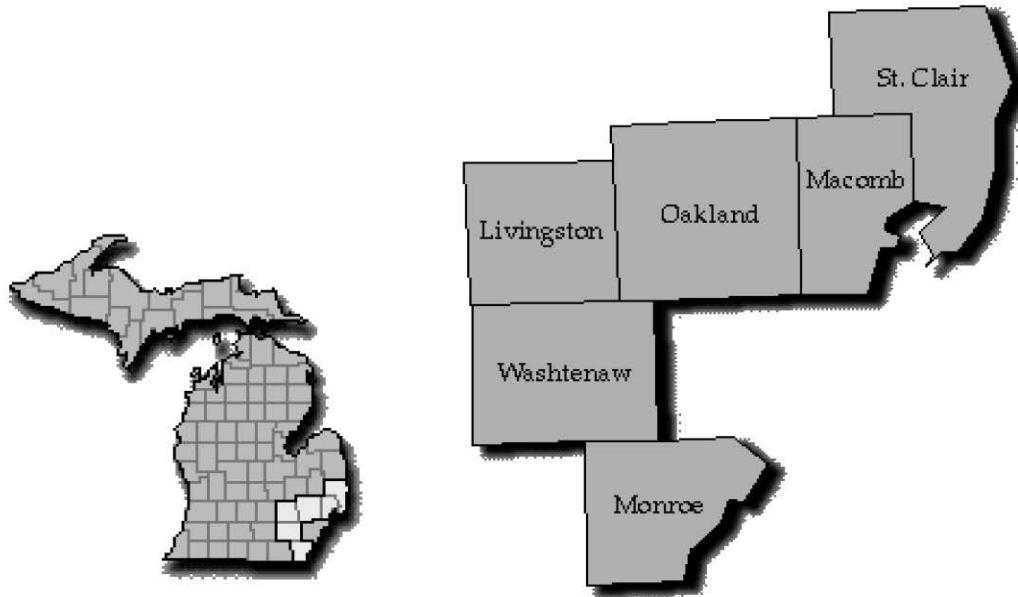


2023-2026 Multi Year Plan  
**FY 2026 ANNUAL IMPLEMENTATION PLAN**  
**AGEWAYS NONPROFIT SENIOR SERVICES**



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**Planning and Service Area**

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

**AGEWAYS NONPROFIT SENIOR SERVICES**

29100 Northwestern Hwy.

Suite 400

Southfield, MI 48034

248-357-2255 • 1-800-852-7795

248-948-9691 (fax)

Michael Karson, CEO & President

[www.ageways.org](http://www.ageways.org)

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**Regional Aging Representative**

**Cindy Albrecht**

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

517-230-8615

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**Executive Summary**

**Instructions**

**Please include in the Executive Summary a brief description of the following (\*note - if you need additional space, you may upload a Word document via theBudget and Other Documentstab):**

- A. Any substantive changes in priorities, plans, or objectives set by the Area Agency on Aging (AAA) for the use of federal and state funding during FY 2026. If none, indicate, "no" to the question: "Have there been any substantive changes since the previous year?"**
- B. How the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need.**
- C. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2026.**
- D. AAA's successes over the past year, highlights of new services or other topics, as well as any anticipated challenges.**
- E. Ways in which your agency will support the Veteran population and a description of any partnerships and/or collaborations with Veteran service organizations within your region.**
- F. Please provide, in the spaces below, information on counties served, Federally Recognized Tribes in your Planning and Service Area (PSA), and accreditations awarded to your AAA.**

**Please provide demographic data in the chart below for your PSA (using the most currently available data from the Amercian Community Survey (ACS), the Decennial Census Survey, and NAPIS—see chart entitled:*FY 26 AIP Demographic Data*in the Document Library).**

**Upload the required supplemental document entitled: *Contingency Planning, addressing a contingency plan for lack of funding or in the event of a government shutdown/continuing resolution,* in theBudget and Other Documentssection**

**Have there been substantive changes since the previous year? (If yes, please describe below.)**  Yes  No

- A. In FY2026, AgeWays will transition the Caregiver Respite Voucher program from grant funding through the Michigan Health Endowment Foundation (MHEF) to sustainable Older Americans Act (OAA) funding through the Bureau of Aging, Community Living and Supports (ACLS). This program supports informal and family caregivers of older adults by granting them access to short-term respite care services.**

AgeWays will be offering Bingocize to older adults to replace the Aging Mastery Program , which is being

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discontinued by the National Council on Aging (NCOA) in FY2026. Bingocize is a 10-week evidence-based program that combines bingo, education, and exercise. AgeWays plans to implement the program at senior living facilities, senior centers, and community sites in at least two of the counties within our six-county region.

AgeWays will continue to put a hold on the implementation of Dementia Friends as a direct service program. AgeWays plans to offer more sessions in Dementia Live, which is a dementia sensitivity training program designed to give participants the experience of living with cognitive impairment.

In Fiscal Year (FY) 2026, AgeWays will be launching a Behavioral Health Counseling Program to support older adults facing mild to moderate mental health challenges. This program will provide counseling services to address issues related to aging, grief, depression, anxiety, loneliness, and overall emotional well-being. By integrating mental health support into the agency's existing services, AgeWays aims to enhance the quality of life for older adults and ensure they receive the care and guidance needed to navigate life's transitions and remain living independently. Medicare will be the primary payer of these services for participants in the program.

AgeWays is actively identifying and working to secure key partnerships with local health plans participating in the HIDE D-SNP Program to expand access to Long-Term Supports and Services (LTSS) for their members. By establishing these strategic collaborations, the agency aims to position itself as a trusted provider of essential services that support aging in place, care coordination, and improved health outcomes for older adults and individuals with disabilities. Through these partnerships, the agency will enhance service delivery, streamline referral processes, and ensure that members receive the comprehensive LTSS they need to maintain their independence and well-being.

AgeWays will provide carry-out meals as an option for service providers under congregate meal funding should funding be available.

**B.**AgeWays requires contracted service providers to identify and target at least one underserved /target population to be served each fiscal year. Targeting plan documents are submitted annually and reviewed and approved by AgeWays staff. Providers have the ability and are encouraged to assist participants from different cultural, language, and religious backgrounds to access and provide services in a way that respects these diverse backgrounds.

Providers report targeting data quarterly to AgeWays for review and to ensure targeting goals are being met, and/or identify if technical assistance is needed. AgeWays staff monitor targeting plans and quarterly reporting forms to measure progress towards these goals.

AgeWays targets education and outreach to underserved populations, including marginalized populations, by establishing relationships with key community organizations. In FY2026, AgeWays will focus on building stronger partnerships with the Arabic and Hispanic communities.

AgeWays continues to educate the public, our partners, and service providers on the requirements outlined in the OAA, which states that the services provided under this act are intended to target adults 60 and older

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who are in greatest social and economic need, with attention to lower-income older adults, members of minority communities, those living in rural areas, people with limited English proficiency, and older adults at risk of institutional care.

AgeWays uses many methods to educate the public and service providers on available programs and services, including:

***AgeWays website:***

New content is published regularly, including content specific to underserved populations such as Lesbian, Gay, Bisexual, transgender, Queer (LGBTQ+) older adults. The AgeWays website has been updated to allow visitors the option to translate the website content into nine common languages including Spanish, Russian, Simplified Chinese and Portuguese. To further improve the website, AgeWays will be implementing large scale website improvements during FY2026, making resources and information more easily accessible. Search engine optimization (SEO) tools are employed to help people looking for services and programs, like those provided through OAA funding connect to AgeWays. Google adwords are also used to help older adults and family caregivers connect to our agency when searching using relevant keywords.

***Presentations and events:***

Through an annual outreach plan, AgeWays specifically targets low-income populations and facilities where low-income older adults reside.

***Publication and distribution of Connect:***

The second edition of Connect contained robust information on programs and services offered via Bureau of Aging, Community Living, and Supports (ACLS Bureau) funding and was distributed to over 19,000 individuals, senior centers, libraries, and health care professionals and facilities in FY2025.

***Monthly email newsletters:***

Sent to over 2,500 subscribers monthly, the newsletter contains information and resources for family caregivers and includes information on ACLS Bureau programs and services.

***Monthly email to professional lists:***

These emails highlight ACLS Bureau-supported programs and services to increase knowledge of programs for professional referral sources.

***Monthly content shared by senior centers in the region:***

AgeWays provides content on ACLS Bureau-supported programs and services to senior centers for their inclusion in centernewsletters and publications.

***Advertising:***

When there is adequate funding, paid advertising is used to target minority communities and lower-income communities.

***Media Outreach:***

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AgeWays participates in content partnerships with local newspapers through the provision of monthly content focused on ACLS funded programs and services. The agency also works with local media outlets to build awareness of key programs and services.

**C.** In January of FY2025, AgeWays developed an updated legislative platform for 2025 and 2026, which includes 16 priority advocacy issues for AgeWays. Included in the platform is advocating for improvements to the MI Choice program, rebalancing Medicaid expenditures, supporting ACLS Bureau in-home services, and supporting increased caregiver funding, among other priorities.

In the FY2025 budget, AgeWays and other advocates were successful in securing an additional \$3 million in funding to support 33 new full-time Long-Term Care Ombudsmen (LTCO) statewide to achieve the recommended ratio of 1 ombudsman for every 2,000 nursing home beds. This additional funding supported the hiring of three additional LTCO staff at AgeWays during FY2025.

AgeWays continues to provide leadership to the statewide Silver Key Coalition, which focuses on addressing unmet needs for ACLS in-home services. The Coalition has requested a \$8 million increase for senior in-home services and a \$2 million increase for Home-Delivered Meals (HDM) in the ACLS FY2026 budget.

The Advocate newsletter continues to be published monthly. This publication provides information to subscribers regarding local, state, and federal advocacy, including analysis of relevant proposed bills. The Advocate also highlights advocacy priorities and provides details on legislative action opportunities for interested advocates.

Year to date in FY2025, AgeWays has held 42 meetings with State legislators from both the House and Senate and has met with 5 Members of Congress.

AgeWays advocacy staff have continued to build relationships with state legislators to increase awareness of our agency and the supports and services offered to older adults. Staff will continue to meet frequently with legislators and their staff in FY2026. In FY2025, AgeWays has been consulted by several offices to provide input on proposed legislation and how it may impact those constituents served. Agency staff will continue to strengthen these relationships with state legislators with the intent to establish AgeWays as the point agency for aging-related questions and services. AgeWays also attends legislators' Senior Town Halls and will continue this outreach in FY2026.

Additionally, in FY2026, AgeWays will continue to advocate for increased support of the MI Choice Medicaid Waiver Program by advocating for structural change to the program to ensure continued support for participants and waiver agents. One priority in the coming fiscal year will be advocating for program improvements to better support waiver agents, including AgeWays, who are struggling to cover the increasing cost of providing care for high-cost participants. In addition, AgeWays will be advocating for program changes such as restructuring the risk pool, advocating for additional funding for administrative tasks, supporting the implementation of a work group process between waiver agents and the Michigan Department of Health and Human Services (MDHHS), alongside other recommended structural improvements. Garnering support for MI Choice will continue to be a key priority for FY2026 and will include advocacy with MDHHS along with state and federal legislators. In alignment with MI Choice advocacy,

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AgeWays will continue to work to address the direct care workforce (DCW) shortage by advancing policies that attract and retain workers, advocate for reoccurring funding for the development and implementation of a Family Caregiver Resource Center (CRC) model to support family and informal caregivers, and encouragement for policies that positively impact older adults, adults with disabilities, and caregivers.

AgeWays works closely with the Area Agencies on Aging Association of Michigan (4AM) and other advocates to develop and implement advocacy priorities and will continue this partnership in FY2026.

Lastly, AgeWays plans to increase federal advocacy efforts to support the OAA appropriations and reauthorization, along with support for Medicaid, with an emphasis on Medicaid for long-term supports and services. AgeWays has always been involved in federal advocacy but will increase amount of time spent on these efforts in FY2026.

### **D. Successes:**

Over the last year, AgeWays has grown the ACLS clinical program enrollment, serving an additional 81 older adults each month compared to FY2024. As a best practice, AgeWays has also implemented quarterly contacts to older adults on the waitlist. During these quarterly contacts, clinical staff review the older adult's needs, their ongoing desire for services, and identify if any needs are being met through a new resource since the previous waitlist update call. These quarterly contacts allow AgeWays to closely monitor the status of older adults on the ACLS in-home services waiting list and make adjustments to their waitlist priority to ensure older adults with the highest level of need are served first. Through these efforts, AgeWays has reduced our waitlist by 61%. As the Agency continues to grow the clinical ACLS enrollment, one new direct service program, Adaptive Wellness, has been added to the program options available to help seniors remain living at home. The Adaptive Wellness program provides assistive devices and technology to older adults, increasing their independence and ability to remain safe in their home. The program also has services that help address social isolation in older adults expressing loneliness.

AgeWays hired a consultant service to evaluate the effectiveness of the congregate meal programs available in the six-county region. The objective of the project was to help understand the varying levels of participation at congregate meal sites and identify best practices and strategies that could be adopted to increase participation. In FY2025, AgeWays has identified the opportunity to add more restaurant voucher programs in areas where congregate dining participation or programs are low, and also offering soup/salad bars as a meal option for older adults who prefer a 'lighter' meal at lunchtime.

Trualta continued to be a platform utilized by caregivers throughout the AgeWays region. Nearly 150 caregivers have registered to use the platform as of March 2025. This online platform provides access to videos and other content to support family caregivers with their caregiving activities.

AgeWays continued to use funding from the state CRC grant to educate caregivers about resources available to provide help and support. A television campaign targeted at reaching family caregivers and connecting them with resources, funded by this grant, was launched in February of 2025. This campaign will run through September of this year and is being aired on both local television stations and streaming services. The advertising delivered 620,240 in streaming impressions the first month alone, with 298,841 completed views.

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AgeWays continued to implement two MHEF grants – the Caregiver Respite Voucher Program and the LTCO Program Expansion Project – throughout FY2025. In FY2025, through these two grants AgeWays was able to hire three additional LTCO to increase services to residents of long-term care facilities and has provided 135 Caregiver Respite Vouchers to date to support caregivers with access short-term respite care. The Caregiver Respite Voucher program has received more than 500 referrals, connecting individuals who may not have been previously aware of AgeWays services.

**Challenges:**

An ongoing challenge that AgeWays anticipates will continue is the shortage of direct care workers. The direct care worker shortage has had a significant impact across our region, the State, and nationally for the past several years. In response, AgeWays has increased service reimbursement rates for funded in-home services available through agency programs and continues to provide direct service providers as well as family caregivers with access to training and support.

AgeWays continued to advocate for key changes to the MI Choice Medicaid Waiver program in FY 2025. This included changes to the risk pool by funding it directly from the Medicaid budget, encouraging administrative changes, along with advocating for a workgroup process with MDHHS to support program improvements. Spreading awareness of this crucial program, and the much needed changes, with state legislators remained a challenge and an opportunity. Supporting the MI Choice program, and the advocacy required to initiate positive changes, will continue to be a challenge and focus in FY2026.

**Highlights:**

In FY2026, AgeWays will implement strategies to support the transition of the Caregiver Respite Voucher program from MHEF grant funding to sustainable ACLS funding.

AgeWays will be offering Bingocize to older adults to replace the Aging Mastery Program, which will no longer be supported by the National Council on Aging in FY2026. Bingocize is a 10-week evidence-based program that combines bingo, education, and exercise. AgeWays plans to implement the program at senior living facilities, senior centers, and community sites in at least two of the six counties served by AgeWays.

In order to better support AgeWays operations, the agency will be moving locations to a new office building in FY2026. The new building includes more larger meeting spaces, allowing departments, the advisory council, and the board better opportunities for collaboration.

In FY2025, AgeWays initiated an updated unmet needs survey to gather data from residents of all six counties in the agency's service area. In FY2026, AgeWays will complete and analyze the unmet needs survey with assistance from Mitchell Research. This data will be useful in identifying future programmatic needs for older adults and family caregivers and support planning and programmatic development by AgeWays.

**E. AgeWays contracts with two local Veteran Administrations (VA) to provide the Veteran Directed Care (VDC) Program. The VDC Program supports Veterans receiving caregiving and support needs to safely remain in a community setting of their choosing. The agency currently has a contract with one self-identified veteran-owned provider in the direct service provider pool.**

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AgeWays staff received a Military Competency Training from Steve McCartney from the Michigan Veterans Affairs Agency (MVA) this past March at an All Agency staff meeting. The training was well received by staff and provided helpful information in working directly with and establishing stronger partnerships with veterans, their families and veteran-focused organizations.

AgeWays works in partnership with other aging-focused and human services-focused organizations and collaboratives within the agency's service region. In these collaboratives, veterans and veteran-focused organizations attend, providing the opportunity for cross-sharing of information and outreach to the veteran population and connecting them to AgeWays services.

AgeWays includes information on veteran-specific services in the Connect information and resource guide and through the agency's website. Information and Assistance (I&A) staff also screen callers for potential eligibility for VA programs and will make a referral to the local VA office if an individual may potentially qualify for assistance through VA programs and services.

**Planning and Service Area (counties) Served.**

AgeWays PSA covers Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw Counties.

**Is there a Federally Recognized Tribe within your PSA? (If yes, list below.)**

Yes  No

**Please list any accreditations your AAA has received.**

NCQA Accreditation and MiGen Certified.

**Demographic Data for PSA**

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	24.43	3.22
<b>Race/Ethnicity 60+ (%)</b>		
a. Black/African American	8.77	12.63
b. Asian	3.34	1.52
c. White	87.70	85.33
d. Hispanic/Latino	1.52	0.98
e. Other	0.20	0.52
Total 60+ Population in Rural areas (%)	20.40	21.50
Total 60+ Population at Poverty Level (%)	7.79	19.29
LGBTQ+ Clients served		67.00
Total 85+ Population (%)	8.62	23.64
Total 60+ Non-English-Speaking Population (%)	9.99	0.32

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Did the AAA upload the required supplemental document addressing a contingency plan for lack of funding or in the event of a government shutdown?

Yes  No

### County/Local Unit of Government and Tribal Review

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non-OAA resources.

MDHHS also has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification, including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the OAA.

The AAA must send a notification of the complete AIP to the chairperson of each County Board of Commissioners, and to any Tribes within the Planning and Service Area (PSA) for notification and consultation. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 20, 2025. For a PSA comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government and Tribes within the PSA as well. The AAA may use electronic communication, including e-mail and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. 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 AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via e-mail, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request e-mail notification from the local unit of government of their feedback of the AIP or concerns.

#### Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government, and Tribes for notification and consultation, to gain support.

Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

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representation on policy or advisory boards.

AgeWays has shared information about the plan with Southeastern Michigan Indian Inc. (SEMI), a non-profit local leader and Urban Indian center providing human services and public service announcements for American Indians and others eligible for services. This group was also emailed information about the Public Hearing, no feedback was received.

Information on the public hearing, as well as draft and completed versions of the Area Implementation Plan (AIP), were provided electronically and by mail to local units of government. AgeWays was only requested to present the AIP to the Macomb County Board of Commissioners Health and Human Services Committee, but feedback was encouraged from all county Boards of Commissioners.

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**Public Hearings**

At least one public hearing on the FY 2026 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

**Instructions**

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

The AAA should upload a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

AAAs are also required to upload document entitled: *Newspaper and Media Outlets Notification List*.

For FY 2026, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s).

Date	City	Time	Barrier Free?	No. of Attendees
05/19/2025	Southfield	12:00 PM	Yes	36

AgeWays Nonprofit Senior Services hosted a public hearing for the proposed Fiscal Year (FY) 2026 Annual Implementation Plan on May 19th, 2025, via Zoom at 12pm. This hearing was attended by 36 members of the Public, 13 of which were AgeWays staff. Members of the Board of Directors and Advisory Board were not noted from the attendance list. The draft version of the FY2026 AIP was also presented to the Advisory Council on April 16, 2025, and the Board of Directors on April 25, 2025. Members of both bodies were encouraged to attend this public hearing.

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Email and written testimony of the FY2026 AIP were accepted from May 5th to June 4th, 2025. AgeWays posted a summary of the proposed Amendment on the agency website at the beginning of the public hearing period.

AgeWays hosted the public hearing virtually to enable participation from individuals throughout all 6 counties in Region 1-B. The flyer for the public hearing included translated information into 4 common languages in our region – Arabic, Chinese, Russian, and Spanish. To ensure access by individuals who do not use the internet, a phone in-option was provided. AgeWays encouraged feedback from participants by directly calling upon them during the hearing to request they provide comments, as well as monitored and answered written chat questions out loud as they arose. Those who could not attend the hearings were encouraged to email, call or mail in written comments.

The public hearing was promoted by AgeWays by placing notices in a variety of outlets including the AgeWays social media platforms and website and advertised to community partners through e-newsletters, email and a press release. This was released directly to: 2,000 Carehub individual contacts, AgeWays contractors and vendors, 50 area senior/recreation centers, and the following news media: Ann Arbor News, Clarkston News, Daily Tribune, Detroit Free Press, Detroit News, La Prensa, Livingston Post, Macomb Daily, Monroe News, Oakland County Times, Oakland Press, Port Huron Times Herald, The Voice.

The results of the public hearing comments were reviewed with the Advisory Council on June 18, 2025 and the Board of Directors on June 27, 2025.

Themes noted through the written and public hearing comments were:

- Transportation options are limited in scope and affordability.
- The term 'respite' is generalized and not always understandable and does not highlight nontraditional forms of respite care (example: Memory Café in Saline, MI).
- Not all persons providing care identify formally as "caregivers," and outreach may be expanded by including terms such as "helpers" and continuing to provide community education about what qualifies someone as a caregiver.
- Suggestion to provide outreach to adults in the 40-60 y/o age range, partner with EAPs and HR departments at large employers in the region and generally expand outreach beyond senior centers
- There are disparities in funding based on the legal definitions of caregiving and guardianship (inside foster care or outside of foster care) as they relate to Kinship Care.
- Senior Centers can be a meaningful access point for information regarding aging-in-place and can refer older adults and caregivers to AgeWays proactively.
- Personalized advocacy for older adults in healthcare settings remains a priority, including outreach and education for "No Wrong Door" options counseling, Long-Term Care Ombudsman and Caregiver Resource Center.
- Funding: participants voiced questions about potential cuts and/or expansions in the preliminary federal and state HHS budgets. One voiced concerns over AgeWays administrative dollars.
- Kinship Care/Grandparents Raising Grandchildren is underfunded and understaffed for the number of calls that are fielded. Programs are experiencing an uptick in the number of calls requesting crisis support for out-of-state transportation. There are areas in the 1-B region that the program currently does not serve.

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**Regional Service Definitions**

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) regional service that is not included in the Operating Standards for Service Programs, provide rationale as to why activities cannot be funded under an existing service definition, and information about the proposed service in this section.

**Instructions**

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

**Service Name/Definition**

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

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

**Minimum Standards**

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### Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Caregiver Case Management; Caregiver Information and Assistance; Caregiver Options Counseling; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2026, complete this section.

#### Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2026, and provide the information requested.

#### **Care Management**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$354,193.00	<u>Total of State Dollars</u>	\$440,000.00

Geographic area to be served

1-B Region

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

**Goal CM1:** Utilize the Service Coordination Continuum to move participants from the Community Living Program (CLP) or the CLP waitlist into the Care Management (CM) program as they are determined to need this level of services and supports coordination. Provide CM 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 ACLS funded CM services.

**Goal CM2:** Review the waitlist 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.

**Goal CM3:** Conduct at least four trainings for CM 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**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$227,000.00	<u>Total of State Dollars</u>	\$487,000.00

Geographic area to be served

1-B Region

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

**Goal CCS1:** Review the waitlist 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.

**Goal CCS2:** Conduct at least four trainings for CLP 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**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$580,000.00	<u>Total of State Dollars</u>	\$62,524.00

Geographic area to be served

1-B Region

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

**Goal IA1:** Reduce the barriers to accessing programs and services by providing additional support to and follow up with higher-risk older adults and family caregivers.

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

**Outreach**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$112,287.00	<u>Total of State Dollars</u>	\$100,130.00

Geographic area to be served

1-B Region

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

**Goal O1:** Launch a new edition of the Connect Resource guide to support community referral partners, older adults, and family caregivers.

**Expected outcomes:** Community referral partners, older adults and family caregivers will be more knowledgeable about available programs and resources.

**Options Counseling**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$10,000.00	<u>Total of State Dollars</u>	\$23,653.00

Geographic area to be served

1-B Region

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

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**Goal OC1:** Increase the number of older adults and family caregivers receiving unbiased, person-centered Options Counseling (OC).

**Expected Outcome:** A 5% annual increase, year by year, for three years of the number of older adults and family caregivers who receive Options Counseling through AgeWays.

**Care Transition Coordination and Support**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$10,000.00	<u>Total of State Dollars</u>	\$130,000.00

Geographic area to be served

1-B Region

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

**Goal CTS1:** To support older adults across designated service area, AgeWays plans to explore partnerships with local community-based organizations to support its implementation and growth of serving older adults with CTS services.

**Expected Outcome:** If determined, secured partnerships with local community based organizations will support its expansion to serve additional older adults with care transition services.

**Goal CTS2:** Establish partnerships with medical care institutions to identify and refer older adults who may benefit from care transitions support.

**Expected Outcome:** Older adults receiving CTS support will have improved health outcomes and experience lower levels of re-institutionalization.

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**Direct Service Request**

This section applies only if the AAA is submitting a new request to provide in-home, community, nutrition, caregiver, or kinship caregiver service(s) directly that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, nutrition, caregiver, and kinship caregiver services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA’s administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

**Instructions**

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2026. Specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, nutrition, caregiver, or kinship caregiver service directly during FY 2026.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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**Regional Direct Service Request**

This section applies only if the AAA is submitting a new request to provide a regional service directly that was not previously approved in the multi-year planning cycle.

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

**Instructions**

AAAs that have a new request to provide a regional service directly must complete this tab for each service. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional service request for FY 2026. Also specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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

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

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**Program Development Objectives**

**Please provide information for any new goals and objectives that are proposed by the AAA during FY 2026.**

**For FY 2026, this is also where you will provide updates to the current Approved MYP Objectives.**

**Instructions**

The AAA may enter a new goal in the appropriate text box. It is acceptable, *though not required*, if some of the AAA's goals correspond to the ACLS Bureau's state plan goals. There is an entry box to identify which, if any, state plan goal(s) correlate with the entered goal. See the Document Library for Michigan's State Plan on Aging for FY 2024 – FY 2026.

A narrative for each goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box.

Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective (see Document Library for additional instructions on completing this section).

**\*Please work with your Regional Aging Representative on updating current MYP objectives.**

**Area Agency on Aging Goal**

**A. Develop resources to support aging service program growth.**

State Goal Match: 2

**Narrative**

Develop resources to support aging service program growth.

**Objectives**

1. 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.

Timeline: 10/01/2022 to 09/30/2026

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Activities

In January of FY2025, AgeWays developed an updated legislative platform for 2025 and 2026, which includes 16 priority advocacy issues for AgeWays. Included in the platform is advocating for improvements to the MI Choice program, rebalancing Medicaid expenditures, supporting ACLS Bureau in-home services, and supporting increased caregiver funding, among other priorities.

AgeWays continues to provide leadership to the statewide Silver Key Coalition, which is focused on addressing unmet needs for ACLS Bureau in-home services. The Coalition requested a \$8 million increase for senior in-home services and a \$2 million increase for Home-Delivered Meals (HDM) in the ACLS Bureau FY2026 budget.

AgeWays advocacy staff have continued to build relationships with state legislators to increase awareness of the agency and the supports and services offered to older adults. AgeWays has been consulted by several offices to provide input on proposed legislation and how it may impact those served by the agency. AgeWays staff will continue to build and strengthen legislator relationships to position AgeWays as the primary resource for aging-related questions. AgeWays also frequently attends legislator's Senior Town Halls, hosting an informational table and conducting speaking engagements on agency services and resources.

The Advocate newsletter continues to be published monthly. This publication provides information to subscribers regarding local, state, and federal advocacy including analysis of relevant proposed bills. The Advocate also highlights advocacy priorities and any legislative actions needed by supporters.

AgeWays works closely with 4AM and other advocates to develop and implement advocacy priorities.

AgeWays continues to develop advocacy materials and legislative letters to support statewide and federal advocacy efforts to support older adults, adults with disabilities, and caregivers.

So far in FY2025, AgeWays has held 42 meetings with State legislators from both the House and Senate and has met with 5 Members of Congress.

Expected Outcome

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

Timeline: 10/01/2022 to 09/30/2026

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Activities

AgeWays continues to build a strong donor relationship with the AF Group. This group made its third yearly donation of \$10,000 to the AgeWays Holiday Meals on Wheels Program in December of 2024. Additionally, strong relationships have been cultivated with another corporate donor. Unilock of Michigan has been providing \$1,000 per quarter, in FY2025, to support the Holiday Meals on Wheels Program.

AgeWays continues to manage the implementation of two grants from the MHEF. The first was awarded in FY2023 in partnership with Ralph C. Wilson, Jr. Foundation to create a Family Caregiver Respite Voucher Program for \$327,783. In a second grant awarded grant by the MHEF, \$386,188 is supporting the LTCO Expansion Pilot program.

In FY2024, The Michigan Department of Health and Human Services (MDHHS) through the ACLS Bureau granted AgeWays \$1,361,575 for the development of a Caregiver Resource Center (CRC). This funding will enable family caregivers living with a home delivered meal participant to receive a meal, provide short-term out of home respite options, support marketing campaigns to target family caregivers, fund a caregiver event to be hosted in September of 2024, as well as providing subcontracts to support county level caregiver programs and events.

AgeWays receives grants funded by the Office of Global Michigan to address the needs of older adult refugees. This fiscal year total grant funding is \$180,073. United Community Family Services, also known as the Chaldean American Ladies of Charity, has partnered with AgeWays to provide access to community services and resources for older refugees.

Expected Outcome

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

**B. Expand access to and awareness of aging services.**

State Goal Match: 1

Narrative

Expand access to and awareness of aging services.

Objectives

1. Increase accessibility to information about our services for deaf and visually impaired individuals.

Timeline: 10/01/2022 to 09/30/2026

Activities

New objective for FY2026.

Expected Outcome

Better meet the needs of the deaf and visually impaired older adults or family caregivers to help them understand and access programs and services.

2. Strengthen and enhance relationships with key minority organizations in our region with a focus on Arabic and Hispanic populations.

Timeline: 10/01/2022 to 09/30/2026

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Activities

New objective for FY2026.

Expected Outcome

Increase number of minority individuals contacting AgeWays for services and support.

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

Timeline: 10/01/2022 to 09/30/2026

Activities

Other agency priorities have continued to limit our work in this area.

Expected Outcome

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

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

Timeline: 10/01/2022 to 09/30/2026

Activities

AgeWays continues to partner with Trualta, a web-based platform that provides family caregivers with access to skills-based training, support groups, and an online community to help manage care for the loved ones they are caring for.

AgeWays continues to use funding from the state Caregiver Resource Center grant to educate caregivers about resources available to help them. A television campaign focused on helping family caregivers connect with resources was launched in February of 2025 using funds received through the Caregiver Resource Center grant. This campaign, which will run through September of this year, is being aired on both local television stations and streaming services. The ad delivered 620,240 in streaming impressions the first month alone, with 298,841 completed views.

AgeWays continued to implement the Caregiver Coaching Program during the first half of FY 2025. So far in FY2025, the program added 1 new coach and 4 new caregivers for a total of 17 coaches and 29 caregivers in the program. AgeWays is currently assessing the best way to provide coaching support to caregivers and has paused active recruitment of coaches during the assessment period.

AgeWays continues to provide family caregivers with respite vouchers through the Caregiver Respite Voucher Program. To date, this program has provided 135 vouchers to interested caregivers and has received over 500 referrals from community partners, further expanding AgeWays reach.

Caregiver education and support are offered to caregivers to help bring awareness around how to help individuals living with dementia and how to help improve caregiver confidence, self-care, and caregiving skills. This is done through educational programs such as Powerful Tools for Caregivers and Care Partners Passage Through Dementia.

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**Expected Outcome**

1. Caregivers will gain practical knowledge that increases their capacity to provide quality care and prevent burnout.
2. Communities will enact systems change that supports family caregivers.
3. An increase in the percentage of higher risk older adults and family caregivers who connect with local programs and services.

**C. Modernize programs and services to enable older adults to age in place.**

State Goal Match: 0

**Narrative**

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

**Objectives**

1. Ensure high risk older adults have access to supportive services.

Timeline: 10/01/2022 to 09/30/2026

**Activities**

AgeWays continues to prioritize maintaining a clean and up-to-date waitlist. During FY2025 (to date), AgeWays has contacted 151 waiting list applicants, with an average of 31 contacts per month to those waiting for an ACLS clinical program. This approach has helped AgeWays confirm an applicant's waitlist placement, ensure their needs are appropriately prioritized, or remove them from the list if they are no longer interested in or eligible for enrollment. This proactive approach has enhanced AgeWays' ability to prioritize and serve those with the highest needs more effectively.

So far in FY2025, AgeWays has served 65 participants through the Adaptive Wellness Program. This program is designed to provide short-term, solution-focused support by securing necessary Assistive Devices and Technology (AD&T) to help individuals enrolled in the Community Living Program live safely in their chosen community setting.

There are several opportunities for older adults and caregivers to participate in wellness and caregiver education and training, both virtually and at local community venues through various classes, webinars, and support groups offered by AgeWays and our community partners. Through these supportive activities, individuals experiencing social isolation are engaged with other older adults and caregivers as well as the instructors.

With the increase to ACLS in-home services unit rates in late FY2024, the waiting time for in-home services for ACLS participants has significantly reduced. Currently, less than 20 individuals are waiting for service placement, primarily due to either a rural location or direct service worker shortage.

**Expected Outcome**

1. Older adults with the highest level of need who are requesting in-home and other ACLS Bureau-funded services will receive them faster.
2. Older adults and caregivers experiencing social isolation will receive increased support, resulting in lower levels of social isolation.

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2. Implement IT System improvements to increase efficiency in providing programs and services .

Timeline: 10/01/2022 to 09/30/2026

**Activities**

Updates and improvements continue to be made to the agency's Electronic Medical Record (EMR), particularly in the areas of documentation and reporting. Efficiencies will continue to increase as reports become more robust and staff grow more proficient in the use of the system .

The agency continues to improve the specificity of individual reports to allow for the most flexibility in data retrieval. This will allow clinical staff to monitor participant needs more closely and anticipate trends for future needs. These reports will also streamline clinical oversight, creating efficiencies throughout the supportive programs.

**Expected Outcome**

- 1.Improve the quality and quantity of data collection and extraction to anticipate current and future resource needs.
- 2.Improve the quality and accuracy of assessment documentation captured to improve participant health outcomes.
- 3.Improve staff efficiency in providing ACLS Bureau services.

3. Continue to implement the No Wrong Door grant.

Timeline: 10/01/2022 to 09/30/2026

**Activities**

New objective for FY2026.

**Expected Outcome**

Develop a comprehensive No Wrong Door program serving older adults , adults with disabilities and family caregivers with accessing long term care options and Medicare counseling support.

**D. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

State Goal Match: 0

**Narrative**

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

**Objectives**

1. 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.

Timeline: 10/01/2022 to 09/30/2026

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Activities

Many ACLS Bureau-funded contractors focus targeting efforts on minority older adults and /or family caregivers when providing services within the community, often achieved by working with local taskforces and attending health fairs to reach those underserved populations.

Providers are required to report targeting data quarterly to AgeWays for review and to ensure targeting goals are being met and/or identify if technical assistance is needed.

A suite of accessibility tools was added to the AgeWays website in November 2024 to help increase accessibility to the website by people with disabilities.

AgeWays continues to offer Care Partners Passage Through Dementia, which is a culturally sensitive program focusing on the unique needs of each caregiver with a special emphasis on African American caregivers and the importance of being culturally sensitive to concerns in communities of color.

In FY2025, Caregiver Coaching onboarded 1 new coach and assigned 4 new caregivers to coaches for a total of 17 coaches and 19 caregivers. AgeWays' Caregiver Respite Voucher Program has successfully administered 135 vouchers during the life of the program, with over 500 referrals received.

Expected Outcome

Continued growth in the number of minority older adults and/or family caregivers who contact the AAA 1-B for information and assistance services.

2. Ensure staff at the AAA 1-B and subcontracting agencies is knowledgeable about DEI and unconscious bias.

Timeline: 10/01/2022 to 09/30/2026

Activities

In FY25, on 10/30/24, AgeWays staff received another Implicit Bias and DEI training from MiGen with a focus on the LGBTQ+ population.

Following an onsite audit on 11/04/24. AgeWays is now a MiGen-certified agency, as of 11/04/24.

MiGen is the leader in supporting LGBTQ+ individuals in Southeast MI. The credentialing allows AgeWays to partner with MiGen to better support the LGBTQ+ population. Following the audit process, MiGen provided recommendations AgeWays can make to agency forms and other processes to enhance inclusion. AgeWays staff is currently working to implement the minor recommendations made.

At multiple touch points, intake, enrollment, assessment, and monitoring, staff have been trained to inquire about an applicant or participant's primary language. If an individual speaks a language other than English as their primary language, staff facilitate use of the language line to ensure the most person-centered approach to care. By using the language line, staff empower individuals to participate in communicating their own care needs, rather than relying on a friend or loved one to communicate for them related to their care and wishes.

Expected Outcome

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

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**Planned Service Array**

Complete the FY 2026 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.

Category	Services
<b>Provided by Area Agency</b>	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Care Management</li> <li>• Care Transition Coordination and Support</li> <li>• Case Coordination and Support</li> <li>• Information and Assistance</li> <li>• Options Counseling</li> <li>• Outreach</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Counseling Services</li> <li>• Disease Prevention/Health Promotion</li> <li>• Long Term Care Ombudsman</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Caregiver Case Management</li> <li>• Caregiver Counseling</li> <li>• Caregiver Education</li> <li>• Caregiver Information and Assistance</li> <li>• Caregiver Support Groups</li> <li>• Caregiver Training</li> </ul>
<b>Contracted by Area Agency</b>	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Information and Assistance</li> <li>• Transportation</li> </ul> <p><b>In-Home</b></p> <ul style="list-style-type: none"> <li>• Assistive Devices &amp; Technologies</li> <li>• Chore</li> <li>• Home Injury Control</li> <li>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> </ul>

**Community**

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	<p><b>Community</b></p> <ul style="list-style-type: none"><li>• Assistance to Hearing Impaired &amp; Deaf Community</li><li>• Disease Prevention/Health Promotion</li><li>• Legal Assistance</li><li>• Prevention of Elder Abuse, Neglect and Exploitation</li></ul> <p><b>Nutrition Services</b></p> <ul style="list-style-type: none"><li>• Carry Out Meals</li><li>• Congregate Meals</li><li>• Home Delivered Meals</li></ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"><li>• Adult Day Services</li><li>• Respite Care</li></ul> <p><b>Regional Services</b></p> <ul style="list-style-type: none"><li>• Case Coordination &amp; Support for the Deaf and Hard of Hearing</li><li>• Kinship Caregiver Case Management</li><li>• Kinship Caregiver Education</li><li>• Kinship Caregiver Information and Assistance</li><li>• Kinship Caregiver Respite Care</li><li>• Kinship Caregiver Supplemental Services</li><li>• Kinship Caregiver Support Groups</li><li>• Kinship Caregiver Training</li></ul>
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\* Not PSA-wide