

Executive Summary

1. *Provide a brief history of your AAA and PSA including the mission statement, vision, service population, and primary focus for the next 3 years.*

AgeWays Nonprofit Senior Services (Area Agency on Aging 1-B) is a 501(c)(3) organization with a rich history of supporting older adults, people with disabilities and family caregivers in southeast Michigan. Our mission 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. Region 1-B is home to nearly one-third of all persons age 60 and older in Michigan (29.86%), or approximately 771,000 older adults. Our six-county region consists of Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties.

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 special emphasis on assistance to those populations in our region that identify as frail, low-income, and/or disadvantaged, those that belong to a cultural or ethnic minority, and people living with a disability.

2. *Describe how the AAA used data from the assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. [See OAA §1321.65(b)(3); OMA 400.586; Operating Standard for AAAs C-2(4).]*

An unmet needs assessment was conducted in the summer of 2025 by an independent research firm. The final report was disseminated internally to staff and distributed to community partners via e-mail communication. Both virtual and live community presentations on the findings were provided throughout our six-county region. This data was then combined with information gained through public feedback, a service prioritization survey, and a thorough analysis of all incoming calls to our Information & Assistance line, to give us a comprehensive understanding of how to fund and prioritize various programs and services across the aging network. Additionally, this data is used throughout the Request for Proposal (RFP) process for contracted services to identify priority service areas and guide funding allocations based on established priorities and available resources.

3. *List all awards and accreditations received by the AAA.*

Media created by AgeWays has received recent recognition. A video we created in partnership with Little Cabin Films Inc. titled “You Are a Caregiver” won Gold at the 2025 Telly Awards. AgeWays’ Connect Guide won Silver at the 2024 National Mature Media Awards, and Gold at the 2024 Hermes Creative Awards. The agency has a 4-star (highest possible) rating on Charity Navigator.

Past awards include the Ralph C. Wilson Jr. Foundation Caregiver Prize in 2018 (Vital Seniors Prize Competition, Glacier Hills Legacy Fund, Ann Arbor Area Community Foundation) and the LGBT Older Adult Mentorship Award in 2019 (MI LGBT & Aging Initiative, MiGen (formerly SAGE Metro Detroit)).

AgeWays is accredited by the National Committee for Quality Assurance (NCQA). The majority of our resource specialists are certified by InformUSA (formerly the Alliance of Information and Referral Systems) as Community Resource Specialists - Aging & Disabilities (CRS-A/D), and our Resource Center database is managed by staff that have a Community Resource Specialist Database Curator (CRS-D/C) certification through InformUSA. AgeWays requires all Information & Assistance staff to receive the CRS-A/D certification within one year of employment. We are also a credentialed agency through MiGen (Michigan LGBTQ+ Elders Network).

4. **Does your AAA have a Strategic/Long-Term Plan? Yes**

5. *Please describe your Strategic/Long-Term Plan and how it informed the development of the MYP.*

AgeWays’ MYP is grounded in a commitment to advancing a coordinated, person-centered system of care that supports older adults and caregivers in maintaining independence, dignity, and overall well-being.

Over the next three years, AgeWays long-term plan is to focus on strengthening its role as a central access point and trusted community partner, ensuring that older adults can easily navigate and receive the services they need across health, social, and community-based systems. This includes continued enhancement of information, navigation, and care coordination functions to reduce fragmentation and improve older adults’ experience.

The organization will prioritize a whole-person approach that integrates social drivers of health, behavioral health, clinical, caregiver support, and in-home & community-based services into a cohesive service experience. This approach builds upon AgeWays’ existing service array and aging network partnerships to improve outcomes related to safety, health, and quality of life.

In alignment with state and federal priorities, AgeWays will:

- Expand access to services through streamlined entry points and coordinated navigation

- Strengthen cross-sector partnerships with healthcare providers, community organizations, and public agencies
- Enhance equity-focused outreach and service delivery, ensuring culturally and linguistically appropriate services
- Improve data-informed decision-making to better understand community needs and measure impact
- AgeWays will also continue to evolve its internal infrastructure, workforce capabilities, and service delivery models to ensure long-term sustainability and responsiveness to the changing needs of older adults.

This strategic direction positions AgeWays to adapt to an evolving healthcare and community landscape while remaining focused on its core mission: supporting older adults and caregivers through accessible, high-quality, and person-centered services.

6. Demographic Data for PSA

POPULATION	CENSUS (MOST CURRENT DATA AVAILABLE)	AAA POPULATION SERVED LAST FISCAL YEAR (NAPIS)
Total Population 60+ (%)	24.43	3.37
Race/Ethnicity 60+ (%)		
Black/African American	8.52	10.77
Asian	3.24	1.38
White	85.28	67.53
Hispanic/Latino	1.52	0.70
Other	2.96	0.53
Total 60+ Population in Rural areas (%)	20.40	21.89
Total 60+ Population at Poverty Level (%)	7.79	15.33
Total 85+ Population (%)	8.62	22.78
Total 60+ Non-English-Speaking Population (%)	9.99	0.27

Public Feedback

This section will be completed following the public comment period, which runs from 4/23/26 - 5/23/26.

The public hearing will be held virtually via Zoom on Friday 5/8/26 at 12:00 p.m.

1. Did the AAA hold at least one public hearing on the MYP in your PSA? **Yes**
2. Was the meeting held in an accessible facility or virtually following AAA requirements? **Yes**
3. Did the AAA send an official notification of the complete MYP to your county/local government and Tribes within the PSA for review and consultation? Choose an item.
4. Was the Notice of Public Hearing(s) sent at least 30 days in advance of the scheduled hearing(s)? Choose an item.
5. Did the hearing notice include accessibility information for participants seeking to attend either in person or virtually? Choose an item.
6. Did a representative from either the Policy and/or Advisory Board(s) attend the hearing(s)? [See OAA 1321.63(a)(2)(3)(4)(5).] Choose an item.
7. Describe how your agency involved the Policy and/or Advisory Boards in encouraging and promoting participation to capture public feedback.
8. Please provide a description of the use of U.S. Mail and electronic means for MYP distribution.
9. Please provide a summary of oral and written testimony received, and its impact on the development of the MYP.
10. Describe the AAA's approach to ensure the MYP was shared with the aging network, family caregivers, service providers and the public.

Access Services

Care Management

Starting Date: 10/1/2026

Ending Date: 9/30/2029

Total of federal dollars: \$612,880

Total of state dollars: \$269,096

Geographic area to be served: Region 1-B

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

AgeWays has three goals for the Care Management Program:

1. Enhance waitlist management practices by a) reviewing waitlist prioritization criteria to align with Older American's Act priority populations; b) implementing standardized risk stratification tools to assess functional, social, and economic vulnerability; c) conducting periodic reassessments of individuals on waitlists to identify changes in need; d) coordinating with community partners to identify interim supports while individuals await services; and e) monitoring waitlist demographics and service access trends.
2. Expand person-centered care management services to support high-risk older adults living in the community. In addition to our continuation of routine care plan monitoring and reassessment protocols, we will also a) increase outreach and referrals from healthcare providers, community organizations, and local municipalities; b) utilize standardized risk screening tools to prioritize individuals with greatest economic and social need; c) provide comprehensive assessments and individualized person-centered service plans addressing health & aging services, behavioral health, and social determinants of health; and d) coordinate in-home and community-based services including nutrition, transportation, caregiver support, and home safety interventions.
3. Strengthen culturally responsive service delivery and coordination of care through staff education and cross-system collaboration. AgeWays will provide staff training on culturally and linguistically responsive service delivery and communication practices that are inclusive to the diverse aging population we serve. Staff will be educated on how to coordinate various programs within the aging network, such as healthcare, long-term services and supports, and community-based systems.

These targeted enhancements are expected to strengthen AgeWays' ability to serve older adults with the greatest economic and social need, while improving the overall effectiveness of care management services. By refining prioritization practices, expanding person-centered service delivery, and enhancing culturally responsive approaches, AgeWays anticipates an increase in equitable access to services and more timely connection to supports.

As a result, more older adults will receive coordinated, community-based services that address their health, behavioral, and social needs in a comprehensive manner. These improvements are

also expected to enhance both participant and caregiver experience, with greater transparency in service allocation and more seamless coordination across programs and partners.

In addition, investments in staff training and cross-system collaboration will strengthen service quality and consistency, ensuring that care management services remain responsive to the diverse populations served across the region.

Care Transition Coordination and Support

Starting Date: 10/1/2026

Ending Date: 9/30/2029

Total of federal dollars: \$5,000

Total of state dollars: \$140,000

Geographic area to be served: Region 1-B

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

AgeWays intends to strengthen partnerships with hospitals and other medical care institutions to improve identification and referral of older adults who may benefit from Care Transitions Support (CTS). Our goal is to increase referrals from healthcare institutions, because older adults receiving CTS demonstrate improved recovery outcomes and a reduced risk of re-hospitalization or re-institutionalization following discharge. Planned activities for this program include a) developing referral relationships with hospitals, skilled nursing facilities, rehabilitation centers, and primary care providers; b) establishing standardized referral and communication protocols with healthcare partners; c) providing education to discharge planners and clinical staff regarding CTS services; d) participating in care coordination meetings and transition planning discussions; and e) tracking referral sources and outcomes to inform program improvement.

Case Coordination and Support

Starting Date: 10/1/2026

Ending Date: 9/30/2029

Total of federal dollars: \$341,443

Total of state dollars: \$608,557

Geographic area to be served: Region 1-B

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

AgeWays has three goals for Case Coordination and Support, which are the same as our Care Management goals:

1. Enhance waitlist management practices by a) reviewing waitlist prioritization criteria to align with Older American's Act priority populations; b) implementing standardized risk stratification tools to assess functional, social, and economic vulnerability; c) conducting periodic reassessments of individuals on waitlists to identify changes in need; d)

coordinating with community partners to identify interim supports while individuals await services; and e) monitoring waitlist demographics and service access trends.

2. Expand person-centered Community Living Program (CLP) services to support high-risk older adults living in the community. In addition to our continuation of routine care plan monitoring and reassessment protocols, we will also a) increase outreach and referrals from healthcare providers, community organizations, and local municipalities; b) utilize standardized risk screening tools to prioritize individuals with greatest economic and social need; c) provide comprehensive assessments and individualized person-centered service plans addressing health & aging services, behavioral health, and social determinants of health; and d) coordinate in-home and community-based services including nutrition, transportation, caregiver support, and home safety interventions.
3. Strengthen culturally responsive service delivery and coordination of care through staff education and cross-system collaboration. AgeWays will provide staff training on culturally and linguistically responsive service delivery and communication practices that are inclusive to the diverse aging population we serve. Staff will be educated on how to coordinate various programs within the aging network, such as healthcare, long-term services and supports, and community-based systems.

With these changes, the proportion of CLP services delivered to older adults with the greatest economic and social needs, and the number of older adults receiving coordinated community-based services in general, is expected to increase. Both participant and caregiver satisfaction is also expected to increase as a result of improved transparency, and equity in service allocation and improved efficiency with regards to service coordination. The quality of service provided is also expected to improve as staff gain competence in delivering culturally responsive and inclusive services.

Information & Assistance

Starting Date: 10/1/2026

Ending Date: 9/30/2029

Total of federal dollars: \$127,209

Total of state dollars: \$124,391

Geographic area to be served: Region 1-B

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

AgeWays will continue to maintain timely response to all incoming Information & Assistance (I&A) inquiries, ensuring that all callers receive support in accessing accurate information, referrals, and connections to services. This foundational approach ensures that individuals across the entire service area, including those with the greatest economic and social needs, can readily access assistance when they reach out.

To further reach our entire target population, including those with the greatest economic and social needs, we intend to reduce barriers to accessing programs and services by providing additional support to higher-risk older adults. To accomplish this goal, Resource Specialists will use active listening and strategic interviewing skills to identify older adults who may experience barriers and then offer assistance and follow-up activities appropriate to reduce/overcome those barriers. This could include facilitating a “warm transfer” to a particular resource or organization, contacting a resource on behalf of the older adult and assisting in communicating that individual’s needs, or following up with the older adult to understand if they were able to access needed resources.

Additionally, our Resource Center will work to further develop its resource database to ensure that available resources fully meet the diverse needs of the older adults residing in our region. We will continue to identify and track the unmet needs of callers and seek out community resources, programs, and organizations that meet those needs for inclusion in our database.

Options Counseling

Starting Date: 10/1/2026

Ending Date: 9/30/2029

Total of federal dollars: \$1,000

Total of state dollars: \$4,000

Geographic area to be served: Region 1-B

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

AgeWays will provide person-centered Options Counseling to support older adults, adults with disabilities, and caregivers in making informed decisions about long-term services and supports (LTSS). Services will be delivered in accordance with state guidelines and will prioritize individuals with the greatest economic and social need. Goals include: (1) Improve access to person-centered Options Counseling services across Region 1-B; (2) Deliver high-quality, person-centered counseling that supports informed decision-making and independence; (3) Strengthen coordination and integration across the aging and broader service network; (4) Enhance equity and culturally responsive service delivery.

Resource Specialists will use active listening and strategic interviewing skills to identify older adults and family caregivers who could benefit from a more holistic and strategic planning approach. Emphasis will be placed on serving high-risk older adults and family caregivers and helping assure connection to resources via extended follow-up, check-ins, and barrier-reduction approaches.

Outreach

Starting Date: 10/1/2026

Ending Date: 9/30/2029

Total of federal dollars: \$128,427

Total of state dollars: \$60,739

Geographic area to be served: Region 1-B

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

AgeWays has a comprehensive outreach strategy that is detailed throughout this MYP, with an overall goal of sharing information about services and supports to as many individuals and organizations as possible, while also targeting the identified populations of greatest economic and greatest social need. We will continue to build relationships with organizations that serve our diverse populations and will seek to form new relationships and placements (both earned and paid) with publications that serve minority communities. Our Connect Guide, which is always available for free online and in print by request, was most recently updated in 2025 and will receive another update during the next MYP period, ensuring the information remains accurate and up-to-date.

Additionally, we will continue to participate in community events, such as wellness fairs, legislative town halls, and aging network resource expos that allow us to broadly disseminate information and offer in-person representation in the community. We will also continue to participate in many community collaborative groups, where we will provide updates and important information on accessing our programming.

Our recently updated website includes features that allow for language translation and enhanced accessibility. The website closely reflects our brand and offers information about services and supports in a direct way. Information about click-rates and the amount of time viewers spend on various areas of the site will inform the Communications Department of where there may be opportunities to improve resource navigation or create clearer communication channels with the public.

Direct Service Request

Disease Prevention/Health Promotion

Total of federal dollars: \$129,237

Total of state dollars: \$0

Geographic Area Served: Region 1-B

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

To ensure older adults across the region have access to evidence-based disease prevention and health promotion programs, AgeWays will identify unmet needs, expand services and implement new programs, when feasible, to address gaps in services. AgeWays will provide regional leadership through continued participation at the ACLS Bureau monthly Evidence-Based Coordinator Meetings, providing technical assistance, training and fidelity checks to program leaders and subcontractors, and delivering programs directly in partnership with community host sites. AgeWays plans to deliver direct older adult and/or leader training, so members of the community can facilitate workshops directly. Programs include: 'A Matter of Balance', 'Bingocize', and 'Eat Smart, Move More, Weigh Less'.

We are exploring the opportunity of adding additional programs: 'Prepare for Your Care' and 'Wellness Initiatives for Senior Education (WISE)', and/or one of the chronic disease self-management workshops. The AgeWays Manager of Health Promotion oversees program operations and manages 19 trained leaders who run workshops throughout our region.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

A & C

3. *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.*

The evidence-based programs offered are uniquely provided by AgeWays. In an effort not to duplicate services already existing through providers, AgeWays reviews availability across the

region and selects programs that are not currently being offered or utilizes our resources to expand programs across the region when they may have previously been only in concentrated areas. AgeWays also has the capacity and capability to offer a wide variety of programs delivered by certified trainers that are not already available in our region. While contracted providers do deliver some programs, they do not have the infrastructure to meet the growing demand. AgeWays 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 throughout the region have access to these programs when they are not provided locally by one of our subcontracted partners.

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

Long Term Care Ombudsman

Total of federal dollars: \$49,729

Total of state dollars: \$657,943

Geographic Area Served: Region 1-B

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

Certified long-term care ombudsman staff 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's long-term care ombudsman office. Designated program staff are trained and participate in ongoing continuing education as required by the State Long Term Care Ombudsman and AgeWays. Staff will complete and submit all reports, including case work and activity reports, through the state electronic database and any other required reporting platform for compliance. With increased funding from the state budget, AgeWays has more than doubled its Ombudsman staff. This expansion has reduced the number of assigned homes per staff member across the region, enabling more interactive and meaningful visits within each facility. Staff are expected to visit at least 10% of Adult Foster Care (AFC) and Homes for the Aged (HFA) each year. Ombudsman staff work closely with and make referrals to legal service providers, serve on elder abuse prevention task forces, provide community outreach and education, and refer to the State Health Insurance Program (SHIP) as necessary to assist individuals with accessing benefits and services. AgeWays will continue to work with the State Long Term Care Ombudsman office to recruit and train individuals to become designated ombudsman volunteers within the program.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's*

administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.

A & C

- 3. 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.*

AgeWays has been providing Ombudsman services directly since FY 2021 and will continue providing this service moving forward. This decision was made for FY21 due to a notification of termination of service from the previous Ombudsman contractor. The agency's decision to continue providing this as a direct service provision was made to ensure continuity of services, staffing and support to residents.

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

Caregiver Education

Total of federal dollars: \$386,000

Total of state dollars: \$12,000

Geographic Area Served: Region 1-B

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

The goal of this direct service is to ensure caregivers across the region have access to caregiver education, training, and support through a variety of platforms that are conducive to their individual caregiving journey. AgeWays will identify unmet needs, expand caregiver services, and implement new programs, when feasible, to address gaps in services and meet the needs of caregivers. AgeWays will provide regional leadership through continued participation at the ACLS Bureau monthly Caregiver Support Meeting, provide technical assistance, training, and fidelity checks to program leaders and subcontractors, and deliver programs directly online and in partnership with community sites. The caregiver education programs we provide include Dementia Live, Dementia Education Series, and the Caregiver Community Connection Webinar Series. We will also continue to provide Trualta as a tool for caregivers under this direct service. Trualta is a self-paced, web-based platform that provides family caregivers access to skills-based training, support groups, and an online community to offer support and help manage care for loved ones.

AgeWays will also conduct broad community education efforts to help caregivers understand available resources and connect with them. These efforts will include continued enhancement of the Caregiver Services section of our website, targeted social media campaigns, caregiver-focused content development, inclusion of caregiver resources in the next edition of the *Connect* Information and Resource Guide, and participation in community events and presentations. Particular emphasis will be placed on reaching caregivers with the greatest social and economic needs. To achieve this, AgeWays will partner with community organizations serving ethnic minorities and other underserved populations to deliver caregiver education, participate in culturally relevant community events, and develop and distribute culturally competent caregiver-focused materials.

- 2. Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

A & C

- 3. 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.*

There are currently no providers offering these caregiver opportunities in our region. An analysis of our recent needs assessment, along with feedback we receive from providers and participants, demonstrates a need for support for caregivers that face concerns such as stress, burnout, grief, and limited educational resources. AgeWays has the current capacity and capability to provide caregiver-focused programming for our entire region, which is currently not available. We are also able to utilize available data to assess and address caregiver needs and provide tools, such as Trualta, throughout our entire region.

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

Caregiver Training

Total of federal dollars: \$70,000

Total of state dollars: \$10,000

Geographic Area Served: Region 1-B

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

We share the same goal for Caregiver Training as we do for Caregiver Education: ensure caregivers across the region have access to caregiver education, training, and support through a variety of platforms that are conducive to their individual caregiving journey. AgeWays will continue to offer the 'Powerful Tools for Caregivers' 6-week workshop, in-person and virtually. Workshops are held both during the day and in the evening to accommodate working caregivers. The Program Specialist for Wellness and Caregiver Services facilitates programs directly and leads grassroots outreach initiatives to connect with community partners and caregivers who may benefit from programs AgeWays facilitates.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

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An analysis of our recent needs assessment, along with feedback we receive from providers and participants, demonstrates a need for support for caregivers that face concerns such as stress, burnout, grief, and limited educational resources. Previous RFPs have included the Powerful Tools for Caregivers program; However, no providers in the region submitted a bid to AgeWays. Therefore, we administer the program directly.

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

Nutrition Education

Total of federal dollars: \$30,000

Total of state dollars: \$0

Geographic Area Served: Region 1-B

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

Older adults are at a higher risk of being diagnosed with one or more chronic conditions. Good nutrition supports energy levels, immune function, and overall quality of life, helping older adults remain independent longer. Through nutrition education, participants will gain skills and knowledge, including how to read food labels, plan and prepare balanced meals, manage portion sizes, and make healthier food choices, leading to long-term behavior change. AgeWays will launch and promote nutrition education sessions as another pillar within the wellness and caregiver programs, by delivering comprehensive nutrition information and practical instruction to older adults in both group and individual settings, with careful consideration of diverse cultural backgrounds. The AgeWays Registered Dietician currently on staff will provide nutrition education to older adults in partnership with congregate dining sites, senior centers, and faith-based organizations. AgeWays plans to host cooking demonstrations at least twice within the first fiscal year of this program and intends to expand in the following years provided there is sufficient engagement and positive feedback received from older adults.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

C

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Needs assessments and community feedback indicate older adults and caregivers in our region are interested in health and wellness programming. Nutrition education is intended to complement the services already available. Because this would be a new program, AgeWays will administer it directly in order to determine the interest and feasibility of establishing nutrition education as standard service offering, direct or contracted. Another justification for providing this service

directly is that it allows AgeWays to structure the content of the program and utilize it as an opportunity not only to provide knowledge to the public, but also to train our contracted nutrition providers on ways to reflect cultural diversity throughout their menus.

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

Nutrition Counseling

Total of federal dollars: \$10,000

Total of state dollars: \$0

Geographic Area Served: Region 1-B

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

AgeWays will implement Nutrition Counseling services to support older adults in improving nutritional health, managing chronic conditions, and maintaining independence in the community. This service will prioritize individuals with the greatest economic and social need and those at risk of poor nutrition outcomes due to health, functional, or social factors. The primary goal is to increase access to individualized, evidence-informed nutrition guidance that supports overall health and well-being. AgeWays will provide person-centered nutrition counseling that assesses individual dietary needs, cultural preferences, and health conditions, and offer tailored recommendations to promote healthy aging and disease prevention. Services will be delivered through accessible modalities, including virtual and in-person options as appropriate, to reduce barriers to participation.

In addition, AgeWays will coordinate Nutrition Counseling with other programs and community-based services, including nutrition programs, wellness initiatives, and care coordination supports, to ensure a comprehensive and integrated approach. Outreach efforts will focus on increasing awareness of nutrition services among older adults, caregivers, and referral partners. AgeWays will also emphasize culturally responsive service delivery and education to meet the needs of diverse populations. Ongoing monitoring of service utilization and participant outcomes will inform continuous quality improvement and ensure the service remains responsive to community needs.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

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AgeWays to provide Nutrition Counseling as a direct service is in response to identified gaps in access, coordination, and availability of individualized nutrition support for older adults within Region 1-B. A regional needs assessment and ongoing service delivery experience indicate that many older adults, particularly those with chronic conditions, functional limitations, or socioeconomic barriers, would benefit from more personalized nutrition guidance. While existing nutrition programs and community providers play a critical role in addressing food access and education, there remains an opportunity to expand access to individualized counseling that supports disease management, recovery, and overall health outcomes.

Providing this service directly allows AgeWays to complement existing providers such as home-delivered meal and congregate meal providers by enhancing coordination, strengthening referral pathways, and ensuring individuals receive the level of support most appropriate to their needs.

From a cost and operational perspective, delivering Nutrition Counseling as a direct service enables AgeWays to leverage existing infrastructure, referral pathways, and care coordination systems to efficiently reach high-risk individuals. This integrated approach is expected to improve outcomes related to nutritional status, chronic disease management, and the ability of older adults to remain safely in their homes.

For these reasons, direct service provision is to enhance access, improve coordination, and address an identified service need within the region, while continuing to collaborate with and support community-based providers.

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

Caregiver Counseling

Total of federal dollars: \$15,000

Total of state dollars: \$0

Geographic Area Served: Region 1-B

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

AgeWays will provide Caregiver Counseling services to support informal caregivers in managing the emotional, physical, and practical demands of caregiving, with a focus on those experiencing stress, burnout, or complex caregiving situations. This service will prioritize caregivers of older adults with the greatest economic and social need across Region 1-B. The primary goal is to improve caregiver well-being, resilience, and capacity to sustain their caregiving role while supporting the health and independence of the care recipient.

Caregiver Counseling will be delivered using a person-centered approach that assesses caregiver needs, stress levels, and caregiving challenges, and provides individualized support, education, and coping strategies. Services will be offered through accessible modalities, including virtual and in-person options as appropriate, to reduce barriers to participation. Counseling will address topics such as stress management, role strain, care planning, communication, and navigating available supports.

AgeWays will coordinate Caregiver Counseling with other programs and services, including caregiver training, caregiver respite, care management, and community-based supports, to ensure a comprehensive and integrated approach. Outreach efforts will focus on increasing awareness among caregivers and referral partners, including healthcare providers and community organizations. AgeWays will also emphasize culturally responsive and inclusive service delivery to meet the needs of diverse caregiving populations. Ongoing monitoring and participant feedback will support continuous quality improvement and ensure services remain responsive to caregiver needs.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

A & C

3. *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.*

Ageways is an established provider for mental health counseling through Medicare. We are well-positioned in our region to offer this service, given our agency's expertise in the fields of aging and

caregiving and the vast number of resources we are able to connect people to through our Information and Assistance and Options Counseling services. In the past, we have offered a Caregiver Coaching program, which utilized peer volunteers to offer support, education, and resources to new caregivers. This program was discontinued because of feedback that indicated there was a strong need for regular one-on-one processing of the complex emotions involved with being a caregiver – something volunteers are neither licensed for nor had the capacity to provide. A pilot counseling program AgeWays launched in 2025, proved our agency can be a successful provider of this service.

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

Counseling

Total of federal dollars: \$25,000

Total of state dollars: \$5,000

Geographic Area Served: Region 1-B

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

AgeWays will provide Counseling services to support older adults experiencing mild to moderate behavioral health needs, including depression, anxiety, grief, adjustment challenges, and social isolation. Services will prioritize individuals with the greatest economic and social need across Region 1-B, with the goal of improving emotional well-being, stability, and overall quality of life while supporting the ability to remain safely in the community.

Counseling will be delivered using a person-centered, evidence-informed approach that includes assessment, individualized treatment planning, and ongoing therapeutic support. Services will be offered through accessible modalities, including telehealth and in-person options as appropriate, to reduce barriers to participation. Counseling interventions will focus on coping strategies, problem-solving, emotional regulation, and connection to additional supports as needed.

AgeWays will coordinate Counseling services with other internal programs and community-based services, including care management, caregiver supports, and social service programs, to ensure a comprehensive and integrated approach to care. Outreach efforts will focus on increasing awareness among older adults, caregivers, and referral partners, including healthcare providers and community organizations. AgeWays will also prioritize culturally responsive and inclusive service delivery to meet the needs of diverse populations. Ongoing monitoring of service utilization and participant outcomes will support continuous quality improvement and ensure services remain responsive to community needs.

- 2. Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

A & C

- 3. 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.*

AgeWays is an established provider for mental health counseling through Medicare. We are well-positioned in our region to offer this service, given our agency's expertise in the fields of aging and caregiving and the vast number of resources we are able to connect people to through our Information and Assistance and Options Counseling services. A pilot counseling program AgeWays launched in 2025, proved the high need for this service. With limited marketing only to existing ACLS program participants, the therapist's caseload reached capacity, and the program maintained a regular waiting list throughout its duration.

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

Regional Service Definitions

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

Service Name	Community Liaison
Service Category	Access
Service Definition	Unbiased assistance in accessing resources to older adults including, but not limited to, finding and working with appropriate service providers that can meet their needs which may include; information-giving (e.g., listing the providers of a particular service category so an individual may make their own contact directly); referral (making contact with a particular provider on behalf of an individual); person-centered advocacy (efforts that seek to meet individual needs); and follow-up contacts with participants to ensure services have been provided and have met the respective service need.
Unit of Service	<p>Provision of direct contacts per day (1 unit equals 1 contact with a participant).</p> <p>*Newsletters and media spots are encouraged but are not to be counted as information-giving units of service.</p>

Minimum Standards

1. Each program shall have a resource file, which is current and includes a listing of human service agencies, services available, pertinent information as to resources and ability to accept new participants and eligibility requirements. The program shall be able to provide adequate information about community resources and agencies to all callers, so they may make their own contact directly.
2. Programs shall have the ability to provide a warm hand-off of referral/person-centered advocacy. The term “warm handoff” describes the process of an individual being connected to someone who can provide the information and/or services

needed. This can occur either in person or via phone, between the service provider and the participant, or in front of the older adult or caregiver (and family if present).

3. Follow-up is encouraged for warm handoff referrals/person-centered advocacy, whether services are negotiated or not, within ten working days, to determine whether services were received, the identified need met, and client satisfaction. Follow-up should be documented and is not required for information giving only contacts.
4. At least once per year, each program must determine the quality of services provided through a sampling of no less than 10% of clients. Programs are required to have policies and procedures that address how the provider will evaluate the quality service data, identify processes for quality improvement, and the method utilized to share results with AgeWays.
5. Each program shall have bilingual personnel available and/or have the capacity to acquire interpretation of services as necessary. Each program is strongly encouraged to have materials available in the most commonly spoken languages within the planning and service area. In addition, each program must have the capacity to serve deaf, hearing-impaired persons, and visually impaired persons in a manner appropriate to their needs, such as through the Michigan Relay center.
6. All providers are required to offer services in the home, community, by phone and online (via secure platform). Where walk-in service is available, there shall be adequate space to ensure comfort and confidentiality to clientele during intake and interviewing.
7. Written policies and procedures are required for the program that addresses follow-up for potential vulnerable adults, including mandated reporting of suspected abuse, neglect, or exploitation of an older adult as required by law.
8. Each program shall demonstrate effective linkages with agencies providing long-term care support services within the program area (e.g., case coordination and support, care management, long-term care facilities, AgeWays contracted services providers, veteran services, and community-based Medicaid programs).
9. At least one (1) Community Liaison from each contracted organization shall be trained and certified as a Michigan State Health Insurance Assistance Program (SHIP) Counselor.
 - Certified SHIP Counselors must meet reporting requirements developed by the state office.
 - Certified SHIP Counselors must participate in relevant SHIP training to maintain certification as required by the state office and AgeWays.

10. Community Liaisons shall assist older adults with immediate and emergency needs for food, shelter, and other basic needs.
11. Community Liaisons should have knowledge and be able to assist with prescription assistance (including but not limited to Medicare Part D), and Tax Assistance Programs (Home Heating Credit and Homestead Property Tax Credit).
12. Programs are encouraged to seek Certified Information and Referral Specialist (CIRS) certificates from the Alliance for Information and Referral Systems (AIRS) for individual Information & Assistance (I&A) employees and volunteers.
13. Community Liaisons may receive Gatekeeper referrals or general referrals from AgeWays staff. Follow up and feedback is required and must be provided to AgeWays within ten (10) business days. Referrals received from AgeWays may require a home visit to be made. In these instances, AgeWays staff will note in the referral the request for a home visit by a Community Liaison. It is the expectation that the Community Liaison will go to the participant's home unless the individual declines the visit. In which case, this should be noted in the participant file and reported back to AgeWays.

Regional Direct Service Request

Community Liaison

Total of federal dollars: \$100,000

Total of state dollars: \$0

Geographic Area Served: Region 1-B

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

Community Liaisons will provide person-centered assistance with resource navigation, with a goal of expanding knowledge of and access to available resources and programming to meet individuals' personal needs. AgeWays will contract with community partners to provide services through the Community Liaison program. Community Liaisons will link individuals to available programming and resources based on the individuals' care needs. The Liaisons provide Unbiased assistance in accessing resources to older adults including, but not limited to, finding and working with appropriate service providers that can meet their needs which may include; information-giving; referral; person-centered advocacy; and follow-up contacts with participants to ensure services have been provided and have met the respective service need. Assistance may be provided in the home, community, by phone and online.

2. *Please select the basis for the direct service provision request (more than one may be selected). Options are (A) Provision of such services by the AAA is necessary to assure an adequate supply of such services; (B) Such services are directly related to the AAA's administrative functions; and (C) Such services can be provided more economically and with comparable quality by the AAA.*

A & C

3. *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.*

By working with contracted services providers to implement the Community Liaison program, we are able to extend our reach of service provision and provide assistance in the community to older adults. AgeWays intends to transition the objectives and activities of this service to the MI Options program; However, funding availability is currently uncertain and is dependent on an appropriation in the FY2027 state budget. The providers of Community Liaison and MI Options are the same, and

if MI Options funding becomes available for FY2027, the Community Liaison service definition will be sunsetted.

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

MYP Goals

Goal 1: Improve awareness of aging services among older adults, caregivers, and community partners.

Aligns with State Plan Goal #(s): 3

Narrative

Region 1-B is home to nearly one-third of all persons age 60 and older in Michigan (29.86%), or approximately 771,000 older adults, with that number projected to grow. The University of Michigan National Poll on Healthy Aging recently found that almost 30% of Michigan adults over the age of 50 are providing care for a person with a disability or health condition. To serve those most in need, it is crucial that awareness of the programs and services offered by both AgeWays and our provider network is widespread in the communities we serve.

This includes improving awareness with not only older adults, adults with disabilities, and caregivers, but also improving awareness with legislators and other groups that may not be directly in the aging network. Improving visibility in the communities we serve takes many forms, such as attending resource fairs, participating in legislator-directed events, and attending community forums that are both focused on aging and not.

Objectives, Planned Activities, and Expected Outcomes

1. **Objective:** Expand awareness of AgeWays Services to both Legislators and their constituents.
 - a. **Planned Activities:**
 - i. Attend Legislator Town Halls and Resource Fairs focused on Older Adult and Caregiver Services to increase awareness of AgeWays services.
 - ii. Connect with constituents across Region 1-B who may not have heard of AgeWays with information on older adult and caregiver services, with the goal of increasing participation in programming.
 - iii. Share AgeWays collateral, including the Connect guide, with Legislative offices to share with their constituents.
 - b. **Expected Outcome:**
 - i. Increased awareness of AgeWays programs and services and the Aging Network with legislators and their constituents.
2. **Objective:** Expand awareness of aging network services through coordinated outreach, education, and communication strategies that increase engagement among older adults, caregivers, and community partners.
 - a. **Planned Activities:**

- i. Attend local resource fairs and other events focused on older adults, adults with disabilities, caregivers, or any event where these groups frequently come together.
- ii. Distribute the Connect Guide throughout our region.
- iii. Utilize paid and free media to increase awareness of AgeWays and the programs and services offered.

b. Expected Outcome:

- i. An increased number of older adults, adults with disabilities, and caregivers in Region 1-B will be aware of AgeWays and the programs and services offered throughout our region.

Goal 2: Improve access to, and navigation of, aging services that support older adults' health, safety, and ability to live independently in their homes and communities.

Aligns with State Plan Goal #(s): 1

Narrative

Improving access to, and navigation of, aging services is crucial to supporting older adults and caregivers in our community to ensure that all eligible individuals are utilizing services and supports needed to help them remain in their homes and communities. This includes crucial advocacy efforts to increase legislative support for Older Americans Act and Older Michiganian's Act funded services, as well as strengthening AgeWays programs to ensure eligible individuals are able to access the supports and services needed to age in their homes and communities.

AgeWays provides leadership regionally and statewide on advocacy issues by directly influencing decision makers through providing 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. AgeWays 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.

Objectives, Planned Activities, and Expected Outcomes

1. **Objective:** Develop and implement the AgeWays Advocacy Strategy to secure increased state, federal, and/or local support for older adult and caregiver services, including support for groups that advance AgeWays programs and services.

- a. **Planned Activities:**

- i. Educate advocacy stakeholders about policy solutions for issues impacting older adults, caregivers and populations that advance AgeWays programs.
 - ii. Produce and promote tools that support older adult advocacy efforts, including monthly editions of The Advocate, the AgeWays 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 Outcome:**

- i. 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:** Strengthen access to aging services through a coordinated Information & Assistance/No Wrong Door approach that improves information/access, navigation, referral pathways, and service connection across programs and partners.

- a. **Planned Activities:**

- i. Increase the resource access/connection among individuals with higher needs by actively listening for potential barriers and conducting intervention activities designed to reduce those barriers.
 - ii. Conduct active listening training for additional long-term care needs among staff that work directly with older adults and family caregivers.
 - iii. Conduct targeted outreach and promotion of available options counseling programs, particularly among populations of greatest social and economic need.

- b. **Expected Outcome:**

- i. Individuals accessing aging services will report a better overall experience and more success accessing both AgeWays programs and programs provided by partners.
 - ii. Increased awareness and utilization of available programs.

3. **Objective:** Enhance waitlist management practices to ensure those with greatest need are prioritized.

a. Planned Activities:

- i. Review waitlist prioritization criteria to align with Older American's Act priority populations.
- ii. Implement standardized risk stratification tools to assess functional, social, and economic vulnerability.
- iii. Conduct periodic reassessments of individuals on waitlists to identify changes in need.
- iv. Coordinate with community partners to identify interim supports while individuals await services.
- v. Monitor waitlist demographics and service access trends.

b. Expected Outcome:

- i. Individuals with greatest need will spend less time on waitlists.

4. **Objective:** Expand person-centered care management services to support high-risk older adults living in the community.

a. Planned Activities:

- i. Increase outreach and referrals from healthcare providers, community organizations, and local municipalities.
- ii. Utilize standardized risk screening tools to prioritize individuals with greatest economic and social need.
- iii. Provide comprehensive assessments and individualized person-centered service plans addressing health & aging services, behavioral health, and social determinants of health.
- iv. Coordinate in-home and community-based services including nutrition, transportation, caregiver support, and home safety interventions.

- b. Expected Outcome:** Increased utilization from high-risk older adults in care management services.

Goal 3: Advance equity by expanding access to culturally responsive and inclusive aging services across AgeWays' service area.

Aligns with State Plan Goal #(s): 4

Narrative

Michigan's communities and people of color, immigrants, limited-English proficient, and LGBTQ+ individuals experience a disproportionate amount of negative health impacts. AgeWays is committed to serving individuals in these communities by providing culturally competent services that address social determinants of health through its services provided directly and with its aging network partners. AgeWays 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. AgeWays outreach efforts will place an enhanced focus on Arabic and Hispanic populations, as well as services for deaf and visually impaired individuals, to build and foster stronger relationships with these communities.

AgeWays is committed to collaborating with service providers to promote more culturally responsive and inclusive services across Region 1-B, including enhancing menu options for meals to be more ethnically and culturally diverse, ultimately broadening access to individuals who need meal services, but are not able to participate due to current offerings.

Objectives, Planned Activities, and Expected Outcomes

1. **Objective:** Collaborate with our contracted nutrition service providers to promote a broader range of menu options, expanding access to meals that are not only nutritious, but are ethnically and culturally diverse.
 - a. **Planned Activities:**
 - i. Establish a baseline of what is already available by conducting a survey of contracted meal providers to determine what, if any, culturally diverse meals they are already offering.
 - ii. Offer meals that celebrate specific cultures that are represented throughout Region 1-B.
 - iii. Through the Nutrition Education program, train providers on ways they can prepare meals that meet various cultural requirements (Halal, Kosher, etc.) and how these can be incorporated more broadly into their programs.
 - b. **Expected Outcome:**
 - i. Menu options will be expanded along with access to ethnically and culturally diverse meals, expanding the reach of individuals interested in and utilizing the program.

2. **Objective:** Advance culturally and linguistically responsive outreach and navigation services to improve equitable access for diverse and underserved populations, specifically with enhanced focus on Arabic and Hispanic populations, as well as services for deaf and visually impaired individuals.
 - a. **Planned Activities:**
 - i. Identify Arabic and Spanish language publications with which we can advertise or place articles to increase awareness with those communities.
 - ii. Build connections with organizations serving underserved populations and utilize these connections to improve the cultural competency of our outreach and education materials.
 - iii. Expand use of interpreter services, translated materials, and culturally appropriate resources.
 - iv. As new relationships are established, information will be incorporated in the 'locate service' section of the AgeWays website, as well as in the next iteration of the Connect Guide.

- b. Expected Outcome:**
 - i. An increased number of minority individuals, specifically Arabic and Hispanic populations, in Region 1-B will utilize AgeWays services.
 - ii. Standardized referral and communication protocols that support equitable access to services.
- 3. **Objective:** Strengthen culturally responsive service delivery and coordination of care through staff education and cross-system collaboration.
 - a. Planned Activities:**
 - i. Provide staff training on culturally and linguistically responsive service delivery and communication practices that are inclusive to the diverse aging population we serve.
 - b. Expected Outcome:**
 - i. Staff will be educated on how to coordinate various programs within the aging network, such as healthcare, long-term services and supports, and community-based systems

Goal 4: Strengthen community partnerships and cross-system integration to improve coordination of care and services for older adults and caregivers.

Aligns with State Plan Goal #(s): 2

Narrative

AgeWays understands the importance of strengthening and developing new community partnerships and cross-system integration across Region 1-B to ultimately improve coordination of care and services for older adults and caregivers. Developing and fostering new and existing community partnerships leads to increasing awareness of and access to aging network programs and services, ultimately serving more individuals, including those the most at need. AgeWays is committed to understanding the current needs of Region 1-B and seeking out new relationships to address gaps in service or unmet needs in our community. This includes strengthening relationships with existing partners, like contractor service providers and other aging network professionals, as well as expanding into new partnerships, such as with hospitals, health plans, accountable care organizations, and other health systems.

Objectives, Planned Activities, and Expected Outcomes

- 1. **Objective:** AgeWays will actively work to engage contracted service providers, strengthen partnerships, and foster ongoing, collaborative relationships.
 - a. Planned Activities:**
 - i. Work with the contracted service providers and Communications team to highlight and promote the work of providers on social media platforms.

Provider spotlights will be featured throughout the year and in conjunction with national recognition months (e.g. National Family Caregiver Month, Senior Nutrition Month, Volunteer Recognition Month, etc.).

- ii. Engage in 'coffee and conversation' meetings with providers to ensure open communication and offer opportunities to promote collaboration and provide technical assistance.
- iii. Conduct roundtable discussions with contracted service providers to share best practices, provide program updates, and promote collaboration among providers with AgeWays.

b. Expected Outcome:

- i. Contracted service providers will express a strengthened partnership and feel as though AgeWays is fostering a collaborative relationship.

2. **Objective:** Establish and strengthen partnerships with hospital and other medical care institutions to improve identification and referral of older adults who may benefit from Care Transitions support.

a. Planned Activities:

- i. Conduct targeted outreach to hospitals, health systems, and other medical care institutions across Region 1-B to increase awareness of Care Transitions services
- ii. Develop and share standardized referral processes to support consistent and timely identification of older adults who may benefit from services
- iii. Participate in care coordination discussions with medical partners to strengthen collaboration and alignment

b. Expected Outcome:

- i. Increased and more timely referrals from hospital and medical partners, resulting in a greater number of older adults receiving Care Transitions support following discharge.
- ii. Improved care coordination between healthcare and community-based services, leading to enhanced health, safety, and stability outcomes for older adults transitioning back to the community

3. **Objective:** Attend and participate regularly in community-based collaboratives with aging network professionals and the broader social service community across Region 1-B.

a. Planned Activities:

- i. Attend identified community-based collaborations either in person or virtually in all six counties in Region 1-B.
- ii. Engage with identified community-based collaborations to share information on Ageways services, advocacy opportunities, and changes in the aging network to increase awareness of and participation in services.

b. Expected Outcomes:

- i. Increased coordination of services across Region 1-B to address those the most at need.
- 4. **Objective:** Establish and develop new cross-sector partnerships to expand access to coordinated services and address unmet needs among older adults and caregivers.
 - a. **Planned Activities:**
 - i. Identify and engage new partners across healthcare, social services, and community-based organizations to expand referral networks and service coordination opportunities
 - ii. Conduct outreach and relationship-building efforts to increase awareness of aging network programs and explore areas of shared priority and collaboration
 - iii. Develop and implement initial collaboration approaches (e.g., referral pathways, shared initiatives, or pilot efforts) to improve service access and coordination
 - b. **Expected Outcomes:**
 - i. Increased number of new partnerships that support referrals, service coordination, and access to aging network programs
 - ii. Improved access to services for older adults and caregivers, particularly those with unmet or emerging needs

Advocacy Strategy

1. *How will the AAA monitor, evaluate, and comment on policies, programs, hearings, levies, and community actions which affect older individuals and family caregivers which the area agency considers to be aligned with the interests identified in the Act?*

AgeWays' comprehensive advocacy process is guided by our biannual legislative platform, most recently updated for 2025–2026, which outlines priority advocacy issues and establishes clear agency positions to support timely and consistent policy engagement. AgeWays advocacy staff regularly track legislative proposals, executive branch initiatives, budget actions, and administrative rule changes at the local, state, and federal levels. Particular attention is given to policies affecting in-home services, caregiver support, Medicaid long-term services and supports, and consumer protections. When relevant issues are identified, AgeWays evaluates potential impacts using service utilization data, unmet and underserved population analysis, and feedback from older adults, family caregivers, service providers, and advisory bodies. This evaluation informs agency comments, advocacy positions, and recommended policy actions. AgeWays provides formal and informal comments through written submissions, legislative testimony, participation in public hearings, and engagement in stakeholder meetings and workgroups. These comments are grounded in documented regional need and the lived experiences of older adults and caregivers served within Region 1-B. Through this process, AgeWays ensures that decision-makers understand the practical implications of proposed policies and community actions on older individuals and family caregivers.

2. *How will the AAA solicit comments from the public on the needs of older individuals and family caregivers?*

AgeWays prioritizes keeping the community informed about policy developments and opportunities for civic engagement. The agency publishes *The Advocate*, a monthly newsletter distributed electronically and with partners. The *Advocate* newsletter tracks pending legislation, explains policy changes, highlights advocacy priorities, and provides clear action steps for individuals who want to engage. In addition, AgeWays prepares legislative analyses that summarize proposed bills and outline their potential impact on older adults and caregivers for our Advisory Council and for partners. These analyses support internal decision-making and are also used to educate legislators and community stakeholders. AgeWays maintains an advocacy section on its website to provide updates on emerging issues and action alerts. This section includes a partnership with a service that allows visitors to search for their elected official and sign and send pre-uploaded advocacy letters to legislators directly from the website. Infographics, data summaries, and written calls to action are used to make complex policy issues understandable and accessible, allowing for greater advocacy from our community.

Public input is a central part of AgeWays' planning and advocacy process. The agency conducts public hearings in accordance with the Open Meetings Act and promotes participation through broad outreach efforts. Listening sessions, focus groups, surveys, and targeted engagement strategies help identify emerging priorities and service gaps. Feedback from community members has directly influenced program development objectives and advocacy priorities, including attention to caregiver strain, rising service costs, and the need for expanded supports for vulnerable populations. AgeWays advocacy staff often receives communication from community members sharing information on legislation and requesting advocacy support. Community members also share presenting issues in the community with advocacy staff in community conversations and collaborations.

3. How will the AAA represent the interests of older individuals and family caregivers to local level and executive branch officials, public and private agencies, or organizations?

AgeWays represents the interests of older individuals and family caregivers through direct, sustained engagement with local officials, state and federal legislators, executive branch agencies, and public and private organizations. AgeWays advocacy staff meet regularly with elected officials and their staff to increase awareness of the needs of older adults and caregivers and to communicate the impacts of policy and funding decisions on services within Region 1-B. AgeWays also represents older adults and caregivers by serving as a trusted technical resource to policymakers and administrative agencies. In FY2025, multiple legislative offices consulted with AgeWays on the potential impacts proposed legislation may have on constituents. This collaboration is expected to continue in the coming years, as AgeWays intends to establish itself as a point agency for aging-related questions, policy analysis, and service system expertise. Representation efforts are strengthened through AgeWays' Advisory Council, Board of Directors, and engagement with program participant and caregiver voices. These bodies inform advocacy positions and ensure that AgeWays' policy work reflects both data-driven evidence and lived experience. AgeWays provides leadership to the statewide Silver Key Coalition, which focuses on addressing unmet needs for ACLS-funded in-home services and nutrition supports and advancing shared funding and policy priorities. AgeWays also participates in legislators' senior town halls and other public forums to elevate aging and caregiving issues and to ensure older adults and family caregivers are represented in community and policy discussions.

4. How will the AAA consult with and support the State's Long-Term Care Ombudsman Program?

AgeWays works with the State to recruit and train volunteers for the Long-Term Care Ombudsman (LTCO) program. Our direct LTCO staff are trained and participate in ongoing continuing education as required by the State Long Term Care Ombudsman and AgeWays. Staff complete and submit all

reports, including case work and activity reports, through the state electronic database and any other required reporting platform for compliance.

5. *How will the AAA coordinate with public and private organizations, including units of general-purpose local government, to promote new or expanded benefits and opportunities for older individuals and family caregivers?*

AgeWays coordinates with public and private organizations through partnership development, coordinated advocacy, and cross-sector collaboration. We continuously update our Resource Database with available benefits and opportunities for older adults and caregivers to ensure that individuals contacting the agency are made aware of benefits available outside of the aging network. AgeWays staff shares program updates frequently with community partners in collaborative meetings across Region 1-B. AgeWays also works closely with all six counties' local units of government in sharing data analyses and identified needs with the goal of utilizing available county dollars to support gaps in services. AgeWays also collaborates with media outlets and community partners to build awareness of aging services and available benefits. Through content partnerships and public education efforts, AgeWays helps promote understanding of available benefits, emerging opportunities, and the importance of sustained investment in programs serving older adults and family caregivers.

6. *How will the AAA take a leadership role in the PSA to assist communities in targeting resources from all appropriate sources to meet the needs of older adults and family caregivers with greatest economic and social need, particularly low-income minorities?*

AgeWays often leads in working with community partners and local government in identifying gaps in services and opportunities to fill those gaps. In the past, AgeWays has worked on various county blueprints sharing data driven opportunities to improve resources available to older adults and caregivers, and has also worked in millage advocacy, with the most recent being supporting Washtenaw County in successfully passing a Senior Millage after over 10 years of advocacy. AgeWays is often seen as a resource in Region 1-B for providing data on older adults and caregivers and identifying those populations the most at need. AgeWays elevates documented unmet need through legislative engagement, coalition advocacy, and administrative discussions to ensure that limited public resources are directed to populations with the greatest vulnerability. AgeWays uses service utilization data, waitlist and underserved population analysis, and input from community partners to identify priority needs and inform advocacy and resource-targeting strategies. By convening stakeholders, coordinating advocacy efforts, and aligning funding strategies across local, state, and federal sources, AgeWays helps communities maximize available resources and strengthen service delivery systems. This leadership supports system-level improvements that advance equity, reduce service gaps, and improve outcomes for older adults and family caregivers with the greatest economic and social need throughout Region 1-B.

7. *How will the AAA work with other aging network providers, including other AAAs, in coordinated effort?*

AgeWays works directly with other AAAs in our advocacy work. AgeWays staff chair the 4AM Advocacy Committee, where advocates from across Michigan's AAAs collaborate on advocacy priorities and strategies. This coordinated effort ensures there is consistent messaging across the state and allows for collaboration in advocacy tools to arm all Area Agencies on Aging, especially those without dedicated advocacy staff, with the tools needed to be effective advocates, ultimately increasing support of aging programming. AgeWays also shares advocacy materials and tools with the larger aging network by sharing one-pagers and advocacy requests on our website, sharing The Advocate, which is our advocacy newsletter, monthly, and participating in community-based collaborations with other aging network providers.

Greatest Economic and Greatest Social Need

1. How the AAA defines Greatest Economic and Greatest Social Need for the PSA.

AgeWays defines greatest economic need as individuals who are at or below 125% of the federal poverty level and/or have less than \$20,000 in assets. Greatest social need is defined as individuals who identify as belonging to a cultural, racial or ethnic minority, are limited-English proficient (LEP), members of the LGBTQ+ community, and/or veterans.

2. How the AAA educates the public, its partners, and service providers on the OAA expectations regarding targeting older adults with greatest economic, and greatest social need.

AgeWays prioritizes conducting presentations/community event outreach activities connected to communities with the greatest economic and social need. We focus on low-income senior housing communities and connecting with organizations who serve minority/underserved populations, with a goal of targeting 30% of our presentation/community event outreach activities to these populations.

Our paid outreach plan includes buys in minority-focused publications. This includes Mi Gen's Rainbow Resource Guide (LGBTQ+ audience), Urban Aging (Black and urban audience) and the Michigan Chronicle (Black and urban audience). Photos representing diverse and underserved populations are featured throughout AgeWays' outreach and education materials and on our website. These media include logos and symbols that help members of the LGBTQ+ community identify us as a welcoming and affirming resource, such as The Pride flag and the MiGen logo. Our Connect Resource and Information Guide includes LGBTQ+ and other minority-specific resources.

AgeWays utilizes a Language Line to make sure those seeking assistance can access services and resources. AgeWays has also translated its core outreach materials into four languages most often spoken in our region: 1) Spanish, 2) Arabic, 3) Simplified Chinese, and 4) Russian. Additionally, our website includes functionality to translate the site into 10 languages, along with functionality to make the site more accessible for people with disabilities. A quarterly accessibility review of the website is conducted to evaluate the site's conformance with W3C's Web Content Accessibility Guidelines (WCAG) 2.1 at Conformance Level AA.

Contracted service providers are made aware of the expectations to target older adults with our defined greatest economic and greatest social need during the Applicant Workshop, as part of the 3-year RFP process. Expectations and standards for targeting are outlined in the AgeWays and ACLS Bureau Operating Standards Manual, and annually contracted service providers are required to identify an underserved population with the greatest economic and social need within their service area.

3. AAA's strategy to target priority populations for greatest economic and greatest social need.

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 with substantial emphasis toward this population. “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. AgeWays monitors the progress of targeting goals through review of quarterly programmatic reports. 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.

4. How the AAA’s Advisory Council assisted in targeting individuals with greatest economic and greatest social need. [See OAA § 1321.63(b)]

AgeWays Advisory Council is made up of 9 individuals who work in a variety of sectors, such as a Council on Aging representative, a teacher from the University of Michigan, and a retired director of IT. The Advisory Council consists of individuals across Region 1-B and includes a variety of racial backgrounds. These individuals share information about AgeWays programs and services in the communities they are a part of and direct people in need to AgeWays. The Advisory Council furthers the agency’s goals and mission by assisting in advancing the community-based system of services by spreading awareness of and increasing access to services and advising the agency on how to increase services to those with the greatest economic and social need. The Advisory Council advises the agency through participation in the Multi-Year and Annual Implementation plans and ensures it is shared with community members, advises the agency on programming decisions, and shares input on future data collection and policy support. Through these roles and responsibilities, the Advisory Council works to share information directly with those the most in need, with the goal of increasing awareness of and participation in AgeWays programs and services.

Coordination to Serve Native American Elders and Family Caregivers

1. Methods for collaboration and sharing of program information and changes.

While Region 1-B does not have any federally recognized tribes in the service region, information on programs and any changes are shared via the AgeWays website and through our general newsletter and advocacy focused newsletter. This information, when relevant, is also shared with our contact at Southeastern Michigan Indians, INC (SEMII), which is a non-profit Urban Indian center that provides human services for American Indians & others eligible for services. Throughout the lifespan of this MYP, when appropriate, AgeWays will continue to share information with SEMII to request collaboration and the sharing of information.

2. *How services will be provided in a culturally appropriate and trauma-informed manner.*

We are committed to ensuring all services are delivered in a culturally appropriate, person-centered, and trauma-informed manner that respects the dignity, lived experiences, and diverse backgrounds of older adults and caregivers within its Planning and Service Area.

AgeWays integrates cultural responsiveness into all aspects of service planning and delivery by: 1) Conducting community needs assessments that examine demographic trends, cultural diversity, language access needs, and health disparities; 2) Providing language access supports, including interpretation and translation services, to ensure meaningful access for individuals with limited English proficiency; 3) Partnering with culturally specific organizations, faith-based groups, and community leaders to improve outreach and trust ; 4) Training staff and contracted providers in cultural humility, implicit bias awareness, and inclusive communication practices; and 5) Incorporating person-centered planning that honors individual values, traditions, family structures, and decision-making preferences. Contracts with service providers include expectations related to nondiscrimination, equitable access, and culturally competent care to ensure services are responsive to the communities served.

AgeWays recognizes that many older adults have experienced trauma across their lifespan. Services are delivered in alignment with several trauma-informed principles, described in detail below:

- **Safety:** Creating welcoming environments – both in-person and telephonically – where individuals feel physically and emotionally safe.
- **Trustworthiness and Transparency:** Clearly explaining program requirements, participant rights, and service options.
- **Choice and Empowerment:** Supporting informed decision-making and self-direction whenever possible.
- **Collaboration:** Engaging individuals as partners in care planning rather than passive recipients of services.

- **Sensitivity to Triggers:** Recognizing signs of distress and responding with empathy and appropriate referral when needed.

AgeWays staff and providers receive training to recognize trauma responses, avoid re-traumatization, and respond appropriately to disclosures of abuse, neglect, exploitation, or mental health concerns. When higher levels of behavioral health or protective intervention are needed, AgeWays coordinates with appropriate community partners to ensure supportive and timely responses.

3. *Communication opportunities that service providers will offer to Title VI programs, such as participation in meetings, inclusion on email distribution lists, and presentation opportunities.*

Although there are no federally recognized tribes in Region 1-B, AgeWays communicates with Title VI program staff when appropriate to share opportunities for participation in meetings and in seeking feedback on program development and outreach strategies. AgeWays shares information with Title VI program staff through direct communication and inclusion in email distribution lists. AgeWays staff also offers presentation opportunities to ensure that Title VI program staff have updated information to share with their network.

4. *Opportunities to serve on advisory councils, workgroups and boards. AAAs please note whether your policy and advisory boards have tribal representation.*

At the moment, neither our Board of Advisory Council include tribal representation, but AgeWays is committed to diverse representation in both of these groups and has sought to include tribal representation in the past. Unfortunately, since there is no federally recognized tribe in our region, this strongly limits tribal participation. We will continue to include SEMII contacts and representation when appropriate and seek input from this group.

5. *How service providers will provide outreach to Tribal elders and family caregivers regarding Title III services for which they may be eligible.*

AgeWays will provide program information and participation opportunities in Title III programs with SEMII representatives to ensure that they are aware of the programs and services that are offered and that this information is shared with their network. AgeWays will offer opportunities to present program information to groups or events associated with SEMII and any other tribal groups. Service providers are also required to identify an underserved population with the greatest economic and social need within their service area. If appropriate, service providers can select tribal elders and family caregivers if that population presents a strong need in the community they serve.

6. *Is there a Federally Recognized Tribe within the PSA?* **No**

7. *How Title VI programs may refer individuals for Title III services.*

AgeWays supports coordination between Title VI Native American Aging Programs and Title III services authorized under the Older Americans Act to ensure older adults receive comprehensive, culturally responsive support. When an individual served by a Title VI program has needs that extend beyond the scope or capacity of Title VI services, referrals to AgeWays for Title III services may occur. Referrals may be initiated through direct communication between Tribal Title VI program staff and AgeWays Information & Assistance staff, or as a participant-initiated request for additional services. Referrals may also result from collaborative case consultation between program representatives or from community partner coordination meetings.

AgeWays coordinates closely with Title VI program staff to prevent duplication of services and ensure appropriate funding streams are utilized. Service eligibility, funding source requirements, and participant preferences are reviewed collaboratively to determine the most appropriate service pathway.

8. *Describe any current and future collaborative efforts with Tribe(s) within the PSA including any anticipated outreach efforts.*

Since there are no federally recognized tribes in Region 1-B, this greatly limits our ability to perform outreach to tribes. To combat this limitation, information, including requests for feedback and collaboration, is shared with SEMII to elicit collaborative opportunities when appropriate. In the future, should a federally recognized tribe be established in Region 1-B, AgeWays staff will collaborate whenever possible to ensure that individuals are aware of and able to utilize programs and services and that culturally sensitive options are in place. AgeWays will continue outreach to SEMII to further relationships for any future collaborative efforts.

Planning and Service Area Aging Landscape

1. *Describe notable changes in trends since the last MYP providing a picture of potentially eligible service population.*

According to the 2024 American Community Survey five-year estimates, individuals aged 60 and older make up 25.4% of Region 1-B's population, with 771,375 older adults living in Region 1-B. This represents a 9.3% population increase from the 705,743 older adults in the region at the start of the last MYP. The 85+ population in Region 1-B (63,436 individuals) makes up 8.2% of the 60+ age group. SEMCOG also estimates that the Region 1-B older adult population will reach 1,094,626 by 2045, increasing to 28% of the entire population. The population of people 60 and older in Region 1-B is racially diverse and has continued to grow since the previous MYP.

The minority population in Region 1-B increased from 15.2% in the previous MYP to 18.0% of the 60+ population. The largest non-white older adult populations in Region 1-B are Black or African American (8.6%), Asian (3.5%), and Hispanic/Latino (1.7%). Slightly less than half (46.4%) of the state's entire LEP older adult population live in Region 1-B, the largest concentration of LEP older adults in Michigan. Region 1-B's 60+ Limited English Proficient (LEP) population is 5.2% (29,032 individuals) and has grown by 3,494 individuals since the previous MYP. The poverty rate for the age 60 and over population in Region 1-B has grown, with 8.5% of older adults living below the poverty line, up from 7.2% in the previous MYP and 14.3% living below 150% of the poverty line, an increase from 13.0%.

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 is 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, according to SEMCOG. Additional notable demographic statistics are that currently 27% of Region 1-B's older adult population has a disability, and nearly 26% of individuals aged 60+ live alone.

2. *Describe how the AAA coordinates a comprehensive system of aging services within the PSA.*

AgeWays serves as the regional hub for planning, funding, oversight, and system integration. Through ongoing community needs assessments, stakeholder engagement, and data analysis, the agency identifies service gaps, emerging trends, and priority populations. These findings guide the development of the Multi-Year Plan and Annual Implementation Plan strategies. To ensure a coordinated and responsive system, AgeWays participates in regular system planning and development, which involves regional needs assessments, demographic analyses, and

consistent engagement with community partners, service providers, advocacy groups and program participants.

As an Area Agency on Aging, we oversee a broad provider network by monitoring provider performance, fiscal accountability, compliance, and quality outcomes. Our Information and Assistance system is centralized, which allows for coordination across programs like MI Choice Medicaid Waiver, Community Living Services, and Caregiver Support, reducing the potential for duplication of service across programs. This streamlined approach also improves service continuity.

We strive to align our resources with others in the aging network, strengthening the network as a whole. AgeWays staff are supported with cross-training opportunities and are encouraged to collaborate with community-based organizations, local governments, advocacy coalitions, and healthcare entities.

Through these coordinated efforts, AgeWays ensures that older adults and caregivers in Region 1-B experience a seamless, accessible, and comprehensive system of care that promotes independence, dignity, and community living. Our agency then tracks service utilization, outcomes, and participant satisfaction for use in future data-driven decision making to drive continuous quality improvement and operate programs and services with measurable impacts.

3. Describe ways in which the AAA is informing, educating and advocating within their communities.

AgeWays maintains close connections and works in partnership with many community collaborations and organizations to inform, educate, and advocate with the older adult population and broader aging community. This is accomplished by regularly attending and participating in 21 community groups across all six counties, where we often share updates on AgeWays programming, advocacy opportunities, and broader systems changes within the aging network. Recognizing projected growth in the older adult population and a shrinking caregiver support ratio, AgeWays prioritizes increasing awareness of available services for both older adults and caregivers. Educational outreach includes presentations to targeted groups and community partners, attending resource fairs, and participating in legislative town halls to improve awareness of AgeWays services, ultimately increasing referral pathways.

Advocacy priorities are formally established through the AgeWays Legislative Advocacy Platform, which is developed biannually at the beginning of the legislative session in collaboration with the Advisory Council and Board of Directors. The Advisory Council uses study committees and regular meetings to analyze emerging policy concerns and recommend positions to the Board. This ensures that advocacy priorities are grounded in community needs rather than reactive. AgeWays also appoints representatives to the Michigan Senior Advocates Council (MSAC). This connection

strengthens coordination between regional and statewide advocacy efforts and ensures that the perspectives of older adults in Region 1-B are represented in state-level discussions.

AgeWays maintains consistent communication with state and federal legislators who represent the region. This includes in-person meetings, virtual briefings, written correspondence, and formal testimony before legislative committees. AgeWays also participates in statewide advocacy efforts such as Older Michiganians Day, which brings older adults and advocates together in Lansing to speak directly with policymakers about shared priorities. AgeWays provides leadership in collaborative advocacy efforts aimed at strengthening Michigan's aging services infrastructure. All advocacy initiatives are undertaken with particular attention to older adults with the greatest social and economic need.

Through structured governance oversight, frontline advocacy, public education, coalition leadership, direct policymaker engagement, data-informed analysis, and equity-centered outreach, AgeWays actively informs, educates, and advocates within its communities. These coordinated efforts strengthen awareness of aging issues, improve access to services, secure critical resources, and advance policies that support independence, dignity, and quality of life for older adults and caregivers throughout the region.

4. *Describe what home and community-based Medicaid services are available within the PSA. (Examples: PACE, MI Choice Waiver, etc.)*

Within AgeWays' Planning and Service Area (PSA), home and community-based Medicaid services include the MI Choice Waiver Program, for which AgeWays serves as a state-designated waiver agent responsible for program administration and care coordination. The Program of All-Inclusive Care for the Elderly (PACE) is also available within the service region through partner organizations, and AgeWays collaborates with PACE providers to support appropriate referrals and ensure individuals receive services aligned with their care needs and preferences. MI Health Link is a complete integrated healthcare program available to residents of Macomb County in Region 1-B. Macomb County residents are eligible for this program, which offers a broad range of medical and behavioral health services, including pharmacy, home and community-based services, and nursing-home-level care.

5. *Describe other significant initiatives and grants leveraged by the AAA. (Examples: MI Options, SCSEP, MHEP, etc.)*

AgeWays leverages a variety of state, federal, and philanthropic initiatives and grants to expand services and address unmet needs among older adults within Region 1-B. Through regional foundation partnerships, AgeWays secures funding to pilot and sustain innovative programs that fill gaps in care and support aging in place. AgeWays recently concluded a Caregiver Respite Voucher Program funded by the Michigan Health Endowment Fund (MHEF), which provided \$575 vouchers

for caregivers to purchase respite care, and is continuing that program through stable funding moving forward. AgeWays is also in the last year of a Long-Term Care Ombudsman expansion project, also funded through MHEF, that was intended to pilot what additional dollars appropriated to the program would accomplish related to staff capabilities, with a goal of securing additional state appropriations, which did occur. AgeWays is planning to pursue additional grant opportunities with the foundation to support emerging service needs.

AgeWays recently received funding for the Senior Medicare Patrol (SMP) program, which educates older adults on preventing Medicare fraud, financial exploitation, and scams. Through collaborative efforts with its statewide association and local health system partners, AgeWays implemented temporary support during the SNAP benefit pause, assisting older adults experiencing food insecurity, and provided grocery and gas assistance to help stabilize the direct care workforce. Looking forward, AgeWays will continue to pursue innovative initiatives supported by philanthropic partners, including the Michigan Health Endowment Fund and the Ralph C. Wilson, Jr. Foundation, to strengthen community-based services and improve outcomes for older adults and caregivers.

AgeWays received an initial MI Option Grant in February of 2025, and subsequent FY 2026 MI Options funding of \$2,169,769. The AgeWays MI Options network offers both person-centered long-term care options counseling and Medicare counseling (SHIP) services. AgeWays offers person-centered options counseling directly and also partners with eight community organizations in the delivery of these services. This partner network ensures AgeWays can offer in-person, community-connected long-term care counseling throughout its entire service region and also meet the unique needs of underserved communities, which include people with disabilities and non-English speakers. The community partners included in the AgeWays MI Options network are Disability Network Eastern Michigan, Disability Network Washtenaw Monroe Livingston, Association of Chinese Americans, Catholic Charities of Washtenaw County, Council on Aging, Inc., serving St. Clair County, Livingston County Catholic Charities, Macomb County Office of Senior Services, Monroe County Opportunity Program

- 6. Describe how the AAA addresses unmet needs by referring individuals to organizations such as Commissions/Councils on Aging, Departments on Aging, Health Care Organizations/Systems, Veterans Agencies, Tribal Organizations, Faith-based Organizations, Public Health, Mental Health, Community Action Agencies, Legal Assistance and Elder Rights Programs, etc.*

AgeWays is dedicated to developing the connections and linkages needed to help older adults, people with disabilities and family caregivers access needed resources, supports and services throughout its six-county region. The AgeWays Resource Center Information and Referral Database contains over 5,000 resources offered by over 1,500 organizations. This database is managed by an InformUSA-certified Community Resource Specialist - Database Curator -

who works to make sure information is complete, accurate and up to date and that listed resources reflect the needs of the population. When an unmet need is identified during an Information and Assistance call, our Resource Specialists are trained to think creatively to try to meet this need using a variety of community organizations and resources. Additionally, any unmet needs are documented using the Resource Center's Visionlink system. Comprehensive information on unmet needs is available on the Visionlink data dashboard and used by the Resource Center to inform the development of new resource connections. Additionally, the Resource Center Database Curator often develops specialized resource lists to address emerging needs. Examples include the creation of a list of food resources available in each county to meet the needs of older adults impacted by the pause in SNAP benefits in October of 2025 or a list of warming centers to address needs caused by a significant cold snap in January 2026. These lists are published on the AgeWays website, on AgeWays social media platforms and pushed out through the AgeWays mass email list.

AgeWays recognizes that many unmet needs fall outside traditional aging services. Staff are trained to assess and address social drivers of health, including housing instability, food insecurity, financial hardship, caregiver stress, and social isolation. Through strong interagency partnerships, shared protocols, and direct referral pathways, AgeWays ensures individuals are connected quickly and efficiently to appropriate community resources. Whenever possible, AgeWays facilitates "warm handoffs" rather than passive referrals, ensuring individuals understand next steps and reducing barriers to access. For participants enrolled in care management or waiver services, follow-up is incorporated into ongoing monitoring to confirm connections were successfully established and needs addressed.

Beyond individual referrals, AgeWays participates in regional coalitions, community collaboratives, and cross-sector initiatives to proactively identify service gaps and strengthen the overall safety net within Region 1-B. This systems-level engagement ensures emerging unmet needs are addressed strategically, not just individually.

7. How does the AAA foster relationships with these community partners.

AgeWays works closely with other organizations in the aging network and the broader aging and disability community. This includes regularly attending and participating in 21 community groups and collaboratives across Region 1-B. These groups consist of other aging network partners, human service providers, and County Government. Participation in these groups included providing program presentations and agency updates, advocacy updates and requests, and general information relating to the aging network. Through these collaboratives, AgeWays is able to form partnerships with others in the aging community along with other human service agencies. This also allows connections between organizations to further advance the addressing of unmet needs and gap-filling. AgeWays is also seen as an expert to local government partners in the field of aging and is often sought out to provide data, input, and general information relating to aging services. We

foster these relationships by attending government meetings, like Board of Commission meetings, and presenting to government-appointed older adult advisory councils frequently. AgeWays representatives also frequently attend legislators' Senior Town Halls and resource fairs, which allows for the development of new community partners and partners in other fields. Based on the direction of the agency, and the desire to explore new partnerships, AgeWays also seeks out new community partnerships to further advance the goal and mission of the agency.

Our Information and Assistance/Resource Center team actively seeks out new organizations for inclusion in its Resource/Referral database. Research is conducted to identify organizations that meet newly identified or unmet needs. Outreach is another way that relationships are fostered. The outreach team conducts presentations to community organizations and participates in community events held by physicians' groups, healthcare provider networks, county senior-services coalitions, senior centers, disability groups, libraries, and a variety of other organizations. The MI Options Program provides additional opportunities to build relationships. In addition to partnering with disability network partners, groups that serve non-English speakers and county organizations, the program also partners with senior centers and libraries to provide regular onsite Medicare counseling.

8. *Describe how the AAA identifies veterans during intake and coordinates veteran-related support services and/or referral programs with appropriate veteran agencies.*

The intake process for both the AgeWays Information and Referral and our MI Options Program includes specific questions on veteran status. The Resource Center database includes veteran-specific resources and organizations that can be accessed by both the Information and Referral and MI Options teams. A target term has been added to the database taxonomy to help ensure that these organizations and resources can be easily identified and referred to. Printed material, that is veteran-specific, is available to be mailed. To increase access to veteran programs and organizations, a veteran-specific page, that lists key veteran benefits and resources, has been added to the AgeWays website. An article on veteran care is also included in the latest edition of our Connect Information and Resource publication.

9. Describe services that address the incidence of hunger, food insecurity, malnutrition, physical and mental conditions, and/or self-direction. [See OAA306(a)(16) (42 U.S.C. 3026(a)(16)).]

Both congregate and home-delivered meals exist as programs to reduce incidences of hunger for those who may be homebound or struggle to prepare nutritious meals for themselves regularly. When a driver delivers a meal to an older adult, they do a direct hand-off, which allows them to make a direct connection with the older adult and identify if there are any status changes related to

malnutrition or physical and mental conditions that may require further assessment by trained professionals.

Our Resource Center referral database has information about organizations, including food pantries, that assist individuals who are experiencing hunger or food insecurity. This information can also be found through use of the 'Locate Services' tool in the resources section of our website.

10. Describe how the AAA or its subcontractors are maintaining the fidelity of the health promotion/disease prevention programs.

AgeWays and subcontractors of Disease Prevention/Health Promotion programs participate in program update training as applicable to ensure that updated information is delivered to program participants. AgeWays participates in relevant ACLS training and monthly coordinator meetings. AgeWays conducts annual fidelity checks for AgeWays trainers to ensure programs are delivered in accordance with established fidelity standards. AgeWays monitors subcontractors to ensure program fidelity is maintained.

11. Describe how the AAA promotes health promotion/disease prevention programs to maximize community awareness and participation.

Programs are promoted through various platforms: social media (e.g. AgeWays website, Facebook, LinkedIn, etc.), paid advertising, newsletters, email distribution lists, grassroot efforts via informational sessions, participation in wellness fairs, and individual contact with community organizations such as senior recreation centers.

12. Describe Alzheimer's Disease and related disorders programs and education that the AAA offers and/or supports.

AgeWays offers educational opportunities both virtually and in-person for individuals providing care to loved ones with Dementia:

Dementia Live is a simulation experience designed to help participants gain a deeper understanding of what it's like to live with dementia, offering a perspective on the sensory and cognitive changes involved. The program helps participants experience the challenges of cognitive impairment, understand sensory changes associated with dementia, build empathy for individuals living with dementia, and help gain practical insights to improve care and support.

The Dementia Education Series teaches caregivers of individuals living with memory loss, practical and empowering ways to navigate the caregiving journey together. The program offers

realistic strategies to build confidence and empathy in those that provide all levels of care. Educational sessions include: Activities and Life Engagement, Care Process, Better Communication and Understanding, Dining and Nutrition, Bathing, and Stress.

Our Resource Center referral database has information about local support groups, and this information can also be found through use of the 'Locate Services' tool in the resources section of our website.

13. *Does the AAA administer a senior millage in the PSA?* **No**

14. *Are there any counties or townships in the PSA in which the AAA is working with the local officials to initiate potential senior millage?* **No** *If yes, please describe:*

Three of the six counties in our region are funded through senior millages: Monroe, St. Clair and Washtenaw.