AREA AGENCY ON AGING
of Northwest Michigan

June 11, 2018

County Board of Commissioners:

The Area Agency on Aging of Northwest Michigan (AAANM) is seeking approval of their Fiscal Year 2019 Annual Implementation Plan (AIP), which, once approved by the State, will go into effect on October 1, 2018. As part of the preparation of this document, the State requires that all Area Agencies on Aging (AAA) must request approval of the AIP from each County Board of Commissioners within their respective planning and service area.

Enclosed is a complete copy of the FY 2019 AIP for you to review and comment upon. AAANM has also summarized some of the major content of the AIP as it impacts the counties in the AAANM service area.

Pursuant to State requirements and in order to respond to the Michigan Aging and Adult Services Agency (AASA) in a timely manner, **AAANM requests your county's written or e-mail (gustineh@aaanm.org) response no later than August 1, 2018**. In that light, we have provided a copy of a resolution that can be used for convenience in responding to this request. We appreciate your efforts in this regard.

Thank you for taking the time to review the FY 2019 AIP. We welcome your comments. If you have questions, please contact me. A representative of AAANM will be made available to answer any questions you or other members of the Board might have.

Sincerely,

Robert C. Schlueter, Executive Director
Area Agency on Aging of Northwest Michigan

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Multi-Year Plan and Annual Implementation Plan (AIP) Updates

Area agencies on aging (AAAs) are required under the Federal Older Americans Act to develop a 3-year plan or Multi-Year Plan (MYP), which describes the objectives of the AAA with regard to the provision of services to older adults and their caregivers. AAAs report annually on progress made toward MYP objectives and provide updates about plan changes in the second and third years of the MYP through Annual Implementation Plans (AIPs).

Who We Are

Part of an Aging Network:

- Federal: The Administration on Aging (AoA) awards funds for nutrition and supportive home and community-based services to 56 State Units on Aging based primarily on the number of persons 60 years of age and over in the state.
- State: The State Units on Aging (SUAs) award funds to 629 Area Agencies on Aging.
- Local: The Area Agencies on Aging (AAAs) determine the needs of older persons locally and work to address those needs through the funding of local services and through advocacy. AAAs are required to prioritize funding for those with greatest social and/or economic need with particular attention to low-income minority individuals.

The Area Agency on Aging of Northwest Michigan (AAANM):

- A private, nonprofit agency
- Designated as an Area Agency on Aging in 1974 by the SUA, Michigan Office of Services to the Aging (OSA), now known as the Aging and Adults Services Agency (AASA)
- One of 16 AAAs in Michigan
- Serves ten counties located in Northwest Lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties (Region 10).
- Operates under the framework of the Federal Older Americans Act and the State Older Michiganians Act.

The mission of AAANM is to serve and advocate for older persons, adults with disabilities and caregivers by supporting their independence, dignity and quality of life.

What We Do

Provide Services Directly: AAANM has a staff of 35, consisting of an Executive and Deputy Director, Information Specialists, Registered Nurses, Social Workers, Transition Specialists, a Housing Coordinator, Office Administration, Accounting, Data Entry, Long-Term Care Ombudsman, and Medicare/Medicaid Assistance Program Coordinator. AAANM provides the following services directly with its staff:

- Information and Assistance
- Options Counseling
- Caregiver Support and Education
  - Tailored Caregiver Assessment & Referral Program
  - Creating Confident Caregivers Program
- Veteran's Directed Home and Community-Based Services
- Medicare/Medicaid Assistance Program (MMAP)
- Long-Term Care Ombudsman
- Elder Abuse Awareness and Prevention

- Care Management Program
- Caregiver Respite Program
- MI Choice Waiver Program
- Nursing Facility Transition Program
- Healthy Aging / Evidence-Based Disease Prevention Programs
  - Personal Action Toward Health (PATH) for Chronic Pain and Diabetes
  - A Matter of Balance: Managing Concerns about Falls
  - Diabetes Prevention Program

Fund Local Agencies: AAANM also develops contracts and/or purchase of service agreements with local agencies (County Commissions/Councils on Aging, In-Home Health Care Providers, and more) that provide home and community-based services such as:

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal Care
- In-home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support Programs

All ten counties in the Region have approved senior millages. These resources help stretch state and federal funding to meet the service needs identified in the Plan, as well as sustain additional services that are not funded under the Plan (senior centers, information and assistance, Medicare/Medicaid assistance, tax preparation, Senior Project FRESH, transportation, home chore/repair and more).

Demographic and Environmental (Need) Analyses

As part of the MYP development process, AAANM evaluated demographic trends and gathered input about the preferences, characteristics, trends and needs of older adults, caregivers and disabled persons. This information was used to identify funding priorities and develop program objectives for the FY2017-2019 MYP.

Growing 60+ population: Region 10 comprises the counties of Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee and Wexford. According to the 2014 estimate from the American Community Survey, there are 85,285 people 60 years of age or older in the area, or 28% of the total population. A comparison to the 2010 census indicates that the 60+ population has increased by 16% over the last four years or is increasing at a rate between 3% and 4% per year. The FY2017-2019 MYP for AAANM contemplates that the 60+ population segment will continue to increase at this rate each year.

While all age segments in the 60+ population are increasing, the greatest increase stems from those in the sixties and seventies decades (growth 17% and 19% respectively between 2010 and 2014). Those in the 80+ decade comprise the smallest population segment or 15,525 individuals, with an increase of 1,106 individuals or 6% (2% per year) between 2010 and 2014. The 2017-2019 MYP for AAANM contemplates that the 80+ population will continue to increase at approximately 2% per year, with accelerated growth in the FY2020-2023 planning cycle.

The table below compares the 2010 census with the 2014 American Community Survey population estimate.

ge Group	2010 Census	Age Group as % of 2010 Census	2014 Estimated Population	Age group as % of 2014 population	Change 2010-2014
0-19	72,076	24%	68,255	23%	-5%
20-29	30,152	10%	32,406	11%	7%
30-39	31,693	11%	32,143	11%	1%
40-49	41,811	14%	36,213	12%	-13%
50-59	48,361	16%	48,243	16%	0%
60-69	37,464	13%	44,011	15%	17%
70-79	21,936	7%	26,022	9%	19%
80+	14,419	5%	15,252	5%	6%
Total	297,912		302,545		
Total 60+ population	**73,819**	**25%**	**85,285**	**28%**	**16%**

Minority population: The 60+ population in Region 10 is primarily Caucasian in composition. Based on the 2009-2013 American Community Survey, Special Tabulation on Aging, 3% of the population or 2,171 individuals identify as a minority (primarily Native American). There are an additional estimated 378 people in the region that are of Hispanic origin and 60+ years of age.

Income/economic trends: Based on the 2009-2013 American Community Survey, Special Tabulation on Aging, 9% (or an estimated 7,211 individuals) of the 60+ population in the region lives at or below the rate of poverty, with variation among the ten counties ranging from 7% to 10%. Of those living at or below the poverty status in the ten county region, 3% (or an estimated 229 persons) are of minority status, primarily Native American.

Due to survey data constraints at the county level, it is difficult to ascertain how this number has changed since the last MYP. Conversations in local communities suggest that needs among the aging and disabled population to meet basic living and health requirements have increased; there is particular unmet need among older adults who live just above income thresholds to qualify for assistance programs and yet do not have the financial means to self-pay for long term care supports.

Other population notes: Analysis of the population considered to be of working age (individuals between 20 and 59 years of age) indicates that there has been a -2% (or -3,012) change comparing the 2010 census data and the 2014 American Community Survey estimate (reference chart above). This is concerning because community input sessions and survey data in preparation for the MYP, client satisfaction data and every day experience coordinating care for clients consistently identify a shortage of people to fill direct care roles. A continued decline in available workforce age population will exacerbate this shortage.

A review of unemployment data in the region indicates that a tight labor market compounds this demographic issue. Based on December 2015 data from Networks Northwest, the rate of unemployment in Region 10 is only 5%. Projections by Economic Modeling Specialists, Inc. (February 2016) predicts that the need for personal care aides will grow 26% (288 jobs) and home health aides will increase 29% (214 jobs) between 2015 and 2025.

Input sessions and survey findings: As part of the MYP development process, AAANM sought input about the needs, conditions, and preferences of older adults, caregivers and individuals with disabilities in Region 10. Fifteen input sessions were conducted totaling 100+ people including individuals over 60+ years of age, caregivers, AAANM clients, leadership from county aging units, and direct care workers. Additionally, a survey was administered electronically to agencies and service providers in the region. There were 40 responses including home care agencies, adult foster care and assisted living facilities, the Department of Health and Human Services, non-profit and for-profit agencies, and healthcare providers. A description of the service population and needs was developed based on this input.

Descriptors, characteristics and preferences of the aging population, caregivers and disabled individuals:

1) There is growing interest in healthy living including access to fresh foods. Social activities, venues for community engagement and educational programming provide mechanisms for older adults and disabled individuals to pursue healthy lifestyles.

2) Fear of losing independence is a primary concern for older adults and persons with a disability. Individuals are often unprepared for the life changes that accompany the aging process or living long-term with a disability.

3) Social and geographic isolation are significant issues for older adults and individuals with disabilities in Region 10. This isolation impacts quality of life, well-being and health status.

4) Caregivers become physically and emotionally overwhelmed with their responsibilities. Often they are unaware of community resources available to assist with care or the importance of self-care.

5) There are an increasing number of people living with multiple chronic conditions; medication management and navigation of healthcare providers were frequently indicated as challenges for older adults and individuals with disabilities. Dementia and other cognitive impairments were also cited as frequent conditions experienced by older adults.

6) Many older adults and disabled individuals struggle with financial insecurity. Having enough money to pay for food, housing, transportation, healthcare costs, and long term care support (be it in the home or facility-based) is a prevalent challenge.

7) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently. Navigating programs and services was also cited as a concern, particularly services that have complicated application or qualification processes.

8) Elder abuse including financial scams, physical/psychological harm, and neglect is a regional concern for older adults and persons with disabilities.

Regional Needs:

Older adults, persons with disabilities and caregivers have a variety of needs to maintain quality of life and independence. There is no one size fits all program or service to meet needs. Each county has a unique array of programs and services available (or not available). Some of the regional needs and gaps identified during input sessions and on the provider survey are (not an inclusive list):

1) Support services to remain independent at home need to be maintained and/or increased including (but not limited to) home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modification and social engagement opportunities.

2) Educational and social opportunities are important for the health and well-being of older adults, disabled individuals and caregivers. Specific needs identified include exercise/activity programs, how to use technology to maintain connection with family and friends, and how to plan for aging needs (i.e. financial, real-estate, difficult family conversations, understanding health conditions, how to be a caregiver, advanced care planning, and maintaining independence at home).

3) Information and referral to assist caregivers and education about caregiving is a need throughout the region.

4) Public awareness of long term care services and supports or awareness of where to call for information and assistance is a regional need. This includes and emphasizes assessment capabilities, resources and services for those with dementia.

5) Agencies, older adults and disabled individuals identified a need for better coordination of care among organizations including healthcare providers and human service agencies (i.e. medical care and long term care support services).

6) Housing (affordable and/or accessible) was consistently identified as a regional need. This includes maintenance of existing homes (home chore, home safety and home modifications), supportive senior housing communities, and communities that encourage aging in place.

7) Consistent with other recent studies in Region 10, affordable transportation including non-emergency medical and transportation for quality of life (i.e. shopping, socialization) was indicated as a regional need that impacts health and well-being.

8) Several counties cited a need for increased availability of Department of Health and Human Services - Adult Protect Services to respond to situations involving abuse or neglect of vulnerable adults.

9) Gaps in affordable programs and services to live independently and maintain quality of life were consistently identified for 1) low-to-moderate income disabled individuals under the age of 60, and 2) older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for long term care supports.

Progress on Priorities in the FY 2017-2019 MYP

In addition to the core services funded by AAANM, the following outlines the approved goals and objectives of the FY2017-2019 MYP with FY2018 updates and indication of FY2019 activities.

Goal 1: More communities in Region 10 will conduct an aging-friendly community assessment and apply for recognition to Aging and Adult Services Agency (AASA) as a Community for a Lifetime (CFL).

CFL centers on creating linkage and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities. Two communities within Region 10 have received CFL distinction. AAANM is aware of at least one additional community contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

Objectives	Expected Outcomes
One new community in Region 10 will receive recognition as a CFL by 9/30/19.	Through the CFL assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

- **FY19 AIP STATUS/PROGRESS: Informational meetings with two communities about CFL have occurred in the region. At this time there is not enough local support to carry forward with an initiative. AAANM will continue to support conversations about this program.**

Goal 2: Identify and implement strategies to ease the shortage of direct care workers within Region 10.

Northwest Michigan currently faces an acute and chronic shortage of direct care workers. This is a community issue. The shortage of available direct care workers was identified throughout MYP input sessions and in the survey results. Without direct care workers, in-home agencies are unable to provide care that enables older adults and disabled individuals to remain independent at home. There are many reasons for the shortage that speak not only to demographics, but also to the many challenges of the work. AAANM will continue existing partnerships and build new relationships that help address the direct care workforce shortage.

Objectives	Expected Outcomes
Champion skill building and training opportunities for direct care workers.	A well-trained direct care workforce will be easier to retain and will provide higher quality of care.
Promote professionalization of direct care work and economic stability for the direct care workforce.	In-home providers will maintain or increase recruitment/retention of direct care workers.

- **FY19 AIP STATUS/PROGRESS: During the first year of the MYP, AAANM partnered with Northwest Michigan Works! to launch the opportUnity campaign. This marketing campaign used billboards, radio ads, social media and other communication channels to raise awareness of direct care positions available in the region and the tremendous importance of the direct care role. This campaign had some small successes and many lessons learned. We are grateful to are valuable partners at Northwest Michigan Works!**

In FY18 and going into FY19, AAANM will focus its energies for this objective through the IMPART Alliance. Formed by Michigan State University with a grant from the Michigan Health Endowment Fund, the IMPART Alliance creates an organized, statewide structure to identify and implement strategies to impact training for and professionalization of the direct care workforce. AAANM provides leadership and in-kind support to the IMPART Alliance. We are grateful to MSU for convening and spearheading this work.

Goal 3: Continue to build relationships between the aging network and the medical community.

Several input sessions for the MYP as well as survey results highlighted a need for increased coordination of care and services between healthcare providers, and between healthcare providers and long term care support services. Additionally, initiatives stemming from the Affordable Care Act emphasize value for healthcare and increased coordination with community services. Resources and programs available through the aging network help to address social determinates of health, increasing the well-being of older adults and disabled individuals. During the FY2017-2019 MYP, AAANM will increase awareness of the aging network within the medical community and partner in evolving healthcare delivery models.

Objectives	Expected Outcomes
Increase awareness in the medical community of the aging network and programs/services available to support patients that are older or disabled.	The medical community will increase appropriate referrals to long term care support services offered through the aging network.
Remain abreast of changes in local healthcare delivery models and identify opportunities to more closely align healthcare and the provision of long term care supports and services.	Coordination and provision of care between healthcare providers and long term care support services providers will increase.

- **FY19 AIP STATUS/PROGRESS: AAANM, local county aging units (Commissions and Councils on Aging) and Disability Network Northern Michigan have met with or presented to a variety of entities in the medical community including forums about care coordination, regional tasks forces on care coordination, hospitals, physician offices and Accountable Care Organizations. By co-presenting, we have been able to better explain the continuum of publicly funded services available to keep older adults healthy and independent as long as possible.**

  Additionally, AAANM has joined or participated in a variety of leadership boards, advisory boards and community initiatives led by the healthcare sector. Several new relationships have ensued resulting in shared grant activities and initiatives to improve aging health issues. This work will continue forward in FY2019.

Goal 4: Maintain a "no wrong door" approach to the provision of Information and Assistance and Options Counseling services in Region 10.

Feedback during input sessions and survey responses for the MYP development highlighted that older adults, disabled individuals, families and caregivers are often unaware of supports and resources available for health and long term care needs. Over the last five years, AAANM and Disability Network Northern

Michigan have co-led the development of the Aging and Disability Resource Collaborative (ADRC). The ADRC embraces a "No Wrong Door" system/philosophy. This work will continue during the FY2017-2019 MYP via two strategies: 1) providing a forum for collaboration, information sharing and training for organizations that serve older adults and disabled individuals; and 2) promoting and supporting the geo-routed ADRC telephone line for those individuals that do not know where to call.

Objectives	Expected Outcomes
Continue leadership in the Aging and Disability Resource Collaborative (ADRC) as a mechanism to enhance a coordinated system of information and assistance and a strong partnership between aging and disability service organizations.	Consumers in Region 10 will be better able to identify health and long term care supports and services through the community.

- **FY19 AIP STATUS/PROGRESS: When this goal was written for the FY2017-19 MYP there was a formal initiative, the Aging and Disability Resource Collaborative, to collaboratively promote community resources and services for older adults and persons with disabilities. One component of the effort included marketing of a centralized 1-800 number to call for information. During the course of this 3 year plan cycle, it was realized that local county aging units (Commissions or Council on Aging) have year-over-year increases for information and assistance call volume. Commissions and Councils on Aging are already established focal points for information about local community resources and services. Time and effort is better spent reinforcing these community hub points.**

  Through discussion among aging organizations, it was identified that a collective message is important, stressing the concept of No Wrong Door (it doesn't matter which agency one calls), and that there is a continuum of publicly funded agencies/services to help older adults remain independent at home. In FY2018, messaging was developed to explain the continuum and present as a unified presence of organizations. Many joint presentations were made by aging organizations across the region in FY2018. This work will continue in FY2019.

Goal 5: Strengthen regional capacity to identify, assess and support individuals with dementia and other cognitive impairments and their caregivers.

MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and caregiver support. Focused emphasis on assessment and identification of those with dementia and the availability of resources for caregivers will support the aging network's capability to provide quality service, care coordination and support for these individuals and their caregivers.

Objectives	Expected Outcomes
Ensure consistent identification and assessment of dementia and other cognitive impairments.	Clients with dementia or other cognitive impairments will be consistently identified and resources will be offered to caregivers.

Expand training opportunities for AAANM and ADRC partner organization staff as well as the direct care workforce on dementia and dementia care.	Professionals, providers of direct care services and caregivers will have increased opportunities to learn about dementia and other cognitive impairments.
Increase awareness and access to dementia specific services and supports.	Access to dementia specific services and supports will be highly visible in our communities.

- **FY19 AIP STATUS/PROGRESS: During FY2017 and FY2018, through an Administration on Community Living grant to the Aging and Adult Services Agency at the State of Michigan, AAANM along with several other Area Agencies on Aging in Michigan, implemented a standardized screening tool (AD8) to routinely screen individuals for dementia or other cognitive impairments. A pathway was developed for those who screen positive including: 1) providing education about dementia, 2) referral to a primary care physician for evaluation, and 3) referral for options counseling for long term care planning.**

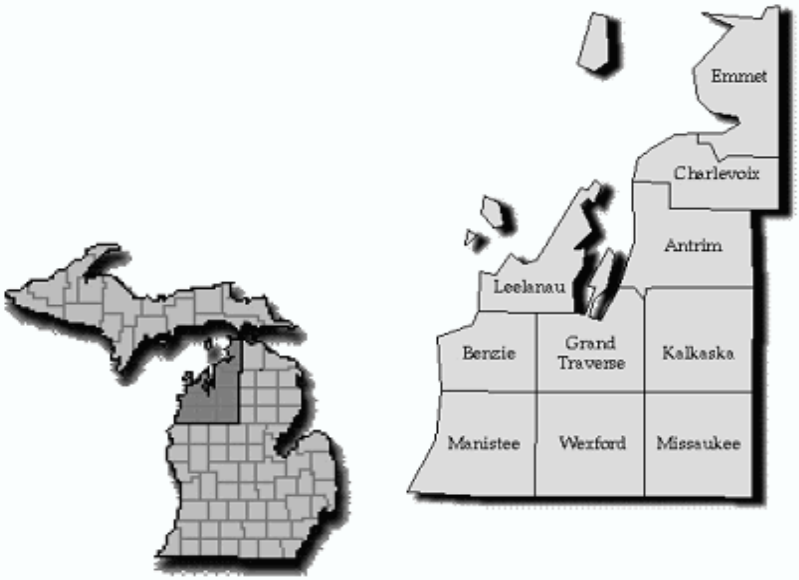
  To support this work, AAANM staff and other aging organizations in the region received intensive training about dementia as a disease and how to work with someone who has this condition.

  To supplement this work, AAANM received a Michigan Health Endowment Fund grant in November 2018 to partner, in a pilot setting, with select healthcare practices to explore how to better support persons with dementia and their caregivers. This work will take place in FY2019-FY2020. AAANM is grateful to our healthcare partners for taking on such an important condition in our community.

2017—2019 Multi Year Plan

FY 2019 ANNUAL IMPLEMENTATION PLAN

AREA AGENCY ON AGING OF NORTHWEST MICHIGAN, INC. 10



Planning and Service Area
Antrim, Benzie, Charlevoix, Emmet,
Grand Traverse, Kalkaska, Leelanau,
Manistee, Missaukee, Wexford

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Printed On: 5/21/2018

ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Area Agency On Aging of Northwest MI, Inc. **FY 2019**

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County/Local Unit of Govt. Review

The Area Agency on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Annual Implementation Plan (AIP) by no later than June 30, 2018, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2018. For a PSA comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2018, the AIP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2018, whether their counties or local units of government formally approved, passively approved, or disapproved the AIP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the AIP. To employ this option the area agency must do the following:

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

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

The Region 10 planning and service area (PSA) served by the Area Agency on Aging of Northwest Michigan (AAANM) is comprised of ten counties: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska,Leelanau, Manistee, Missaukee, and Wexford. Annually, AAANM sends a formal written request to each of the ten County Boards of Comissioners for their review and approval of the AAANM Annual Implementation Plan and/or Multi-Year Plan. The AAANM Executive Director attends each County Board of Comissioners meeting to provide an overview of AAANM, including an Annual Report, and answers questions the Comissioners may have about the agency or the Plan, as requested.

Approved Multi-Year Plan Highlights

The Multi-Year Plan (MYP) Highlights provide an overview of the FY 2017- 2019 MYP and FY 2018 AIP priorities set by the area agency as approved by the Michigan Commission on Services to the Aging (CSA). These highlights serve to provide an overall reference for the established three-year planning period. They also help to provide a framework and context for activities planned during the FY 2019 AIP.

The area agency FY 2017-2019 MYP and FY 2018 AIP Highlights approved by the CSA are included as read-only below. No further entry by the area agency is necessary.

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.
The Area Agency on Aging of Northwest Michigan (AAANM) is a private, nonprofit agency designated as an area agency on aging in 1974 by the Aging and Adult Services Agency (AASA), formerly Michigan Office of Services to the Aging (OSA). As part of the Aging Services Network, AAANM works regionally to promote the development of a comprehensive, coordinated, and cost-effective system of home and community-based long-term care that is responsive to the needs and preferences of older adults and their family caregivers. AAANM covers a planning and service area (PSA) of ten counties located in Northwest Lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties (Region 10).

The mission of AAANM is to serve and advocate for older persons, adults with disabilities and caregivers by supporting their independence, dignity and quality of life.

2. A summary of the area agency's service population evaluation from the Scope of Services section.
Region 10 comprises the counties of Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee and Wexford. According to the 2014 estimate from the American Community Survey, there are 85,285 people 60 years of age or older in the area, or 28% of the total population. A comparison to the 2010 census indicates that the 60+ population has increased by 16% over the last four years or is increasing at a rate between 3% and 4% per year. The 2017-2019 MYP for AAANM contemplates that the 60+ population segment will continue to increase at this rate each year.

While all age segments in the 60+ population are increasing, the greatest increase stems from those in the sixties and seventies decades (growth 17% and 19% respectively between 2010 and 2014). Those in the 80+ decade comprise the smallest population segment or 15,525 individuals, with an increase of 1,106 individuals or 6% (2% per year) between 2010 and 2014. The 2017-2019 MYP for AAANM comtemplates that the 80+ population will continue to increase approximately 2% per year, with accelerated growth in the 2020-2023 planning cycle.

AAANM conducted 15 input sessions across ten counties that included individuals 60+ years of age, caregivers, AAANM clients, leadership from county aging units, and direct care workers. Additionally an electronic survey was administered with 40 responses from a variety of organizations including home care agencies, adult foster care and assisted living facilities, the Department of Health and Human Services, non-profit and for-profit

agencies, and healthcare providers.

Regional needs identified through these input mechanisms included (but are not limited to):

1) Support services to remain independent at home need to be maintained and/or increased including (but not limited to) home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modification and social engagement opportunities.
2) Educational and social opportunities are important for the health and well-being of older adults, disabled individuals and caregivers. Specific needs identified include exercise/activity programs, how to use technology to maintain connection with family and friends, and how to plan for aging needs (i.e. financial, real-estate, difficult family conversations, understanding health conditions, how to be a caregiver, advanced care planning, and maintaining independence at home).
3) Information and referral to assist caregivers and education about caregiving is a need throughout the region.
4) Public awareness of long term care services and supports or awareness of where to call for information and assistance is a regional need. This includes and emphasizes assessment capabilities, resources and services for those with dementia.
5) Agencies, older adults and disabled individuals identified a need for better coordination of care among organizations including healthcare providers and human service agencies (i.e. medical care and long term care support services).
6) Housing (affordable and/or accessible) was consistently identified as a regional need. This includes maintenance of existing homes (home chore, home safety and home modifications), supportive senior housing communities, and communities that encourage aging in place.
7) Consistent with other recent studies in Region 10, affordable transportation including non-emergency medical and transportation for quality of life (i.e. shopping, socialization) was indicated as a regional need that impacts health and well-being.
8) Several counties cited a need for increased availability of Department of Health and Human Services - Adult Protect Services to respond to situations involving abuse or neglect of vulnerable adults.
9) Gaps in affordable programs and services to live independently and maintain quality of life were consistently identified for 1) low-to-moderate income disabled individuals under the age of 60, and 2) older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for long term care supports.

3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.
AAANM provides the following services directly:
-- Information & Assistance (including Options Counseling)
-- Care Management Program (inculding Tailored Caregiver Assessment & Referral Program)
-- Long-Term Care Ombudsman/Elder Abuse Awareness and Prevention
-- Evidence-Based Disease Prevention Programs: PATH (Personal Action Toward Health) Program for Chronic Disease, Chronic Pain, and Diabetes; A Matter of Balance: Managing Concerns About Falls Program; and Creating Confident Caregivers (CCC) Program

AAANM develops contracts and/or purchase of service agreements with local agencies that provide home and community-based services such as:
Adult Day Care
Congregate Meals
Home Delivered Meals
Homemaking
Personal care
In-Home Respite Care
Medication Management
Legal Assistance
Transportation
Kinship Caregiver Support Programs

Of the service array planned, Older Americans and Older Michiganians Act funding is most significant for the following programs:
Congregate and Home Delivered Meals
Care Management
Respite Care
Personal Care
Homemaking

The following programs serve the greatest number of participants:
Congregate and Home Delivered Meals
Information & Assistance
Care Management (including services purchased on behalf of Care Management participants - Respite Care, Personal Care and Homemaking)
Legal Assistance
Long-Term Care Ombudsman

4. Highlights of planned Program Development Objectives.
AAANM has 5 program development objectives for FY2017-2019.

Goal 1: More communities in Region 10 will conduct an aging-friendly community assessment and apply for recognition to Aging and Adult Services Agency (AASA) as a Community for a Lifetime (CFL).

CFL centers on creating linkage and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities. Two communities within Region 10 have received CFL distinction. AAANM is aware of at least one additional community contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

Objective: One new community in Region 10 will receive recognition as a CFL by 9/30/19.

Expected Outcome: Through the CFL assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

Goal 2: Identify and implement strategies to ease the shortage of direct care workers within Region 10.

Northwest Michigan currently faces an acute and chronic shortage of direct care workers. This is a community issue. The shortage of available direct care workers was identified throughout MYP input sessions and in the survey results. Without direct care workers, in-home agencies are unable to provide care that enables older adults and disabled individuals to remain independent at home. There are many reasons for the shortage that speak not only to demographics, but also to the many challenges of the work. AAANM will continue existing partnerships and build new relationships that help address the direct care workforce shortage.

Objective: Champion skill building and training opportunities for direct care workers.

Expected Outcome: A well-trained direct care workforce will be easier to retain and will provide higher quality of care.

Objective: Promote professionalization of direct care work and economic stability for the direct care workforce.

Expected Outcome: In-home providers will maintain or increase recruitment/retention of direct care workers.

Goal 3: Continue to build relationships between the aging network and the medical community.

Several input sessions for the MYP as well as survey results highlighted a need for increased coordination of care and services between healthcare providers, and between healthcare providers and long term care support services. Additionally, initiatives stemming from the Affordable Care Act emphasize value for healthcare and increased coordination with community services. Resources and programs available through the aging network help to address social determinates of health, increasing the well-being of older adults and persons with disabilities. During the FY2017-2019 MYP, AAANM will increase awareness of the aging network within the medical community and partner in evolving healthcare delivery models.

Objective: Increase awareness in the medical community of the aging network and programs/services available to support patients that are older or disabled.

Expected Outcome: The medical community will increase appropriate referrals to long term care support services offered through the aging network.

Objective: Remain abreast of changes in local healthcare delivery models and identify opportunities to more closely align healthcare and the provision of long term care supports and services.

Expected Outcome: Coordination and provision of care between healthcare providers and long term care support services providers will increase.

Goal 4: Maintain a “no wrong door” approach to the provision of Information and Assistance and Options Counseling services in Region 10.

Feedback during input sessions and survey responses for the MYP development highlighted that older adults,

persons with disabilities, families and caregivers are often unaware of supports and resources available for health and long term care needs. Over the last five years, AAANM and Disability Network Northern Michigan have co-led the development of the Aging and Disability Resource Collaborative (ADRC). The ADRC embraces a “No Wrong Door” system/philosophy. This work will continue during the FY2017-2019 MYP via two strategies: 1) providing a forum for collaboration, information sharing and training for organizations that serve older adults and disabled individuals; and 2) promoting and supporting the geo-routed ADRC telephone line for those individuals that do not know where to call.

Objective: Continue leadership in the Aging and Disability Resource Collaborative (ADRC) as a mechanism to enhance a coordinated system of information and assistance and a strong partnership between aging and disability service organizations.

Expected Outcome: Consumers in Region 10 will be better able to identify health and long term care supports and services through the community.

Goal 5: Strengthen regional capacity to identify, assess and support individuals with dementia and other cognitive impairments and their caregivers.

MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and caregiver support. Focused emphasis on assessment and identification of those with dementia and the availability of resources for caregivers will support the aging network's capability to provide quality service, care coordination and support for these individuals and their caregivers.

Objective: Ensure consistent identification and assessment of dementia and other cognitive impairments.

Expected Outcome: Clients with dementia or other cognitive impairments will be consistently identified and resources will be offered to caregivers.

Objective: Expand training opportunities for AAANM and ADRC partner organization staff as well as the direct care workforce on dementia and dementia care.

Expected Outcome: Professionals, providers of direct care services and caregivers will have increased opportunities to learn about dementia and other cognitive impairments.

Objective: Increase awareness and access to dementia specific services and supports.

Expected Outcome: Access to dementia specific services and supports will be highly visible in our communities.

5. A description of planned special projects and partnerships.
AAANM will be engaging in the following special projects and partnerships during the MYP 2017-2019 cycle:

1) It takes a network of organizations to meet needs of aging and disabled individuals to remain independent in the community as long as possible. AAANM is committed to building and supporting partnerships with county aging units - Commissions and Councils on Aging. In addition to day-to-day interactions, AAANM hosts a

quarterly regional meeting for the Commissions and Councils on Aging to discuss issues and concerns in the region. An emphasis on relationship building and partnership will continue during the 2017-2019 MYP cycle.

2) AAANM, in conjunction with Disability Network Northern Michigan (DNNM), has taken a leadership role for the Aging and Disability Resource Collaborative (ADRC). The ADRC embraces a "No Wrong Door" philosphy and will a) continue to convene partners in ways that increase awareness of programs and resouces available in the community for older adults, disabled individuals and caregivers, and b) identify and offer education opportunities for Information and Assistance and Options Counseling staff and others that help navigate individuals to community services.

3) Understanding changing healthcare delivery models within northwest Michigan will help AAANM to provide effective programs and services. To this end, AAANM actively participates with the Northern Michigan Health Coalition. The coalition brings together providers of services for acute care, primary care, public health, behavioral health, substance abuse, aging services and community planning to promote delivery of service in a more cohesive manner. AAANM also actively participates on the Advisory Board for the Northern Michigan Health Network, a Medicare Shared-Savings Accountable Care Organization. Projects and communication through this network focus on improvement of health outcomes and coordination of care, emphasizing the development of shared electronic health information. The Northern Michigan Public Health Alliance (consisting of multiple health departments, hospital leadership, MSU Extension and other health entities) is about to launch a Chronic Disease Coordinating Network. AAANM will be an Advisory Council member.

4) A shortage of direct care workers impacts and will continue to impact the region's ability to support aging adults and disabled individuals with services. AAANM has partnered with Northwest Michigan Works!, Community Services Network and area in-home providers that are interested to identify potential strategies to increase recruitment, retention and training of direct care workers. This work will continue during the 2017-2019 MYP cycle.

6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.

Management initiatives underway to impact efficiency and quality for the delivery of service include:

1) Achievement of CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation in Aging Services in order to promote quality, value and optimal outcome of services being delivered to older adults in our region.

2) In March 2016, AAANM became accredited by the American Association of Diabetes Educators (AADE) as a provider of Diabetes Self-Management Education/Training (DSME/T). This accreditation status recognizes AAANM as a provider of quality DSME/T and offers the community another option for diabetes education that

complements the clinical DSME/T model offered through local hospitals.

7. A description of how the area agency's strategy for developing non-formula resources (including utilization of volunteers) will support implementation of the MYP and help address the increased service demand.

Non-formula resources are vital to sustaining a comprehensive system of aging services in Region 10. All ten counties in the Region have approved senior millages. These resources help stretch state and federal funding to meet the service needs identified in the Plan, as well as sustain additional services that are not funded under the Plan (senior centers, information and assistance, Medicare/Medicaid assistance, tax preparation, Senior Project FRESH, transportation, home chore/repair, and more). In addition, senior millages allow Commissions and Councils on Aging to meet the early service needs of individuals who are on the verge of losing their independence, allowing these service recipients to maintain or even improve health, delaying their need to utilize more costly resources, and sustaining them until they can be served by AAANM Care Management.

The Aging and Disability Resource Collaborative (ADRC) and Options Counseling links consumers who can afford long term care services with private pay service providers, allowing more economically and socially frail individuals to utilize publicly funded services. Additionally, AAANM participates in a variety of collaboratives across the region to effectively target those most in need of service and to create linkage with other community resources.

Area Agencies on Aging in the State of Michigan have received grant funding through the Michigan Health Endowment Fund to implement a sustainability plan for the provision of the evidence-based disease prevention program Personal Action Toward Health - Diabetes. As part of this work, AAANM became a certified Medicare provider for Diabetes Self-Management Education/Training (DSME/T) and Medical Nutrition Therapy (MNT) - October 2015. This opens the door for AAANM to bill for diabetes education and create a new funding stream. AAANM anticipates establishing contracts with a variety of health plans for these services.

8. Highlights of strategic planning activities.Aa

AAANM considered the strategic planning questions set forth in the MYP instructions. In summary:

1) AAANM's greatest strengths are the people working for the organization and the significant value the organization places on collaboration, community citizenship and provision of excellent service.

2) Due to reliance upon governmental funding sources, AAANM must continually adjust programming and services to accommodate changes in federal and state budgets and priorities. This impacts AAANMs ability to meet community needs. AAANM is beginning to explore revenue diversification strategies.

3) Delivery models for healthcare and long term care are evolving as a result of the Affordable Care Act. This will have implications for how AAANM does business in the future.

4) Demographic changes will increase demands for services to help individuals live independently as long as possible.

5) The transforming external environment affords AAANM an opportunity to reflect upon its mission, vision and service offerings. This includes strategies to build collaboration and partnership, diversify revenue, contemplate an expanded role under the new Integrated Care model, and/or contingency plans for governmental funding

decreases.

6) AAANM continues to have a focus on efficient operations, effective service delivery and quality improvement. Efforts during the MYP 2017-2019 period include achievement of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) and continued implementation of technologies that increase efficiency and quality.

9. FY 2018 AIP Highlights: Description of any significant new priorities, plans or objectives.

The FY18 AIP for AAANM conforms to plans established in the FY2017-2019 MYP. There are some minor task modifications within the established goals and priorities based on learnings since the FY2017-2019 MYP was created, but nothing that changes the overall direction or creates additional priorities or goals.

2019 AIP Highlights

The FY 2019 AIP Highlights should provide a succinct description of the following:

A. Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2019.
B. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).
C. A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2019.

Please provide a narrative about what, if anything, the area agency is planning that is new for FY 2019, or that is significantly different from the established FY 2017-19 MYP or FY 2018 AIP. In addition, include area agency plans to handle the likelihood of reduced federal funding, including any specific alternative funding sources to be pursued. Finally, describe progress made through Multi-Year Plan (MYP) advocacy efforts to date and the area agency's specific planned advocacy focus in FY 2019.

The FY2019 AIP for AAANM conforms to plans established in the FY2017-2019 MYP. There are some minor task modifications within the established goals and priorities based on learnings since the FY2017-2019 MYP was created, but nothing that changes the overall direction or creates additional priorities or goals. There are no new significant priorities, plans or objectives for use of OAA and state funding during FY2019.

Contingency planning: AAANM strives to be fiscally and programmatically responsive to changing environmental conditions including potential reductions in federal and state grant awards. A contingency planning guide has been developed to facilitate thoughtful deliberation of service reductions should the organization experience such a situation. In the case of funding reductions, AAANM management would use the decision making criteria laid out in the guide to develop recommendations in service reduction for contemplation and approval by the AAANM Board of Directors.

Advocacy efforts: The AAANM Board of Advisors (BOA) is an engaged body of individuals passionate about aging issues, representing the counties in Region 10. Some BOA members actively participate on MSAC which creates a streamlined and effective communication conduit between activities in Lansing and locally in Region 10. During FY2018, BOA members met with local legislators to discuss aging issues in the region. These effort will continue in FY2019. AAANM is grateful for the dedication of those who volunteer their time to the BOA and its activities.

Other important notes: In the MYP it is noted that AAANM will be pursuing CARF accreditation. Upon further review, it has been determined that NCQA is more appropriate. AAANM anticipates being NCQA accredited by May 2019.

Public Hearings

At least one public hearing on the FY 2019 AIP must be held in the PSA. The hearing(s) must be held in an accessible facility. Persons need not be present at the hearing(s) in order to provide testimony; e-mail and written testimony must be accepted for at least a thirty day period beginning when the summary of the AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency's website, along with communication via e-mail and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least fifteen days prior to the hearing, and information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including e-mails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and the resultant impact on the AIP.

Date	Location	Time	Barrier Free?	No. of Attendees
05/17/2018	1609 Park Drive, Traverse City	10:00 AM	Yes	1

A public hearing was held on May 17, 2018 at the Area Agency on Aging of Northwest Michigan. A formal presentation was made during the public hearing, outlining AAANM's FY2018 AIP accomplishment and FY2019 activities. The public hearing was promoted in Petoskey News, the Traverse City Record Eagle, the Manistee News Advocate and the Cadillac Daily News. In addition, information about the public hearing was promoted on the AAANM website and through Facebook.

During the public hearing, AAANM reviewed the various goals put forth during the FY2017-2019 MYP and provided an update on status. The following areas were discussed by attendees during the public hearing:

1) As physician offices move to electronic portals for communication with patients, this creates barriers for older adults who don't know how to use a computer or live in rural areas with no internet access. Not having coordinated, shared care plans between healthcare providers or healthcare providers and community agencies is at minimum frustrating and more so a barrier to older adults managing their health. Would be

helpful to have more streamlined communications. Filling out the same forms over and over is not productive. Wish physicians would talk with patients and caregivers about what to expect as diseases progress, particularly dementia. Is there a way for patients/caregivers to come to appointments better prepared or ready with the information that physicians need?

2) Older adults are not aware of or always value the resources available in their communities. Not sure where to call when they need help. Frustrated not knowing resrouces to plan for long term care options as a disease progresses.

3) The territorialism between county aging units and area agencies on aging is not productive for the community. Using a No Wrong Door approach benefits all. Need to focus on serving those in need. With the No Wrong Door approach, how does the medical community factor in? There is a disconnect with care coordinators.

Access Services

Some access services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, with specific attention to outreach with underserved populations, including LGBT older adults, and MATF/State Caregiver Support funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2019 and provide the information requested. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Direct Service Budget details for FY 2019 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Support Services Detail Page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

Starting Date	10/01/2018	Ending Date	09/30/2019
Total of Federal Dollars	$77,500.00	Total of State Dollars	$474,646.00

Geographic area to be served

Region 10

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

Goal 1: Provide supports coordination and home and community based services to adults over the age of 60 who are at high risk of institutionalization.

Activities

1. Continue to ensure that Care Management and in-home service dollars are directed toward those most in need based on social, functional and economic criteria.

2. Continue to support strong partnerships with our county aging unts in order to provide a continuum of care as well as effective pairing of AASA and millage funded service monies.

Goal 2: Ensure that Supports Coordinators consider the needs of caregivers as part of the Care Management assessment and service planning processes.

Activities:

1. Promote the use of adult day services and respite care.

2. Refer caregivers for Options Counseling and caregiver support programs (i.e. T-Care and Creating

Confident Caregivers) as appropriate.

Goal 3: Support the capacity of Supports Coordinators to identify and assess clients for dementia and other cognitive impairments.

Activities:

1. Maintain educational opportunities for Supports Coordinators to remain knowledgeable about dementia capable care.

Goal 4: Operate under a robust Quality Management program.

Activities:

1. Maintain an annual quality management plan overseen by a Quality Management Committee. Program and service monitoring includes chart reviews, peer reviews, participant satisfaction surveys, staff training and monitoring of quality indicators such as hospitalizations and re-institutionalization rates, social isolation and access to transportation.

2. Support a Consumer Quality Collaborative that provides feedback and has input into program operations and initiatives.

Number of client pre-screenings:	Current Year:	500	Planned Next Year:	500
Number of initial client assesments:	Current Year:	150	Planned Next Year:	150
Number of initial client care plans:	Current Year:	140	Planned Next Year:	140
Total number of clients (carry over plus new):	Current Year:	400	Planned Next Year:	400
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:44	Planned Next Year:	1:44

Information and Assistance

Starting Date	09/01/2018	Ending Date	09/30/2019
Total of Federal Dollars	$42,000.00	Total of State Dollars	

Geographic area to be served

Region 10

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

Goal 1: Remain recognized as a trusted source of information on services and supports to older adults and persons with disabilities.

Activities:
1) AAANM will maintain regular outreach to referral sources including annual visits to all county aging units and key agencies to maintain relationships, mutual awareness of programs and services, and to address any referral process issues. Additionally, AAANM will continue to participate in county Human Service Collaborative Bodies (HSCBs) and senior advocacy groups to support on-going agency relationships within each county.

2) AAANM will maintain a presence in the region through brochures, marketing, social media, public speaking events and expo attendance.

3) I&A staff will answer requests for information received through telephonic, walk-in and electronic mechanisms.

Goal 2: Provide Options Counseling for those who need more in-depth discussion and facilitated planning regarding long term care supports and services.

Activities:
1) Provide “Options Counselings” to those seeking I&A services as well as those on wait lists for Care Management or MI Choice Waiver services. For those situations that do not meet the definition of "Options Counseling" but need in-depth assistance, AAANM will provide advanced I&A services.

2) Continue to serve as a local contact agency for those in nursing homes who are interested in exploring other options for care.

Goal 3: Continue to support a “No Wrong Door” approach to the provision of I&A services in Region 10.

Activities:
1) Attend forums and actively participate in projects sponsored by HSCBs or senior advocacy groups including development of resource directories and presentations about AAANMs services.

2) Maintain on-going partnership with Disability Network Northern Michigan.

3) Sponsor regional trainings for I&A staff to support knowledge and skills regarding long term care supports and services.

Approved MYP Program Development Objectives

Program development goals and objectives previously set by the area agency and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the area agency to provide information on progress toward the objective to date. This text box is editable.

Please provide information on progress to date for each established objective under the section tab entitled "Progress".

Area Agency on Aging Goal

A. More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a Community for a Lifetime.
State Goal Match: 1

Narrative
Communities for a Lifetime centers on creating linkage and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime. Currently there are two communities within Region 10 that have received CLF distinction. AAANM is aware of at least one additional community that is contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

Objectives

1. One new community in the PSA will receive recognition as a CFL by 9/30/19.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Provide communities with information about the CFL program.
2. Provide technical support to any community group striving for this designation in Region 10. Heidi Gustine and Darcia Brewer are AAANM staff designated to provide technical assistance.

Expected Outcome
Through the CFL assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

Progress
Informational meetings have occurred with two communities to explore Communities for a Lifetime recognition. At this time there is not enough local support to carry forward with an initiative in either community. AAANM will continue to support conversations about this program in FY2019.

B. Strengthen regional capacity to identify, assess and support individuals with dementia and other cognitive impairments and their caregivers.
State Goal Match: 2

Narrative
MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and caregiver support. Focused emphasis on assessment and identification of those with dementia and the availability of resources for caregivers will support the aging network's capability to provide quality service, care coordination and support for these individuals and their caregivers.

Objectives

1. Ensure consistent identification and assessment of dementia and other cognitive impairments.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Identify a dementia specific assessment tool that could be utilized by AAANM Supports Coordinators and I&A/Intake staff of AAANM and ADRC Partner Organizations. Participate in the AASA Statewide Dementia Capable Workgroup in order assist in piloting different tools.
2. Provide training on the adminstration of the selected tool in order to ensure consistency in application.
3. Create a decision making tree that will assist I&A staff in making referrals to physicians for diagnotic evaluation.

Expected Outcome
Clients with dementia or other cognitive impairments will be consistently identified and resources will be offered to caregivers.

Progress
The work of this particular objective has been driven by activities under a grant from the Administration on Community Living (ACL) to AASA to build dementia dexterity. Through this grant, Supports Coordinators at AAANM were trained in the AD8 dementia screening tool. In FY2017 AAANM piloted the AD8 with MI Choice Waiver and new Care Management clients. This pilot allowed the agency to gain experience using the tool. We learned that 49% of our clients screen with a 2 or higher on the AD8. Supports Coordinators were able to incorporate the findings during care planning.

As grant objectives and activities evolved during FY2018, AAANM expanded administration of the AD8 tool to I&A and Intake for individuals who are not already connected with AAA services. In doing this, a decision tree was created. Based on scoring on the AD8, individuals or their caregivers may receive educational information about dementia and a recommendation to follow up with a physician, as well as referral to a dedicated dementia specialist at AAANM for options counseling.

In FY2019 AAANM will continue to use the AD8 screening tool to increase identification of individuals with dementia and other cognitive impairments. AAANM will also reach out to ADRC partners to assess interest in implementation of the AD8 in their organizations. We are grateful to AASA for their efforts to obtain grant funding and further the reach and impact of AAANM.

Additionally, in FY2018 AAANM received a Michigan Health Endowment Fund grant to create an integrated

system between physicians and community organizations to support caregivers of persons with dementia. The work under this grant (FY2019-FY2020) may include development of community-based and clinical pathways in Grand Traverse for the assessment and diagnosis of persons with dementia that can be easily replicated to other communities. This is a nice and natural extension of the work undertaken in this MYP to ensure consistent identification and assessment of dementia and other cognitive impairments during encounters at AAANM.

With work to be completed in FY2019 and beyond, AAANM considers this objective well underway.

2. Expand training opportunities for AAANM and ADRC Partner organization staff as well as the direct care workforce on dementia and dementia care.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Continue to work with AASA and the Community Services Network on the refinement of the BTBQ curriculum as well as obtaining sustainable funding for training direct care workers on dementia.
2. Explore the development of a formalized staff dementia training plan for AAANM and ADRC Partner organization staff. This development will include current providers of dementia training including the Alzheimer's Association and CSN.

Expected Outcome
Professionals, providers of direct care services and caregivers will have increased opportunities to learn about dementia and other cognitive impairments.

Progress
During FY2017 and FY2018, AAANM Supports Coordinators and interested ADRC partners attended education offerings about dementia as a disease condition and how to support individuals with dementia. Educational efforts in FY2019 will emphasize ensuring that new hires to AAANM have solid foundational knowledge about dementia.

AAANM recognizes that it takes a village to support the direct care workforce. AAANM supports the efforts of Community Services Network, a direct care training workforce organization, to provide a multitude of educational offerings including dementia care. Community Services Network and Michigan State University have undertaken activities to expand the availability of the BTBQ training program in Michigan, which includes dementia care. AAANM will continue to support the work of CSN and MSU in these efforts during FY2019. AAANM acknowledges that the challenge of maintaining a well-trained direct care workforce requires on-going diligence and advocacy.

3. Increased awareness and access to dementia specific services and supports.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Develop resource packets that can be shared with those seeking information on dementia services and supports. Distribute through community sources such as physician offices and libraries.
2. Continued expansion of dementia specific programs that support caregivers such as Creating Confident Caregivers and T-Care. Evaluation and development of additional caregiver resources such as Powerful Tools for Caregivers.
3. Training of I&A staff through the ADRC to ensure awareness of dementia services and supports and improve access to information through the "no wrong door" system.

Expected Outcome
Access to dementia specific services and supports will be highly visible in our communities.

Progress
At the writing of the FY2017-19 MYP, this objective and its activities were developed based on a preliminary understanding of work to be conducted under AASA's ACL grant to build dementia dexterity. During FY2018, AAANM gained a deeper understanding of allowable activities within this grant. AAANM has had to rethink activities to meet this objective.

While we believed the development of resource packets would be an activity under the ACL grant, this did not turn out to be the case and this activity has not been done. However, in FY2018, AAANM received a Michigan Health Endowment Fund grant to work with physicians and caregivers. Through the activities of the Health Fund grant, AAANM is working with caregivers and physicians to identify and prioritize information and resources that are most useful to caregivers and make them available through multiple communication channels. This work will extend beyond FY2019.

Through the Health Fund grant, AAANM will be expanding the availability of Creating Confident Caregivers in FY2019. Although launching Powerful Tools for Caregivers was planned, this activity will be delayed and re-evaluated in FY2020. During FY2018, AAANM evaluated T-Care and found that there are multiple challenges providing this service offering. AAANM will be reducing the number of licenses for the product from 4 to 2 in FY2019. If AAANM is unable to increase volume for T-Care in FY2019, T-Care will likely be discontinued.

AAANM staff, including I&A, participated in several in-depth dementia training opportunities during FY2017 and FY2018. Several ADRC partners also participated in these learning opportunities. During FY2019 under AASA's ACL grant, AAANM will continue to identify opportunities to provide training in the community to increase dementia awareness.

With planned work yet to be completed in FY2019, AAANM considers progress on this objective to be underway and extending beyond this MYP.

C. Identify and implement strategies to ease the shortage of direct care workers within Region 10.
State Goal Match: 5

Narrative
Northwest Michigan currently faces an acute and chronic shortage of direct care workers. This is a community issue. Without direct care workers, service providers are unable to provide care that allows older adults and disabled individuals to remain independent at home. There are many reasons for the shortage that speak not only to demographics, but to the many challenges (and rewards) of the work. AAANM seeks to continue existing partnerships and build new relationships that help address the direct care workforce shortage using both retention and recruitment strategies.

Objectives

1. Champion skill building and training opportunities for direct care workers.
   Timeline: 10/01/2016 to 09/30/2019

Activities
Continue to support the availability of the Building Training...Building Quality Program (BTBQ) to direct care workers through partnership with AASA and Community Services Network. The BTBQ is specifically designed to improve the job skills of in home care aides, thereby increasing job satisfaction, retention and quality of care provided.

Expected Outcome
A well-trained direct care workforce will be easier to retain and will provide higher quality of care.

Progress
The shortage of direct care workers has reached a crisis in northwest Michigan and we increasingly recognize the importance of partnerships to impact this issue. AAANM is working closely with CSN and Michigan State University through the IMPACT Alliance to extend the reach and delivery of BTBQ to build a well trained direct care workforce. This work has taken place during FY2018 and will continue into FY2019.

2. Promote professionalization of direct care work and economic stability for the direct care workforce.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Partner with Northwest Michigan Works! and in home providers to design and promote a regional marketing campaign to attract direct care workers.
2. In collaboration with Northwest Michigan Works! and other partners, identify additional strategies to attract direct care workers.
3. Foster and support advocacy efforts to professionalize the work of in-home direct care workers and increase reimbursement rates.

Expected Outcome
In-home providers will maintain or increase recruitment/retention of direct care workers.

Progress
During FY2017 AAANM partnered with Northwest Michigan Works! to launch the opportUnity marketing campaign to promote direct care workforce positions in the region using bill boards, radio ads, print and social media. There were some small successes and many lessons learned. Since then, AAANM has refocused its efforts to support the professionalization of direct care work and economic stability for workers through active participation with the IMPART Alliance, a coalition formed by Michigan State University through a Michigan Health Endowment Fund grant. We can have greater impact on this issue through collective efforts by many across the state. AAANM continues to provide information when requested for advocacy efforts to support the professionalization of the in-home direct care work and associated issues with MI Choice Waiver reimbursement rates. Strong support of the IMPART Alliance and provision of data for advocacy will continue in FY2019.

D. Continue to build relationships between the aging network and the medical community.
State Goal Match: 5

Narrative
Several input sessions for the MYP as well as survey results highlighted a need for increased coordination of care and services between healthcare providers, and between healthcare providers and long term care support

services. Additionally, initiatives stemming from the Affordable Care Act emphasize value for healthcare and increased coordination with community services. Resources and programs available through the aging network help to address social determinates of health, increasing the well-being of older adults and disabled individuals. During the FY2017-2019 MYP, AAANM will increase awareness of the aging network within the medical community and partner in evolving healthcare delivery models.

Objectives

1. Increase awareness in the medical community of the aging network and programs/services available to support patients that are older or disabled.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Develop outreach plan to increase awareness in the medical community of long-term care supports and services available through the Aging and Disability Resource Collaborative, AAANM, Commissions and Councils on Aging and other organizations within the aging network
2. Implement outreach plan.

Expected Outcome
The medical community will increase appropriate referrals to long term care support services offered through the aging network.

Progress
AAANM (in cooperation with local county aging units or Disability Network Northern Michigan as appropriate) met with or presented about the aging network to the medical community including forums about care coordination, regional task forces working on care coordination, hospitals, physician offices and Accountable Care Organizations. Some noteworthy activities in FY2018:

1) AAANM and local county aging units co-presented to the medical community (hospitals, physicians and others) as a unified continuum of supports and services. The medical community has been clear that there are too many aging organizations to figure out and this makes referral and partnership difficult. By presenting as a unified front, we have been able to say, it doesn't matter which number you call, we will get you and your patient to the right place. In FY2018 AAANM partnered with five county aging units to develop a common referral form for use by the hospital to discharge to county based in-home services, options counseling, Meals on Wheels, food commodities, and screening for AAANM programs.

However, this great work comes with a double-edged sword. Healthcare providers have concerns about referring to community agencies due to chronic under-funding of social services like AAAs and county aging units. While tremendous relationship building has taken place, outreach is often met with cynicism due to long wait lists, changing programs, narrow eligibility criteria, length of time to respond to referrals (due to staffing) and inconsistency of how agencies provide follow-up information to medical providers. This has been an important learning during this MYP.

2) In November 2017, AAANM received a Michigan Health Endowment Fund grant to partner with the Northern Physicians Organization (an Accountable Care Organization), 2 to 3 primary care practices and local Neurology practices to integrate care, services and community resources for persons with dementia and their primary caregivers. While this work is in its infancy, it has opened the doors for conversation about what happens in a physician practice, what happens in a community organization, and how do we better communicate and partner to serve the community. This work will continue in FY2019.

2. Remain abreast of changes in local healthcare delivery models and identify opportunities to more closely align healthcare and the provision of long term care supports and services.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Continue to actively participate in projects and initiatives with the Northern Michigan Health Coalition, the Advisory Board for the Northern Michigan Health Network and other partnerships as they arise.
2. As appropriate, pursue conversations to explore electronic exchange of information between healthcare providers and AAANM.
3. As appropriate, identify opportunities for the aging network to align with changing healthcare delivery models.
4. As appropriate, identify collaboration opportunities for services or funding.

Expected Outcome
Coordination and provision of care between healthcare providers and long term care support services providers will increase.

Progress
AAANM has participated in many activities and efforts to remain abreast of the changing healthcare landscape and to more closely align healthcare and the provision of long term supports and services. During this MYP cycle, AAANM has joined the PACE North Board of Directors, the Advisory Board for the Northern Michigan Health Network (NMHN) - a Medicare Shared Savings ACO, the Community Health Innovation Region (CHIR) Steering Committee and various associated work groups, as well as a cadre of health improvement initiatives including the Northern Michigan Diabetes Initiative and Chronic Disease Coordinating Networks.

Through these relationships, tangible outputs have evolved:
1) Through partnership with the local Health Information Exchange (HIE) maintained by the Northern Physicians Organization, AAANM now receives Admission/Discharge/Transfer notices for clients. This allows us to know when a patient has been admitted to the ER or hospital and to adjust the in-home care plan accordingly. There is an additional benefit in that this data allows us to more accurately measure performance on our quality improvement plans related to ER and hospital utilization by clients.

2) AAANM received a Michigan Health Endowment Fund grant to partner with the Northern Physicians Organization to integrate and coordinate care, services and resources for persons with dementia and their caregivers. This effort, although in its infancy, will hopefully result in shared clinical and community pathways that support not just persons with dementia, but also elevate the needs of caregivers. Additionally, in FY2019, AAANM will be part of a grant with the MSU College of Human Medicine and Munson Medical Center to test the impact of prescription home delivered meals on hospital readmissions. These grants came about through intentional relationship development and discussion of mutual goals and opportunities to improve community conditions.

Additionally, AAANM has actively participated in the Northern Michigan Community Health Innovation Region (CHIR). Although this effort has focused on the younger Medicaid population, with AAANM at the table, there is increasing awareness of aging needs. The work of the CHIR is advantageous to everyone because it uses a health equity lens with a focus on the Social Determinates of Health. Increasing dialog about the importance of social supports, housing, transportation and nutritious food for good health benefits everyone, regardless of age.

In FY2019 AAANM will continue to seek opportunities for greater electronic connectivity with healthcare organizations and dialogue about partnership.

E. Maintain a "no wrong door" approach to the provision of Information and Assistance and Options Counseling services in Region 10.
State Goal Match: 2

Narrative
Feedback during input sessions and survey responses for the MYP development highlighted that older adults, disabled individuals, families and caregivers are often unaware of supports and resources available for health and long term care needs. Over the last five years, AAANM and Disability Network Northern Michigan have co-led the development of the Aging and Disability Resource Collaborative (ADRC). The ADRC embraces a "No Wrong Door" system/philosophy. This work will continue during the FY2017-2019 MYP via two strategies: 1) providing a forum for collaboration, information sharing and training for organizations that serve older adults and disabled individuals; and 2) promoting and supporting the geo-routed ADRC telephone line for those individuals that do not know where to call.

Objectives

1. Continue leadership in the Aging and Disability Resource Collaborative (ADRC) as a mechanism to enhance a coordinated system of information and assistance and a strong partnership between aging and disability service organizations.
   Timeline: 10/01/2016 to 09/30/2019

Activities
1. Sponsor trainings that increase the knowledge and skills of Information and Assistance and Options Counseling staff throughout Region 10.
2. Promote the geo-routed ADRC number as an access point for those who are unsure of where to call from assistance.

Expected Outcome
Consumers in Region 10 will be better able to identify health and long term care supports and services through the community.

Progress
In FY2018 AAANM changed its ADRC strategy from a public facing initiative to a more informal effort to build/maintain strong partnerships between aging and disability organizations and collective projects as they make sense. While the ADRC effort is no longer a strong public initiative, AAANM, county aging units and Meals on Wheels providers continue to work on No Wrong Door issues. AAANM and county aging units have co-designed

marketing materials and referral forms to present service offerings as a continuum of care for aging needs, stressing that it doesn't matter which number is called, together we will get an individual in need to the right supports and services. The county aging units in Region 10 provide strong leadership within their counties and AAANM is honored to partner with them. This work will continue in FY2019.

Although the work of this objective changed shape during the implementation of the MY2017-19 plan, collaboration to reinforce and maintain a No Wrong Door approach that works in northwest Michigan continues. AAANM deeply values the work done by local county aging units and other community focal points.

FY 2019 AREA PLAN GRANT BUDGET

Rev. 1/2018

Agency: Northwest Senior Resources Inc | Budget Period: 10/01/18 to 09/30/19

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SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	344,115		344,115
2. Fed. Title III-C1 (Congregate)		439,521	439,521
3. State Congregate Nutrition		9,321	9,321
4. Federal Title III-C2 (HDM)		226,664	226,664
5. State Home Delivered Meals		408,727	408,727
8. Fed. Title III-D (Prev. Health)	24,110		24,110
9. Federal Title III-E (NFCSP)	148,085		148,085
10. Federal Title VII-A	2,748		2,748
10. Federal Title VII-EAP	6,027		6,027
11. State Access	27,821		27,821
12. State In-Home	316,478		316,478
13. State Alternative Care	109,521		109,521
14. State Care Management	431,825		431,825
16. St. ANS & St. NHO	65,472		65,472
17. Local Match			
a. Cash	44,770	800,000	844,770
b. In-Kind	203,000	225,000	428,000
18. State Respite Care (Escheat)	59,659		59,659
19. MATF & St. CG Support	163,446		163,446
20. TCM/Medicaid & MSO	25,603		25,603
21. NSIP		342,114	342,114
22. Program Income	1,000	540,000	541,000
TOTAL:	1,973,680	2,991,347	4,965,027

ADMINISTRATION

Revenues		Local Cash	Local In-Kind	Total
Federal Administration	140,834	43,000	21,500	205,334
State Administration	24,321			24,321
MATF & St. CG Support Administration	12,800			12,800
Other Admin				-
Total AIP Admin:	177,955	43,000	21,500	242,455

Expenditures

	FTEs	
1. Salaries/Wages	2.50	115,000
2. Fringe Benefits		50,000
3. Office Operations		77,455
Total:		242,455

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
County Funding	43,000	Board Expenses	21,500
Total:	43,000	**Total:**	21,500

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

Signature | Executive Director (Title) | 05/09/18 (Date)

FY 2019 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Northwest Senior Resources Inc | Budget Period: 10/01/18 to 09/30/19 | Rev. 1/2018

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*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	St. ANS St. NHO	St. Respite (Escheat)	MATF & St. CG Sup.	TCM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	**Access Services**																
A-1	Care Management			77,500		27,821			431,825				15,000		9,500	68,000	629,646
A-2	Case Coord/supp																-
A-3	Disaster Advocacy																-
A-4	Information & Assis	42,000													16,000		58,000
A-5	Outreach																-
A-6	Transportation											10,000			3,000		13,000
B	**In-Home**																
B-1	Chore																-
B-2	Home Care Assis																-
B-3	Home Injury Cntrl																-
B-4	Homemaking						20,000	109,521								15,000	144,521
B-6	Home Health Aide																-
B-7	Medication Mgt																-
B-8	Personal Care	160,615					50,000			43,384						25,000	278,999
B-9	Assistive Device&Tech						20,000									3,000	23,000
B-10	Respite Care	35,000		55,585			226,478				59,659	61,946				65,000	503,668
B-11	Friendly Reassure																-
C-10	Legal Assistance	31,125														4,000	35,125
C	**Community Services**																
C-1	Adult Day Care											91,500			6,000		97,500
C-2	Dementia ADC																-
C-6	Disease Prevent		16,610													4,000	20,610
C-7	Health Screening																-
C-8	Assist to Deaf																-
C-9	Home Repair																-
C-11	LTC Ombudsman	10,500			2,748					22,088			10,603		5,270	10,500	61,709
C-12	Sr Ctr Operations																-
C-13	Sr Ctr Staffing																-
C-14	Vision Services																-
C-15	Elder Abuse Prevnt	3,875			6,027											3,000	12,902
C-16	Counseling																-
C-17	Creat.Conf.CG® CCC		7,500											1,000		2,000	10,500
C-18	Caregiver Supplmt			6,000												1,000	7,000
C-19	Kinship Support			9,000												1,000	10,000
C-20	Caregiver E,S,T																-
*C-8	Pogram Develop	61,000													5,000	1,500	67,500
	Region Specific																
	a.	-	-	-	-	-	-	-	-		-			-	-	-	-
	b.	-	-	-	-	-	-	-	-		-			-	-	-	-
	c.	-	-	-	-	-	-	-	-		-			-	-	-	-
	d.																-
	e.																-
	7. CLP/ADRC Services	-		-		-			-								-
Sp Co	8. MATF & St CG Sup A											12,800					12,800
	SUPPRT SERV TOTAL	344,115	24,110	148,085	8,775	27,821	316,478	109,521	431,825	65,472	59,659	176,246	25,603	1,000	44,770	203,000	1,986,480

FY 2019 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 1/2018

Agency: Northwest Senior Resources Inc Budget Period: 10/01/18 to 9/30/19

PSA: 10 Date: 05/09/18 Rev. Number 0

FY 2019 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	369,521		9,321		100,000	370,000	300,000	160,000	1,308,842
B-5	Home Delivered Meals		226,664		408,727	242,114	170,000	500,000	65,000	1,612,505
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	70,000								70,000
	Nutrition Services Total	439,521	226,664	9,321	408,727	342,114	540,000	800,000	225,000	2,991,347

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

FY 2019 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	10,500	2,748		22,088	10,603	-	5,270	10,500	61,709
C-15	Elder Abuse Prevention	3,875		6,027			-	-	3,000	12,902
	Region Specific	-	-	-	-		-	-	-	-
	LTC Ombudsman Ser Total	14,375	2,748	6,027	22,088	10,603	-	5,270	13,500	74,611

FY 2019 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore	-	-	-	-	-	-	-	-	-
B-4	Homemaking	-	25,000	-	-	-	-	-	4,000	29,000
B-2	Home Care Assistance	-	-	-	-	-	-	-	-	-
B-6	Home Health Aide	-	-	-	-	-	-	-	-	-
B-10	Meal Preparation/HDM	-	-	-	-	-	-	-	-	-
B-8	Personal Care	-	30,585	-	-	-	-	-	4,000	34,585
	Respite Service Total	-	55,585	-	-	-	-	-	8,000	63,585

FY 2019 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-	-				-	-	-	-
C-19	Kinship Support Services	-	9,000				-	-	1,000	10,000
C-20	Caregiver E,S,T	-	-				-	-	-	-
		-	-				-	-	-	-
	Kinship Services Total	-	9,000				-	-	1,000	10,000

Planned Services Summary Page for FY 2019			PSA: 10		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	$ 629,646	12.65%			x
Case Coordination & Support	$ -	0.00%			
Disaster Advocacy & Outreach Program	$ -	0.00%			
Information & Assistance	$ 58,000	1.17%			x
Outreach	$ -	0.00%			
Transportation	$ 13,000	0.26%	x	x	
IN-HOME SERVICES					
Chore	$ -	0.00%			
Home Care Assistance	$ -	0.00%			
Home Injury Control	$ -	0.00%			
Homemaking	$ 144,521	2.90%	x		
Home Delivered Meals	$ 1,612,505	32.39%		x	
Home Health Aide	$ -	0.00%			
Medication Management	$ -	0.00%			
Personal Care	$ 278,999	5.60%	x		
Personal Emergency Response System	$ 23,000	0.46%	x		
Respite Care	$ 503,668	10.12%	x		
Friendly Reassurance	$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	$ 97,500	1.96%	x	x	
Dementia Adult Day Care	$ -	0.00%			
Congregate Meals	$ 1,308,842	26.29%		x	
Nutrition Counseling	$ -	0.00%			
Nutrition Education	$ -	0.00%			
Disease Prevention/Health Promotion	$ 20,610	0.41%			x
Health Screening	$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	$ -	0.00%			
Home Repair	$ -	0.00%			
Legal Assistance	$ 35,125	0.71%		x	
Long Term Care Ombudsman/Advocacy	$ 61,709	1.24%			x
Senior Center Operations	$ -	0.00%			
Senior Center Staffing	$ -	0.00%			
Vision Services	$ -	0.00%			
Programs for Prevention of Elder Abuse,	$ 12,902	0.26%			x
Counseling Services	$ -	0.00%			
Creating Confident Caregivers® (CCC)	$ 10,500	0.21%			x
Caregiver Supplemental Services	$ 7,000	0.14%	x		
Kinship Support Services	$ 10,000	0.20%		x	
Caregiver Education, Support, & Training	$ -	0.00%			
AAA RD/Nutritionist	$ 70,000	1.41%			x
PROGRAM DEVELOPMENT	$ 67,500	1.36%			x
REGION-SPECIFIC					
a.	$ -	0.00%			
b.	$ -	0.00%			
c.	$ -	0.00%			
d.	$ -	0.00%			
e.	$ -	0.00%			
CLP/ADRC SERVICES	$ -	0.00%			
SUBTOTAL SERVICES	**$ 4,965,027**				
MATF & ST CG ADMINSTRATION	$ 12,800	0.26%			x
TOTAL PERCENT		100.00%	20.39%	60.65%	18.96%
TOTAL FUNDING	**$ 4,977,827**		$1,014,938	$3,019,222	$943,667

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

FY 2019 Annual Implementation Plan
Direct Service Budget Detail #1

AAA: Area Agency on Aging of Northwest Michigan **FISCAL YEAR:** FY 2019

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match Cash	Match In-Kind	Other Resources	Total Budgeted
Wages/Salaries	77,500		236,583		9,500			**323,583**
Fringe Benefits			145,958					**145,958**
Travel			17,241					**17,241**
Training								**0**
Supplies			2,374					**2,374**
Occupancy			7,489					**7,489**
Communications			8,217					**8,217**
Equipment			7,305					**7,305**
Other:			9,479			68,000		**77,479**
Service Costs								**0**
Purchased Services			40,000					**40,000**
								0
Totals	**77,500**	**0**	**474,646**	**0**	**9,500**	**68,000**	**0**	**629,646**

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? NO
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1 **FY 2019**

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
Cllient and Family Support				68,000
AAANM Fund Balance	9,500			

FY 2019 Annual Implementation Plan
Direct Service Budget Detail #2

AAA: Area Agency on Aging of Northwest Michigan **FISCAL YEAR:** FY 2019

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	34,434							**34,434**
Fringe Benefits	7,566				8,698			**16,264**
Travel					2,530			**2,530**
Training								**0**
Supplies					307			**307**
Occupancy					455			**455**
Communications					759			**759**
Equipment					578			**578**
Other:					2,673			**2,673**
Service Costs								**0**
Purchased Services								**0**
								0
Totals	**42,000**	**0**	**0**	**0**	**16,000**	**0**	**0**	**58,000**

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? NO
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2019

SOURCE OF FUNDS	MATCH VALUE		OTHER RESOURCES VALUE	
	Cash	In-Kind	Cash	In-Kind
Local County Funds	16,000			

FY 2019 Annual Implementation Plan
Direct Service Budget Detail #3

AAA: Area Agency on Aging of Northwest Michigan **FISCAL YEAR:** FY 2019

SERVICE: Long Term Care Ombudsman/Elder Abuse

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	12,895		12,457			8,000		**33,352**
Fringe Benefits	353		7,819		5,270	2,500		**15,942**
Travel			3,032					**3,032**
Training			1,500					**1,500**
Supplies			1,200					**1,200**
Occupancy			2,783					**2,783**
Communications			1,500					**1,500**
Equipment			1,500					**1,500**
Other:			900					**900**
Service Costs								**0**
Purchased Services								**0**
								0
Totals	**13,248**	**0**	**32,691**	**0**	**5,270**	**10,500**	**0**	**61,709**

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? NO
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #3 FY 2019

SOURCE OF FUNDS	MATCH VALUE		OTHER RESOURCES VALUE	
	Cash	In-Kind	Cash	In-Kind
AAANM Admin		10,500		
Local County Funds	5,270			

FY 2019 Annual Implementation Plan
Direct Service Budget Detail #4

AAA: Area Agency on Aging of Northwest Michigan **FISCAL YEAR:** FY 2019

SERVICE: Disease Prevention (Path, Matter of Balance, CCC)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	13,553				1,000	6,000		**20,553**
Fringe Benefits	3,906							**3,906**
Travel	539							**539**
Training	2,156							**2,156**
Supplies	293							**293**
Occupancy	1,750							**1,750**
Communications	350							**350**
Equipment	350							**350**
Other:	1,213							**1,213**
Service Costs								**0**
Purchased Services								**0**
								0
Totals	**24,110**	**0**	**0**	**0**	**1,000**	**6,000**	**0**	**31,110**

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? NO
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #4 FY 2019

SOURCE OF FUNDS	MATCH VALUE		OTHER RESOURCES VALUE	
	Cash	In-Kind	Cash	In-Kind
AAANM Administration	1,000	6,000		

Area Agency on Aging

Area Agency on Aging of Northwest Michigan

To complete form, download and save to computer hard drive.

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2019

Funded Under Disease Prevention Health Promotion Service Definition

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

Beginning October 1, 2017 (FY 2018), Title III-D funds can only be used on health promotion programs that meet the highest level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2018. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service."

Provider Name	Program Name	Anticipated No. of Participants	Funding Amount For This Service
Area Agency on Aging of Northwest Michigan - utilizing staff for program coordination/training,/delivery and contracted evidence-based program volunteers for program delivery	Chronic Pain Self-Management Program & Diabetes Self-Management Program	125	$24,110
	Creating Confident Caregivers	100	
	A Matter of Balance	50	

EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging

FY 2019 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2019 will address the element.

Area Agency on Aging **Area Agency on Aging of Northwest Michigan**
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).
1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).
AAANM has an Emergency Management Team comprised of the Executive Director, Fiscal Manager, Associate Director of t
2. Being prepared to identify and report on unmet needs of older individuals.
AAANM has a designated staff person who communicates regularly with the emergency managers of each of our 10 countie
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.
For clients served through the AASA Care Management and MI Choice Waiver Programs, AAANM has an established emer
4. Being able to contact such affected older persons to determine their well-being.
AAANM has an established protocol on how to verify the well being of clients served through the AASA Care Management a
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.
AAANM is written into each county emergency preparedness plan as part of the human services annex. From time to time,

B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:
1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.
Each Nutrition Provider has a written policy describing procedures for insuring uninterrupted delivery of meals to home-delivered meals participants.
2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for home-delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines. (MI-CHOICE participants may receive two emergency meals that are billed to MI-CHOICE. Additional emergency meals may be billed to Title III-C2).
All Nutrition Providers either provide shelf-stable meals or frozen meals for times when delivery is not possible.
3. Backup plan for food preparation if usual kitchen facility is unavailable.
This is part of each Nutrition Provider's policy.
4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.
This is part of each Nutrition Provider's policy.
5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.
This is part of each Nutrition Provider's policy - typically done via staff phone calls, radio announcements, newsletter reminders, etc.
6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.
Yes, all sites, home-delivered meals participants and sub-contractors are included.
7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.
AAANM reviews these policies, but has never submitted them to AASA, but will if required.

MDHHS
Michigan Department of Health & Human Services
AGING & ADULT SERVICES AGENCY

ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017 - 2019

SIGNATURES

This document covers Fiscal Year 2019. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Signature of Chairperson, Board of Directors	Date
Donald E. Schuitemman	6-7-18
Print Name	
DONALD E. SCHUITEMAN	
Signature of Area Agency on Aging Director	Date
[signature]	6/6/18
Print Name	
Robert C. Schlueter	
Area Agency on Aging	
Area Agency on Aging of Northwest Michigan	

Documents referenced by the signature page:

- FY 2019 Area Plan Grant Budget
- FY 2019 Direct Service Budgets
- Request to Transfer Funds
- Waiver for Direct Service Provision
- Assurance and Certifications
- Assurance of Compliance With Title VI of Civil Rights Act of 1964
- Regional Service Definitions
- Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly
- Waiver of Minimum Percentage for a Priority Service Category

SAMPLE
RESOLUTION

At the June 14, 2018 meeting of the Antrim County Board of Commissioners, the following Resolution was offered:

RESOLUTION # -2018 By_____, seconded by _____

AREA AGENCY ON AGING OF NORTHWEST MICHIGAN
FISCAL YEAR 2019 ANNUAL IMPLEMENTATION PLAN

"**Be it resolved** that the Antrim County Board of Commissioners have reviewed the Fiscal Year 2019 Annual Implementation Plan of the Area Agency on Aging of Northwest Michigan and believe that the plan addresses the needs of the aging population in Region 10.

Be it further resolved that the Antrim County Board of Commissioners approves the Fiscal Year 2019 Annual Implementation Plan of the Area Agency on Aging of Northwest Michigan."

Yes –

No –

Absent –

RESOLUTION # -2018 DECLARED ADOPTED.