

Health and Public Safety Committee

Christian Marcus

Karen Bargy, Chair

Bob Wilson

Minutes

June 28, 2016

Members present: Karen Bargy, Christian Marcus, Bob Wilson
Members absent: None
Others present: Pete Garwood, Mike Crawford, Janet Koch

1. The meeting was called to order at 9:25 a.m. by Chair Karen Bargy.

2. Public Comment

None.

3. Commission on Aging (COA)

Financial Reports

Judy Parliament, COA Director, included financial reports in the agenda packets. Ms. Bargy indicated that the financial issues indicated at the previous meeting were being corrected.

Pete Garwood, County Administrator, distributed an email from Bob Schlueter, Executive Director of the Area Agency on Aging of Northwest Michigan (**see attached pgs. 4-5**) indicating that federal funding for SHIP/MMAP (State Health Insurance Assistance Program-Michigan Medicare Medicaid program) could be eliminated on October 1, 2016.

Ms. Parliament said the program is not well funded but highly used. She said the program supplies funding to the Area Agency on Aging for training and they provide training to the COA at no cost.

Ms. Bargy asked Ms. Parliament to put together a memo indicating opposition to the elimination of funding for the SHIP/MMAP for presentation to the Board of Commissioners before their July 14 meeting.

Motion by Bob Wilson, seconded by Christian Marcus, to recommend that the Board of Commissioners approve a letter of support for the reinstatement of SHIP/MMAP funding and that the letter be sent to the U.S. Congressman and Senators Stabenow and Peters.

Motion carried – unanimous.

Ms. Parliament said the new employees hired by COA are working out well. They have expanded lunch hours and added the offering of breakfast from 8-9 at the Bellaire site. She added that August 18 is the date of the annual COA picnic, which will be including a car show and the opening of the Area Senior's garage sale.

4. Area Agency on Aging (see attached pgs. 6-78)

The Committee reviewed the multi-year plan for the Area Agency on Aging of Northwest Michigan (AAA). The fiscal year of the AAA runs from October 1 to September 30.

Motion by Karen Bargy, seconded Christian Marcus, to recommend the Board of Commissioners adopt a resolution approving the Fiscal Year 2017-2019 Multi-Year Plan of the Area Agency on Aging of Northwest Michigan. Motion carried – unanimous.

5. Airport Update

Financial Reports

John Strehl, Airport Manager, presented the Airport's financial reports in the agenda packets. He said the June numbers were in line with previous years, adding that 70% of the airport's business happens during the 90 days of summer. Mr. Strehl said if there is good weather, there tends to be a lot of activity.

Runway Rehabilitation

The Airport receives \$175,000 each year in entitlement dollars from the Federal government. These are restricted funds. There are also \$1.3 million in discretionary dollars that come into the region; a portion of the 2017 discretionary funds will be allotted for the runway rehabilitation project at the Antrim County Airport. This will allow Antrim County to keep the entitlement monies for other projects.

The runway rehabilitation is scheduled to take place in the fall of 2017. Paving must take place when the weather is above 50 degrees.

6. Antrim County Transportation (ACT) Update

Financial Reports

Al Meacham, ACT Director, presented the following documents for the agenda packets: Revenue Schedule 2016, 2016 Expense Schedule, and Miscellaneous Revenue Fiscal Year 2016. Mr. Meacham said the ACT's fiscal year was winding down.

Mr. Meacham said he is working with Burt Thompson, Engineer/Manager of the Antrim County Road Commission, to get quotes for a pump replacement that would include a transfer switch for allowing a generator to power the gas pumps.

7. Sheriff Department Update

Animal Control Report

Sheriff Dan Bean had included the May Animal Control Report in the Committee's agenda packets.

Personnel

A new corrections officer has been hired and the Sheriff's Office is currently processing the hiring of a new deputy. Dispatch is still down one employee.

Prisoner Health

Sheriff Bean informed the Committee of a significant medical bill that had been submitted to the County for the hospital care of a prisoner. He is working with Deb Haydell, the County's Finance Director, and Munson Hospital to determine the County's exact monetary responsibilities. Sheriff Bean said this process could take a number of months. Mr. Garwood cited a Supreme Court ruling that indicates Sheriff Departments and local government can use Medicaid in certain circumstances to cover inpatient hospital expenses for people in jail.

911 Dispatch

Sergeant Mike Gank said there were many possible options for improving signal strength in the Central Lake area. Sheriff Bean said he and Sgt. Gank are getting more details together in order to produce a Request for Proposals regarding an improvement in voice quality for the simulcasting. The Committee briefly discussed the possibility of mobile data terminals; the cost of 800 megahertz radios was also discussed.

8. Emergency Services

Monthly Report

Leslie Meyers, Emergency Services Coordinator, had included a written report in the Committee packets but did not appear at the meeting.

National Incident Management System Resolution (see attached pg. 79)

Ms. Bargy indicated that the language in Section 3; “directs the incident managers and response organization” was very broad. Undersheriff Dean Pratt said the local units are required to participate if they would like to be eligible for Federal grant awards. The Sheriff and Undersheriff said there is no cost locally for training and it was their understanding that not only the Sheriff’s Office, but also all the local units are currently compliant with the training requirements.

Motion by Karen Bargy, seconded by Bob Wilson, to recommend the Board of Commissioners approve the National Incident Management System Resolution.

Motion carried – unanimous.

9. Stepping Up Program

The Committee, Sheriff Bean, and Mr. Garwood discussed the Stepping Up Initiative. Sheriff Bean would like to contact sheriffs in counties of a similar size to Antrim County before making a recommendation to the Committee and the Board of Commissioners. He added that he would support an effective program.

10. Various Matters

Airport Tax Tribunal

Mr. Garwood said David Grimm, assessor for Kearney Township, had communicated that the lease holder for a hangar at the Antrim County Airport has filed an appeal to the Michigan Tax Tribunal and was petitioning to not be assessed real property taxes.

As the County was not directly involved at this point, it was the consensus of the Committee that civil counsel not be involved. Mr. Garwood said he will contact the Equalization Department about the matter. Mr. Grimm will represent the township at the tax tribunal, which will take place in January.

11. Public Comment

None.

The meeting was adjourned at 10:58 a.m.

From: Bob Schlueter [<mailto:schlueterr@aanm.org>]
Sent: Wednesday, June 22, 2016 10:28 AM
Subject: FW: Elimination of SHIP/MMAP funding at the federal level

See message below and attached document. This is a very serious threat against the MMAP program which assists thousands of Medicare/Medicaid recipients every year in Michigan. The federal government thinks it's a duplication of services that is provided through their Medicare.gov program. Nothing could be further from the truth. Over 40% of the referrals to our MMAP counselors come from government agencies, including Medicare.gov. These government agencies recognize the level of assistance we give the people we see compared to the light dusting that they are able to provide.

Please do all you can do to get the word out that not only should the funding stop for the SHIP efforts, it should be increased to meet this important demand from our older citizens!!

If you need further information, please feel free to contact Jo Murphy at our State MMAP office.

Thank you for taking the time to advocate for this extremely important program!!

Robert C. Schlueter
Executive Director
Area Agency On Aging Of Northwest Michigan
P.O. Box 5946
Traverse City, MI 49696
231-947-8920 or 800-442-1713

www.aanm.org

From: Jo Murphy [<mailto:jo@mmapinc.org>]
Sent: Tuesday, June 21, 2016 4:50 PM
To: Jo Murphy <jo@mmapinc.org>
Cc: Andy <afarmer@aarp.org>; Helen Love <loveh@daaa1a.org>
Subject: Elimination of SHIP/MMAP funding at the federal level

Friends of MMAP,

You may have heard by now, the Senate Appropriations Committee in DC has proposed eliminating all funding for our program beginning October 1, 2016.

The US Congress has not yet completed their budget. We are providing an educational document attached to this email for your use. We are asking you to share this information far and wide.

The document is designed for you to personalize the second page if you choose to use it. We need people in the US House and Senate to hear stories about people who have been assisted by MMAP.

The numbers on the first page will help, but most often, elected officials are moved by real human stories.

If you have any questions feel free to email me or call my cell at : 616.295.6079.

Thank you for your assistance,

Jo

Jo Murphy
Executive Director
Michigan Medicare/Medicaid Assistance Program
6105 W. St. Joseph Hwy. Ste. 204
Lansing, MI 48917
517.999.0650
517.886.1305 Fax
616.295.6079 Cell
Jo@mmapinc.org

**Never doubt the ability of Volunteers,
Volunteers built the Ark and;
Professional built the Titanic.**

RESOLUTION

At the _____ meeting of the _____
Date County Name

County Board of Commissioners, the Board of Commissioners gave consent to the following action:

“Be it resolved that the _____ Board of
County Name

Commissioners have reviewed the Fiscal Year 2017-2019 Multi Year 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 _____
County Name

County Board of Commissioners approves the Fiscal Year 2017-2019 Multi Year Plan of the Area Agency on Aging of Northwest Michigan.”

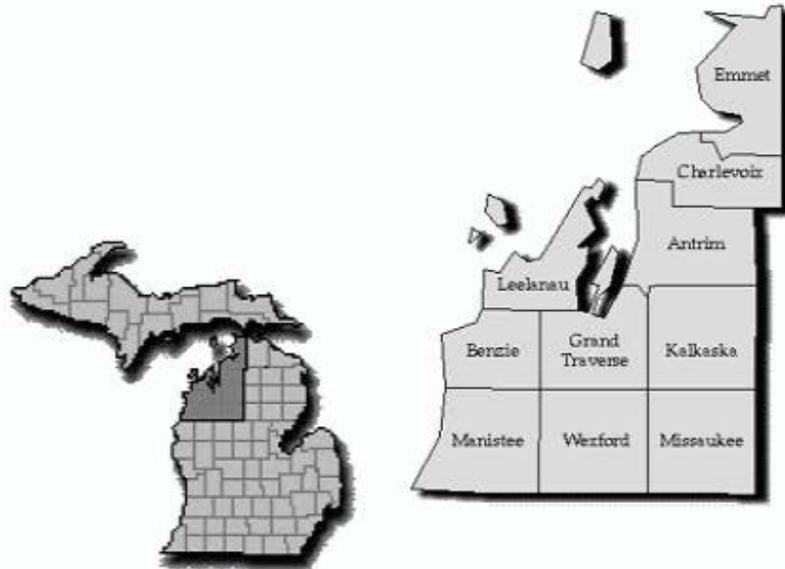
Signature: Chairperson, County Commission or County Clerk Date

Typed Name and Title: Chairperson, County Commission or County Clerk

FY 2017 - 2019

MULTI-YEAR & 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

Area Agency on Aging of Northwest Michigan, Inc.

1609 Park Drive, P.O. Box 5946
Traverse City, MI 49696-5946
231-947-8920 (phone)
800-442-1713 (toll-free)
231-947-6401 (fax)
Bob Schlueter, Executive Director
www.aaanm.org

Field Representative Dan Doezema

doezemad@michigan.gov
231-929-2531

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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 Multi-Year Plan (MYP) by no later than June 30, 2016, to the chairperson of each County Board of Commissioners within the PSA requesting their approval by August 1, 2016. For a PSA comprised of a single county or portion of the county, approval of the MYP 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, 2016, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2016, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. 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 Multi-Year Plan. To employ this option the area agency must:

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 MYP 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 MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

Describe the efforts made to distribute the MYP 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 Commissioners 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 Commissioners Meeting to provide an overview of AAANM, including an Annual Report, and answers questions the Commissioners may have about the agency or the Plan, as requested.

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Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2017-2019. Please note there are separate text boxes for the responses to each item. The Plan Highlights must include the following:

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.
2. A summary of the area agency's service population evaluation from the Scope of Services section.
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.
4. Highlights of planned program development objectives.
5. A description of planned special projects and partnerships.
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.
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.
8. Highlights of strategic planning activities.

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.

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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 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.

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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 (including 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

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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 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.

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

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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, 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.

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.

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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" philosophy and will a) continue to convene partners in ways that increase awareness of programs and resources 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.

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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.

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.

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- 1.2) 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.

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Public Hearings

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

At least two public hearings on the FY 2017-2019 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty (30) day period beginning when the summary of the MYP 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 (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

Complete the chart below regarding your public hearings. 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 MYP. Describe all methods used to gain public input and the resultant impact on the MYP.

Date	Location	Time	Is Barrier Free	No. of Attendees
04/21/2016	Area Agency on Aging of Nortl	10:30 AM	Yes	17
04/26/2016	Garfield Township Hall	11:15 AM	Yes	5

Narrative:

Public Hearings for the MYP

AAANM promoted and held two public hearings to review the FY 2017-2019 Multi-Year Plan. Public Hearings were published in Petoskey News, Traverse City Record Eagle, the Manistee News Advocate and the Cadillac Daily News. Additionally a draft of the MYP was emailed to providers who have contracts with AAANM. A draft of the MYP was also published to the AAANM website. The first public hearing was held in conjunction with the AAANM Board of Advisors meeting and the second public hearing was held after a regional meeting/training

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for Providers of Service. A formal presentation was made to each group describing the planning process and the proposed program goals for the MYP.

Comments from the public hearings:

** Older adults often wait too long to ask for help in fear that it might indicate they are not capable of remaining in their home. This often leads to them not seeking help until they are in a true crisis. The Aging Network needs to educate older adults about available services to support them before they get to the point of a crisis and assure them that they can play a proactive role in seeking services to help them maintain independence longer. It is also very important to honor the dignity of older adults and challenges associated with asking for help.

** Affordable dental care is a need of older adults.

** In relation to challenges with healthcare options, the supply of physicians available to meet the needs of the older adult population may be inadequate. Physicians specializing in geriatric medicine are lacking, physicians are retiring earlier and replacement of these positions is not keeping up with the growing older adult population, and, retention of and attracting physicians to serve in rural areas is a challenge.

** There is a need for abilities/resources for neurological assessments. Also, local long term care facilities would benefit from increased capacity to care for patients with dementia.

** Transportation is a regional need.

** Training opportunities help to build positive engagement for in home workers. Opportunities to partner with nursing homes for training.

** MYP input process was useful. Appreciated being asked for input.

Regional Input Sessions to Gather Data for the MYP

AAANM conducted fifteen input sessions across Region 10 (Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee and Wexford counties) between December 2015 and February 2016. In total there were over 100 participants including individuals over the age of 60, caregivers, disabled individuals, AAANM clients, leadership from Commissions/Councils on Aging, and direct care workers. Additionally, an electronic survey was distributed to senior advocacy networks and service providers in the region. Forty responses were received from a variety of agencies including home care, adult foster care agencies, assisted living facilities, the Department of Health and Human Services, non-profit human service agencies and healthcare providers. Additionally, conversations were held with AAANM's Board of Directors (partially comprised of county commissioners or representatives of county commissioners) and the AAANM Board of Advisors (comprised of representation from the 10 county region) to discuss the needs of aging and disabled individuals and caregivers. This diverse strategy for input gathering garnered a robust environmental understanding of issues facing aging adults, caregivers and agencies serving these individuals.

Continuous Needs Assessment

Additionally, AAANM gathers information throughout the year that is used to support development of MYPs and AIPs. Annual satisfaction surveys are conducted of current service recipients to identify ways to improve service delivery. Data is collected by Information and Assistance staff regarding information requests to understand the types of resources or programs that are being sought and the types of needs that are currently unmet in the community. AAANM also participates in a variety of community forums that collect community needs data for planning efforts. Through participation in these efforts, AAANM is able to keep a pulse on the

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complexity of issues in our communities that impact older adults and caregivers.

AAANM used a compilation of learnings from all of these sources to develop areas of focus and programmatic priorities for the FY2017-2019 MYP.

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Scope of Services

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

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

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

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

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

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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.

Age group	2010 Census	% of 2010 Census	2014 Estimate	Decade as % 2014 Estimate	% Change 2010-2014
0-19	77,076	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%	15,525	5%	6%
Total	297,912	100%	302,545	100%	2%
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

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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.

2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

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 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

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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

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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. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

AAANM regularly engages with the Department of Health and Human Services, Community Mental Health agencies, the Community Action Agency, county aging units, human service agencies, healthcare providers and Native American tribes to maintain a visible presence in the community and encourage referral to AAANM of individuals with greatest social or economic need and low-income minority populations in the planning and service area. This outreach will continue during the 2017-2019 MYP cycle. AAANM has an active Marketing and Education Committee as well as outreach staff that routinely identify opportunities to reach underserved populations, either directly or through referral relationships.

Service providers that contract with AAANM are required to target those with greatest social or economic need and low-income minority populations. Contracted service providers do this through outreach and coordination as well. As participants seek and receive services from these service providers, the service providers ensure that funding supports those in highest need. Should demand exceed funding for contracted services, service providers have written criteria that allows them to prioritize their services and funding to those in highest need first. In general service providers should be targeting to the same level of poverty, minority, and frailty (those in the oldest age category and those with the highest health care needs) as identified in the most recent census data.

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4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/AoA "Dementia Capability Quality Assurance Assessment Tool" found in the Documents Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.

AAANM staff completed the Dementia Capability Quality Assurance Assessment Tool. Findings include:

1. Cognitive impairment is assessed at intake and as part of the assessment process for MI Choice Waiver and Care Management participants. Current tools are limited in scope and a consistent screening tool is not used by ADRC partner organizations. An improvement goal would be to identify a dementia assessment tool that could be utilized by AAANM Supports Coordinators and I&A/Intake staff of ADRC partner organizations. Training would need to occur in order to ensure the consistent application of this tool.
2. Due to the closure of our Cognitive and Geriatric Assessment Clinics, there is no visible access point for people seeking referrals for the assessment of cognitive impairments. An improvement goal would be to create a decision making tree that would assist I&A staff in making referrals for diagnostic evaluation as well as putting together resource packets that include information on dementia screening and available resources.
3. There are a number of dementia training opportunities offered by entities such as the Alzheimer's Association, Community Services Network, Michigan Dementia Education Network, Michigan Center for Rural Health and the Mental Health and Aging Project. AAANM and many ADRC partner organizations support staff attending these trainings. However there is no formalized staff training plan on dementia. AAANM participated in the Building Training...Building Quality program and staff have assisted in the development of a dementia specific curriculum for direct care workers. Funding to sustain this training in our region has not been available. Dementia training of staff and workers continues to be a priority in our MYP 2017-2019 plan.
4. Region 10 has a number of resources available to those with dementia or caring for someone with dementia. Resources include Creating Confident Caregiver trainings, staff trained in T-Care Assessments, the Alzheimer's Association, as well as a strong network of providers for services such as respite and adult day health. These resources are not always packaged in a way that is easy for people to find or access. An improvement goal would be to ensure there is a high degree of visibility of dementia resources in our region.

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

In cases where a customer desires services not funded under the AIP/MYP, AAANM Information and Assistance staff make referrals to other community resources that can meet these needs. In addition, one of the goals of the Aging and Disability Resource Collaborative of Northwest Michigan is to maintain a network of Information and Assistance Specialists and Options Counselors within the Region. Using a person-centered planning approach, these Specialists and Counselors help customers by directing them to a variety of community resources, including private pay options.

When no service is available, AAANM advocates for community initiatives that will help address these unmet

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needs.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.

AAANM's priorities to address unmet need within the PSA for the FY 2017-2019 MYP include:

- 1) Support advocacy efforts to preserve or increase funding for programs that benefit older adults, especially home delivered meals, care coordination and in-home support.
- 2) Participate in community-based discussions and collaboratives seeking to address needs that impact older adults (i.e. transportation, access and delivery of health care, improved inter-agency coordination).

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

Program resources are insufficient to meet need for services, particularly Care Management. A wait list is carefully maintained and reviewed regularly.

- 1) Using a person centered planning process, AAANM refers individuals to services available through millage funded county aging units or private pay options.
- 2) Those placed on the wait list have been assessed and prioritized based on frailty (those in the oldest age category and those with the highest health care needs), availability of support systems, income-level and minority classification.

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

On February 19, 2016 the AAANM Board of Advisors reviewed demographic trends for northwest Michigan, a summary of findings from input sessions and survey data, and draft program goals for development in the MYP. The Board of Advisors had several discussion points:

There is a perception that services offered through the aging network, and in particular through Commissions and Councils on Aging are perceived as services for the poor. There is a perception that these millage-funded services are a type of "welfare". This contributes to older adults not accessing services that may help them have higher quality of life.

How individuals connect to and navigate services for the aging is a complex challenge. 211 was supposed to provide a centralized hub for information and referral but it does not appear to work that way. Needs and resources vary by county which contributes to the confusion. Valuable resources are not always accessed because people are unaware of what is available.

Programs like Matter of Balance: Managing Concerns About Falls have been very successful. Several communities have strong education programs for older adults that should be maintained and supported. Opportunities for recreation and socialization through senior centers contribute to quality of life.

Transportation is a pressing need. What is the role of AAANM or what funding is available through AAANM to address this need?

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9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

AAANM diligently works to prevent or delay the use of publicly funded resources using a variety of strategies:

Staff receives ongoing information and education about resources, programs and supports in the community that may be accessed.

Options Counseling is available to any individual to identify goals and create a plan for long term needs including identification of personal supports and private pay options.

The Aging and Disability Resource Collaborative (ADRC) supports relationships and collaborations between agencies; forums to discuss and brainstorm complex situations or unmet needs are available.

Healthy aging programs like Matter of Balance: Managing Concerns About Falls, Personal Action Toward Health (PATH) and Creating Confident Caregivers (CCC) are offered throughout the region to support healthy lifestyles and delay health complications if possible. AAANM works to promote and create awareness about health education offerings provided by other organizations.

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Planned Service Array

Complete the 2017-2019 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide. There is a required narrative related to the Planned Service Array in the following section. The narrative should describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Information and Assistance 		<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Creating Confident Caregivers
Contracted by Area Agency	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Private Duty Nursing 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Legal Assistance • Creating Confident Caregivers • Caregiver Supplemental Services • Kinship Support Services
Local Millage Funded	<ul style="list-style-type: none"> • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Medication Management * • Personal Care • Assistive Devices & Technologies * • Respite Care * • Friendly Reassurance * 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Home Repair * • Senior Center Operations * • Senior Center Staffing *
Participant Private Pay	<ul style="list-style-type: none"> • Care Management • Transportation 	<ul style="list-style-type: none"> • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services *

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<p>Funded by Other Sources</p>	<ul style="list-style-type: none"> • Care Management • Disaster Advocacy and Outreach Program • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Nutrition Counseling • Nutrition Education • Disease Prevention/Health Promotion • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Senior Center Operations • Senior Center Staffing • Vision Services • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training
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* Not PSA-wide

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Planned Service Array Narrative

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

Prioritization of Services for Funding by AAANM

There are a variety of factors taken into consideration when determining which services will be funded by AAANM.

Funding source:

AAANM receives a majority of its funding through the Older Americans Act (federal) and Older Michigianians Act (state). These funding sources are specific as to which services can be supported.

Needs of Older Adults:

AAANM performs an analysis of the needs of older persons in Region 10 prior to the development of each multi-year plan. Consumers, program participants, caregivers, service providers, and AAANM staff all provide input into the types of services that are needed.

History:

Services that have been funded by AAANM in the past, that are still determined to be a priority, and that continue to meet the needs of older adults in the most effective way, are maintained.

Community Resources/Collaborations:

AAANM works closely with a variety of community agencies to identify existing services and resources and gaps.

Serving the most frail, socially isolated, lowest income, and minorities:

As funding becomes more limited and demand exceeds supply, AAANM has re-directed funding toward services for those with the highest needs - individuals who require services to support them in their home (such as respite, personal care, homemaking).

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Strategic Planning

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

1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.

AAANM sought input from staff and leadership to develop a SWOT analysis. The SWOT analysis speaks to the existing capacities of the organization as well as the complexity of the changing environment in which the organization operates.

Strengths:

AAANM's greatest strengths, by far, are the people working for the organization and the value the organization places on quality excellence, relationships and collaboration.

1. There is deep expertise among staff to provide care coordination, an understanding of the complexity of aging including clinical and psycho/social issues, and ability to navigate community systems and services.

Most staff have obtained advanced degrees in nursing or social work and/or a cadre of certifications including case management, diabetes education and dementia care. Additionally, the longevity of many staff and strength of team relationships create an environment for on-going learning and quality improvement.

2. AAANM is an active community citizen, participating in many state and local meetings, collaboratives and initiatives, and maintains solid relationships with organizations, county entities and services providers throughout the region and across the state. The organization values being a good partner and working with other agencies to provide person-centered services.

3. To provide the best services possible and maximize resources, AAANM continually focuses on improving efficiency and value. On-going staff committees provide a forum to examine quality, safety and care coordination processes and outcomes. Recent staffing changes allowed AAANM to identify new job responsibilities that streamline communication with service providers and increase the organization's presence in the community. AAANM continuously scans for improvement opportunities.

4. AAANM has a good reputation in the community as a collaborative organization that strives to advocate for and serve aging and disabled individuals.

Weaknesses:

The SWOT analysis identified three primary areas of weakness for AAANM: 1) dependency on governmental funding sources, 2) emphasis on initiatives or services that do not have sustainable funding streams, and 3) a need to improve measurement systems.

1. Currently AAANM is financially dependent upon federal and state funding through the Older American's Act, the Older Michigianian's Act and the MI Choice Waiver program. AAANM must continually adjust programming and services to accommodate changes in these funding streams. AAANM is vulnerable to

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cuts from federal and state funding which impacts the organization's ability to meet community needs. AAANM is just beginning to explore opportunities to diversify revenue streams into the organization.

2. AAANM is engaged in programs and initiatives that provide value to the community and further the mission of the organization but often have to be subsidized to cover expenses, i.e. the Medicare/Medicaid Assistance Program or support for the Aging and Disability Resource Collaborative. This creates continual tension on how to maintain this important work and the resources to do this work.

3. Disparate data systems and inefficient data collection methods across the multitude of programs that AAANM offers or supports is a barrier to assessing and understanding the true impact (or opportunities) that AAANM has in our community and with the population served.

Opportunities:

Performing the SWOT analysis elicited opportunities for AAANM to contemplate over the next three years.

1) The implications of the Affordable Care Act have become more evident and healthcare and long-term care systems are transforming. There is an opportunity for AAANM to reflect upon its mission, vision and service offerings; it will be important to identify where AAANM can provide the most value to aging adults and contemplate new business models or revenue diversification opportunities.

2) The transformation of healthcare delivery affords the opportunity to form new or different collaborations/partnerships with service agencies and healthcare providers. It will take time to understand what this might look like.

3) There is continued opportunity to strengthen AAANM's outreach efforts and referral relationships. The organization will be identifying ways to increase internal coordination of these efforts and prioritize where to focus, particularly with the medical and payer communities.

4) As the organization navigates this changing environment, AAANM has an opportunity to increase Board, staff and partner involvement in planning efforts.

Threats:

1) Demographic changes will increase demands for services needed to help individuals live independently as long as possible. There is already an acute and growing shortage of direct care workers. AAANM will need to think critically about what community needs can most appropriately be met by the organization and how to do this.

2) How healthcare and long term care is being coordinated, provided and paid for is changing. Between now and 2018, many payment and care delivery innovation models and experiments underway within the state and nationally will inform what healthcare and long term care looks like in the future. These changes will undoubtedly have an impact on how AAANM does business and what services AAANM provides.

3) AAANM is continuously vulnerable to cuts or changes in government funding that impact service delivery and ultimately the well-being of older adults in the ten-county region.

2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.

AAANM is a significant player in the provision of home and community based services in Region 10. We currently operate the MI Choice Waiver, Care Management, Caregiver Respite and the Veterans Self Directed-Home and Community Based Services Programs. We are a recognized focal point for

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information and assistance, options counseling, benefit and Medicaid eligibility assistance as well as housing information. We have experienced staff, strong relationships with our county aging partners and contract with a large network of private service providers.

AAANM is prepared to accept an expanded role under the new Integrated Care model. This expansion would require us to continue some of the work and discussions that we have already started such as creating more flexible service options, setting up assessment teams in order to ensure a timely response, creating easier access and payment options for things like home delivered meals and supporting beneficiaries through options counseling and transition support. We feel we already have the pieces in place but the expanded role would require funds to hire staff to serve additional participants as well as funds to support any in-home services for which there are wait lists.

A lesser role for AAANM will impact the agency in terms of needed staff. But most importantly it will impact the people seeking services who are now able to access a wide range of services and supports through a single access point.

3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from AASA.

If AASA were to implement a ten percent funding reduction, AAANM would carefully evaluate existing programs and services and prioritize with emphasis on serving those that are most frail, socially or economically in need or of low-income minority status.

If service reductions were made, AAANM would convene partners within the aging network to explore what other resources might exist or might help to compensate for reductions in AAANM services.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations and why.

AAANM is working to become CARF accredited in order to promote the quality, value and optimal outcomes of service being delivered to older adults in our region. AAANM anticipates achieving CARF accreditation within the 2017-2019 MYP cycle.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

AAANM continuously seeks opportunities to use technology to support efficient operations, service delivery and quality. Examples of this work include:

- 1) Currently AAANM is working with contracted service providers to create an easy and efficient process to submit required data elements to the NAPIS system, thereby reducing staff time for agencies and increasing efficiency.
- 2) Recently AAANM invested in database development to track and communicate availability of service providers/direct care workers in the region. This increases efficiency of care coordination and service delivery for Care Management and MI Choice Waiver clients. This technology and associated communication processes will continue to be enhanced.

Additionally, AAANM has had preliminary conversations with the medical community to understand the

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development of Health Information Exchanges (HIEs) that aggregate patient information from physician and hospital Electronic Medical Record (EMR) systems. Through participation in local healthcare coalitions and networks, it is hoped that a mechanism to electronically share information between AAANM and physician providers about common clients/patients will emerge. The ability to electronically share clinical and care coordination information would improve care planning and quality outcomes.

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Regional Service Definitions

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

Service Name/Definition

Private Duty Nursing

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

Previously approved

Private Duty Nursing allows AAANM to provide licensed nursing services to Care Management participants for things such as monitoring and evaluation, occasional blood draws, wound care, training of informal caregivers and other treatments consistent with physician orders. This service does not duplicate skilled care nursing services available under Medicare and Medicaid and falls outside of the current AASA service standards for foot care and medication management.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	.25 hours

Minimum Standards

Previously approved

All nurses providing private duty nursing must meet licensure requirements and maintain a current State of Michigan nursing license. Nursing services can only be provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN.

Direct service providers are expected to maintain close communication with the participant's health care professional and the AAANM Supports Coordinator in order to assure the nursing needs of the participant are being met and that changes in condition are being reported.

Private Duty Nursing shall not duplicate any skilled nursing services available under Medicare or Medicaid.

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Access Services

Some access services may be provided to older adults directly through the area agency without a service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, 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 2017-2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2017-2019 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 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Information and Assistance

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$40,000.00	Total of State Dollars	\$0.00

Geographic area to be served
Region 10

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

Goal 1: Recognition as a trusted source of information on services and supports for older adults and persons with disabilities.

Activities:

Outreach to referral sources and the community through brochures, marketing, social media, public speaking and expos. AAANM has a Marketing and Education plan that guides these activities and helps to create a consistent message.

I&A Staff answer the AAANM 800 number and the ADRC geo-routed phone line and respond to inquiries through website and walk-ins.

Goal 2: Provision of Options Counseling.

Activities:

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Offer “in-person” Options Counseling to those seeking Information and Assistance services as well as those on wait lists for Care Management and MI Choice Waiver Services.

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

Goal 3: Continued support of a “no wrong door” approach to the provision of Information and Assistance services in Region 10.

Activities:

Continue leadership in the Aging and Disability Resource Collaborative of Northwest Michigan as a mechanism to enhance a coordinated system of information and assistance and a strong partnership between aging and disability service organizations.

Sponsor trainings that increase the knowledge and skills of Information and Assistance staff.

Promote the geo-routed ADRC number as an access point for those who are unsure of where to call from assistance.

Care Management

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$61,000.00	Total of State Dollars	\$499,646.00

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:

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

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

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Outreach to and active participation in community collaboratives that include American Indian tribes and organizations that serve minorities, low income and vulnerable adults.

Goal 2: Support caregivers of Care Management participants through assessment and referral to caregiver programs.

Activities:

Ensure that Supports Coordinators are assessing the needs of caregivers as part of the Care Management assessment and service planning process.

Increase referrals to AAANM Caregiver Support Programs such as T-Care and Creating Confident Caregiver trainings. Identify and remove barriers such as the need for respite and transportation.

Promote respite and adult day health services.

Goal 3: Identification and assessment of dementia and other cognitive impairments.

Activities:

Incorporate a dementia specific assessment tool into the Care Management assessment process. Train Supports Coordinators on the administration of this tool.

Develop dementia resources packets that will be distributed to Care Management participants and their caregivers.

Goal 4: Operation under a robust Quality Management Program.

Activities:

Develop a Quality Management Plan with oversight 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 hospitalization and re-institutionalization rates, social isolation and access to transportation.

Support a Consumer Quality Collaborative that provides feedback and has input into program operation 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

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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: 1:46	Planned Next Year: 1:46

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Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, a service provision request may be approved by the Michigan Commission on Services to the Aging. Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting”. Direct service provision by the area agency may be appropriate when in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency’s administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete this section for each service category.

Select the service from the list and enter the requested information pertaining to basis, justification, and public hearing discussion for any Direct Service Request for FY 2017-2019. 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 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Please skip this section if the area agency is not planning to provide any in-home, community, or nutrition services directly during FY 2017-2019.

Disease Prevention/Health Promotion

Total of Federal Dollars \$8,579.00 Total of State Dollars \$0.00

Geographic Area Served Region 10

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

Provide 17 Personal Action Toward Health (PATH) Workshops (Chronic Disease, Chronic Pain and Diabetes); 100 participants will complete 4 or more sessions

Activities:

- 1) Ensure adequate number of PATH Leaders are trained to facilitate workshops, including maintenance of their certification by leading a minimum of 1 workshop per trained program per year.
- 2) Market and outreach to medical community and other referral sources to fill workshops.
- 3) Schedule and hold workshops throughout Region 10 in partnership with other community organizations.

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

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

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

Since 2010, AAANM has coordinated the provision of Personal Action Toward Health (PATH) throughout Region 10. Initially funded under special grant funding distributed directly to AAAs from the Michigan Aging and Adult Services Agency, AAANM has established a coordinated system that utilizes trained program leaders to facilitate workshops under direct contract with AAANM. Administratively, this system where AAANM utilizes staff who are Master Trainers of this evidence-based program, to plan, schedule, and promote workshops, register participants, monitor program fidelity and reporting requirements, and ensure trained program leaders maintain current leader status, establishes a consistent effort throughout the Region. To orchestrate this system with multiple contractors would not allow for this consistency in program coordination. Often the contracted program leaders might be staff from a partner agency of AAANM and funding does flow to these agencies to support the time that their staff facilitate workshops. Essentially, AAANM is providing coordination of the evidence-based program, but is also contracting funding directly to outside program leaders to facilitate the workshops.

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

AAANM offered an open and competitive request for proposal process for coordination of evidence-based programs in Region 10 in the spring of 2013, as well as public hearings on April 4 and 18, 2013, to gather input regarding AAANM's direct coordination of the programs. There were no applications for the proposal process and no input was received. AAANM has coordinated these programs successfully for the past 6-7 years.

Long Term Care Ombudsman

<u>Total of Federal Dollars</u>	\$35,561.00	<u>Total of State Dollars</u>	\$32,691.00
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Geographic Area Served Region 10

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

Goal 1: Provide assistance and advocacy to residents of long-term care and licensed adult residential facilities to resolve complaints through problem identification and definition, education regarding rights, provision of information on appropriate rules, and referrals to appropriate community resources.

Activities:

1. Visit each long-term care facility at least quarterly to distribute Ombudsman information and reinforce residents' understanding of their rights through one-on-one visits.
2. Provide program presentations and regularly attend resident and family council meetings.
3. Distribute program materials to residents, family members, and other interested parties.
4. Oversee and ensure training of Long Term Care Ombudsman volunteers.

Goal 2: Outreach to the community and referral sources on the LTCO Program as well as to provide information and assistance about long-term care aspects and options.

Activities:

1. Provide formal presentations in the community (senior centers, meal sites, service organizations).
2. Actively participate in community collaboratives as a way to educate referral sources on the LTCO role and program.
3. Distribute program information via print and electronic media (AAANM website) as well as in person participation at community expos and events.

Goal 3: Promote the use of best practices in long-term care service delivery.

Activities:

1. Plan and participate in the implementation of an annual Best Practices Conference.
2. Identify and share training opportunities for long term care facility staff on issues such as residents' rights, culture change and elder abuse.

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

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

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

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

Since 2010, AAANM has provided Long Term Care Ombudsman services directly after Citizens for Better Care withdrew from providing this service in our region. AAANM employs one LTCO whose time is solely devoted to provision of LTCO and Elder Abuse Prevention Services in Region 10.

AAANM has successfully demonstrated the organizational capacity to support the current established LTCO services extensively with its resources. Current funding for the LTCO Program is insufficient to maintain the level of presence that is needed for our 10 county region. AAANM subsidizes this program by providing additional funding through Title III B funds as well as in-kind support in terms of office space, phones, computers and administrative back-up.

The costs, time and criteria necessary for a new contractor to establish itself as the LTCO in Region 10 alone would be an obstacle for a new entity. According to the Michigan Long Term Care Ombudsman policies, an entity would need to have staff certified by the State Long Term Care Ombudsman (SLTCO) following successful completion of the certification training and examination requirements, within 6 months of hire. In addition after AAANM issues an RFP for an entity to provide LTCO services, (of which no applicants responded to in 2013), the RFP application(s) would be sent to the SLTCO for designation. The transition of services to the new entity would most likely need support from AAANM minimally for the first several months of the fiscal year, which would drain resources from both entities. New relationships would need to be established with the long term care facilities, awareness for referral purposes would need to be created with current community services agencies, reporting systems and data tracking would be a learning curve, and these foundation building activities would draw away from time that could be spent performing the LTCO responsibilities.

AAANM has successfully and efficiently provided a quality LTCO program for the past 6 years. Prior to that, AAANM supported the Citizens for Better Care LTCO staff person on site with resources. Transitioning such a well established program at this point does not seem to be an effective use of resources or time, could result in public confusion, and instead could create a lapse in service for long-term care residents or a diminished presence as compared to what already exists through AAANM.

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

In conjunction with the FY 2014-2016 Multi-Year Request for Proposals, AAANM issued an open and competitive request for proposals process for this service with no other agencies expressing an interest in the program. AAANM also offered the public opportunity for input into AAANM providing LTCO and Elder Abuse services directly on April 4 and 18, 2013, and received no input.

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$10,344.00

Total of State Dollars \$0.00

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Geographic Area Served Region 10

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

AAANM combines Elder Abuse Funding with the funding for the Long Term Care Ombudsman. Goals and activities specific to the Elder Abuse portion of this funding include:

Increase education and awareness of elder abuse, neglect, and exploitation in long-term care facilities and the community.

Activities:

1. Provide elder abuse, neglect and exploitation presentations in long-term care facilities, senior centers, and other venues in the community/Region 10.
2. Be an active participant in community collaboratives that are working to address elder abuse in our region such as the Vulnerable Adult Taskforces.
3. Education to increase awareness that Elder Abuse is an under recognized problem (identify who is at risk, potential warning signs how to report) by distributing information via print and electronic media (AAANM website) as well as in person participation at community expos and events.

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

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AAANM has paired this very limited funding with the Long Term Care Ombudsman funding to maximize these resources throughout Region 10, as well as nearly doubling the funding for the program with supplemental resources (Title IIIB and in-kind). This ensures that education and outreach on Elder Abuse is provided throughout our 10 county region as part of the outreach that is being conducted by the LTCO.

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

AAANM offered an open and competitive request for proposal process for Elder Abuse Awareness and

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Prevention in Region 10 in the spring of 2013, as well as public hearings on April 4 and 18, 2013, to gather input into AAANM directly providing this services in conjunction with the role of the LTCO. There were no applications for the proposal process and no input was received.

Creating Confident Caregivers

Total of Federal Dollars \$17,000.00 Total of State Dollars \$0.00

Geographic Area Served Region 10

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

Provide 5 Creating Confident Caregivers (CCC) Workshops: 50 participants will complete 4 or more sessions

Activities:

- 1) Maintain current level of certified CCC trainers in Region 10.
- 2) Market and outreach to medical community and other referral sources to fill workshops.
- 3) Schedule and hold workshops throughout Region 10 in partnership with other community organizations.

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Since 2009, AAANM has coordinated the provision of Creating Confident Caregivers (CCC) throughout Region 10. Initially funded under special grant funding distributed directly to AAAs from the Michigan Aging and Adult Services Agency, AAANM has established a coordinated system that utilizes trained program leaders to facilitate workshops under direct contract with AAANM. Administratively, this system where AAANM utilizes staff who are Master Trainers of this evidence-based program, to plan, schedule, and promote workshops, register participants, monitor program fidelity and reporting requirements, and ensure trained program leaders maintain current leader status, establishes a consistent effort throughout

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AAANM offered an open and competitive request for proposal process for coordination of evidence-based programs in Region 10 in the spring of 2013, as well as public hearings on April 4 and 18, 2013, to gather input regarding AAANM's direct coordination of the programs. There were no applications for the proposal process and no input was received. AAANM has coordinated these programs successfully for the past 6-7 years.

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Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed during the MYP.

New Required Goal/Objective: There is a new priority program development goal/objective area that is required. This is a goal that centers on aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime (CFL) and help them to retain and attract residents of all ages so the communities can thrive and have access to goods, services and opportunities for quality living across the lifespan:

CFL Goal: More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a CFL.

The Minimum Objective: One new community in the PSA will receive recognition as a CFL by 9/30/19.

For technical assistance with developing CFL objectives, narratives, timelines, planned activities and expected outcomes, contact the AASA Lead staff for the CFL Program, Dan Doezema at doezemad@michigan.gov, or 231-929-2531.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal. A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

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.

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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.

- 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 administration 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 diagnostic evaluation.

Expected Outcome

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

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

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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.

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.

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.

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Expected Outcome

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

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.

- 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

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through the aging network.

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.

- 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-lead 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.

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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.

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Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2017-2019. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

The AAANM board of Advisors (BoA) actively drives advocacy both locally and at the State level. Currently three BoA members serve as delegates on the Michigan Senior Advocates Council. The delegates regularly share State advocacy issues with both the BoA and AAANM Board of Directors (BoD). The BoA members are encouraged to attend the annual Older Michiganian's Day in Lansing. Locally, BoA members are working to educate one another about the counties they represent and further define local advocacy efforts, with this being a regular agenda item.

AAANM regularly communicates with BoA, the Board of Directors, and Service Providers, about State concerns and provides information to contact legislators. The AAANM BoA is organizing a region-wide "Senior EmPower Day" for September 2016, which will bring 300-500 seniors from Region 10. Local senior centers and county aging units promote the event locally and often provide transportation to the event to help increase attendance. This event offers educational opportunities to seniors on a variety of important topics relating to health, safety, long-term planning, and advocacy locally and at the State level.

AAANM staff also participates in a variety of human services and senior services collaboratives to bring attention to senior issues. The Aging and Disability Resource Collaborative (ADRC) offers its partners a good venue for educating one another about each partners' services and taking steps to address local issues in a unified manner.

Advocacy efforts will benefit seniors by securing funding for needed services at the State and Federal level, as well as county senior millages. Advocacy efforts also help pass laws that protect seniors.

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Leveraged Partnerships

Describe the area agency's strategy for FY 2017-2019 to partner with providers of services funded by other resources, as indicated in the Planned Service Array. Complete each dialog box below.

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

Region 10 is comprised of a well-established aging services system. Aging Network partners and organizations and the resources they bring, are critical to serving the needs of older adults and their family caregivers.

The following partners, and their working relationship with AAANM, are key to achieving our mutual goal of helping adults continue to live in the community with the support of a wide array of services.

·**County Commissions/Councils on Aging** serve as visible focal points for aging services in their county, deliver a variety of home- and community-based services to older adults, and advocate on aging issues and funding for senior services.

·**Disability Network/Northern Michigan (DN/NM)** shares a leadership role with AAANM in the development of the Aging and Disability Resource Collaborative of Northwest Michigan (ADRCNM) and has a staff person trained to offer Options Counseling and Medicare/Medicaid Assistance. DN/NM also coordinates Nursing Facility Transition Services (NFT) with AAANM and Northern Healthcare Management.

·**The Northwest Michigan Community Action Agency (NMCAA)** is currently the largest meal provider/contractor of AAANM, and has performed in that role for many years. In addition, a close client referral relationship exists between AAANM and NMCAA, utilizing the other organization's programs to effectively serve respective clients.

·**The Health Department of Northwest Michigan** serves as an active member on the ADRCNM steering committee. AAANM is currently involved in the Northern Michigan Health Coalition - an initiative bringing various organizations together to create an integrated care model. The Benzie-Leelanau Health Department, Health Department of Northwest Michigan and District Health Department # 10 are members of that coalition's efforts.

·**Northern Lakes Community Mental Health** operates the MI Choice Waiver Program in the region, as does AAANM, and therefore extensive coordination and communication between the two organizations takes place on a regular basis. The two organizations hold joint Provider meetings so that this effort can be regionally

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coordinated, eliminating confusion for mutual service providers. Centra Wellness (formerly known as Manistee-Benzie CMH) is spearheading the Northern Michigan Health Coalition, which is an integrated health care model that pairs long-term care, behavioral and physical health. AAANM is an active member of that coalition.

2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.

AAANM and the Disability Network of Northern Michigan share a leadership role in the ADRC of Northwest Michigan. A project design team was created, a business plan developed and in September 2014 the ADRC of Northwest Michigan was recognized by AASA as fully functional. A Steering Committee regularly meets to guide the work of the ADRC and includes diverse agency and geographic representation.

The ADRC is focused on supporting a "No Wrong Door" system using two strategies during the FY2017-2019 MYP cycle. 1) Supporting the network of staff in agencies throughout the PSA that provide information and assistance to aging or disabled individuals, families and caregivers. This will be accomplished through information sharing venues and educational opportunities. 2) Promoting and answering the geo-routed ADRC telephone line for individuals that do not know where to call for information about healthcare and long-term care resources and supports.

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

In October 2015 AAANM became a certified Medicare provider for Diabetes Self-Management Education/Training (DSME/T) and Medical Nutrition Therapy (MNT), opening AAANM to bill for these services and creating a new funding stream for AAANM. AAANM anticipates establishing contracts with a variety of health plans for these services as well. This funding will help AAANM continue to offer the Stanford University Diabetes Self-Management Program as part of its full DSME/T program, freeing up Older Americans Act Title IIID Disease Prevention and Health Promotion funds for other evidence-based disease programs.

AAANM has developed a network of trained coaches to provide A Matter of Balance using grant funding from the Michigan Health Endowment Fund (MHEF). With the MHEF grant coming to an end in October 2016, AAANM is working with a variety of provider partners (Commissions/Councils on Aging, and Senior Centers) to continue to offer A Matter of Balance to older adults in Region 10. AAANM will continue to support trained Matter of Balance Coaches with needed program materials and Coach training/updates, as well as fidelity monitoring.

AAANM offers program participants who attend evidence-based programs funded with Title IIID the opportunity to give a donation, and these donations also help support the programs.

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Community Focal Points

Please review the listing of Community Focal Points for your PSA and update as necessary. Please specifically note whether or not updates have been made. Describe the rationale and method used to assess the ability to be a community focal point including the definition of community. Explain the process by which community focal points are selected.

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

AAANM defines community geographically by the ten counties in Region 10, all of which are rural in nature. Each county differs in its population size and the availability of resources and services within its boundaries. Within counties are smaller communities defined by the needs of a particular group, such as senior centers, for more active older adults, and nursing/assisted living facilities for older adults and persons with disabilities who are physically less independent. Communities not only include the target population that is dictated by State and Federal funding sources as the service recipient, but also those individuals that are connected to the target population (family, friends, service providers, etc.).

A community focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the Region. The Area Agency on Aging of Northwest Michigan (AAANM) relies heavily on contract agencies, especially county Commissions and Councils on Aging, to serve as a trusted and visible point for older adults and their families to obtain information and to access services.

AAANM uses the following criteria as a guide for assessing the ability of an organization to be designated as a community focal point. Not all criteria apply to each of the selected focal points. It is preferred that designated focal points:

1. Have a formal, contractual relationship with AAANM
2. Provide Information and Assistance Services
3. Serve as senior centers or nutrition sites that operate 5 days per week
4. Have accessibility, availability and/or co-location of a broad spectrum of services
5. Serve a community defined by county boundaries
6. Are visible agencies in their community (county or Region)

There is not a formal assessment process used by AAANM to assess designated community focal points. For those focal points that are funded by AAANM, AAANM monitors and assesses them regularly. For those not funded by AAANM, communication through attending board meetings, participation on AAANM boards, etc. are the methods for monitoring and assessing their ability to be designated as a focal point in Region 10.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name: Antrim County Commission on Aging

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Address: 308 E Cayuga, PO Box 614, Bellaire, MI 49615
 Website: <http://www.antrimcounty.org/coa.asp>
 Telephone Number: 231-533-8703
 Contact Person: Judy Parliament
 Service Boundaries: Antrim County
 No. of persons within boundary: 7,862
 Services Provided: Information and Assistance, Home Delivered Meals, Personal Care, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (Diabetes PATH), Senior Center Operations/Staffing, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH

Name: Area Agency on Aging of Northwest Michigan
 Address: 1609 Park Dr, PO Box 5946, Traverse City, MI 49686
 Website: www.aaanm.org
 Telephone Number: 231-947-8920
 Contact Person: Robert Schleuter
 Service Boundaries: Region 10
 No. of persons within boundary: 85,285
 Services Provided: Information and Assistance, Options Counseling, Care Management, MI Choice Waiver, Caregiver Respite, T-CARE, Creating Confident Caregivers, Nursing Facility Transition, Veteran's Directed Home and Community-Based Services, Medicare/Medicaid Assistance Program, LTC Ombudsman, Elder Abuse Awareness, Evidence-Based Disease Prevention Programs (PATH; A Matter of Balance)

Name: Benzie County Council on Aging
 Address: 10542 Main St, Honor, MI 49640
 Website: <http://benziecoa.org/>
 Telephone Number: 231-525-0600
 Contact Person: Doug Durand
 Service Boundaries: Benzie County
 No. of persons within boundary: 5,565
 Services Provided: Information and Assistance, Transportation, Chore (Lawn/Snow Removal), Homemaking, Personal Care, Assistive Devices &&& Technologies, Respite Care, Senior Companion, Congregate Meals, Dining Out, Disease Prevention/Health Promotion (A Matter of Balance), Senior Center Operations/Staffing, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Companion, Senior Oral Health Program, Senior Project FRESH

Name: Charlevoix County Commission on Aging

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Address: 218 W Garfield St, Charlevoix, MI 49720
 Website: <http://www.charlevoixcounty.org/coa.asp>
 Telephone Number: 231-237-0103
 Contact Person: Shirley Gillespie
 Service Boundaries: Charlevoix County
 No. of persons within boundary: 7,804
 Services Provided: Information and Assistance, Homemaking, Home Delivered Meals, Medication Management, Personal Care, Assistive Devices &&& Technologies, Respite Care, Congregate Meals, Senior Center Operations/Staffing, Medicare/Medicaid Assistance Counseling, Tax Assistance, Foot Care

Name: Disability Network/Northern Michigan
 Address: 415 E Eighth St, Traverse City, MI 49686
 Website: <http://disabilitynetwork.org/>
 Telephone Number: 231-922-0903
 Contact Person: Jim Moore
 Service Boundaries: Region 10
 No. of persons within boundary: 85,285
 Services Provided: Information and Assistance, Options Counseling, Nursing Facility Transition Services, Medicare/Medicaid Assistance Counseling

Name: Friendship Centers of Emmet County
 Address: 1322 Anderson Rd, Petoskey, MI 49770
 Website: <http://www.emmetcoa.org/>
 Telephone Number: 231-347-3211
 Contact Person: Sue Engel
 Service Boundaries: Emmet County
 No. of persons within boundary: 9,247
 Services Provided: Information and Assistance, Transportation, Homemaking, Home Delivered Meals, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (A Matter of Balance), Health Screening, Senior Center Operations/Staffing, Support Groups, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH, Retired Senior Volunteer Program

Name: Grand Traverse County Commission on Aging
 Address: 520 W Front St, Ste B, Traverse City, MI 49684
 Website: www.gtcoa.org
 Telephone Number: 231-922-4688

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Contact Person: Laura Green
 Service Boundaries: Grand Traverse County
 No. of persons within boundary: 22,083
 Services Provided: Information and Assistance, Chore Services, Homemaking, Personal Care, Respite Care, Senior Center Operations/Staffing, Foot Care,

Name: Kalkaska County Commission on Aging
 Address: 303 S Coral St, PO Box 28, Kalkaska, MI 49646
 Website: www.kalkaskacounty.net
 Telephone Number: 231-258-5030
 Contact Person: Jill Rzepecki
 Service Boundaries: Kalkaska County
 No. of persons within boundary: 4,646
 Services Provided: Information and Assistance, Congregate, Home Delivered Meals, Respite, Medication Management, Transportation, Homemaking, Personal Care, Chore, MMAP, Foot care

Name: Leelanau County Senior Services
 Address: 8527 E Governmental Center Dr, Ste 106, Suttons Bay, MI 49682-9718
 Website: <http://www.leelanau.cc/seniorservices.asp>
 Telephone Number: 231-256-8121
 Contact Person: April Missias
 Service Boundaries: Leelanau County
 No. of persons within boundary: 8,275
 Services Provided: Information and Assistance, Medical Transportation, Homemaking, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care

Name: Manistee County Council on Aging
 Address: 457 River St, Manistee, MI 49660
 Website: www.manisteecountycoa.com
 Telephone Number: 231-723-6477
 Contact Person: Sarah Howard
 Service Boundaries: Manistee County
 No. of persons within boundary: 7,822
 Services Provided: Information and Assistance, Education, Senior Center Staffing, Chore, Homemaking, MMAP

Name: Missaukee County Commission on Aging
 Address: 105 S Canal St, PO Box 217, Lake City, MI 49651

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Website: www.missaukee.org
 Telephone Number: 231-839-7839
 Contact Person: TBD
 Service Boundaries: Missaukee County
 No. of persons within boundary: 3,940
 Services Provided: Information and Assistance, Homemaking, Personal Care, Respite, MMAP, Medication Management, Foot Care, Chore, Transportation

Name: Senior Center Network
 Address: 801 E Front St, Traverse City, MI 49686
 Website: www.tcseniorcenter.com
 Telephone Number: 231-922-4911
 Contact Person: Lori Wells
 Service Boundaries: Grand Traverse County
 No. of persons within boundary: 22,083
 Services Provided: Education, Social Services

Name: Wexford County Council on Aging
 Address: 117 W Cass St, Cadillac, MI 49601
 Website: www.wexfordcoa.org
 Telephone Number: 231-775-0133
 Contact Person: Kathy Kimmel
 Service Boundaries: Wexford County
 No. of persons within boundary: 8,041
 Services Provided: Information and Assistance, Adult Day Services, Transportation, MMAP, Chore, Personal Care, Homemaking, Respite, Medication Management, Foot care, Senior Project FRESH, Senior Center Staffing, Veteran's Services

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Other Grants and Initiatives

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

- Tailored Caregiver Assessment and Referral (TCARE)
- Creating Confident Caregivers (CCC)
- Chronic Disease Self-management Programs, such as PATH
- Building Training...Building Quality
- Powerful Tools for Caregivers
- PREVNT Grant
- Programs supporting persons with dementia
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)

Describe other grants and/or initiatives the area agency is participating in with AASA or other partners. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA. Further, describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

1. Describe other grants and/or initiatives the area agency is participating in with AASA or other partners.

Currently AAANM is supporting several grant application initiatives including a federal grant through the Northern Michigan Health Network for an Accountable Health Community.

AAANM has a strong history of partnering with AASA on grants and program initiatives. In the past we have received grants specifically for TCare, Creating Confident Caregivers, Chronic Disease Self Management Programs and Building Training...Building Quality. Though grant funding for some programs has ended, we continue to partner with AASA on their development and promotion. Specific activities include:

1. Training staff from other regions on the use of TCARE.
2. Piloting dementia specific tools and participating in a workgroup to create dementia capable agencies.
3. Curriculum refinement for the Building Training...Building Quality Program.
4. Working with Michigan State on testing an elder abuse assessment tool as part of the PREVNT grant.

In addition, AAANM has a robust MMAP Program and for the last 3 years has received a MIPPA grant specifically targeted at outreach and MIPPA enrollment through our ADRC partner organizations. It is unclear whether funding for this grant will be available in FY 2017.

Finally, AAANM received funding for evidenced based disease prevention as part of a grant received by the Area Agency on Aging Association of Michigan. This two year grant from the Michigan Health Endowment Fund has been used to offer trainings on Diabetes PATH and A Matter of Balance - Managing Concerns about Falls. An important part of this grant has been to develop options for sustainability once the grant

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funding has ended.

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

Grant efforts provide invaluable knowledge and resources into Region 10. Through previous grant efforts, AAANM staff and other long term care providers in the region have staff with more expertise in working with older adults and disabled individuals, thus providing better care. Grants such as MIPPA have increased awareness of MMAP services, allowing older adults to make informed decisions about and receive subsidy assistance for Part D Medicare enrollment. The recent grant from the Michigan Health Endowment Fund has enabled AAANM to build a network of trainers to provide Diabetes PATH and A Matter of Balance - Managing Concerns about Falls workshops.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

AAANM currently does not have any grant initiatives included in program development efforts for FY2017-2019. As these opportunities present, AAANM will evaluate and pursue as appropriate.

FY 2017 AREA PLAN GRANT BUDGET

Rev. 3/2016

Agency: Northwest Senior Resources Inc

Budget Period: 10/01/16 to 09/30/17

PSA: 10

Date: 03/16/16

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SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	369,049		369,049
2. Fed. Title III-C1 (Congregate)		464,615	464,615
3. State Congregate Nutrition		9,321	9,321
4. Federal Title III-C2 (HDM)		240,895	240,895
5. State Home Delivered Meals		408,727	408,727
8. Fed. Title III-D (Prev. Health)	25,579		25,579
9. Federal Title III-E (NFCSP)	158,903		158,903
10. Federal Title VII-A	8,017		8,017
10. Federal Title VII-EAP	6,344		6,344
11. State Access	27,821		27,821
12. State In-Home	217,878		217,878
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	41,100	800,000	841,100
b. In-Kind	221,250	225,000	446,250
18. State Respite Care (Escheat)	72,628		72,628
19. MATF & St. CG Support	143,640		143,640
20. TCM/Medicaid & MSO	50,603		50,603
21. NSIP		260,706	260,706
22. Program Income	-	540,000	540,000
TOTAL:	1,949,630	2,949,264	4,898,894

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	139,894	43,000	21,500	204,394
State Administration	24,374			24,374
MATF & St. CG Support Administration	11,000			11,000
Other Admin				-
Total AIP Admin:	175,268	43,000	21,500	239,768

Expenditures		
	FTEs	
1. Salaries/Wages	2.50	114,923
2. Fringe Benefits		49,715
3. Office Operations		75,130
Total:		239,768

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


03/16/16
Date

FY 2017 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Northwest Senior Resources Inc
 PSA: 10

Budget Period: 10/01/16
 Date: 03/16/16

to 09/30/17
 Rev. No.: 0

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SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	St. ANS St. NHO	St. Respite (Escheat)	MATF & St. CG Sup.	TOM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
1. Access																
a. Care Management			61,000		27,821			431,825				40,000		9,500	68,000	638,146
b. Case Coord/supp																-
c. Disaster Advocacy																-
d. Information & Assis	40,000													16,000		56,000
e. Outreach																-
f. Transportation	8,400													3,000		11,400
2. In-Home																
a. Chore																-
b. Home Care Assis																-
c. Home Injury Cntrl																-
d. Homemaking						30,000	109,521								15,000	154,521
e. Home Health Aide																-
f. Medication Mgt						27,000									5,500	32,500
g. Personal Care	190,449								43,384						25,000	258,833
h. Assistive Device&Tech	2,000					16,000									2,000	20,000
i. Respite Care	7,000		82,403			119,878				72,628	19,888				65,000	366,797
j. Friendly Reassure	3,000														500	3,500
3. Legal Assistance	37,000														4,000	41,000
4. Community Services																
a. Adult Day Care											112,752			6,000		118,752
b. Dementia ADC																-
c. Disease Prevent		8,579													2,000	10,579
d. Health Screening																-
e. Assist to Deaf																-
f. Home Repair																-
g. LTC Ombudsman	17,200			8,017					22,088			10,603			13,500	71,408
h. Sr Ctr Operations																-
i. Sr Ctr Staffing																-
j. Vision Services																-
k. Elder Abuse Prevnt	4,000			6,344											2,000	12,344
l. Counseling																-
m. Creat.Conf.CG@ CCC		17,000													3,000	20,000
n. Caregiver Supplmt			6,500												750	7,250
o. Kinship Support			9,000												1,000	10,000
q. Caregiver E,S,T																-
5. Program Develop	60,000													6,600		66,600
6. Region Specific																
a. PDN	-	-	-	-	-	25,000	-	-	-	-	-	-	-	-	14,000	39,000
b.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.																-
e.																-
7. CLP/ADRC Services	-															-
8. MATF & St CG Sup Adm																11,000
SUPPRT SERV TOTAL	369,049	25,579	158,903	14,361	27,821	217,878	109,521	431,825	65,472	72,628	143,640	50,603	-	41,100	221,250	1,949,630

Health & Public Safety Committee minute attachments - 6/28/16

FY 2017 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 3/2016

Agency: Northwest Senior Resources Inc Budget Period: 10/01/16 to 9/30/17
 PSA: 10 Date: 03/16/16 Rev. Number 0

page 3 of 3

FY 2017 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

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									
1. Congregate Meals	379,921		9,321		90,974	370,000	300,000	160,000	1,310,216
2. Home Delivered Meals		240,895		408,727	169,732	170,000	500,000	65,000	1,554,354
3. Nutrition Counseling									-
4. Nutrition Education									-
5. AAA RD/Nutritionist*	84,694								84,694
Nutrition Services Total	464,615	240,895	9,321	408,727	260,706	540,000	800,000	225,000	2,949,264

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

FY 2017 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

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 Services									
1. LTC Ombudsman	17,200	8,017		22,088	10,603	-	-	13,500	71,408
2. Elder Abuse Prevention	4,000		6,344			-	-	2,000	12,344
3. Region Specific	-	-	-	-		-	-	-	-
LTC Ombudsman Ser. Total	21,200	8,017	6,344	22,088	10,603	-	-	15,500	83,752

FY 2017 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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
1. Chore	-	-	-	-	-	-	-	-	-
2. Homemaking	-	47,172	-	-	-	-	-	4,200	51,372
3. Home Care Assistance	-	-	-	-	-	-	-	-	-
4. Home Health Aide	-	-	-	-	-	-	-	-	-
5. Meal Preparation/HDM	-	-	-	-	-	-	-	-	-
6. Personal Care	-	35,231	-	-	-	-	-	4,000	39,231
Respite Service Total	-	82,403	-	-	-	-	-	8,200	90,603

FY 2017 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only									
1. Caregiver Sup. Services	-	-				-	-	-	-
2. Kinship Support Services	-	9,000				-	-	1,000	10,000
3. Caregiver E,S,T	-	-				-	-	-	-
4.	-	-				-	-	-	-
Kinship Services Total	-	9,000				-	-	1,000	10,000

Planned Services Summary Page for FY 2017			PSA: 10		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 638,146	13.03%			x
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 56,000	1.14%			x
Outreach	\$ -	0.00%			
Transportation	\$ 11,400	0.23%	x	x	
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 154,521	3.15%	x		
Home Delivered Meals	\$ 1,554,354	31.73%		x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 32,500	0.66%	x		
Personal Care	\$ 258,833	5.28%	x		
Personal Emergency Response System	\$ 20,000	0.41%	x		
Respite Care	\$ 366,797	7.49%	x		
Friendly Reassurance	\$ 3,500	0.07%	x		
COMMUNITY SERVICES					
Adult Day Services	\$ 118,752	2.42%	x	x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,310,216	26.75%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 10,579	0.22%			x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 41,000	0.84%		x	
Long Term Care Ombudsman/Advocacy	\$ 71,408	1.46%			x
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 12,344	0.25%			x
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 20,000	0.41%			x
Caregiver Supplemental Services	\$ 7,250	0.15%	x		
Kinship Support Services	\$ 10,000	0.20%		x	
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ 84,694	1.73%			x
PROGRAM DEVELOPMENT	\$ 66,600	1.36%			x
REGION-SPECIFIC					
a. PDN	\$ 39,000	0.80%	x		
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
MATF & ST CG ADMINISTRATION	\$ 11,000	0.22%			x
TOTAL PERCENT		100.00%	18.57%	61.61%	19.82%
TOTAL FUNDING	\$ 4,898,894		\$909,541	\$3,018,582	\$970,771

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 2017 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: _____

FISCAL YEAR: FY 2017

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	61,000		261,583		9,500			332,083
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	61,000	0	499,646	0	9,500	68,000	0	638,146

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 2017

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

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: 1/0/1900

FISCAL YEAR: FY 2017

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	34,585							34,585
Fringe Benefits	5,415				11,494			16,909
Travel					742			742
Training								0
Supplies					347			347
Occupancy					1,112			1,112
Communications					1,220			1,220
Equipment					1,085			1,085
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	40,000	0	0	0	16,000	0	0	56,000

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 2017

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

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: 1/0/1900

FISCAL YEAR: FY 2017

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	19,272		13,559			8,000		40,831
Fringe Benefits	9,089		6,500			3,000		18,589
Travel	3,450		3,032					6,482
Training			1,500			2,500		4,000
Supplies	150		1,200					1,350
Occupancy	2,900		3,000					5,900
Communications			1,500					1,500
Equipment	700		1,500					2,200
Other:			900					900
Service Costs								0
Purchased Services								0
								0
Totals	35,561	0	32,691	0	0	13,500	0	81,752

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 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
AAANM Admin		13,500		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: 1/0/1900

FISCAL YEAR: FY 2017

SERVICE: Disease Prevention (Path, Matter of Balance)

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	3,735					2,000		5,735
Fringe Benefits	844							844
Travel	1,000							1,000
Training	3,000							3,000
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	8,579	0	0	0	0	2,000	0	10,579

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 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
AAANM Administration		2,000		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: 1/0/1900

FISCAL YEAR: FY 2017

SERVICE: Disease Prevention (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	10,000					3,000		13,000
Fringe Benefits	1,398							1,398
Travel	1,500							1,500
Training	4,102							4,102
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	17,000	0	0	0	0	3,000	0	20,000

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 2014 AIP? NO

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #5 **FY 2017**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
AAANM Administration		3,000		

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2017

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, 2016 (FY 2017), 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 2017.

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount
<i>Health & Public Safety Committee minute attachments - 6/28/16</i>			

DUAL SERVICE COORDINATION CONTINUUM

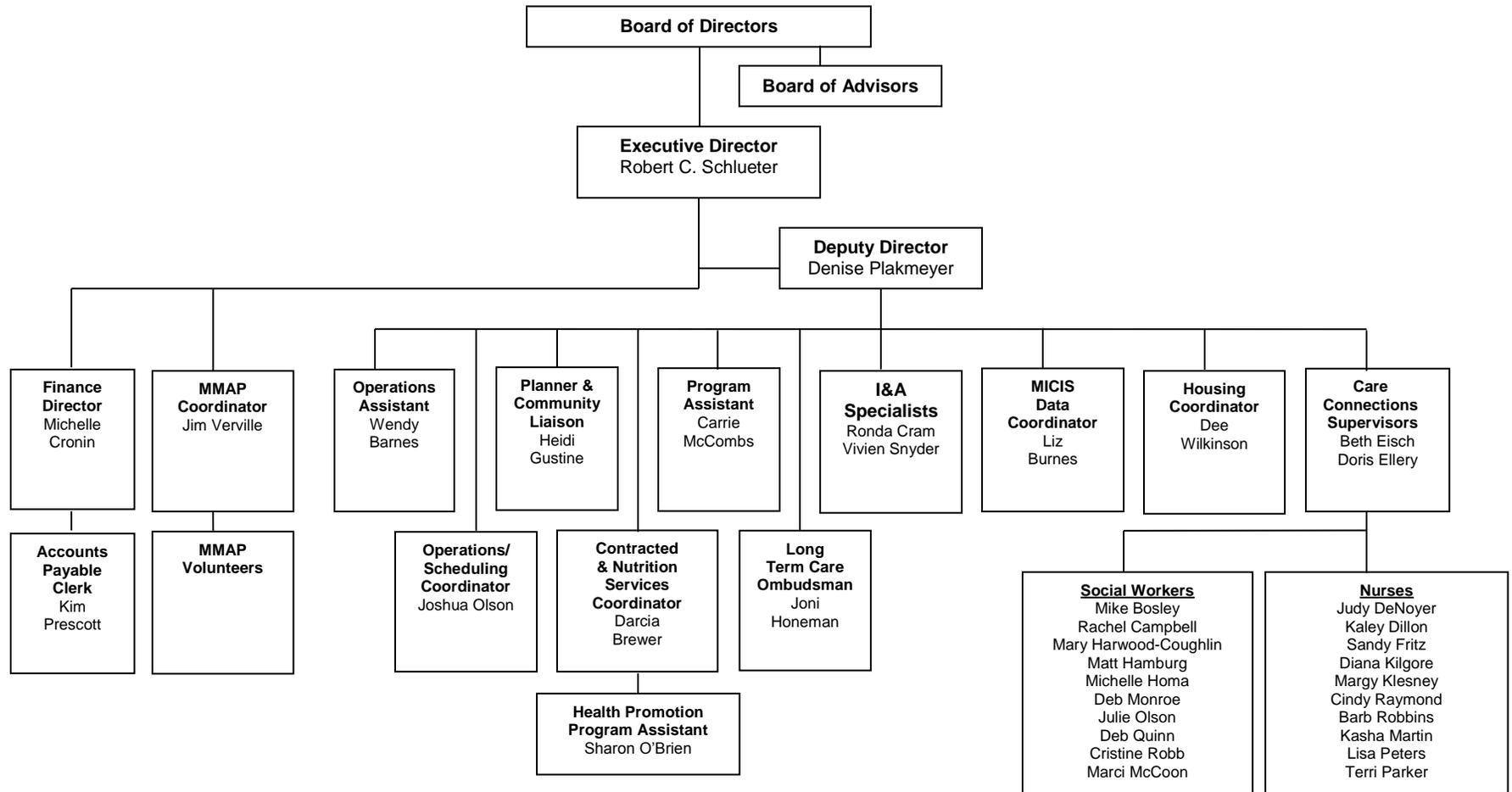
Community-Based Aging and Health Care System

The Dual Service Coordination Continuum serves as a way to graphically represent two service coordination continuums. The upper continuum represents health care services and the lower continuum represents community-based services. Together they show the entire range of service coordination options available to the consumer. Area agency-related options are primarily reflected on the community-based continuum. Boxes 2-5 are to describe service coordination program options. Box 1, Education and Prevention, describes early-on options that can help avoid premature use of more costly service coordination options.

Enter specific information in the continuum boxes provided to show the coordination of service program options available in the planning and service area. If you cannot fit all area programs in the space provided, list only the primary ones. Upload your completed continuum under the Budget and Other Documents tab. (For technical assistance, see completed sample in the Documents Library.)

Planning & Service Area					
Type of Continuum	Education and Prevention	Access I&A	Options Counseling	Case Coordination & Support	Care Management
Healthcare and Medical Continuum					
Community-Based Support Continuum					

Area Agency on Aging of Northwest Michigan Organizational Chart (5/9/2016)



Area Agency On Aging of Northwest MI, Inc.

FY 2017

Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix.

- A. Policy Board membership
- B. Advisory Council membership
- C. Proposal selection criteria
- D. Cash-in-lieu-of-commodity agreement
- E. Waiver of minimum percentage of a priority service category
- F. Request to transfer funds

Area Agency On Aging of Northwest MI, Inc.

FY 2017

APPENDIX A
Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	5	15
Aged 60 and Over	0	0	0	0	0	4	13

Board Member Name	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Don Schuiteman	Antrim County				Yes
Karen Bargy	Antrim County			Yes	
Roger Griner	Benzie County			Yes	
George T Lasater	Charlevoix County			Yes	
Victor Patrick	Charlevoix County				Yes
Bert Notestine	Emmet County			Yes	
Kory Hansen	Grand Traverse County	Grand Traverse Pavilions		Yes	
Patty Cox	Kalkaska County			Yes	
Rebecca Barr	Kalkaska County				Yes
Mary Tonneberger	Leelanau County			Yes	
Eric Lind	Leelanau County				Yes
Mark Bergstrom	Manistee County			Yes	
Pam Niebrzydowski	Missaukee County	Board of Advisors Liaison, MSAC Member		Yes	
Lester Barnes	Wexford County				Yes
Gary Taylor	Wexford County			Yes	

Area Agency On Aging of Northwest MI, Inc.

FY 2017

APPENDIX B
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	11	17
Aged 60 and Over	0	0	0	0	0	9	14

Board Member Name	Geographic Area	Affiliation
Ray Mills	Antrim County	
Doug Durand	Benzie County	Benzie County Council on Aging, MSAC Member
Shirlene Tripp	Charlevoix County	
Louis Fantini	Emmet County	
Sue Fantini	Emmet County	
Toni Hernalsteen	Grand Traverse County	Pugsley Correctional Facility
Russ Marshall	Grand Traverse County	
Linda C Scott	Grand Traverse	The Village at Bay Ridge
Carrol Cort	Kalkaska County	
Barbara Carson	Kalkaska County	
Meredith Goodrick	Leelanau County	Heartland Hospice
Robert Daniels	Manistee County	
Pam Niebrzydowski	Missaukee County	Board of Directors Liaison, MSAC Member
Rick Marion Jr	Missaukee County	
Eleanor Sosenko	Wexford County	MSAC Member
Nancy Shoop	Wexford County	
Sharon Flewelling	Wexford County	

Resolution No. _____

A Resolution to Adopt the National Incident Management System

WHEREAS, emergency response to critical incidents, whether natural or manmade, requires integrated professional management; and

WHEREAS, unified command of such incidents is recognized as the management model to maximize the public safety response; and

WHEREAS, the National Incident Management System (NIMS) has been identified by the federal government as being the requisite emergency management system for all political subdivisions; and

WHEREAS, failure to adopt NIMS as the requisite emergency management system may preclude reimbursement to the political subdivision for costs expended during and after a declared emergency or disaster and for training and preparation for such disasters or emergencies; now, therefore:

Be it resolved by the County of Antrim, Michigan:

SECTION 1. The County adopts the NIMS concept of emergency planning and incident command.

SECTION 2. In furtherance of NIMS, it is the policy of this County to train public officials and employees responsible for emergency management.

SECTION 3. Directs that incident managers and response organizations in our jurisdiction train and exercise the Incident Command System (ICS) and use it in their response operations.