

AREA AGENCY ON AGING OF WESTERN MICHIGAN

**Multi Year Plan
for
Fiscal Years 2010-2011-2012**

**Area Agency on Aging of Western Michigan, Inc.
1279 Cedar NE
Grand Rapids, Michigan 49503
www.aaawm.org**

AAAWM Multi Year Plan

Fiscal Years 2010 - 2011 - 2012

TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY	
A.	Narrative.....	1
B.	FY 2010 Planned Services Summary Page	4
II.	BUDGET AND ORGANIZATIONAL CHART	
A.	FY 2010 Plan Grant Budget and Services Detail.....	5
B.	FY 2010 Operating Budget	7a
C.	Request to Transfer Funds	na
D.	Organizational Chart	8
III.	Statement of Need	
A.	Demographics	9
B.	Input Forums and Public Hearings	22
C.	Evaluation of Unmet Needs	23
D.	Available Resources and Partnerships.....	24
IV.	Service Delivery Plan	
A.	Targeting	25
B.	Access Services	26
C.	Direct Service Waiver Request.....	28
V.	Program Development	30
VI.	Advocacy Strategy	35
VII.	Community Focal Points	36
VIII.	Appendices	
A.	Board of Directors Membership	41
B.	Advisory Council Membership	42
C.	Current Providers Demographics.....	43
D.	Proposal Selection Criteria	44
E.	Planned Entrepreneurial Activities	na
F.	Regional Service Definitions	45
G.	Cash-in-Lieu of Commodities.....	51
H.	Waiver of Minimum Percentage.....	52
IX.	Assurances and Certifications	
A.	Assurances and Certifications	53
B.	Assurance of Compliance with Title VI of the Civil Rights Act of 1964	54
C.	Assurance of Compliance with the Elliot Larsen Civil Rights Act, PA 453 of 1976	55
D.	MYP Signature Page	56
E.	Glossary of Acronyms	57

I A: Executive Summary Narrative

Fiscal Years 2010.2011.2012

THE AREA AGENCY ON AGING OF WESTERN MICHIGAN PROVIDES OLDER PERSONS, INCLUDING THOSE IN THE GREATEST SOCIAL AND ECONOMIC NEED, WITH AN ARRAY OF HUMAN SERVICES DESIGNED TO MAINTAIN INDEPENDENCE AND DIGNITY

In 1965, the United States Congress passed the Older Americans Act, which recognized needs specific to older Americans and authorized Federal funds to address those needs.

This Act established the Federal Administration on Aging. Michigan then passed a comparable Older Michiganians Act and the State Office of Services to the Aging (OSA) came into being almost nine years later.

The Area Agency on Aging of Western Michigan, Inc. (AAAWM) was established April 1974, one of 16 regional Area Agencies on Aging in Michigan at that time and one of over 600 area agencies in the nation.

AAAWM is a planning and coordinating agency for services to adults, age 60 and over, living in west-central Michigan (Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola counties and the city of Grand Rapids). It is also a provider of Medicaid Waiver and related services to adults, age 18 and over, from the same geographic area.

Stressing person centered thinking and self determination in long term care, with emphasis on persons in the greatest social and economic need, AAWM acts out its purpose by using available resources, funding and coordinating a variety of services, advocating on behalf of older adults, and educating communities about aging issues.

This Multi Year Plan begins a three-year planning cycle, describing the services, budget, and program development objectives to be attempted and accomplished. The choice of services to be funded is based on need, service provider availability, past experience providing services, and use of approved service definitions, components and standards.

Having created a network, grounded in the Older Americans Act, that has provided quality service for over 30 years, we will continue to bring our abilities and experience to the communities in West Michigan, involving prevention services as well as traditional services to older, frail persons.

Narrative (continued)

AAAWM persists in continually developing the programs in its three year Plan, emphasizing the benefits to communities from their experienced, older adults; educating and training older adults to be strong advocates for themselves and others; as well as providing support when older adults experience need.

Slightly rephrased, “Realizing the Potential of an Aging Community” from Creating Community for a Lifetime still speaks to these West Michigan times:

“Between now and 2030, (our).. County will experience the most profound age shift in its history. While one in ten county residents today is 65+, that number is expected to double as baby boomers approach retirement. The 75+ population is tripling, and the 85+ is quadrupling. This age shift will affect every aspect of our life as a community - housing, economic growth, transportation, health and social systems, land-use planning, education and many others. Most likely, aging boomers will even influence how we *think* about many topics, including the issue of aging itself and the role of older people in our society. Some predict intergenerational conflict over ever-constricting resources. Others see in the age shift the potential for community renewal and transformation.”

“... As with any stage of life, aging brings a host of physical, intellectual, psychological, spiritual and emotional challenges – as well as opportunities for growth and fulfillment. Unfortunately, our society tends to overemphasize aging difficulties – disability, disease, decline, and dependency – as well as the perceived burden an aging population places on our health care, social services and other systems. Clearly, we must attend to the needs of the “frail faction” of our older residents who face isolation, poverty, health and other issues. We recognize that finding ways to ensure that we include this expanding population in our community’s circle of healing will challenge the best talents of each of us.

“Communities can do much simply by paving the way for older people to remain actively involved. Research shows the majority of older people of today are healthier, wealthier, and better educated on average than the elderly of any previous generation. They want to be engaged in their communities in meaningful ways. And such engagement promotes healthy aging, minimizing the health care and social costs often associated with an aging population.

“...we can learn to leverage the intellectual capacity, talent, skill and commitment of older residents to help solve issues for all ages in our community. We can create a community that joins strength to strength to do the work that needs to be done. That’s what we mean by creating community for a lifetime.”

Narrative (continued)

The Advocates for Senior Issues organization, after celebrating its advocacy curriculum development success, “took a lesson” from its own book and birthed active strategic groups tackling Elder Abuse, Universal Health Care and Medicaid Waiver issues.

The Caregiver Resource Network (CRN) continued its own multiyear plan - acknowledging and supporting the individuals doing hard caregiving work.

The Transportation workgroup supports RideLink development– a precedent setting dispatch of transportation services incorporating multiple providers in a collaborative, cost efficient endeavor.

Healthy Aging Initiatives: Evidence-based health promotion programs began or were expanded. This included Matter of Balance, EnhanceFitness, Arthritis Foundation Land Exercise, Eat Less-Move More and the Personal Action Toward Health (PATH) programs. All initiatives enable seniors to play a dynamic preventive role in managing their health. They encourage acting on information and making healthy choices to deal with chronic conditions and prevent falls. Staff members, certified to train others in these initiatives, are directly involved with regional/national expansion of the courses.

Senior Center Staffing: Since FY 2006, state senior center staffing funds have been eliminated, but providers requested continuation of this service. Working together, AAAWM assisted with maintaining staffing using federal funds supplementing with local resources and sharing best practices.

Single Point of Entry Pilot: AAAWM continued to support its Single Point of Entry pilot - West Michigan Long Term Care Connection (WMLTCC), accepted the call center as a subcontract and located staff in its office building. As of June 1, 2009 the SPE pilot was abruptly ended by the state. AAAWM will continue to work toward increasing straightforward access to senior and long term care services for older adults, their families and community.

Veterans Directed Home and Community Based Services (VD-HCBS); AAAWM has contracted to serve veterans of any age, at risk of nursing home placement, and their family caregivers. The VD-HCBS program provides veterans the opportunity to avoid institutionalization. AAAWM, to offer VD-HCBS, has in place the basic elements of a nursing home diversion program and meets the readiness criteria for consumer directed programs. AAAWM has the distinct honor of signing the first Provider Agreement with a VA Medical Center and enrolled the first veteran VD-HCBS in the United States.

Project 2020: AAAWM supports this initiative of the National Association of State Units on Aging (NASUA) and the National Association of Area Agencies on Aging (n4a); is educating its advocacy entities on the key elements (1) person-centered access to information, (2) evidence-based disease prevention and health promotion, and (3) enhanced nursing home diversion services. Agency program development is in accord with all three elements.

IB: FY 2009 Planned Services Summary Page

Service	Budgeted Funds	Percent of Total	Method of Provision			
			Purchased	Contract	Direct	
ACCESS SERVICES						
Care Management	\$ 584,363	8%			X	
Case Coordination & Support	\$ -	0%				
Disaster Advocacy & Outreach Program	\$ -	0%				
Information & Assistance	\$ 93,741	1%			X	
Outreach	\$ -	0%				
Transportation	\$ 237,183	3%		X		
IN-HOME SERVICES						
Chore	\$ -	0%				
Home Care Assistance	\$ -	0%				
Home Injury Control	\$ -	0%				
Homemaking	\$ 488,049	7%	X	X		
Home Delivered Meals	\$ 2,758,108	39%		X		
Home Health Aide	\$ -	0%				
Medication Management	\$ -	0%				
Personal Care	\$ 252,331	4%	X			
Personal Emergency Response System	\$ -	0%				
Respite Care	\$ 426,628	6%	X	X		
COMMUNITY SERVICES						
Adult Day Services	\$ 335,586	5%		X		
Dementia Adult Day Care	\$ -	0%				
Congregate Meals	\$ 995,169	14%		X		
Nutrition Counseling	\$ -	0%				
Nutrition Education	\$ -	0%				
Disease Prevention/Health Promotion	\$ 49,206	1%	X	X	X	
Health Screening	\$ -	0%				
Legal Assistance	\$ 59,392	1%		X		
Long Term Care Ombudsman/Advocacy	\$ 75,148	1%		X		
Senior Center Operations	\$ -	0%				
Senior Center Staffing	\$ 89,207	1%		X		
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$ 15,624	0%		X		
Counseling Services	\$ 11,111	0%		X		
Caregiver Supplemental Services	\$ 3,333	0%		X		
Kinship Support Services	\$ 38,439	1%		X		
Caregiver Education, Support, & Training	\$ 61,055	1%		X		
PROGRAM DEVELOPMENT						
REGION-SPECIFIC						
a. Outreach & Assistance	\$ 223,726	3%				
b. Caregiver Focal Point	\$ 34,750	0%				
c. Home Support	\$ 45,072	1%				
d. MMAP	\$ 12,612	0%				
NHD Services	\$ -	0%				
MATF administration	\$ 30,621	0%				
TOTAL PERCENT			100%	9%	82%	10%
TOTAL FUNDING		\$ 7,105,170		\$611,359	\$5,817,014	\$676,797

FY 2010 AREA PLAN GRANT BUDGET- NUTRITION SERVICES DETAIL

Rev. 3/2009

Agency: Area Agency on Aging of V Budget Period: 40087 to 09/30/10
 PSA: 8 Date: 05/28/09 Rev. Number 0

page 3 of 3

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	547,000		31,854		153,000	153,000	8,000	56,475	949,329
2. Home Delivered Meals		872,928		776,605	495,852	548,000	33,275	160,000	2,886,660
3. Nutrition Counseling	-	-	-	-		-	-	-	-
4. Nutrition Education	5,000	-	-	-		-	-	556	5,556
5. AAA RD/Nutritionist*	48,000							5,556	53,556
Nutrition Services Total	600,000	872,928	31,854	776,605	648,852	701,000	41,275	222,587	3,895,101

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA, and detailed in Appendix ___.

FY 2010 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	10,072	-		42,110	17,168	-	5,798	-	75,148
2. Elder Abuse Prevention	-		14,062			-	1,562	-	15,624
3. Region Specific									-
LTC Ombudsman Ser. Total	10,072	-	14,062	42,110	17,168	-	7,360	-	90,772

FY 2010 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		32,671		3,000		8,000	1,310	4,852	49,833
3. Home Care Assistance									-
4. Home Health Aide									-
5. Meal Preparation/HDM									-
6. Personal Care		5,000					-	556	5,556
Respite Service Total	-	37,671	-	3,000	-	8,000	1,310	5,408	55,389

FY 2009 AREA PLAN GRANT BUDGET

Agency: Area Agency on Aging of Western MI

Budget Period: 10/01/08 to

PSA: 8

Date: 07/14/09

Rev. No.:

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title	842,092		842,092
2. Fed. Title III-C1 (Congregate)		637,135	637,135
3. State Congregate Nutrition		35,272	35,272
4. Federal Title III-C2 (HDM)		889,575	889,575
5. State Home Delivered Meals		866,543	866,543
8. Fed. Title III-	64,852		64,852
9. Federal Title	384,203		384,203
10. Federal Title	-		-
10. Federal Title	14,062		14,062
11. State Acces	74,905		74,905
12. State In-Hor	246,846		246,846
13. State Alterna	295,348		295,348
14. State Care M	525,927		525,927
16. State N.H. C	42,110		42,110
17. Local Match			
a. Cash	90,310	61,710	152,020
b. In-Kind	232,690	208,146	440,836
18. State Respit	107,044		107,044
19. Merit Award	340,237		340,237
20. NSIP		648,852	648,852
21. Program Inc	91,268	461,600	552,868
TOTAL:	3,351,893	3,808,833	7,160,726

ADMINISTRATION		
Revenues		Local Cash
Federal Administration	308,829	35,000
State Administration	53,467	
MATF Administration	30,621	
Other	-	
Total:	392,917	35,000

Expenditures	
	FTEs
1. Salaries/Wages	5.19
2. Fringe Benefits	
3. Office Operations	
Total:	

Cash Match Detail		In-
Source	Amount	Source
County & City Match	35,000	Volunteer Time
Total:	35,000	Total:

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

Signature

Assistant Director
Title

Local In-Kind	Total
28,000	371,829
	53,467
	30,621
	-
28,000	455,917

225,975
83,006
136,936
445,917

-Kind Match Detail	
	Amount
	22,370
	5,630
	28,000

sts for implementation of the Area Plan.

06/12/09

Date

FY 2009 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Area Agency on Aging of Western MI

Budget Period: 10/01/08

to 09/30/09

Rev. 4/2009

PSA: 8

Date: 07/14/09

Rev. No.: 3

page 2 of 3

SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. Respite (Escheat)	Merit Award Trust Fund	Medicaid CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
1. Access																
a. Care Management	-		-		-			525,927				-	-	-	58,436	584,363
b. Case Coord/supp	-		-		-								-	-	-	-
c. Disaster Advocacy	-												-	-	-	-
d. Information & Assis	48,511		1,516		34,340								-	-	9,374	93,741
e. Outreach	-		-		-								-	-	-	-
f. Transportation	186,465		-								-		30,000	6,500	14,218	237,183
2. In-Home																
a. Chore	-												-	-	-	-
b. Home Care Assis	-					-	-						-	-	-	-
c. Home Injury Cntrl	-		-										-	-	-	-
d. Homemaking	76,436					130,098	207,960						27,500	6,600	39,455	488,049
e. Home Health Aide	-					-	-						-	-	-	-
f. Medication Mgt	-	-				-	-						-	-	-	-
g. Personal Care	20,712					116,748	87,388						2,500	-	24,983	252,331
h. PERS	-	-	-			-	-						-	-	-	-
i. Respite Care	4,791		194,210			-	-			38,043	137,921		10,000	8,000	33,663	426,628
j. Friendly Reassure	-												-	-	-	-
3. Legal Assistance	46,978		6,475										-	5,939	-	59,392
4. Community Services																
a. Adult Day Care	-		59,712				-			69,001	171,695		1,800	22,000	11,379	335,586
b. Dementia ADC	-		-				-			-	-		-	-	-	-
c. Disease Prevent	784	43,501	-										-	1,200	3,721	49,206
d. Health Screening	-	-											-	-	-	-
e. Assist to Deaf	-	-											-	-	-	-
f. Home Repair	-												-	-	-	-
g. LTC Ombudsman	10,072			-					42,110			17,168	-	5,798	-	75,148
h. Sr Ctr Operations	-												-	-	-	-
i. Sr Ctr Staffing	80,286												-	6,600	2,321	89,207
j. Vision Services	-	-											-	-	-	-
k. Elder Abuse Prevnt	-			14,062									-	1,562	-	15,624
l. Counseling	-	10,000	-										-	1,111	-	11,111
m. Spec Respite Care										-			-	-	-	-
n. Caregiver Supplmt	-		3,000										-	-	333	3,333
o. Kinship Support	-		34,595										-	1,000	2,844	38,439
q. Caregiver E,S,T	-		53,420										1,700	2,800	3,135	61,055
5. Program Develop	166,244												-	2,200	16,272	184,716
6. Region Specific																
a. Outreach & Assistance	200,813	-	-	-	-	-	-	-	-	-	-		600	19,000	3,313	223,726
b. Caregiver Focal Point			31,275												3,475	34,750
c. Home Support					40,565										4,507	45,072
d. MMAP		11,351	-												1,261	12,612
NHD Services	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-
MATF administration											30,621					30,621
SUPPRT SERV TOTAL	842,092	64,852	384,203	14,062	74,905	246,846	295,348	525,927	42,110	107,044	340,237	17,168	74,100	90,310	232,690	3,351,893

FY 2009 AREA PLAN GRANT BUDGET- NUTRITION SERVICES DETAIL

Agency: Area Agency on Aging Budget Period: 39722 to 09/30/09
 PSA: 8 Date: 07/14/09 Rev. Number 3

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match
Nutrition Services							
1. Congregate Meals	587,135		35,272		117,704	185,900	21,110
2. Home Delivered Meals		889,575		866,543	531,148	275,700	40,600
3. Nutrition Counseling	-	-	-	-		-	-
4. Nutrition Education	-	-	-	-		-	-
5. AAA RD/Nutritionist*	50,000						
Nutrition Services Total	637,135	889,575	35,272	866,543	648,852	461,600	61,710

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA, and detailed in Appendix H.

1,526,710
 1,012,135 514,575 35,272 866,543 648,852
 1,526,710

FY 2009 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match
LTC Ombudsman Services							
1. LTC Ombudsman	10,072	-		42,110	17,168	-	5,798
2. Elder Abuse Prevention	-		14,062			-	1,562
3. Region Specific							
LTC Ombudsman Ser. Total	10,072	-	14,062	42,110	17,168	-	7,360

FY 2009 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
1. Chore							
2. Homemaking			37,634	3,000		11,987	1,200
3. Home Care Assistance							
4. Home Health Aide							
5. Meal Preparation/HDM							
6. Personal Care			5,000				25
Respite Service Total	-	-	42,634	3,000	-	11,987	1,225

In-Kind Match	TOTAL
48,048	995,169
154,542	2,758,108
-	-
-	-
5,556	55,556
208,146	3,808,833

In-Kind Match	TOTAL
-	75,148
-	15,624
-	-
-	90,772

Cash/In-Kind Match	TOTAL
-	-
5,867	59,688
-	-
-	-
-	-
556	5,581
6,423	65,269

AREA AGENCY ON AGING--WAGES AND SALARIES

PSA: 8
 Agency: AAA of WESTERN MICHIGAN

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

Date of Budget: 07/09/09
 Rev. No.: 0 Page 1 of 1

JOB CLASSIFICATION	FTEs	Operations		Program Services/Activities									TOTAL
		Admin	Program Develop	T3B I & A	T3D PREV MMAP	NUTRITION-IS T3-C1	Merit Award TRUST	STATE CARE MGMT.	STATE ACCESS	OTHER RESOURCES	T3E- Caregive Respite & Fod		
DIRECTOR	1.00	20,063	21,309	0	0	0	2,612	5,544	0	42,533	0	92,061	
ASSISTANT DIRECTOR	1.00	16,699	16,698	3,372	0	8,194	5,166	0	517	24,963	2,339	77,948	
PLANNER	1.00	12,888	18,327	0	0	0	369	3,896	0	20,168	0	55,648	
CM SERVICES DIRECTOR	1.00	3,495	461	3,763	0	0	0	12,785	972	46,895	0	68,371	
FINANCIAL DIRECTOR	1.00	15,702	3,872	0	0	0	768	9,157	0	47,263	0	76,762	
CONTRACT COORD.	6.20	62,327	22,132	0	3,570	26,234	6,007	10,209	0	115,331	13,289	259,099	
PROGRAM COORD.	1.80	0	0	0	1,452	0	0	0	0	69,197	0	70,649	
CLERICAL SUPPORT	5.85	24,927	7,059	8,766	0	0	0	8,401	1,417	64,479	0	115,049	
CM RN SUPERVISOR	1.00	0	0	0	0	0	0	8,221	893	50,372	0	59,486	
CM SW SUPERVISOR	1.00	0	0	4,377	0	0	0	6,141	2,533	46,230	0	59,281	
CM Q&A RN	1.00	0	0	0	0	0	0	11,511	1,197	39,314	0	52,022	
CM REGISTERED NURSE	15.68	0	0	0	0	0	0	102,461	25,466	651,542	0	779,469	
CM SOCIAL WORKER	8.80	0	0	0	0	0	0	68,852	3,848	299,751	0	372,451	
ACCESS COORDINATOR	2.80	0	0	24,845	6,816	0	0	4,115	5,124	61,917	0	102,817	
CLAIMS REVIEW SPEC.	3.00	0	0	0	0	0	0	12,930	738	77,475	1,208	92,351	
PR/COMMUNICATIONS	1.00	9,359	9,359	0	0	0	0	2,392	0	18,754	0	39,864	
NETWORK ADMIN./CIO	1.00	21,253	0	511	0	0	0	8,996	0	29,828	0	60,588	
ASST. FINANCIAL DIR.	1.00	9,266	0	0	0	0	1,208	6,013	0	31,861	0	48,348	
FINANCIAL SUPPORT	2.10	16,244	0	0	0	0	965	5,630	0	48,296	623	71,758	
CLIENT I.S. COORD.	1.00	0	0	0	0	0	0	5,548	317	33,768	0	39,633	
CASE ASSISTANT	1.00	0	0	0	0	0	0	4,074	361	24,038	0	28,473	
DATA ENTRY CLERK	1.55	19,365	0	152	0	0	0	3,767	0	22,788	3,156	49,228	
MAINTENANCE STAFF	0.50	4,272	0	0	0	0	0	688	0	8,791	0	13,751	
												0	
TOTAL	61.28	235860	99217	45786	11838	34428	17095	301331	43383	1875554	20615	2685107	

II.B. AREA AGENCY ON AGING--OPERATING BUDGET

PSA: 8
Agency: AAA of WESTERN MICHIGAN

Budget Period: 10/01/09

to: 09/30/10

Date of Budget: 7/14/06

Rev. No.: 0 Page 1 of 1

Operations		Program Services/Activities									
Admin	Program Develop	T3B & A	T3D PREV & MMAP	NUTRITION-IST T3-C1	Merit Award TRUST	STATE CARE MGMT.	STATE ACCESS	OTHER RESOURCES	T3E- Caregiver Support & Focal Point		TOTAL

REVENUES

Federal Grants	308,829	166,244	70,295	16,302	50,000	0	0	0	2,179,185	27,073		2,817,928
State Grants	53,467	0	0	0	0	27,184	468,698	66,760	0			616,109
Local Cash Match	35,000	0	0	0	0	0	0	0	842,483			877,483
Local In-Kind Match	24,544	0	0	0	0	0	52,078	0	4,705			81,327
Interest Income	0	0	0	0	0	0	0	0	0			0
Fund Raising/Other												0
TOTAL	421,840	166,244	70,295	16,302	50,000	27,184	520,776	66,760	3,026,373	27,073	0	4,392,847

EXPENDITURES

Contractual Services												0
Purchased Services												0
Wages and Salaries	235,860	99,217	45,786	11,838	34,428	17,095	301,331	43,383	1,875,554	20,615	0	2,685,107
Fringe Benefits	65,605	26,579	13,491	2,792	6,777	4,173	83,990	11,221	559,844	4,634		779,106
Payroll Taxes	20,756	8,731	4,029	1,042	3,030	1,504	26,517	3,818	165,049	1,814		236,290
Professional Services	5,116	930	243	0	0	172	7,900	934	80,091			95,386
Accounting & Audit Services	10,232	179	121	0	0	80	1,924	332	17,862			30,730
Legal Fees	0	0	0	0	0	0	0	0	0			0
Occupancy	15,378	7,237	2,708	0	0	1,112	7,784	1,534	62,406			98,159
Insurance	1,668	781	206	0	0	135	976	204	7,144			11,114
Office Equipment (cost \$5,000 or less)	804	212	37	0	0	32	587	80	3,538	0		5,290
Equip Maintenance & Repair	0	0	0	0	0	0	0	0	0			0
Office Supplies	11,065	4,200	704	76	2,471	648	3,662	659	48,237	10		71,732
Printing & Publication	1,308	432	81	0	0	51	668	152	4,854	0		7,546
Postage	2,426	707	283	0	0	88	997	251	6,858			11,610
Telephone	2,899	839	849	0	0	108	5,759	1,293	34,636			46,383
Travel	12,692	10,199	165	637	2,302	713	15,913	2,507	103,408			148,536
Conferences	5,628	3,621	488	53	727	774	3,116	564	25,810			40,781
Memberships	535	179	376	0	729	22	285	36	1,681	0		3,843
Special Events / Advocacy /	3,872	2,092	356	0	0	214	4,906	188	21,559	0		33,187
Volunteer & Inkind	24,544	0	0	0	0	0	52,078	0	3,405			80,027
Accrued Vacation & Sick	1,452	109	372	(136)	(464)	263	2,383	(396)	4,437			8,020
TOTAL	421,840	166,244	70,295	16,302	50,000	27,184	520,776	66,760	3,026,373	27,073	0	4,392,847

Organizational Chart

Area Agency on Aging of Western Michigan (*Management Team)

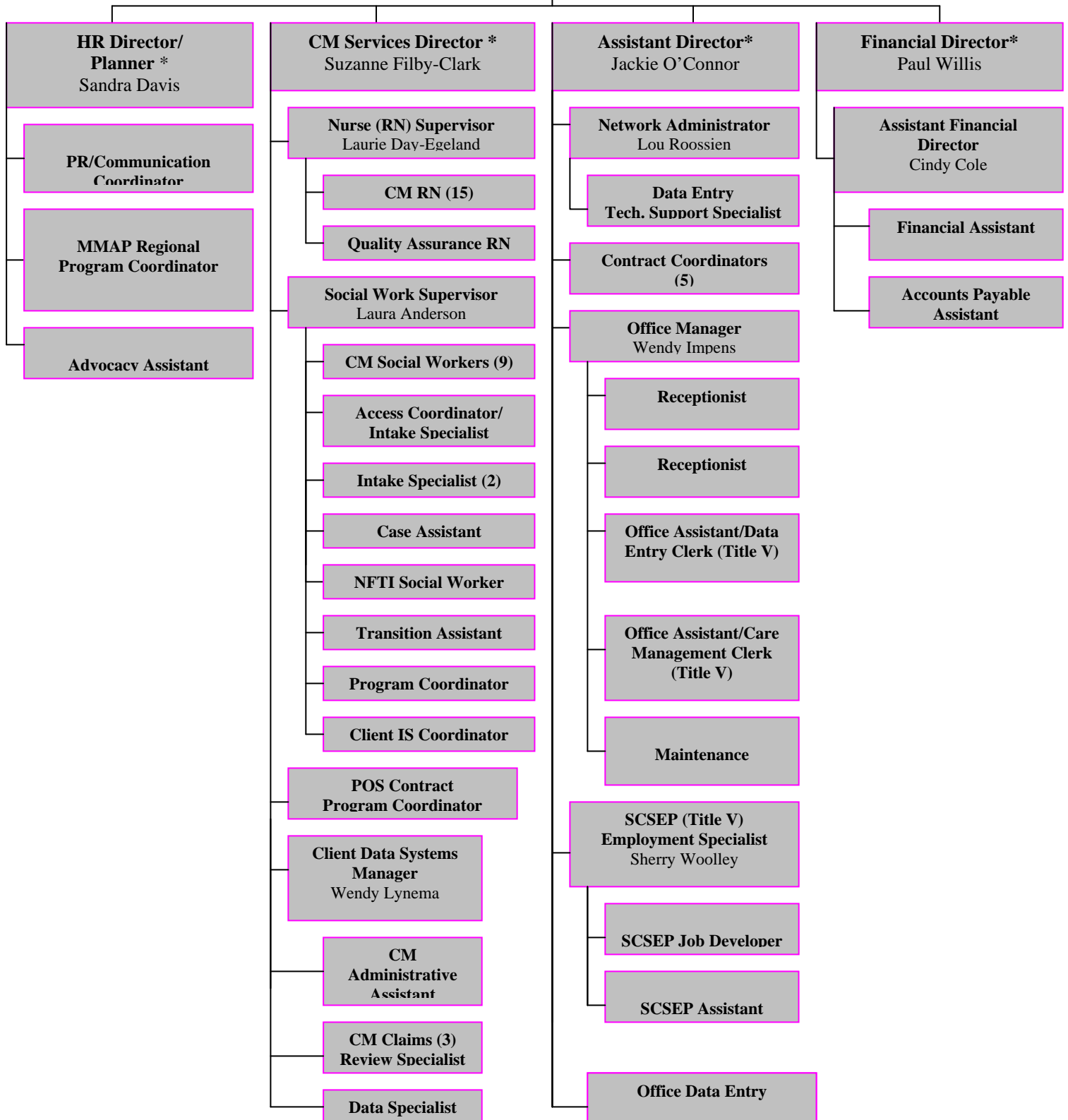
Department of Community Health

AAAWM Advisory Council

Board of Directors

Service Providers

Executive Director* Tom Czerwinski



FY 2009 AREA PLAN GRANT BUDGET

Rev. 4/2009

Agency: Area Agency on Aging of Western MI

Budget Period: 10/01/08 to 09/30/09

PSA: 8

Date: 07/14/09

Rev. No.: 3 Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	842,092		842,092
2. Fed. Title III-C1 (Congregate)		637,135	637,135
3. State Congregate Nutrition		35,272	35,272
4. Federal Title III-C2 (HDM)		889,575	889,575
5. State Home Delivered Meals		866,543	866,543
8. Fed. Title III-D (Prev. Health)	64,852		64,852
9. Federal Title III-E (NFCSP)	384,203		384,203
10. Federal Title VII-A	-		-
10. Federal Title VII-EAP	14,062		14,062
11. State Access	74,905		74,905
12. State In-Home	246,846		246,846
13. State Alternative Care	295,348		295,348
14. State Care Management	525,927		525,927
16. State N.H. Ombudsman	42,110		42,110
17. Local Match			
a. Cash	90,310	61,710	152,020
b. In-Kind	232,690	208,146	440,836
18. State Respite Care (Escheat)	107,044		107,044
19. Merit Award Trust Fund	340,237		340,237
20. NSIP		648,852	648,852
21. Program Income	91,268	461,600	552,868
TOTAL:	3,351,893	3,808,833	7,160,726

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	308,829	35,000	28,000	371,829
State Administration	53,467			53,467
MATF Administration	30,621			30,621
Other	-			-
Total:	392,917	35,000	28,000	455,917

Expenditures		
	FTEs	
1. Salaries/Wages	5.19	225,975
2. Fringe Benefits		83,006
3. Office Operations		136,936
Total:		445,917

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
County & City Match	35,000	Volunteer Time	22,370
			5,630
Total:	35,000	Total:	28,000

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.

Markie O'Connor
Signature

Assistant Director
Title

06/12/09
Date

III A: Demographics

STATEMENT OF NEED

Demographics

Source: 2000 Census

As requested by OSA: This data is from AAAWM's previous Multi Year Plan.
Data provided by OSA, in the future, may also be used throughout the three Plan years.

Total Population in PSA for All Ages	954,015
Total Population in PSA for Ages 60 and over	140,233
Total Population 65+ Below Poverty	7,966
Total Minority Population Age 60 and Over	7,490

Total Minority Population Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black): 4,790	<input type="checkbox"/> Less than 1%
Asian: 714	<input checked="" type="checkbox"/> Less than 1%
Am. Indian/Alaska Native: 371	<input checked="" type="checkbox"/> Less than 1%
Native Hawaiian/other Pacific Islander: 23	<input checked="" type="checkbox"/> Less than 1%
Arab/Chaldean:	<input type="checkbox"/> Less than 1%
Hispanic/Latino: 1,982	<input type="checkbox"/> Less than 1%

Total Low Income Minority Age 65 and Over by Race/Ethnicity (in whole numbers)

African American (Black): 713	<input type="checkbox"/> Less than 1%
Asian: 71	<input type="checkbox"/> Less than 1%
Am. Indian/Alaska Native: 41	<input type="checkbox"/> Less than 1%
Native Hawaiian/other Pacific Islander: 0	<input checked="" type="checkbox"/> Less than 1%
Some Other Race Alone: 51	
Two or More Races: 96	
Arab/Chaldean:	<input type="checkbox"/> Less than 1%
Hispanic/Latino:	<input type="checkbox"/> Less than 1%

Total Kinship Caregivers Age 60 and Over: 5,535

Grandparents as Caregivers 2000 Census					
Area Name	Total Population	Grandparents living in household with one or more own grandchildren under age 18	Grandparent responsible for grandchildren	Percent of total population who have grandparents living in household	Percent of grandparents living in household who are responsible for grandchildren
Michigan	9,938,444	166,705	70,044	1.7%	42%
Region 8	954,015	12,131	5,353	1.3%	44%
Allegan	105,665	1,305	603	1.2%	46%
Ionia	61,518	753	322	1.2%	43%
Kent	574,335	7,254	3,169	1.3%	44%
Lake	11,333	209	113	1.8%	54%
Mason	28,274	434	205	1.5%	47%
Mecosta	40,553	427	192	1.1%	45%
Montcalm	61,266	770	328	1.3%	43%
Newaygo	47,874	701	295	1.5%	42%
Osceola	23,197	278	126	1.2%	45%

Demographic changes, within the older population in Region Eight, which have occurred since the 2000 U.S. Census.

Census information - indicating that the nation will be more racially and ethnically diverse, as well as much older, by midcentury – is included.

AAAWM views looking forward, projecting changes and their affect on the lives of older adults, as necessary to balance the knowledge gained through the service experience since the beginning of this century.

Population Estimates by Selected Age Group and County Michigan, 2006

County	45-64 Years		65 Years & Older	
	Number	%	Number	%
Michigan Total	2,638,489	26.1%	1,260,864	12.5%
Allegan	29,353	25.9%	12,875	11.3%
Ionia	15,476	23.9%	6,478	10.0%
Kent	142,921	23.8%	61,768	10.3%
Lake	3,112	26.4%	2,347	19.9%
Mason	7,972	27.5%	5,253	18.1%
Mecosta	9,179	21.7%	5,968	14.1%
Montcalm	15,801	24.7%	8,072	12.6%
Newaygo	12,887	25.9%	6,647	13.3%
Osceola	6,105	25.9%	3,663	15.5%

Notes:

Number: Population estimates as of July 1 for the specified year.

Percent of total population.

Source: Table prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 8/2007) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. For more information about these estimates produced by the U.S. Census Bureau under a collaborative agreement with NCHS, see [the NCHS bridged-race methodology](#).

Last Updated: 03/18/2008

Percent of Population Changes between 1997 and 2006

Region Eight

County	<u>45-64 Years</u> Percentage	<u>65 Years & Older</u> Percentage
Statewide Change	+28.18%	+04.17%
Allegan	42.1%	12.8%
Ionia	33.1%	06.5%
Kent	39.3%	03.8%
Lake	14.6%	11.8%
Mason	20.8%	11.7%
Mecosta	18.2%	19.0%
Montcalm	28.5%	12.2%
Newaygo	28.7%	13.0%
Osceola	18.6%	17.3%

Michigan Population Trends by Age, 1990-2006
Michigan Total

Year	<u>Under 18 Years</u>		<u>18-44 Years</u>		<u>45-64 Years</u>		<u>65 Years & Older</u>	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2006	2,478,356	24.6%	3,717,934	36.8%	2,638,489	26.1%	1,260,864	12.5%
2005	2,524,274	24.9%	3,773,366	37.3%	2,564,726	25.3%	1,258,494	12.4%
2004	2,533,439	25.1%	3,816,469	37.7%	2,516,117	24.9%	1,246,595	12.3%
2003	2,538,920	25.2%	3,842,349	38.1%	2,462,215	24.4%	1,236,501	12.3%
2002	2,570,264	25.6%	3,862,991	38.4%	2,385,271	23.7%	1,231,920	12.3%
2001	2,573,235	25.7%	3,885,613	38.8%	2,320,660	23.2%	1,226,758	12.3%
2000	2,575,677	25.9%	3,902,990	39.2%	2,256,095	22.7%	1,221,353	12.3%
1999	2,587,289	26.1%	3,915,222	39.6%	2,180,031	22.0%	1,214,574	12.3%
1998	2,582,413	26.2%	3,938,274	40.0%	2,114,822	21.5%	1,212,433	12.3%
1997	2,582,841	26.3%	3,957,399	40.3%	2,058,413	21.0%	1,210,398	12.3%
1996	2,576,910	26.4%	3,973,562	40.7%	2,001,756	20.5%	1,206,417	12.4%
1995	2,564,834	26.5%	3,969,539	41.0%	1,945,502	20.1%	1,196,336	12.4%
1994	2,541,302	26.5%	3,977,692	41.4%	1,896,665	19.8%	1,182,078	12.3%
1993	2,527,010	26.5%	3,992,099	41.9%	1,852,492	19.4%	1,168,513	12.3%
1992	2,503,024	26.4%	4,010,415	42.3%	1,814,839	19.2%	1,150,787	12.1%
1991	2,487,028	26.5%	4,024,913	42.8%	1,758,168	18.7%	1,130,337	12.0%
1990	2,461,093	26.4%	3,996,807	42.9%	1,744,011	18.7%	1,109,408	11.9%

Notes:

Total Population: Population estimates as of July 1 for the specified year.

Yearly Change: Percent of population change as compared to the population in the previous year.

Percent of total population.

Source: Table prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 8/2007) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. For more information about these estimates produced by the U.S. Census Bureau under a collaborative agreement with NCHS, see [the NCHS bridged-race methodology](#).

Last Updated: 08/07/2008

Michigan Population Trends by Age, 1990-2006
Michigan Total

Year	Population Trends for Selected Age Group: 45-64 Years				
	Total	45-49 Year	50-54 Years	55-59 Years	60-64 Years
2006	2,638,489	801,470	729,417	642,566	465,036
2005	2,564,726	795,317	713,668	605,905	449,836
2004	2,516,117	794,860	701,254	579,078	440,925
2003	2,462,215	789,108	688,934	557,660	426,513
2002	2,385,271	771,322	678,046	530,631	405,272
2001	2,320,660	758,292	666,534	508,465	387,369
2000	2,256,095	741,642	644,030	490,298	380,125
1999	2,180,031	721,311	608,876	474,708	375,136
1998	2,114,822	704,971	583,282	459,162	367,407
1997	2,058,413	693,658	567,760	435,046	361,949
1996	2,001,756	693,093	526,061	420,185	362,417
1995	1,945,502	653,964	516,107	410,181	365,250
1994	1,896,665	621,305	500,432	405,600	369,328
1993	1,852,492	594,162	482,655	396,398	379,277
1992	1,814,839	577,160	455,676	389,925	392,078
1991	1,758,168	532,249	437,382	388,270	400,267
1990	1,744,011	523,321	426,664	391,050	402,976

Notes:

Number: Population estimates as of July 1 for the specified year.

Source: Table prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 9/2006) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. For more information about these estimates produced by the U.S. Census Bureau under a collaborative agreement with NCHS, see [the NCHS bridged-race methodology](#).

Last Updated: 08/07/2008

Michigan Population Trends by Age, 1990-2006
Michigan Total

Year	Population Trends for Selected Age Group: 65 Years and Older					
	Total	65-69 Year	70-74 Years	75-79 Years	80-84 Years	85 Years Or Older
2006	1,260,864	351,726	287,781	253,510	193,089	174,758
2005	1,258,494	341,291	269,631	265,647	197,851	184,074
2004	1,246,595	334,559	277,301	265,459	194,209	175,067
2003	1,236,501	328,284	294,204	262,866	189,146	162,001
2002	1,231,920	324,588	304,789	261,505	185,147	155,891
2001	1,226,758	325,502	309,622	261,178	180,193	150,263
2000	1,221,353	328,206	313,083	261,072	174,430	144,562
1999	1,214,574	329,896	315,575	257,831	171,488	139,784
1998	1,212,433	335,941	317,429	254,435	168,516	136,112
1997	1,210,398	347,121	315,979	250,646	165,047	131,605
1996	1,206,417	355,693	316,710	244,641	161,329	128,044
1995	1,196,336	359,862	317,567	238,141	156,318	124,448
1994	1,182,078	363,206	312,342	235,296	149,998	121,236
1993	1,168,513	366,368	307,079	231,110	145,647	118,309
1992	1,150,787	365,782	303,093	226,877	140,909	114,126
1991	1,130,337	367,289	294,720	220,857	137,107	110,364
1990	1,109,408	367,977	287,742	213,858	133,463	106,368

Notes:

Number: Population estimates as of July 1 for the specified year.

Source: Table prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 8/2007) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. For more information about these estimates produced by the U.S. Census Bureau under a collaborative agreement with NCHS, see [the NCHS bridged-race methodology](#).

Last Updated: 08/07/2008

An Older and More Diverse Nation by Midcentury (US Census Release)

The nation will be more racially and ethnically diverse, as well as much older, by midcentury, according to projections released today by the U.S. Census Bureau.

Minorities, now roughly one-third of the U.S. population, are expected to become the majority in 2042, with the nation projected to be 54 percent minority in 2050. By 2023, minorities will comprise more than half of all children.

In 2030, when all of the baby boomers will be 65 and older, nearly one in five U.S. residents is expected to be 65 and older. This age group is projected to increase to 88.5 million in 2050, more than doubling the number in 2008 (38.7 million).

Similarly, the 85 and older population is expected to more than triple, from 5.4 million to 19 million between 2008 and 2050.

By 2050, the minority population — everyone except for non-Hispanic, single-race whites — is projected to be 235.7 million out of a total U.S. population of 439 million. The nation is projected to reach the 400 million population milestone in 2039.

The non-Hispanic, single-race white population is projected to be only slightly larger in 2050 (203.3 million) than in 2008 (199.8 million). In fact, this group is projected to lose population in the 2030s and 2040s and comprise 46 percent of the total population in 2050, down from 66 percent in 2008.

Meanwhile, the Hispanic population is projected to nearly triple, from 46.7 million to 132.8 million during the 2008-2050 period. Its share of the nation's total population is projected to double, from 15 percent to 30 percent. Thus, nearly one in three U.S. residents would be Hispanic.

The black population is projected to increase from 41.1 million, or 14 percent of the population in 2008, to 65.7 million, or 15 percent in 2050.

The Asian population is projected to climb from 15.5 million to 40.6 million. Its share of the nation's population is expected to rise from 5.1 percent to 9.2 percent.

Among the remaining race groups, American Indians and Alaska Natives are projected to rise from 4.9 million to 8.6 million (or from 1.6 to 2 percent of the total population). The Native Hawaiian and Other Pacific Islander population is expected to more than double, from 1.1 million to 2.6 million. The number of people who identify themselves as being of two or more races is projected to more than triple, from 5.2 million to 16.2 million.

Other highlights:

- In 2050, the nation's population of children is expected to be 62 percent minority, up from 44 percent today. Thirty-nine percent are projected to be Hispanic (up from 22 percent in 2008), and 38 percent are projected to be single-race, non-Hispanic white (down from 56 percent in 2008).
- The percentage of the population in the "working ages" of 18 to 64 is projected to decline from 63 percent in 2008 to 57 percent in 2050.
- The working-age population is projected to become more than 50 percent minority in 2039 and be 55 percent minority in 2050 (up from 34 percent in 2008). Also in 2050, it is projected to be more than 30 percent Hispanic (up from 15 percent in 2008), 15 percent black (up from 13 percent in 2008) and 9.6 percent Asian (up from 5.3 percent in 2008).

Unless otherwise specified, the data refer to the population who reported a race alone or in combination with one or more races. The detailed tables show data for both this group and those who reported a single race only. Censuses and surveys permit respondents to select more than one race; consequently, people may be one race or a combination of races. Hispanics may be of any race.

The federal government treats Hispanic origin and race as separate and distinct concepts. In surveys and censuses, separate questions are asked on Hispanic origin and race. The question on Hispanic origin asks respondents if they are Spanish, Hispanic or Latino. Starting with Census 2000, the question on race asked respondents to report the race or races they consider themselves to be. Thus, Hispanics may be of any race. (See *U.S. Census Bureau Guidance on the Presentation and Comparison of Race and Hispanic Origin Data*.)

The original race data from Census 2000 are modified to eliminate the "some other race" category. This modification is used for all Census Bureau projections products and is explained in the document titled "Modified Race Data Summary File Technical Documentation and ASCII Layout" that can be found on the Census Bureau Web site at <<http://www.census.gov/popest/archives/files/MRSE-01-US1.html>>

The projections for the resident population of the United States are available by single year of age, sex, race and Hispanic origin. They are based on Census 2000 results and assumptions about future childbearing, mortality and net international migration.

RELEASED: THURSDAY, AUG. 14, 2008

- Robert Bernstein/Tom Edwards
- Public Information Office of US Census
- 301-763-3030/763-3762 (phone/fax)
- e-mail: <pio@census.gov>

III B: INPUT FORUMS and PUBLIC HEARINGS

The Older Americans Act, Section 306, (6) "... the area agency on aging will—

(A) take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;"

To gather information regarding the needs of older persons in Region Eight, two input gatherings and two public hearings were held concerning the Multi Year Plan. The hearings were in an accessible facility. Persons did not have to be present at a hearing to provide testimony. Although written testimony provided at a time other than at the public hearings would have been accepted, none was offered. The public hearing notice was available at least thirty (30) days in advance of the scheduled hearings.

PSA Notices ran in newspapers and senior publications. The notices indicated availability of the Summary Plan, including the required components, at least fifteen (15) days prior to the hearings. Information on obtaining the Plan on line or by mail was given. Persons notified of the public hearings included elected officials, service providers, older persons, and the general public.

DATE	LOCATION	TIME	BARRIER FREE	NUMBER of PARTICIPANTS
Public Hearing: April 6, 2009	Home & Building Association of Greater GR 1633 E. Beltline, Grand Rapids MI	1:00 pm	Yes	11 public 13 AC members
Public Hearing: May 6, 2009	Mecosta County Commission on Aging 12954 80 th Avenue, Mecosta MI	11:00 am	Yes	16
Input: March/April 2009	Kent County www.aaawm.org survey on-line	***	Yes	~850
Input: May 2009	Scottville Senior Center, Mason County Ionia County Commission on Aging survey printed	***	Yes	84

AAAWM used a 63 question survey, on-line and in print, to gather input on public perception and preferences concerning senior services. Senior millage; housing; in-home, nutrition, health and wellness, financial and legal, prescription, and transportation services, volunteering, care-giving, and space to comment on any general issues were covered. Responses are being tabulated, analyzed, and will inform service and program actions for the next three years. Public Hearing comments offered appreciation for services being provided, asked for clarification of future services' funding, promoted services available from non-AAAWM funded agencies, and noted that emphasis on persons with low incomes may overlook other "needy" seniors. Comments will be addressed in the Multi Year Plan and subsequent Annual Plans.

III C: Evaluation of Unmet Needs

Demographic data, changes in federal and state policies, and trends concerning an aging population, particularly Project 2020 (Building on the Promise of Home and Community-Based Services), were considered while developing the Fiscal Years 2010.2011.2012 Multi Year Plan. Elders were surveyed on-line and in-print. Advocates for causes beneficial to older persons, providers of services to older adults, other resource allocators, and planning organizations in west Michigan were consulted.

Issues remain akin to those in prior years: access to services, sufficient funding and amount of services, exercising community based long term care options, preventing unhealthy behaviors, prescription drug costs, remaining at home as long as possible, caregiver/respice support, elder abuse and exploitation, being able to finance long term care, and providing information about contacts for elder services at other agencies being raised primarily.

Elders most challenged are those who live on a low income, below or just above poverty; have survived to an advanced age; have been widowed, are single, or live alone; are female; come from a racial or ethnic minority background; achieved minimal education; and have no relatives nearby. The need for in-home services, managing health care while alone, surviving loneliness and poor health, transportation, plus money to live on and keep up a home concern older adults.

The following needs remain: increasing in-home services for the oldest old; more day service/respice plus relief for caregivers; relieving the shortage of transportation services and transportation—escort service; relief from high prescription drug costs; lack of understanding about services and ways to get services; more intergenerational understanding of common issues and resources, including grandparents raising grandchildren; reducing the cost of long term, nursing home and adult foster home care; lower costs for prescription drugs; lack of congregate and home delivered meals on weekends and holidays; continuing cooperation among service providers to share best practices and mutual support; affordable housing for frail seniors not low-income; and education to offset the problems compounded by years of living on a fixed income or the recent problem of surviving reduced retirement investments.

Service priorities include: in-home services, mainly home delivered meals; day services/respice, and caregiver support; access services, including care management/ care consultation services and nursing home transitions to community living; transportation, particularly coordination of existing services; healthy aging initiatives, especially increasing participation in evidence based health promotion projects; and continuing proactive community information about service options and needs.

The services to be funded under this Plan reflect those priorities. The Plan includes census data showing the population over age 60 by age, race, sex, and income relative to the poverty level. Trends indicate that the fastest growing segment consists of those ages 85 and older. This group is anticipated to need the greatest level of service.

III D: Available Resources and Partnerships

Resources Available to Address Unmet Needs: AAAWM relies on traditional sources - Older American Act and Older Michiganians Act, Medicare Medicaid Assistance Program, and Title V (employment) funds to address unmet needs; using need to set priorities. Somewhat less traditional sources are the Caregiver Resource Network, Evidence Based Disease Prevention programs, and Nursing Home Transition programs.

All Region Eight counties have Senior Millages

Use of millage funds is specific to each county. AAAWM has stated it supports the use of millage funds to expand existing and support new services. It will not withdraw agency funds from services because millage money is available.

<i>Allegan</i>	<i>0.24</i>
<i>Ionia</i>	<i>0.375</i>
<i>Kent</i>	<i>0.33</i>
<i>Lake</i>	<i>0.75</i>
<i>Mason</i>	<i>0.04</i>
<i>Mecosta</i>	<i>0.5</i>
<i>Montcalm</i>	<i>0.25</i>
<i>Newaygo</i>	<i>0.5</i>
<i>Osceola</i>	<i>0.8</i>

Potential Partnerships: The agency has established cooperative partnerships. Prevention initiatives, P.A.T.H., Enhance Fitness and Matter of Balance, are positioned to be disseminated widely. AAAWM is working with West Michigan Physicians Network to increase the number of physician referrals to its self management programs. Two Priority Health staff members are enrolled in a September, 2009 training for Matter of Balance in order to increase awareness of the program to their physician network and to offer the program to their members. Also continuing is a partnership with Michigan Public Health Department on a grant they received through CDC to expand EnhanceFitness and PATH throughout west Michigan. The Veterans Directed Home and Community Based Services (VD-HCBS) is a new partnership with the Veterans Administration. The Creating Community for a Lifetime "Roadmap for an Elder Friendly Community" continues as the Grand Rapids Community Foundation seeks to enhance older volunteering and AAAWM continues to be involved with the Kent County Physical Activity and Nutrition Steering Committee. The Kent District Library consults AAAWM staff while continuing to be elder-friendly. AAAWM staff is participating with Network 180 on its Substance Abuse and Suicide Prevention Coalitions. Many AAAWM providers are part of Rhonda Montgomery's T-Care pilot for improving the caregiver assessment process. This program is shared on a regular basis through the Caregiver Resource Network. Staff remain active with Collaboratives in Allegan, Kent, Newaygo, Mecosta and Osceola counties, as well as with The Rapid (transit authority) in Kent county, Grand Valley State University, Grand Rapids Community College, Calvin College, Montcalm Community College, and the Elder Friendly Community Initiative.

IV A: TARGETING SERVICE DELIVERY PLAN

Fiscal Years: 2010-2012

Baseline Data <i>Source: Year-end report for FY '08 Indicate the number served by group and the percentage of that group's 60+ population that the number represents.</i>		African American	Native American/ Native Alaskan	Asian/ Pacific Islander	Hispanic	Low-income Minority Age 65+	Low-income
Supportive Services	Number Served	828	59	46	190	487	2115
	Percentage	17%	16%	6%	10%	50%	27%
Congregate Nutrition	Number Served	323	18	15	147	202	1439
	Percentage	7%	5%	2%	7%	21%	18%
Home Delivered Meals	Number Served	423	24	61	150	259	1392
	Percentage	9%	7%	8%	8%	27%	17%

Percentages based on FY 2007-2009 Multi Year Plan

Desired Outcome: [Maintain or increase service to minority clients, particularly the Hispanic population.](#)

Action: [2010 – Investigate the addition of a second Hispanic meal site in Kent County](#)

[2010 – Investigate other service providers to work with Native American and African American populations in Kent County](#)

IV B: Access Services

Access Services may be provided by AAAM without a direct service waiver from OSA. There is a checkmark in the box next to the name of the Access Services that plans on offering under this multi year Plan. Services not offered are left blank.

Care Management

Starting date: 10/1/09 Ending date: 9/30/10

Total of federal dollars: \$0 Total of state dollars: \$468,698

Geographic area to be served: Region 8 (Allegan, Kent, Ionia, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola counties)

Goal: To provide support to frail elderly to prevent or delay institutional placement.

Timeline: Ongoing

Outcome: Serve a total of 330 total CM clients (new plus carry over)

Goal: To provide a level of care in concert with MI Choice Waiver that results in a continuum of long term care services.

Timeline: Ongoing

Outcome: Allow for easy access to levels of care as people age in place in the community, maximizing federal, state and local resources.

Goal: Advocate for growth of the MI Choice Waiver program to ease demand on Care Management and other state and federally funded services.

Timeline: Ongoing

Outcome: Assure Medicaid and Long Term Care Eligible individuals are served in the most appropriate program and setting decreasing number of CM clients waiting for Wavier services.

Goal: Provide information assistance and support to family caregivers.

Timeline: Ongoing

Outcome: Assure consumers and family members have information necessary to make informed choices reflected in enrollment in CM programs.

Goal: Assure high quality services through continual quality improvement activities.

Timeline: Ongoing

Outcome: Achieve 95% or above overall compliance rate on program assessments.

Goal: Provide consumers with choice through a broadly based purchase of service provider pool.

Timeline: Ongoing

Outcome: Consumers will receive services in a timely manner and person centered care plans honored.

Goal: Transition CM clients to MI Choice Waiver program as needs and eligibility change

Timeline: Ongoing

Outcome: Assure seamless transition to address changing client needs as people age in place in the community.

Number of client pre-screenings 2009 100 Planned 2010 100

Number of initial client assessments 2009 80 Planned 2010 80

Number of initial client care plans 2009 80 Planned 2010 80

Total number of clients (carry over plus new) 2009 330 Planned 2010 330

Staff to client ratio (Active and maintenance per

Full time care manager) 2009 1-45 Planned 2010 1-45

Match and Other Resources

Match:

Source of Funds: Cash Value In-kind

Source of Funds: Cash Value In-kind

Source of Funds: Cash Value In-kind

Other Resources:

Source of Funds: Cash Value In-kind

Source of Funds: Cash Value In-kind

Source of Funds: Cash Value In-kind

Case Coordination and Support

Starting date Ending date Total of federal dollars

Total of state dollars

Geographic area to be served

Work plan including activities and expected outcomes

List each goal for the Case Coordination and Support program, including time line and expected outcome.

Disaster Advocacy & Outreach Program

Starting date Ending date Total of federal dollars

Total of state dollars

Geographic area to be served

Work plan including activities and expected outcomes

List each goal for the Disaster Advocacy & Outreach Program, including time line and expected outcome.

Information and Assistance

Starting date: October 1, 2009 Ending date September: 30, 2012

Total of federal dollars: \$37,780 Total of state dollars: \$39,006

Geographic area to be served: All the nine counties of Region 8.

The Work plan, Goals, activities, timelines and expected outcomes will be redone during the remainder of FY 2009 because of the loss of the Single Point of Entry Call Center and the need to manage an anticipated barrage of calls to AAAWM's I&A/Intake staff.

The Work Plan will correspond to Goal #4 on page 33.

IV C: Direct Service Waiver Request

In-home services, community services and nutrition services should be contracted out to community based service providers when at all possible.

A “direct service” 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.

Other services, such as data collection, administration, etc. ARE NOT direct services, and DO NOT require a direct service waiver.

If doing an in-home service, community service, and/or a nutrition service, mark the box next to the service and add the requested data.

In-Home Services:

- Chore
- Home Care Assistance
- Home Injury Control
- Homemaking
- Home Health Aide
- Medication Management
- Personal Care
- Personal Emergency Response System (PERS)
- Respite Care
- Friendly reassurance

Community Services:

- Adult Day Service
- Dementia Adult Day Care
- Disease Prevention/Health Promotion
- Health Screening
- Assistance to Hearing Impaired and Deaf
- Home Repair
- Legal Assistance
- Long Term Care Ombudsman
- Senior Center Operations
- Senior Center Staffing
- Vision Services
- Prevention of Elder Abuse, Neglect, and Exploitation
- Counseling Services
- Specialized Respite Care
- Caregiver Supplemental Services
- Kinship Support Services
- Caregiver Education, Support and Training

➤ Nutrition Services:

- Congregate Meals
- Home Delivered Meals
- Nutrition Counseling
- Nutrition Education

Disease Prevention/Health Promotion

- Starting Date: **October 1, 2009**
- Ending Date: **September 30, 2012**
- Total Federal dollars to be used: **\$10,000**
- Total State dollars to be used: **\$0**
- Geographical area to be served; **All nine counties of Region 8**
- **Work plan including activities and expected outcomes**
- **Goals, including time line and expected outcome**

For each service, document the following to assure that a fair and competitive process, described in Standard C-1, "AAA Mission", was followed.

- An RFP was created. (Please send an electronic copy of the RFP to your field representative). **Was completed 3/31/09**
- A legal notice was placed in the paper, listing a website, phone number, and physical location where the RFP could be obtained: **Notice placed on 4/11/09**
- An email/or written notice was sent to agencies, support groups, service providers and other groups announcing the availability of the RFP; (please see Standard C-1 for a listing of who the RFP announcement should be sent to): **Notices were issued and copies are on file.**
- Technical assistance was provided for those wishing to bid on the RFP. A bidders meeting is optional. **Workshop was May 11, 2009**
- A process for scoring each RFP is in place and has been approved by the AAA Board **March Board approved.**
- A review committee has been formed. **The review committee must include at least one person who is neither an employee or a volunteer with the agency. PRC is made up of Board and Advisory Council members.**
- The RFP is selected based on the criteria requested above.
- If no RFP is received, or if no RFP meets the qualifications, the AAA must document, in writing, which of the four available options they are using and why.
- At least one program objective must reflect the AAA's attempt to build community capacity for this service. (Please refer to instructions in the Program Objectives section).

V: Program Development

State Plan Goal #1: Work to improve the health and nutrition of older adults.

AAAWM Goal #1 Objective: Increased community capacity, throughout Region 8, to provide and benefit from evidence based health promotion (EBHP) actions.

Activities:

AAAWM will continue offering, promoting, training, and increasing the number of *evidence based health promotion programs* (EBHP) within Region Eight, particularly those programs specified by OSA in transmittal letter #2009-176. Currently, AAWM is putting efforts into disseminating P.A.T.H., Matter of Balance, EnhanceFitness, and the Arthritis Foundation Exercise Programs.

Project 2020 Planning: To align our efforts with proposed funding for EBHP in Project 2020, AAWM has appointed a single Contract Coordinator to oversee the EBHP for the entire nine county region. The contract coordinator is a Lead Trainer in A Matter of Balance, Master Trainer in PATH, and an EnhanceFitness Instructor. The role of the EBHP contract coordinator is to review new programming, disseminate the EBHP programs, coordinate and collaborate with community aging service providers, provide trainings, offer technical assistance, and assess the success and fidelity of the programs being offered.

Expansion of the EBHP programs through physician referral: Currently, AAWM is working with West Michigan Physicians Network to increase the number of physician referrals to our self management programs. Two Priority Health staff members are enrolled in a September, 2009 training for Matter of Balance in order to increase awareness of the program to their physician network and to offer the program to their members.

Expansion of three EBHP programs in each of AAWM's nine counties: AAWM is holding the first PATH Lay Leader training outside Kent County in August, 2009 to increase participation from rural counties. The EBHP contract coordinator is doing presentations and serving on committees in the outer counties to educate about the health promotion programs and to recruit leaders for these programs. We are also continuing our partnership with Michigan Public Health Department on a grant they received through CDC to expand EnhanceFitness and PATH throughout west Michigan.

Implementation of an EBHP Program called Healthy Eating for Successful Living in Older Adults: This is a program sponsored by the National Council on Aging (NCOA) and is both an educational and support program designed to assist older adults in the self-management of their nutritional health. It will be offered at our congregate meal sites to increase participation in that program as well.

Membership in Coalitions: AAWM continues to be involved in state-wide PATH meetings, along with Kent County Physical Activity and Nutrition Steering Committee, and Ionia Wellness Committee.

Website and Media Releases: Numerous classes are continuously scheduled throughout west Michigan. Schedules are posted at www.aaawm.org. All programs will have media releases and radio interviews as well as print materials used to encourage participation.

Timeline: Ongoing throughout FY2010-2012

State Plan Goal #2: Ensure that older adults have a choice in where they live through increased access to information and services.

AAAWM Goal #2 Objective: Individuals, and their caregivers, will access a seamless, unduplicated system of services to assist their continuing to live in the community; to delay or prevent institutional placement and/or spending down to qualify for Medicaid assistance.

Because of the continually reduced state funding, AAWM will focus on its involvement in Nursing Home Diversion efforts to meet this Objective.

Activities:

Nursing Home Diversion: Previous to June 1, 2009 AAWM focused on the roles of Information and Assistance staff, the Single Point of Entry Call Center, Independent Living Consultation and Options Counseling through Long Term Care Connections to create a seamless, un-duplicative system. Individuals and their caregivers could find the services and assistance they needed to remain in the community and delay or prevent institutional placement and spend down to Medicaid. For the next three years it will be necessary to complete the same outcome without the Call Center and WMLTCC options counseling.

AAAWM will continue to build upon what it has learned through participation in the Caregiver Resource Network, taking into account caregiver issues and their impact on nursing home placement. The Independent Living Consultant will be trained in T-Care Caregiver risk assessment.

Nursing Home Diversion II - Expansion Grant: The Veterans Directed Home and Community Based Services (VD-HCBS) program serves veterans of any age, who are at risk of nursing home placement, and their family caregivers. The VD-HCBS program provides veterans the opportunity to receive home and community based services that enable them to avoid institutionalization. AAWM, to offer VD-HCBS, will have in place the basic elements of a nursing home diversion program and meet the readiness criteria for consumer directed programs. Using the Self Direction model from MI Choice is one method of service delivery.

Aging Network Agencies offering VD-HCBS will provide or assist in arranging consumer/self directed services based upon the needs and preferences of the participating veterans and/or their representatives. VD-HCBS program is provided as a bundled package, including Care Consultation (aka Care Management), administration, Fiscal Intermediary service and direct care services.

TCare: At a minimum, one Care Manager plus the Independent Living Consultant (ILC) from NHD program will be trained to implement TCare. The target will be CC and Wavier clients, with primary caregivers playing significant role in overall care plan. In NHD the ILC will work with family systems to assist with LTC planning.

Person Centered Thinking/Self Determination: Self-Determination in Long-Term Care will provide participants the option to direct and control their own services through an individual budget. Participants will be supported to direct the use of the funds comprising their budget to pay for home modifications, non-medical transportation, to hire personal assistants, homemaker and chore service providers, and respite inside and outside of the home that best meet their needs. Currently MDCH requires that information on the Self-Determination in Long Term Care program is provided to all participants who enroll or are currently enrolled in the MI Choice Waiver and that this option is made available to all who desire this method of service delivery. The Self Determination model will be explored for persons in Care Management as well as those targeted in the NHD projects, including VD-HCBS.

Agency with Choice is another process within the Self Determination in Long Term Care option of the MI Choice waiver. With this option, a participant in the waiver serves as a co-employer with a traditional home health agency. Again, as MDCH rolls out the policies for implementation, this model will be explored not only for Waiver population but, CC and VD-HCBS as well.

Person Centered Thinking training has been conducted with all CM staff as well as Information and Assistance staff and agency management staff. Building on the basic training and concepts, AAAWM will continue to reinforce the PCT philosophy through ongoing training opportunities in Communications, cultural competency, etc.

Person Centered Thinking (PCT) is central to the process for planning and supporting individuals receiving services. It honors individual choices and preferences while building on individual strengths and capabilities. PCT is about building connections with others and being involved with family, friends and the community.

Individual Care Plans will be designed to help consumers be as independent and self sufficient as possible while meeting identified care needs. Plans may include informal supports that family and friends provide, and/or services and supports from other government programs. Individuals may choose to have control over authorized funding for a plan, directly choosing and managing the people or agencies providing the services and supports.

Timeline: Ongoing throughout FY 2010-2012

State Plan Goal #3: Protect older adults from abuse and exploitation.

AAAWM Goal #3 Objective: Legislation resulting from the Governor's Task Force on Elder Abuse will be effectively supported by advocates representing Region 8.

Activities:

AAAWM will advocate concerning *legislation* resulting from the *Recommendations from the Governor's Task Force on Elder Abuse*. Initially, an 11-bill package introduced in the House would

- Require employees of financial institutions to report suspected abuse
- Require banks and credit unions to give joint account holders a written summary of rights
- Prevent people convicted of elder abuse from inheriting the victim's estate
- Allow county medical examiners to establish death review teams in cases of suspicious deaths
- Provide a definition for financial exploitation in the Social Welfare Act
- Mandate that a person who holds power of attorney for a senior sign a contract outlining their responsibilities
- Allow third parties to file a complaint of elder abuse without the signature of the victim

Legislation proposed during FY 2010-2012 will be the subject of advocacy, especially from AAAWM's Advisory Council members, their networks and the Advocates for Senior Issues organization.

Timeline: Ongoing throughout FY 2010-2012

AAAWM Goal #3 Objective: Providers of services to elders, financial/investment agents, and community members in Region 8 will have a better understanding of what comprises elder abuse, its prevention, detection, and associated penalties.

- AAWM will fund Citizens for Better Care to provide elder abuse trainings/workshops throughout Region Eight.
- Legal Aid will present, annually, on the topic of elder abuse to a group designated by AAWM.
- Elder abuse prevention educators will dedicate a minimum of 25% of funded service units to providing education at financial institutions and for investment brokers.

State Plan Goal #4: Improve the effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners.

AAAWM Goal #4 Objective: Consumers will receive excellent service from AAWM's Intake and Access services staff members.

Activities:

AAAWM will provide Information and Assistance, using person centered thinking, to:

- Avoid having callers make numerous inquiries about available services
- More efficiently refer clients to Long Term Care counseling options
- Streamline screening of clients for MI Choice Waiver services
- Easily refer callers to Older Americans Act funded services and providers

Timeline: Ongoing throughout FY 2010-2012

AAAWM Goal #5: Sustained development of the Caregiver Resource Network throughout Region 8, including improving assessment and services referral processes for caregivers with high stress levels.

AAAWM Goal #5 Objective:

Activities:

AAAWM will continue to support the Caregiver Resource Network and work to continue its development throughout Region Eight.

- AAWM providers in Region Eight are part of Rhonda Montgomery's TCare pilot for improving the caregiver assessment process. This program is shared on a regular basis through the Caregiver Resource Network (CRN).
- One of AAWM's providers will prepare for involvement with Savvy Caregiver education in Fiscal Year 2010.
- Through the CRN a continual effort will be made (bi-monthly meetings, radio shows, articles in Mature Lifestyles magazine, monthly caregiver calendar on the CRN website, speakers

bureau) to disseminate information on caregiver resources to educate caregivers about how to access resources.

On the CRN website www.caregiverresource.net there will continue to be an abundance of articles and resources available to help caregivers identify themselves as care givers, learn how to reduce stress levels, educate themselves about resources and services that help them as they provide care.

The Caregiver Resource Network is a collaboration of West Michigan organizations dedicated to providing for the needs and welfare of family and professional caregivers within the community that will improve the quality of life for care givers and their care recipients.

CRN intends to:

1. Increase the number of caregivers who have access to and receive appropriate caregiver information and support
2. Encourage, promote and assist with the organization of community-wide recognition of the contributions of family caregivers and advocate for enhanced support
3. Increase the number of caregivers who recognize that they are a caregiver and use caregiver services
4. Improve quality of life for caregivers and their care recipients

Timeline: Ongoing throughout FY 2010-2012

AAAWM Goal #6: Older adults will be transported efficiently, expediently and economically by cooperating service agencies in Kent County.

AAAWM Goal #5 Outcome: The RideLink service model will continuously improve, with support from AAAWM and other agencies..

AAAWM will continue to work to strengthen RideLink, collaboration among the Senior Social Service Agencies in Kent County that provide transportation services.

RideLink operates using the following principles:

- Different agency rides will be combined to save money and increase the number of rides available
- Riders will ride with different agencies and different drivers
- The quality of the rides and program will continue to be high
- A centralized reservation system to schedule rides at *The Rapid*
- One phone number is used to register and schedule rides
- RideLink designed uses the existing number of vehicles, drivers, schedulers, and outreach personnel
- Volunteers will remain critical in providing service
- Operating efficiently will increase funding opportunities in the future, which helps everyone involved

Timeline: RideLink involvement occurs at monthly meetings and in-between as necessary; ongoing throughout FY 20120-2012

VI: Advocacy Strategy

The Area Agency Board, Advisory Council and staff are mandated by funders to advocate for issues important to older persons, emphasizing older adult living with quality, independence, and dignity.

This advocacy includes helping to identify local unmet needs and service gaps, seeking additional resources, developing and managing effective services and programs. It also includes opportunities for public expression of views on policies and programs.

Members of the Advisory Council take a lead role. In many west Michigan arenas those individuals maintain effective contact with elected officials, or are elected officials, addressing issues and legislation affecting older citizens and their communities.

Advisory Council members participate on the State Advisory Council, as well as the Michigan Senior Advocates Council, and they bring issues of local importance to monthly meetings to share advice and gain support.

As reviewers of the agency's Annual Plans, Advisory Council members are first to recommend adjustments and amendments that best promote the interests of the older adult community. The Advisory Council Chairperson is a member of the Board's Executive Committee. Board members hear of Advisory Council consideration and recommendations monthly and use that communication when making policy decisions.

AAAWM will continue to provide technical assistance and support to legislative groups in other counties, as well as to the Advocates for Senior Issues in Kent County.

The agency staff and volunteers will intensify contact with County Commissions and State legislators throughout Region Eight to help identify aging issues and act cooperatively toward beneficial resolution of those issues.

Advocates must be sensitive to and knowledgeable about trends in aging, intergenerational issues, government economics and policies, as well as the varying points of view on issues among older adults. Advisory Council meetings include regular informational updates in these areas, as well as periodic surveys of the Council members.

Increasing resources to support home and community-based services, including local senior millage, continues to be on the agenda. All of the nine counties in the region served by the agency have dedicated senior millages. The evolving Information and Referral, Single Point of Entry, Care Management and Medicaid Waiver services will remain strong issues which emphasize the agency's involvement with a Single Point of Entry demonstration project; facilitating and coordinating community based long term care services designed to enable older individuals to remain living in their homes.

Advocacy is coordinated with agency initiated marketing communications. Involving all levels of the west Michigan network on aging in outreach efforts and expanded media contacts, it communicates the breadth of services available and how elders and their communities benefit from them.

VII: Community Focal Points

Narrative

Some time ago, when regulations accompanying funding required designating Community Focal Points, AAAWM adopted Webster's definition of ***Community: a body of people living near one another and in social relationship with a common interest.*** An important common interest is supporting the dignity and independence of all older adults living in the community.

A Focal Point encourages the maximum co-location and coordination of services for older individuals. Except for Mason County, which has two, each Region Eight county has one designated Community Focal Point.

The required designation has never been accompanied with specific resources for the Focal Points; rather, it has been an acknowledgment that a named entity acts as a local focus of programs and services with the best interests of older adults at its core.

The aging network, providing services and programs, in Region Eight historically has had at its heart Commissions on Aging. It has continued to be sensible to designate the Commissions as Focal Points and to designate senior centers as Focal Points in the counties where there are not Commissions.

The test of time has confirmed that those designated organizations work to continuously fulfill the network's mission. We continue to regard the existing designations as very reasonable at this time.

Following is a list of the Community Focal Points in Region Eight. For each, its name, address, website (if available), telephone number, contact person, service boundaries, number of persons age 60 and older/total population (source: 2000 Census as requested by OSA) is shown. As this Multi Year Plan develops, the services provided will be listed. Current services are listed at www.miseniors.net.

Community Focal Points: Region Eight

Name	Allegan County Resource Development Committee
Address	323 Water Street, Allegan MI 49010
Website	acrdc.org
Telephone Number	269-673-5472
Contact Person	Edward Hillary, Executive Director
Service boundaries	Allegan County
Number of persons within boundary	15,620 (60+) 105,665 (Total Population)
Services provided	www.miseniors.net

Name	Ionia County Commission on Aging
Address	115 Hudson Street, Ionia MI 48846
Website	ioniacounty.org/commission-on-aging
Telephone Number	616-527-5365
Contact Person	Lynette Seiler, Administrator
Service boundaries	Ionia County
Number of persons within boundary	8,240 (60+) 61,518 (Total Population)
Services provided	www.miseniors.net

Name	Senior Neighbors, Inc.
Address	820 Monroe NW, Suite 460, Grand Rapids MI 49503
Website	seniorneighbors.org
Telephone Number	616-459-6019
Contact Person	Robert Barnes, Director
Service boundaries	Kent County
Number of persons within boundary	77,057 (60+) 574,335 (Total Population)
Services provided	www.miseniors.net

Name	St. Anne's Lake County Senior Services
Address	690 West Ninth Street, PO Box 40, Baldwin MI 49304
Website	
Telephone Number	231-745-7201
Contact Person	Shelly Shafer, Director
Service boundaries	Lake County
Number of persons within boundary	3,038 (60+) 11,333 (Total Population)
Services provided	www.miseniors.net

Name	Scottville Senior Center
Address	140 South Main Street, Scottville MI 49454
Website	mccschools.com/senior center
Telephone Number	231-757-4705
Contact Person	Donna Addington, Director
Service boundaries	Mason County
Number of persons within boundary	6,220 (60+) 28,274 (Total Population)
Services provided	www.miseniors.net

Name	Ludington Area Senior Center
Address	308 South Rowe, Ludington MI 49431
Website	
Telephone Number	231-845-6841
Contact Person	Donna Baade, Director
Service boundaries	Mason County
Number of persons within boundary	6,220 (60+) 28,274 (Total Population)
Services provided	www.miseniors.net

Name	Mecosta County Commission on Aging
Address	12954 80 th Avenue, Mecosta MI 49332
Website	co.mecosta.mi.us/coa.asp
Telephone Number	231-972-2884
Contact Person	Claudia , Director
Service boundaries	Mecosta County
Number of persons within boundary	7,198 (60+) 40,553 (Total Population)
Services provided	www.miseniors.net

Name	Montcalm County Commission on Aging
Address	613 North State Street – PO Box 212, Stanton MI 48888
Website	Montcalm.org/aging.asp
Telephone Number	989-831-7476
Contact Person	Robert Clingenpeel, Director
Service boundaries	Montcalm County
Number of persons within boundary	10,029 (60+) 61,266 (Total Population)
Services provided	www.miseniors.net

Name	Newaygo County Commission on Aging
Address	93 South Gibbs Street – PO Box 885, White Cloud MI 49349
Website	Newaygocoa.org
Telephone Number	231-689-2100
Contact Person	Flora Sermon, Director
Service boundaries	Newaygo County
Number of persons within boundary	8,343 (60+) 87,874 (Total Population)
Services provided	www.miseniors.net

Name	Osceola County Commission on Aging
Address	732 West U.S. 10 – PO Box 594, Ewart MI 49631
Website	
Telephone Number	231-734-5559
Contact Person	Loraine McCall, Director
Service boundaries	Osceola County
Number of persons within boundary	4,488 (60+) 23,197 (Total Population)
Services provided	www.miseniors.net

VIII A. Board of Directors Membership

Fiscal Year 2010 - 2012

Membership	Asian/ Pacific Islander	African American	Arab/ Chaldean	Native American Alaskan Native	Hispanic Origin	Persons with Disabilities	Female	Total
	Membership		2					7
Age 60 or over							4	11

Board Member	Geographic Area	Representation		
		Elected Official	Appointed	Community
Eleanor Nielsen	Allegan County		X	X
Don Black	Allegan County	X	X	
Esther Van Hammen	City of Grand Rapids		X	X
James B. White	City of Grand Rapids	X	X	
Robert Reynolds	Ionia County		X	X
Larry Tiejema	Ionia County	X	X	
Albert Page	Kent County		X	X
Carol Hennessy	Kent County	X	X	
Marilyn Burns	Lake County		X	X
Nicolette McClure	Lake County	X	X	
Hal Madden	Mason County		X	X
Bob Erickson	Mason County	X	X	
Arthur Adleman	Mecosta County		X	X
William Routley	Mecosta County	X	X	
Ralph Harrington	Montcalm County		X	X
John Johansen	Montcalm County	X	X	
Janet Westfield	Newaygo County		X	X
Barbara Geno	Newaygo County	X	X	
Richard Karns	Osceola County		X	X
Lawrence Emig	Osceola County	X	X	

VIII C: CURRENT PROVIDERS DEMOGRAPHICS

Fiscal Year 2010

Cluster 1 providers	DEMOGRAPHICS							
	Asian/Pacific Island	African American	Arab/Chaldean	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Number of contractors ¹	0	0	0	1	0	0	9	27
Number of employees of contractors ²	23	284	1	20	77	49	1366	1811

The above table should reflect contractors/staff that are funded by the AAA only.

The information gathered from this document will be used in the cultural competency work that is being conducted by OSA. Please contact your field representative for more information on the cultural competency work.

¹ These numbers should reflect either the demographics of the owner, such as a “female owned business” or, if a non-profit, 501C3, should be listed under the demographics that most describe the board of directors.

² Please ask your contractors to pick a specific day and report the breakdown of demographic categories. (i.e. on” April 1st, 2010 the breakdown was...”). The date should be consistent for all contractors.

VIII D: PROPOSAL SELECTION CRITERIA

Fiscal Years: 2010-2012

Date criteria approved by AAAWM Board: March 23, 2009

Outline new or changed criteria that will be used to select providers:

On March 23, 2009, the AAAWM Board approved FY 2010-2012 Minimum Funding Criteria which AAAWM's Proposal Review Committee will use to evaluate proposals for funding.

The criteria are the same as that used for the last three year funding cycle, with one change.

Special Services will be scored as pass/fail rather than awarded scoring points.

The criteria include a total of 100 possible points.

A passing score of 79% is necessary for an organization to be considered for funding.

VIII F: REGIONAL SERVICE DEFINITION
Fiscal Years 2010 – 2012

(Previously Approved for 2001-2009)

Service Name: Caregiver Focal Point

Service Category: Community

Regional Service Definition: Identify and coordinate assistance to caregivers (including professional caregivers) experiencing problematic/stressful social, economic, functional and/or physical caregiving issues.

Issues will be addressed through the Caregiver Resource Network, a collaboration of professional and non-professional caregivers.

Priority attention will be given to caregivers lacking in formal or informal support systems.

A caregiver is defined as someone 60 years of age or older who is caring for older adult, an adult with disabilities or a grandchild. A Caregiver can also be an individual under 60 who is caring for an adult 60 years or older.

Unit of Service: One hour of Caregiver Focal Point support.

Allowable Service Components:

- Facilitating the Caregiver Resource Network (CRN) and subcommittee meetings;
- Coordinating communications between the CRN members;
- Identifying caregiver resources and maintaining a library of materials;
- Coordinating development and publication of caregiver resources by the CRN members;
- Providing support, maintenance and updating of the CRN website at www.caregiverresource.net
- Promoting and educating individuals on the use of caregiver respite program;
- Coordinating the data entry and analysis of the caregiver assessments; and
- Providing information and assistance concerning caregiver issues and programs to the general public through telephone, brochures, website and in person.

Minimum Standards:

- The continuum of long term care/social service providers (nursing home, physician, home health, community senior centers....) will be represented on the CRN.
- A directory of all participants will be maintained which provides for communication of all materials and minutes.
- The CRN activities will foster a multi-faceted service system that is flexible and innovative. The activities will increase coordination between caregiver programs and the broader long term care system.
- The CRN will provide for ongoing education of participant agencies about the needs of family caregivers.
- Caregiver resource materials will be made available to meet the needs of a diverse caregiver population (spouse, child, rural, minority).
- Family caregiver involvement will be encouraged through an advisory committee or focus groups.
- Information about characteristics of the caregivers served and about support efforts to encourage caregiver feedback on programs and service will be maintained and evaluated.

VIII F: REGIONAL SERVICE DEFINITION
Fiscal Years 2010 -2012

(Previously approved for Fiscal Years 2004-2009)

Service Name: Home Support

Service Category: Access

Regional Service Definition: Home Support (HS) is a service which does assessments and manages bills for a limited number of in-home services needed by persons aged 60 and older. A comprehensive assessment is conducted to identify client needs and existing supports and resources. HS care managers use all available informal (unpaid), and community resources prior to arranging formal (paid) services in planning care for the client to receive the needed service at home. HS care managers and clients determine the frequency and duration of in-home services together, in planning care for the client. HS care managers arrange formal services with client approval, (i.e. service frequency and duration is established with provider cooperation when arranging care) and within budget constraints. Only services necessary to enable the client to remain independent at home are secured.

Home Support is part of the continuum of care services for in-home clients. Home Support must be performed by a service neutral agency which currently provides care management services and is a Medicaid Waiver provider. Objectivity for the client's needs and for accessing service providers is essential. If services become limited, a priority tool is used to determine provision of service to those most frail and at high risk.

Unit of Service: A unit of service consists of an assessment or reassessment and subsequent billing. A completed assessment or reassessment is the first part of the unit. Allowable components of the assessment/reassessment include identification of unmet needs, purchase of service planning, and service arranging. The last part of the unit is a completed billing for purchased services.

Allowable Service Components:

- Assessment - Comprehensive in-person assessment by a care manager of physical and social/emotional functioning, medications, physical environment, informal support potential and financial status.
- Purchase of Service Plan - A written purchase of service plan which states specific interventions to be secured. The care manager and the client establish which services will be secured and provided, as well as the frequency and duration of services. Each service is approved by the client or his/her representative and by physicians when required by funders. The total service plan is approved by the client prior to starting services.
- Service Arranging - In-home health and social services for client care are arranged and/or purchased by care managers according to the frequency and duration established by the HS care managers and client as approved by the client in the care plan. HS care managers serve as agents of the client in negotiating, arranging and monitoring formal services. HS care managers arrange services from client service plans by establishing the frequency and duration of services within the capacity limitations of providers. Client-centered advocacy is conducted to ensure access to, and appropriate utilization of, community services. HS staff also intervene with home care agencies if services are not provided as ordered.

Home Support (continued)

- Reassessment - A standardized in-person re-examination of the client's physical, social/emotional, environmental status, informal supports and financial status is conducted on an annual basis or when significant change occurs in the client's condition. Assessments are also conducted when changes indicate need and eligibility for more intensive programs, such as care management, Medicaid Waiver or skilled home care.
- Identification of Unmet Client Needs – HS care managers document services not currently available to meet the needs of clients for service planning purposes.
- Purchased Service Billing – Agency staff will monitor, approve and pay vendors of the approved in-home services on a monthly basis according to the client's care plan. Discrepancies between care plans and actual service will be investigated and/or corrected as appropriate.

Minimum Standards:

- Qualified staff will perform HS functions.
- HS staff receive ongoing training and supervision as appropriate.
- HS establish and maintain a positive working relationship with client.
- The client's right to self-determination (the right to actively participate in HS services, including care plan development, and the right to refuse services) shall be assured.
- Every HS client must sign a consent form to receive services from the HS provider at the time of HS assessment. The client's right to receive or refuse HS services must be assured.
- The consent form must contain the following information: client's agreement to participate in the HS service; that client was fully informed of information in the consent document; a statement that information disclosed by the client to HS staff will be held in confidence and can only be released with the client's prior written consent; that the consent form will be renewed annually unless revoked by the client, or by a relative when the client is legally incompetent or physically unable to do so.
- The client's right to confidentiality shall be assured.
- In order for HS to release confidential information regarding a client to any other person, whether written or oral, the client must sign a release of confidential information form with the minimum following information: name and signature of client consenting to have information released; that the release of information can be signed by a relative only when the client is legally incompetent or is physically unable to do so; date of release of information; signature of HS staff completing the release form; the specified duration of time (time limit) for which information can be released.
- HS provides all clients with an opportunity to donate and participate in cost sharing for purchased home support services.

VIII F: REGIONAL SERVICE DEFINITION
Fiscal Years 2010 – 2012

(Previously approved for FYs 2001-2009)

Service Name: Outreach & Assistance

Service Category: Access

Regional Service Definition: Efforts to identify, contact, and provide on-going assistance to at-risk older adults experiencing social, economic, functional and/or physical isolation and decline. Priority must be given to older adults lacking formal or informal support systems.

Unit of Service: One hour of Outreach and Assistance (OA) which includes identification of and contact with isolated older persons determining unmet needs, assistance in their gaining access to needed services and follow-up.

Drive time to and from the client's home is not to be included.

Allowable Service Components:

- Initial efforts to identify and contact potential clients.
- Initial intake visit and completion of the associated paperwork.
- Assistance in completing forms/paperwork, aiding in their continued or improved independence such as: FIA/SSA applications, insurance forms, utility assistance, tax rebate forms, and pharmaceutical assistance forms.
- Accompanying older adults to professional visits when necessary. Examples include: medical appointments, Social Security Administration and Family Independence Agency, legal appointments, bank, grocery store, and health screenings. This component does not include providing on-going transportation for the client.
- Arranging for on-going needs such as personal care, homemaker, home chore, home-repair, meals, respite, adult day services and transportation.
- Telephone calls/ home visits for care coordination and follow-up.
- Serving as client advocate obtaining needed services, including presentations to educate the general community of older adult needs and services, to avoid duplication of services, to coordinate best service and to collaborate with other service providers.

Outreach & Assistance (continued)

Minimum Standards:

Each program must have uniform intake procedures and maintain consistent records. Intake may be conducted over the telephone. Intake records for each potential client must include as much of the following information as is appropriate for the type of service requested and is able to be determined:

- Individual's name, street and mailing address, county, township
- Telephone number
- Birth date
- Physician(s) name, address and telephone number
- Name, address and phone number of person, other than spouse or relative with whom individual resides, to contact in case of emergency
- Difficulties with activities of daily living and instrumental activities of daily living
- Perceived supportive service needs as expressed by individual or their representatives
- Race/ethnicity
- Sex
- Income status
- Social security number
- Date of first client or family contact requesting service or referral date and source
- List of service(s) currently receiving including identifying if care management, FIA or other provider is coordinating services
- Medication

Each program must identify, determine, and document client needs.

Each program must provide documentation of all contact with and assistance to clients and referrals to other service providers in community. It must also demonstrate reduced isolation by annual client surveys and other appropriate means.

Each program is encouraged to use volunteers with clients. Volunteers must be appropriately screened, trained and supervised by the professional staff of service provider and/or other volunteer resources within the community.

Appropriate volunteer services include: friendly visiting, meal preparation in the home, transportation, accompanying client to professional appointments and social/recreational events, advocacy for client, grocery and pharmacy errands, and helping client complete forms.

Each program must provide follow-up as often as is appropriate, for at least 50% of the clients served, to determine whether need(s) were addressed and to determine any problems with the service delivery system.

Each program must complete an initial intake in a timely manner to meet client needs and usually within 10 calendar days of request for service. Each program must also keep records of requests for service which the program is unable to meet.

Programs located in areas where non-English or limited English speaking older adults are concentrated are to have bilingual personnel available (paid or non-paid).

Each program must demonstrate staff and volunteer participation in educational training. Educational opportunities must be encouraged and made available to staff and volunteers on an annual basis.

Each program must demonstrate collaborative relationships with the immediate community and other service providers. Suggestions of collaborative relationships include public presentations to educate the greater community about the needs of older adults, ways in which the community can help, and participation in collaborative meetings with other service providers.

VIII G:

**AGREEMENT FOR RECEIPT OF SUPPLEMENTAL CASH-IN-LIEU OF COMMODITY
PAYMENTS FOR THE NUTRITION PROGRAM FOR THE ELDERLY**

Fiscal Year 2010

The Area Agency on Aging of Western Michigan, Inc. (GRANTEE), under contract with the Michigan Office of Services to the Aging (OSA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the FY 2004 application and contract as approved by the GRANTEE. These funds will be used to produce a total of 10,000 meals during the fiscal year ending September 30, 2010. These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate OSA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to OSA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agriculture products, and will provide separate accounting for receipt of these funds.

**VIII H: WAIVER OF MINIMUM PERCENTAGE
FOR A PRIORITY SERVICE CATEGORY**

Fiscal Years: 2010 – 2012

Area Agency on Aging of Western Michigan, Inc.

Priority Service Category for which waiver is being requested: Legal Assistance

By completing this appendix, the area agency assures that priority services to be provided with other resources will meet the requirements of the Operating Standards for Service Programs for each respective service category listed.

<u>Service Category</u>	<u>Source of Funds</u>	<u>Amount of Funds</u>	<u>Amount of Title 3-B</u>
Legal Assistance	Kent County Senior Millage	\$56,600	\$33,929 3-D \$14,393

Rationale:

AAAWM administers the Kent County Senior Millage which funds Legal Aid of West MI for legal services. Our strategy, to address the State funding cuts, is to distribute the funding reduction among all services. The current AIP budget does not show a reduction in legal services funding, but we would like that service to have the same funding reductions as every other service.

AAAWM Multi Year Plan
Fiscal Years 2010 – 2011 – 2012

IX A: ASSURANCES & CERTIFICATIONS

Fiscal Year 2010

The undersigned agency, designated by the Michigan Commission on Services to the Aging (CSA) to act as the Area Agency on Aging (AAA) within a given planning and service area (PSA), agrees to the following:

1. That the FY 2010-2012 Multi-Year Plan (MYP) includes an Annual Implementation Plan (AIP) covering the period October 1, 2009 through September 30, 2010.
2. To administer its AIP in accordance with the Older Americans Act (OAA), the Older Michiganians Act (OMA), federal and state rules, and policies of the CSA as set forth in publications and policy directives issued by the Michigan Office of Services to the Aging (OSA).
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from OSA.
4. That any proposed revisions to the AIP initiated by the AAA will be made in accordance with procedures established by OSA.
5. That funds received from OSA will only be used to administer and fund programs outlined in the AIP approved by the CSA.
6. That the AAA will undertake the duties and perform the project responsibilities described in the AIP in a manner that provides service to older persons in a consistent manner over the entire length of the AIP and to all parts of the PSA.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved AIP.
8. That all services provided under the AIP are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the CSA and issued by OSA, including Care Management.
9. That the AAA will comply with all conditions and terms contained in the Statement of Grant Award issued by OSA.
10. That the AAA may appeal actions taken by the CSA with regard to the AIP, or related matters, in accordance with procedures issued by OSA in compliance with the requirements of the Older Michiganians Act and Administrative Rules.
11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.
13. That the AAA will send copies of the AIP to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the AAA Governing Board and Advisory Council have reviewed and endorsed the AIP.

The undersigned hereby submit the FY 2010 AIP that describes the initiatives and activities which will be undertaken on behalf of older persons within the PSA. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

AAAWM Multi Year Plan
Fiscal Years 2010 – 2011 – 2012

IX B: ASSURANCE of COMPLIANCE with TITLE VI of the CIVIL RIGHTS ACT of 1964
Fiscal Year 2010

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

AAAWM Multi Year Plan
Fiscal Years 2010 – 2011 – 2012

IX C: ASSURANCE of COMPLIANCE with the ELLIOT LARSEN CIVIL RIGHTS ACT
Fiscal Year 2010

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT, PA 453 OF 1976 AND THE PERSONS WITH DISABILITIES CIVIL RIGHTS ACT, PA 220 OF 1976.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan and Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting herefrom AAWM Multi Year Plan
Fiscal Years 2010 – 2011 – 2012

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting herefrom, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.

AAAWM Multi Year Plan
Fiscal Years 2010 – 2011 – 2012

**IX D: MYP SIGNATURE PAGE
FY 2010-2012 MULTI-YEAR PLAN & FY 2010 ANNUAL IMPLEMENTATION PLAN
for the Area Agency on Aging of Western Michigan, Inc.**

This Multi-Year Plan (MYP) covers fiscal years 2010, 2011, and 2012 and includes the FY 2010 Annual Implementation Plan (AIP) beginning October 1, 2009 and ending September 30, 2010.

This MYP becomes valid upon approval by the Michigan Commission on Services to the Aging (CSA). It may be conditionally approved subject to all General and/or Special Conditions established by the CSA.

This MYP Signature Page may substitute for required signatures on documents within the MYP if those documents are specifically referenced on this signature page.

The Signatories below acknowledge that they have reviewed the entire MYP including all budgets, assurances, and appendices and that they commit AAWM to all provisions and requirements of the MYP.

Area Agency on Aging of Western Michigan, Inc.

Eleanor Nielsen Chairperson, Board of Directors	Date
--	------

Thomas E. Czerwinski AAAWM Executive Director	Date
--	------

MULTI-YEAR DOCUMENTS REFERENCED BY THE SIGNATURE PAGE

Budget Documents:

- FY 2010 Area Plan Grant Budget
- FY 2010 Direct Service Budget(s)
- Request to Transfer Funds
- Waiver for Direct Service Provision for: Caregiver Focal Point, Home Support , Outreach & Assistance

Assurances:

- MYP Assurances and Certifications document
- MYP Assurance of Compliance with Title VI of the Civil Rights Act of 1964
- MYP Assurance of Compliance with the Elliot Larsen Civil Rights Act

Appendices:

- Regional Service Definitions
- Agreement for Receipt of Supplemental Cash-in-lieu of Commodity Payments for the Nutrition Program for the Elderly
- Waiver of Minimum Percentage for a Priority Service Category

IX E: Glossary of Acronyms

AAA	Area Agency on Aging
AAAAM	Area Agency on Aging Association of Michigan
AARP	American Association of Retired Persons
AD	Alzheimer's disease
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AG	Attorney General
AIM	Aging in Michigan (OSA Publication)
AIP	Annual Implementation Plan
AIS	Aging Information System
ALF	Assisted Living Facility
4AM	Area Agencies on Aging Association of Michigan
AoA	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to the Midwest
ASA	American Society on Aging
CAP	Community Action Program
CBC	Citizens for Better Care
CM	Care Management
CMIS	Client Management Information System
CMS	Center for Medicare & Medicaid Services (formerly HCFA)
CNS	Corporation for National Service
COA	Commission on Aging/Council on Aging
CPHA	Community Public Health Agency
CR	Caregiver Respite (state)
CSA	Commission on Services to the Aging
DCH	Department of Community Health
DCIS/CIS	Department of Consumer and Industry Services
DHHS/HHS	U.S. Department of Health and Human Services
DHS	MI Dept. of Human Services (formerly the Family Independence Agency)
DMB	Department of Management and Budget
DoE	Department of Education
DoL	Department of Labor
DoT	Department of Transportation
DV	Domestic Violence
EPIC	Elder Prescription Insurance Coverage
ELM	ElderLaw of Michigan

FGP	Foster Grandparent Program
FTC	Federal Trade Commission
FY	Fiscal Year
GAO	General Accounting Office
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MIChoice
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
IM	Information Memorandum
IoG	Institute of Gerontology
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care
MADSA	Michigan Adult Day Services Association
MATF	Merit Award Trust Fund (formerly known as "Tobacco Settlement")
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging
MICIS	MI Choice Information System
MIS	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens
NF	Nursing Facility

NFA	Notification of Financial Assistance
NFCSP	National Family Caregiver Support Program
NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)
OSA	Office of Services to the Aging
OWL	Older Women's League
PA	Public Act
PI	Program Instruction
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request For Proposal
RSVP	Retired & Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SEAQRT	Senior Exploitation and Abuse Quick Response Team
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SPE	Single Point of Entry
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCM	Targeted Case Management
USDA	United States Department of Agriculture
VA	Veterans' Administration
WHCoA	White House Conference on Aging

Revised 02/2009