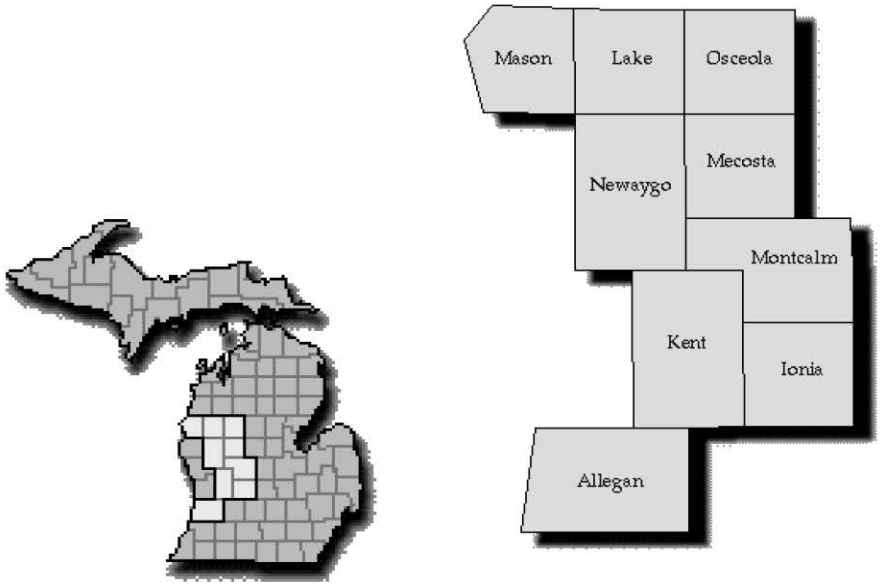
2020-2022 Multi Year Plan

FY 2020 ANNUAL IMPLEMENTATION PLAN

AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC. 8



Planning and Service Area
Allegan, Ionia, Kent, Lake,
Mason, Mecosta, Montcalm,
Newaygo, Osceola

Area Agency on Aging of Western Michigan, Inc.
3215 Eaglecrest Dr., NE
Grand Rapids, MI 49525
616-456-5664 (phone)
888-456-5664 (toll-free)
616-456-5692 (fax)
Jackie O'Connor, Executive Director
www.aaawm.org

Field Representative Laura McMurtry
mcmurtryl@michigan.gov
517-284-0174

Area Agency on Aging of Western MI, Inc. **FY 2020**

Table of Contents

Area Agency on Aging of Western MI, Inc. **FY 2020**

County/Local Unit of Govt. Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the MYP. To employ this option the area agency must do the following:

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

Describe the efforts made to distibute the MYP to, and gain support from, the appropriate county and/or units of government.

The Area Agency on Aging of Western Michigan (AAAWM) complied with the Aging and Adult Services Agency's (AASA) requirement by submitting to the Chairperson of the Board of Commissioners for each county in Region Eight, a copy of the Multi-Year Implementation Plan (MYP), requesting approval. The Commissions are offered the opportunity to respond by U.S. Mail or electronically via e-mail if they so choose. In advance of their July 2019 meeting, the Clerk of each County Commission also receives a copy of the MYP, accompanied by a cover letter that requests that they place approval of the MYP on their July 2019 meeting agenda. AAAWM Advisory Council and AAAWM Board members receive a copy of the cover letter as notice that the MYP has been sent to each of the County Commissions in Region Eight. In the past, Board members have been diligent about bringing the MYP to the attention of their respective County Commissions. The AAAWM Executive Director is readily available to answer questions as is the Agency Planner. AAAWM Region Eight notifies AASA by August 7, 2019 of the status of county level approval of the MYP. No action is considered approval of the MYP. AAAWM has not experienced any difficulties with Multi-Year Implementation Plans being both well received and supported.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.

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

AAAWM's mission is to provide older adults and adults living with a disability an array of services designed to promote independence and dignity in their homes and their communities. AAAWM is the Source for Seniors in Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola counties.

AAAWM connects individuals to quality services that promote and preserve their dignity, independence, and well-being, coordinates support and education for caregivers and leads advocacy efforts on behalf of older adults.

2. A summary of the area agency's service population evaluation from the Scope of Services section.

The Public Service Area (PSA) of the Area Agency on Aging of Western Michigan (Region Eight) consists of the following nine counties: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo and Osceola. According to the 2017 American Community Survey 5-year estimates, 209,313 adults aged 60+ live in Region 8, representing 20.3 percent of the total PSA population. Nearly 45 percent of the PSA population live outside of Kent County. When compared to population statistics from the previous MYP (2017-2019), the 60+ population has grown by 11,531 or 5.83%.

3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

AAAWM provides the following services directly

Care Management
Information and Assistance
Disease Prevention/Health Promotion
Long Term Care Ombudsman/Advocacy
Programs for Prevention of Elder Abuse, Neglect, and Exploitation
Caregiver Focal Point (Caregiver Resource Network)
Home Support

AAAWM develops contracts and/or purchase of service agreements with local agencies that provide home and

community based services such as:

Home Injury Control
Homemaking
Home Delivered Meals
Medication Management
Personal Care
Assistive Devices & Technologies
Respite Care
Adult Day Services
Community Living Supports
Congregate Meals
Nutrition Counseling
Nutrition Education
Disease Prevention/Health Promotion
Legal Assistance
Senior Center Staffing
Programs for Prevention of Elder Abuse, Neglect, and Exploitation
Counseling Services
Caregiver Supplemental Services
Kinship Support Services
Caregiver Education, Support and Training

The five service categories receiving the most funds are:

1.1. Congregate and Home Delivered Meals
2. Care Management
3. Adult Day Services
4. Respite
5. Homemaker

The five service categories with the greatest number of anticipated participants are:

1.1. Information and Assistance
2. Congregate and Home Delivered Meals
3. Caregiver Services
4. Homemaker
5. Transportation

4. Highlights of planned Program Development Objectives.

AAAWM has aligned its main goals to fall in line with the goals set forth the by the Aging and Adult Services Agency in their “Michigan State Plan on Aging”. Below are brief overviews of each goal and main objectives.

Goal #1
Advocate, Inform, and Empower those we serve.

Area Agency on Aging of Western MI, Inc. **FY 2020**

AAAWM will continue to advocate for older adults and individuals with disabilities by working collaboratively with legislators, local collaboratives, partners, and community stakeholders to ensure individuals are able to age in their own homes and communities successfully. Additionally, AAAWM will strive to continuously educate and empower individuals to advocate for themselves and be educated and aware of the services and programs that are available to them.

·Provide resources, education, guidance, training and empowerment to support those caring for older adults, persons with Dementia, Alzheimer's disease or other chronic conditions.(Caregiver Resource Network)

Teach older adults how to use technology that can help enhance and make their lives easier.

Employ a robust advocacy strategy utilizing a wide variety of resources available including but not limited to AAAWM staff, Board, and Advisory Council as well as other partner organizations.

Goal #2
Help older adults maintain their health and independence at home and in their community.
AAAWM will support, promote, and provide programs that help older adults stay in their own homes and communities.

·AAAWM will continue building and expanding partnerships within the aging network to disseminate healthy aging programs to older adults.Evidence-based, healthy aging programming is a cornerstone to the array of services offered in Region Eight.

Help older adults maintain their dental health and raise awareness of the need for quality dental care for seniors.

Goal #3
Promote elder and vulnerable adult rights and justice.
AAAWM will support, promote and create programs that protect the rights of vulnerable adults in Region Eight.

·AAAWM will continue to educate older adults on Lesbian, Gay, Bisexual, and Transgender (LGBT) affirming services.

AAAWM will continue to support the Kent County Elder Abuse Coalition.

Goal #4
Conduct responsible quality management and coordination of West Michigan's aging network.
AAAWM is committed to ensuring good stewardship of finances and quality management of programs and services.

·Care Management Participants will report lower levels of social isolation with distress.
Care Management Participants will report their services are helping them remain in their homes.

Care Management Participants will show a higher rating of their quality of life after receiving community based services.

5. A description of planned special projects and partnerships.

AAAWM plans to continue to embed Evidence Based Health Promotion (EBHP) programs throughout the PSA. Additionally, AAAWM continues to work with American Speciality Health through their Silver and Fit program, on a project which will cover the cost of EnhanceFitness, Matter of Balance and Tai-Chi for members aged 60+, of Priority Health.

In 2017, the National Association of Area Agencies on Aging (N4A) appointed AAAWM as the state entity for the Dementia Friends USA program. That includes training Dementia Champions and facilitating Dementia Friend (DF) Sessions under a sub-license agreement with N4A, as well as the gradual expansion of the DF training to other AAA's in Michigan and additional counties in Region 8. For FY 20-22 we plan to train additional AAA's and also increase the number of counties in Region 8 that are providing the Dementia Friends program. These classes educate the community on the basics of Alzheimer's disease and other dementias, how to better communicate with persons with dementia, and how to help persons with dementia and their family caregivers better navigate through the community.

Other plans for the future are to continue efforts to better connect with the Lesbian, Gay, Bisexual and Transgendered (LGBT) population who are often isolated as well as to raise awareness with the aging network, the needs of this segment of the population. Healthy Aging programming is also being targeted toward the LGBT population. In addition, AAAWM will continue the outreach of the Kent County Elder Abuse Prevention Coalition to address issues of elder abuse and exploitation; speakers for this organization are available to speak throughout Region Eight.

The City of Grand Rapids is pursuing the Age Friendly Community designation from the World Health Organization (WHO), which is being coordinated by AARP in the United States. AAAWM has partnered with the City on the effort by being involved in the transportation committee as well as the communications committee. Achieving the designation will take several years to complete and AAAWM will be involved in various components throughout the process. The Age Friendly Community designation will help make Grand Rapids become a great place for all ages by adopting such features as safe, walkable streets; better housing and transportation options; access to key services; and opportunities for residents to participate in community activities.

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

AAAWM just received its second seal of a three year accreditation under CARF for case management services. We will be pursing accreditation under NCQA in 2020 to better align case management practices with Center for Medicare Medicaid Core Quality Indicators and managed Long Term Care Services and Support.

The direct care worker crisis has resulted in excessive time that care managers put into finding staffing for care plans. We are investigating numerous ideas on how to streamline this process and help the service partners

consolidate their staff in geographic areas to minimize travel time and distance. We hope to start some of these ideas in 2020.

AAAWM will participate in the process of integrating the Connect2Care Health Endowment funded program into Care Management practice. This will achieve real time information on participant hospital admissions and discharges allowing for more efficient process to both adhere to program requirements, address changes in person centered care plans and assure proper oversight of Medicaid funded services.

The Care Management (CM) Department is undergoing a restructuring of Management positions. We are currently hiring for three Care Management Managers who will replace the Registered Nurse (RN) CM Manager and the Social Work (SW) CM Manager. The new managers will actually supervise a blend of SW and RN care managers in a certain geographic area. The plan is that care managers in a similar area can more easily connect with the issues and resources in that area.

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

Volunteers with the AAAWM are talented and experienced adults looking for meaningful ways to give back to their community. They come from all backgrounds and have in common a passion for the areas in which they serve and a strong desire to help others. Opportunities through AAAWM focus on civic engagement activities that educate and empower older adults to maintain independent healthy lifestyles. The AAAWM strategy for developing non-formula resources includes utilization of volunteers which will support implementation of the MYP by reducing the amount of operating funds necessary to run programs and services. Specifically, AAAWM uses volunteers in the Disease Prevention/Health Promotion programs to disseminate the evidence-based programs throughout the Region, to accomplish goals and outcomes identified by the Caregiver Resource Network Steering Committee, and to advocate for legislation and funding that addresses the myriad needs of older adults. Additionally, AAAWM uses a cadre of volunteers in the Medicare Medicaid Assistance Program (MMAP) to educate and inform older adults of the available and most appropriate health care choices available to them.

8. Highlights of strategic planning activities.

AAAWM continues to work with a consultant to update and refine its Strategic Plan. Staff from every department within the agency meet regularly to discuss and update the Strategic Plan. Status updates are given to the AAAWM Board of Directors on a bi-annual basis to ensure priorities and goals are being met.

In the next three to five years, AAAWM will work toward achieving the following goals: Increasing Waiver Clients to 1,000, Securing Medicare and third party funding, achieving National Committee for Quality Assurance (NCQA) accreditation in Managed Long Term Care Supports and Services, become an active member of the statewide Area Agencies on Aging Association of Michigan's LLC, and fully utilizing electronic health records.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Public Hearings

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

At least two public hearings on the FY 2020-2022 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available.

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

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

Date	Location	Time	Barrier Free?	No. of Attendees
05/22/2019	Newaygo County Commission	11:00 AM	Yes	7
06/03/2019	Area Agency on Aging of Wes	01:00 PM	Yes	19

A press release/meeting notice (see attached) was shared with the AAAWM Caregiver Resource Network, AAAWM Board of Directors and Advisory Council, posted on the AAAWM website, as well as the following newspapers:

Allegan County News
Ionia Sentinel-Standard

Advance Newspapers
Grand Rapids Press
Grand Rapids Times
Rockford Squire
Lake County Star
Ludington Daily News
The Pioneer (Big Rapids & Osceola)
The Daily News (Greenville)
The Times Indicator

A public hearing on the MYP for 2020-2022 was held on May 22nd at the Newaygo County Commission on Aging and on June 3rd at the Area Agency on Aging of Western Michigan.

The MYP was presented beginning of each meeting with a brief overview of the purpose and intention of the plan followed by a description of the goals and objectives noted throughout the plan.

Attendees were invited to comment in writing or verbally. Each attendee was provided with a copy of a brief summary of the MYP 2020-2022. Instructions were offered on submitting comments.

Comments received were reviewed and carefully considered, however none of the comments necessitated any substantial changes to the MYP. No written comments were received. An overview of all verbal comments recieved is attached.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Scope of Services

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

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

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

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

The Public Service Area (PSA) of the Area Agency on Aging of Western Michigan (Region Eight) consists of the following nine counties: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo and Osceola. According to the 2017 American Community Survey, 209,313 adults aged 60+ live in Region 8, representing 20.3% of the total PSA population. Nearly 45% of the PSA population live outside of Kent County. When compared to population statistics from the previous MYP (2017-2019), the 60+ population has grown by 11,531 or 5.83%.

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

Region 8's older adult population has grown nearly six percent (11,531) over the past 3 years. As the aging population grows, so does the number of "older seniors" who, as they live longer, may become more frail and require more supportive services. The needs of these seniors will be balanced with the needs of "younger seniors/baby boomers" and persons with disabilities whose expectations may differ significantly from those of the "greatest generation." Though there characteristics may differ, seniors and persons with disabilities often share the same goals – to remain in control of their lives and surroundings for as long as possible.

Caregiver needs are also evolving. A growing number of older adults receive care and assistance from "non-traditional" caregivers as some have out-lived their partners and may not have children or family who live close by. AAAWM strives to address caregiver burnout by ensuring the availability of respite in all areas of the Region both in and outside of the home.

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

The Older Americans Act has defined the basic set of targeted populations that must be identified or kept in focus. The target populations are listed, but not limited to the list below:

1. Older individuals with greatest economic need. The term "greatest economic need" means the need resulting from an income level at or below the federal poverty line.

2. Older individuals with greatest social need. The term "greatest social need" means the need caused by non-economic factors that include:
a. Physical and mental barriers
b. Language barriers
c. Cultural, social, or geographical isolation, including isolation that;
(1) Restricts the ability of an individual to perform normal daily tasks;
(2) Threatens the capacity of the individual to live independently.

3. Older adults belonging to a minority group.

4. Frail older individuals and their caregivers.

5. Older individuals residing in rural areas.

The Region Eight aging network strives to provide services that are linguistically and culturally appropriate to all populations seeking assistance. In many cases, partners are staffed with bilingual (English/Spanish) employees and volunteers. Additionally, many partners in Region Eight have received cultural awareness and

inclusion training. AAAWM staff regularly attend senior health fairs, expos and other community events in an effort to publicize services and programs to a wide audience. Outreach efforts provide information about existing services and benefits to all populations in the Region, with an emphasis on the priority population groups outlined above. Clear direction to demonstrate efforts and attempts to reach Older Americans Act priority populations is specified in all service partner contracts. Using funding received from the Michigan Department of Health and Human Services, one of the Service Partners in Kent County works with very low (or no) income resettled older adult refugees from 25 countries, including, Eritrea, Liberia, Ghana, Bhutan, Burma, Ethiopia, Iraq, Bosnia, Somalia and Congo.

AAAWM recognizes that aging adults in rural communities may face additional barriers to remaining in their homes, staying active and engaging in the local community, all resulting in increased risk of becoming isolated. The relationships AAAWM has with local commissions on aging in predominantly rural areas of the Region are critical to making a difference in the lives of these often geographically isolated seniors. To further reach seniors in greatest social and economic need, outreach efforts of the Area Plan ensure the participation of the target populations outlined above are based upon considering the geographic isolation of some communities in Region Eight where members of the target population have been identified by their ethnic representation, economic status, their social isolation and rurality in a general sense. AAAWM is committed to ensuring that services are accessible to individuals with characteristics identified in the Older Americans Act. Diligent monitoring of the expenditure of funds in serving targeted populations accomplishes this goal.

AAAWM has always stressed the need for targeting to its service partners and works to ensure that, to the extent possible, services are offered where high concentrations of target populations exist. During the Request for Proposal Process, each proposer is required to identify their targeting methodology with specific detail on how they perform outreach and publicize services. Contracted partners are required to report monthly the demographics of the individuals who have been served.

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

The results of the AAAWM self-assessment of our service system dementia capability using the ACL/AoA "*Dementia Capability Quality Assurance Assessment Tool*" show that we are well positioned to assume a leadership role in Western Michigan as the hub of education and information related to dementia.

With the aging of the population and increasing incidence of dementia, AAAWM recognizes the importance of supporting individuals with dementia and their caregivers-formal and informal, in providing care that takes into account their unique needs across the dementia experience.

To this end, AAAWM is committed to providing staff with skills necessary to incorporate these elements into meaningful, pro-active person-centered participant care processes for persons living with dementia. AAAWM strives for a philosophy of dementia care that is centered on:

1. The whole person, not on the diseased brain;
2. Remaining abilities, emotions and cognitive abilities-not only on losses;

3. The person in the context of their family, friends, important memories/skills/routines/roles and cultural considerations.

Care Management staff are provided regular “mini” in-service education about a variety of topics that impact participants with dementia and those who care for them. We also offer a caregiver support group as well as Dementia Navigation services.

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

When a customer desires services not funded under the MYP of where they live, the professional Information and Assistance (I & A) staff at AAAWM direct them to other community resources such as regional 2-1-1 services and to private pay options within the region for the desired service. In making the requested referral, I & A team members query the caller to ascertain their specific needs in order to assist them in connecting with the service(s) that best meet their need for service.

6. Describe the area agency’s priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

AAAWM's priorities for addressing identified unmet needs within the 2017-2019 MYP include care management/care consultation services and nursing home transitions to community living, advocacy at the state and federal levels to increase funding for affordable and low-income housing, as well as advocacy for steady increases in affordable housing options to keep pace with the growth in the 60+ population. AAAWM will continue to work together with its partners to educate legislators on the caregiver crisis caused by low wages, inconsistent schedules, lack of full time hours and benefits, compounded by low reimbursement rates.

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

AAAWM works hard to provide services to as many eligible seniors as possible. In the event that services must be rationed due to limited resources, standard procedures are used to create and prioritize a waiting list.

Substantial emphasis is given to serving eligible persons of greatest social and/or economic need, with particular attention to low-income seniors, minority individuals, frail and/or disabled elders and those living in their homes.

The client’s needs are assessed and ranked according to the following:
• Nature of the need/imminent risk
• Client’s current available resources (income, family, etc.)
• Significant limitations on activities of daily living
• Medical need and pertinent health issues

Clients are ranked, by Intake and Assistance staff, as having significant needs in one or more of these areas may be triaged to the top of the list. Clients with equivalent or lesser needs according to this list are served on a first come/first served basis. Prioritization occurs through the use of AASA required prescreening process for Care Management services to assure the neediest consumers receive priority, this is coupled with providing information about community resources both publicly and privately funded.

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

The AAAWM Advisory Council routinely takes up issues related to service population priorities, such as services to veterans, changes in Centers for Medicare/Medicaid Services policies and reductions in hospital readmissions. They write advocacy letters and present to their constituent groups in their own communities on what AAAWM is doing to address various issues related to aging. AAAWM staff routinely takes issues of concern to the Advisory Council for their input, which is then used to shape priorities at the agency. The Advisory Council is involved in the Multi-Year planning process as well as in the AAAWM funding allocation process.

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

AAAWM utilizes information, education and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources in a number of ways, including, offering well trained, well informed staff in the Intake and Assistance Department who inform callers of options that can support community living. In addition, AAAWM staff appears on a local network news station bi-monthly with topics intended to educate older adults and caregivers in advance of their needing services. The Healthy Aging programs funded by AAAWM provide a means for older adults to improve or maintain their health which avoids or delays entry into the service systems. In addition, our Family Caregiver University (FCU) teaches monthly classes on a wide variety of topics intended to support caregivers and their care partners. Lastly, the volunteer civic engagement opportunities offered by AAAWM have a positive impact on the social determinants of health by providing outlets for older adults to make meaningful contributions to their community.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Planned Service Array

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

	Access	In-Home	Community
Provided by Area Agency	• Care Management • Information and Assistance		• Disease Prevention/Health Promotion • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Caregiver Education, Support and Training
Contracted by Area Agency	• Outreach • Transportation	• Chore • Home Injury Control • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care	• Adult Day Services • Congregate Meals • Nutrition Counseling • Nutrition Education • Disease Prevention/Health Promotion • Legal Assistance • Senior Center Staffing • Vision Services • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training
Local Millage Funded	• Care Management • Information and Assistance • Outreach • Transportation	• Chore • Home Injury Control • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance	• Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Senior Center Staffing • Vision Services

Area Agency on Aging of Western MI, Inc. **FY 2020**

Participant Private Pay	• Transportation	• Chore • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care	• Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services • Counseling Services • Creating Confident Caregivers
Funded by Other Sources	• Care Management • Transportation	• Chore • Homemaking • Home Delivered Meals • Personal Care • Assistive Devices & Technologies • Respite Care	• Adult Day Services • Disease Prevention/Health Promotion • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services

* Not PSA-wide

Area Agency on Aging of Western MI, Inc. **FY 2020**

Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the planned service array narrative.

Services are selected because of stakeholder input based partly on limited local resources, needs assessment and waiting lists. There are a multitude of services available through other funding streams and entities that provide important supports to older adults in Region Eight, including family caregivers, senior millages and local and national foundations. These services are provided by for-profit, non-profit, governmental and private organizations. AAAWM considers all of them to be important components in the network of services available to those in need in the Region. The AAAWM service area is fortunate to have such a large array of services accessible to the community. While AAAWM has not identified any specific service gaps, there is an issue of limited capacity across existing services. Services funded by AAAWM are based on need, provider availability and their experience in providing services and AASA approved service definitions and standards.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handing a potential 10% funding reduction from AASA).

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

Strengths

·Strong financial position due to being good stewards of resources

Breadth of knowledge and experience of staff

Person centered interaction with clients

Provide high quality and innovative programs

Strong advocacy and increasing political clout due to demographics

Weaknesses

·Best kept secret

60% of funding from one source – virtually all governmental

Reactive vs Proactive – shared data systems, staffing patterns and client population

Difficult to measure outcomes (Care Management) with current software

Perception of communicating between departments not well coordinated

Opportunities

·Medicare reimbursement

Integrated care for dual eligibles

Recognized as the community based organization to address social determinants of health

Increasing number of Waiver clients and additional funding

Recognized by the community as the aging experts

Threats

·Integrated care – could lose Waiver funding

Governmental funding decreases

Medicaid Waiver capitation rates could decrease

Deteriorating infrastructure of home and community based service network

Competition from local and national organizations

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

A potential greater or lesser future role for AAAWM with the Home and Community Based Services (HCBS) waiver and/or the new Integrated Care Program could impact the organization by implementing significant policy or funding changes. Any change in funding or the expansion of integrated care beyond pilot regions would be a considerable and notable change. The MI Choice waiver presents AAAWM with an opportunity for continued growth, given the rising numbers of older adults who qualify for the program. AAAWM would like to engage with the health care system, collaborations, diverse partners and advocates across multiple professions in an effort to improve outcomes and better overall health of older adults in Region Eight. At the base is the notion that social determinants of health account for the most significant impacts on our wellness as measured by our mortality and morbidity. AAAWM believes that communities must better organize and align funding for non-medical services to produce lasting change in the individual.

The end goal, regardless of funding source is to provide older adults and adults living with a disability an array of services designed to promote independence and dignity in their homes and their communities. . The experience of AAAWM in regional governance and service delivery is a solid asset to ultimate success of the aging networks ability to connect adults to quality services that promote and preserve dignity, independence, and well-being.

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

If there was a ten percent reduction in funding from AASA, AAAWM would do the following:

1. Increase the emphasis on collecting cost share and program income with service partners in an effort to maintain service levels.

2. Review prioritization protocols to ensure that the most frail, vulnerable and in the greatest economic need receive services, while seeking other options for those who do not score high on prioritization tools.

3. Review staffing allocations to AASA funded programs to ensure they are in keeping with the necessary reductions, while ensuring essential functions are unchanged.

4. Increase awareness of non-AASA funded programs and services throughout the Region, especially those funded by local senior millages.

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

The AAAWM plans to maintain the 3 year CARF accreditation for Case Management that was awarded in June of 2018 and pursue/prepare for NCAQ accreditation during in FY 2021.

AAAWM will be shifting to the National Committee for Quality Assurance (NCQA) accreditation in the future as it offers a more focused accreditation for Area Agencies on Aging.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.
AAAWM continues to expand the types of forms attached to the electronic medical record, and has developed consistent naming conventions to accommodate this.

Additionally, the Care Management Department (CM) is working on revamping the Purchase of Service provider information spreadsheet to improve care manager access and usage. This includes moving to an Excel spreadsheet that can be used without internet access and also a tool on SharePoint that easily filters information by county and requested service.
AAAWM is in the process of modifying the SharePoint site where all procedures and forms are located to improve function and CM access to needed information. IT Department is working closely with the Quality Assurance (QA) Department to accomplish this.

AAAWM is also in the process of securing PDF software that will greatly enhance efficiency in organizing chart attachments received per scans, creating forms, manipulating forms/specific pages in a series of forms and organizing/reorganizing document pages without need to scan or print to scan. Again, the IT Department is working closely with the QA Department to accomplish this.

AAAWM is expanding use of Relias Web- based learning site to better structure orientation and create attestations for content covered.

Newer QA staff is skilled in organizing and using data to evaluate and improve compliance and quality and streamlining many quality functions, greatly improving efficiency.

Area Agency on Aging of Western MI, Inc. **FY 2020**

A care manager scorecard has been created based on initial assessment reviews to evaluate performance across all programs, by program and also by care manager. This allows managers to have objective information for evaluation of performance and also evaluate program standards. AAAWM is in the process of creating a database to evaluate and summarize Duration of Care Reviews.

In order to help seniors stay connected and improve general knowlege of technology available to assist older adults, AAAWM also began creating technology videos through online lessons called "Making IT Easier". The goal of these lessons is to teach older adults how to use technology to make their lives easier and help them age in place. Lessons have included how to access Siri, SHIPT, the app store, Facetime and how to setup your device. It is important that older adults have this information because it can help them with meals, transportation, reducing social isolation and learning about resources available to them.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Regional Service Definitions

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

Service Name/Definition

Home Support

Home Support (HS) is a service designed to assess and manage 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 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 service 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.

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

The definition of the Home Support Service as performed in Region Eight is not captured by the existing AASA service definition of Case Coordination and Support. The service is used to meet the needs of clients who require minimal support to remain independent, living in their own homes. Oftentimes, home support clients gradually progress to the Care Management and subsequently MI Choice waiver programs.

Service Category	Fund Source			Unit of Service
☑ Access	☐ Title III PartB	☐ Title III PartD	☐ Title III PartE	One (re)assessment of a client and monthly monitor
☐ In-Home	☐ Title VII	☐ State Alternative Care	☑ State Access	
☐ Community	☐ State In-home	☐ State Respite		
	☐ Other _____			

Minimum Standards

Qualified staff will perform HS functions.

HS staff receive ongoing training and supervision as appropriate.

HS staff 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 staff 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.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Service Name/Definition

Community Living Supports

Community Living Supports facilitate an individual's independence and promote reasonable participation in the community. Community Living Supports can be provided in the participant's residence or in community settings as necessary in order to meet support and services needs sufficient to address nursing facility level of care needs.

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

Creation of a Community Living Supports Regional Service Definition will allow AAAWM to align AASA services with MI Choice Waiver and Millage funded services. Additionally, combining personal care and homemaker services will allow streamlining of staff, as one staff person will be able to fill the role of what may have previously required two separately trained staff.

Service Category	Fund Source			Unit of Service
☐ Access ☑ In-Home ☐ Community	☑ Title III PartB ☐ Title VII ☑ State In-home ☐ Other _____	☐ Title III PartD ☑ State Alternative Care ☐ State Respite	☑ Title III PartE ☐ State Access	15 minutes spent performing allowable

Minimum Standards

This definition is defined by the MI Choice Waiver contract.

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Service Providers."

2. Community Living Supports (CLS) include:

a. Assisting, reminding, cueing, observing, guiding and/or training in the following activities:
i. Meal preparation
ii. Laundry
iii. Routine, seasonal, and heavy household care and maintenance
iv. Activities of daily living such as bathing, eating, dressing, and personal hygiene
v. Shopping for food and other necessities of daily living

b. Assistance, support, and/or guidance with such activities as:
i. Money management
ii. Non-medical care (not requiring nursing or physician intervention)
iii. Social participation, relationship maintenance, and building community connections to reduce personal isolation
iv. Transportation (excluding to and from medical appointments) from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence

v. Participation in regular community activities incidental to meeting the individual's community living preferences
vi. Attendance at medical appointments
vii. Acquiring or procuring goods and services necessary for home and community living

c. Reminding, cueing, observing, and/or monitoring of medication administration

d. Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.

3. When transportation incidental to the provision of CLS is included, it shall not also be authorized as a separate waiver service for the participant. Transportation to medical appointments is covered by Medicaid through the Department of Human Services.

4. CLS does not include the cost associated with room and board.

5. Waiver agents authorize this service when necessary to prevent the institutionalization of the participant served.

6. Waiver agents cannot provide CLS in circumstances where the service duplicates services available under the state plan, through the MI Choice waiver, or elsewhere. When more than one service is included in the participant's plan of care, the waiver agent must clearly distinguish services by unique hours and units approved.

7. Individuals providing CLS must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions.

8. Members of a participant's family may provide CLS to the participant. However, waiver agents shall not directly authorize MI Choice funds to pay for services furnished to a participant by that person's spouse.

9. Family members who provide CLS must meet the same standards as providers who are unrelated to the individual.

10. The waiver agent and/or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

11. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

12. When the CLS services provided to the participant include tasks specified in 2a.iv, 2b.ii, 2c and 2d above, the direct service providers furnishing CLS must also:

a. Be supervised by a registered nurse licensed to practice nursing in the State. At the State's discretion, other qualified individuals may supervise CLS providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing CLS services.

b. Develop in-service training plans and assure all workers providing CLS services are confident and competent in the following areas before delivering CLS services to MI Choice participants, as applicable to the needs of that participant: safety, body mechanics, and food preparation including safe and sanitary food handling procedures.

c. Provide an RN to individually train and supervise CLS workers who perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.

d. Be trained in first aid and cardio-pulmonary resuscitation.

e. MDCH strongly recommends each worker delivering CLS services complete a certified nursing assistance training course.

13. Each direct service provider who chooses to allow staff to assist participants with self- medication, as described in 2.c above, shall establish written procedures that govern the assistance given by staff to participants with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or registered nurse and shall include, at a minimum:

a. The provider staff authorized to assist participants with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the participant takes and its impact upon the participant.
b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers.
c. Instructions for entering medication information in participant files.
d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family of the provider's procedures and responsibilities regarding assisted self administration of medications.

14. When the CLS services provided to the participant include transportation described in 2.b.iv and 3 above, the following standards apply:

a. Waiver agents may not use waiver funds to purchase or lease vehicles for providing transportation services to waiver participants.
b. The Secretary of State must appropriately license and inspect all drivers and vehicles used for

transportation supported all or in part by MI Choice funds. The provider must cover all vehicles used with liability insurance.

c. All paid drivers for transportation providers supported entirely or in part by MI Choice funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.

d. The provider shall train all paid drivers for transportation programs supported entirely or in part by MI Choice funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.

e. Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

Minimum Standards for Self-Determined Service Delivery

1. When authorizing Community Living Supports for participants choosing the self-determination option, waiver agents must comply with items 2, 3, 4, 5, and 6 of the Minimum Standards for Traditional Service Delivery specified above.

2. Each chosen provider must minimally comply with Section C of the “General Operating Standards for MI Choice Waiver Service Providers.”

3. Each chosen provider furnishing transportation as a component of this service must have a valid Michigan driver’s license.

4. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

5. When the CLS services provided to the participant include tasks specified in 2a.iv, 2b.ii, 2c, and 2d above, the individual furnishing CLS must also be trained in cardiopulmonary resuscitation. This training may be waived when the provider is furnishing services to a participant who has a “Do Not Resuscitate” order.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Service Name/Definition
Outreach and Assistance 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

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

The definition of Outreach is inadequate to describe the activities and components of the service as it is being delivered to older adults in Region Eight. The regional definition is more specific to the expectation of detailed, holistic service provision.

Service Category	Fund Source			Unit of Service
☑ Access ☐ In-Home ☐ Community	☑ Title III PartB ☐ Title VII ☐ State In-home ☐ Other _____	☐ Title III PartD ☐ State Alternative Care ☐ State Respite	☐ Title III PartE ☐ State Access	One hour of Outreach and Assistance (O&A)

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
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, MDHHS 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.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Service Name/Definition

Caregiver Focal Point (Caregiver Resource Network)

The Caregiver Resource Network (CRN) recognizes that caregivers are a pivotal component of long-term care planning for older adults and that many older adults provide caregiving services to their own families and friends. The CRN is a vital part of the aging network in Region Eight, providing education and resources through their meetings as well as through their website, caregiverresource.net. The CRN has both enhanced existing and developed new public and private partnerships to better serve older adult caregivers. The CRN provides specific classes to family caregivers through the monthly Family Caregiver University

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

There is no existing service definition that adequately and completely describes the caregiver focal point as it exists in Region Eight. Significantly more elements of the service surpass those required in the service standard provided by AASA. Caregiver Focal Point was required when 3E funds began.

Service Category	Fund Source			Unit of Service
☐ Access ☐ In-Home ☑ Community	☐ Title III PartB ☐ Title VII ☐ State In-home ☐ Other _____	☐ Title III PartD ☐ State Alternative Care ☐ State Respite	☑ Title III PartE ☐ State Access	One hour of CRN activities

Minimum Standards

The continuum of long term care/social service providers (hospital systems, home health, community senior centers, hospice care, continuing care communities, etc.) will be represented on the CRN membership roster.

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, monthly classes and/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.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Access Services

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

Starting Date	10/01/2019	Ending Date	09/30/2020
Total of Federal Dollars	$86,075.00	Total of State Dollars	$431,825.00

Geographic area to be served

All 9 Counties Served by AAAWM

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

Goal: To provide support to frail elderly to prevent or delay institutional placement.
Timeline: Ongoing
Expected Outcome: Serve Care Management (CM) clients (321 served in FY 2018) and provide Options Counseling from the Community Living Consultant through the Community Living Program (91 served in FY 2018).

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
Expected 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
Expected Outcome: Assure Medicaid and long-term care eligible individuals are served in the most appropriate program, resulting in a decreasing number of CM clients waiting for Waiver services.

Goal: Provide information, assistance and support to family caregivers.
Timeline: Ongoing
Expected 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
Expected 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
Expected Outcome: Consumers will receive services in a timely manner and person-centered care plans will be honored.

Goal: Transition CM clients to MI Choice Waiver program as needs eligibility change.
Timeline: Ongoing
Expected Outcome: Assure seamless transition to address changing client needs as people age in place in the community.

Number of client pre-screenings:	Current Year:	90	Planned Next Year:	90
Number of initial client assesments:	Current Year:	50	Planned Next Year:	50
Number of initial client care plans:	Current Year:	50	Planned Next Year:	50
Total number of clients (carry over plus new):	Current Year:	321	Planned Next Year:	300
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:45	Planned Next Year:	1:45

Information and Assistance

Starting Date	10/01/2019	Ending Date	09/01/2020
Total of Federal Dollars	$63,136.00	Total of State Dollars	$35,404.00

Geographic area to be served

All 9 Counties Served by AAAWM

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

Goal: Provide immediate and appropriate information to callers.
Timeline: Ongoing
Outcome: Allow for easy, friendly access to information and referrals as clients and caregivers make contact with AAAWM call center staff members.

Goal: Assure high quality services through continual quality improvement activities
Timeline: Ongoing
Outcome: Caller surveys will reflect a better than 95% satisfaction level with information and referrals received.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Area Agency on Aging of Western MI, Inc. **FY 2020**

Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as "providing a service directly to a participant." Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency's administrative functions; or (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Disease Prevention/Health Promotion

Total of Federal Dollars $30,000.00 Total of State Dollars

Geographic Area Served All 9 counties served by AAAWM

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.
The AAAWM goal for FY 2020 and beyond is to continue building and expanding partnerships within the aging network to disseminate healthy aging programs to older adults, thus increasing the number of class sites, trainers and participants throughout the PSA.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
(B) Such services are directly related to the Area Agency's administrative functions.
(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

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

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

In Kent County, funded by the Kent County Senior Millage (KCSM), there is a paid position at a senior focused human service agency that is responsible for disseminating, training and evaluating evidence-based disease prevention/health promotion programs throughout the county. After evaluation of the efficacy of this position, it was decided that Region Eight as a whole could benefit from a similar type of coordination. The staff person at Region Eight who is charged with the selection and ongoing review of the curriculum and educational materials to ensure they meet the needs of the targeted population also hosts lay leader trainings region-wide in evidence-based healthy aging programming and evaluates and observes leaders and trainers to ensure adherence to fidelity of healthy aging programs. Efforts have been made to add the other eight counties to the responsibilities of the Kent County Healthy Aging Coordinator at our partner agency, however, they chose not to pursue the opportunity and rather than duplicate the effort (without funding) with another provider, it made economic and practical sense to keep the function within AAAWM as it was already being performed (albeit at a reduced level).

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

There were no discussions at either public hearing related to this request.

May 22, 2019
June 3, 2019

Long Term Care Ombudsman

Total of Federal Dollars $22,560.00 Total of State Dollars $59.278.00

Geographic Area Served All 9 counties served by AAAWM

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

The Long Term Care Ombudsman Program advocates for residents in licensed long term care facilities. Ombudsmen receive, identify, investigate and resolve complaints, including reports of elder abuse and neglect, from or on behalf of residents. The advocate will make routine facility visits, interview residents, provide information on long term care and residents' rights, negotiate with facility staff regarding resident concerns, provide support to resident and family councils, collaborate with legal staff on appropriate cases, and prepare written reports. Additional responsibilities may include advocacy on a variety of issues of concern to vulnerable older adults, collaboration with other advocates, and presentations on long term care issues, residents' rights, and elder abuse.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
(B) Such services are directly related to the Area Agency's administrative functions.
(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

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

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.
In October 2015, the agency contracted to provide Long Term Care Ombudsman services abruptly terminated their contract. This circumstance led to AAAWM seeking approval from AASA and the State Long Term Care Ombudsman to provide the service, in an effort to ensure that residents of long term care facilities continue to have needed access to an Ombudsman.

AAAWM has not recieved any proposals for this service from an outside partner/provider since taking this service in-house.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
There were no discussions at either public hearing related to this request.

May 22, 2019
June 3, 2019

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars $14,728.00 Total of State Dollars

Geographic Area Served All counties served by AAAWM

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.
AAAWM will coordinate at least 8 coalition meetings with presentations on various topics and discussing current elder abuse cases as a coalition. The Kent County Elder Abuse Coalition includes professionals

from the community presenting on topics related to elder abuse followed by a discussion about current elder abuse cases led by the Kent County Prosecutor's Attorney and Adult Protective Services Supervisor. The coalition's steering committee will meet at least once per year to plan the upcoming meetings and speakers.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
(B) Such services are directly related to the Area Agency's administrative functions.
(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

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

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.
Previous contracted service partners for this service failed to adequately educate the public or address issues related to elder abuse, leading AAAWM to make the decision to bring the service in-house. AAAWM has not recieved any proposals for this service from an outside partner/provider since taking this service in-house.

Under AAAWM, the Kent County Elder Abuse Coalition meets monthly to review current cases, collaborate on solutions and provide an educational component for members. In addition, the coalition will provide elder abuse prevention presentations. These presentations will be targeted to seniors, caregivers, and providers of service and will focus on current scams, financial exploitation and recognizing the signs of elder abuse.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
There were no discussions at either public hearing related to this request.

May 22, 2019
June 3, 2019

Area Agency on Aging of Western MI, Inc. **FY 2020**

Regional Direct Service Request

It is expected that regionally-defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the Michigan Commission on Services to the Aging. Regional direct-service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency's administrative functions, or; (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the regional service and enter the information requested pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2020-2022. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Regional Direct Service Budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Regional Direct Service Budget details.

Please skip this section if the area agency is not planning on providing any regional services directly during FY 2020-2022.

Caregiver Focal Point

Total of Federal Dollars $58,000.00 Total of State Dollars

Geographic Area Served All 9 counties served by AAAWM

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

Sustained development of the Caregiver Resource Network
(CRN) throughout Region Eight, including improving advertising of services to the communities.

AAAWM supports the CRN and works to continue its development throughout Region Eight. Service providers are given the opportunity to provide updates of their caregiver support programs at bi-monthly CRN meetings.

The following activities will be provided annually:

• Twelve "Caregiver Corner" articles will be written by CRN members for the "Mature Lifestyles" news publication.

• Five bi-monthly CRN meetings will be held. Member organizations attend these meetings to network with other service providers, improve their referral processes and receive updates on subcommitteeactivities . Bi-monthly educational trainings are provided covering a wide range of topics that will enhance member organizations' ability to provide services.

• A calendar of events for caregivers will be published monthly on the CRN website.

• A Caregiver Appreciation/Education event will be held in November.

• A CRN Speaker's Bureau will be available for community presentations (CRN Members will serve as the speakers)

• Monthly Caregiver classes will be provided through the CRN Family Caregiver University (FCU). FCU offers 12 classes per year that are beneficial to the caregiver and their care partner. Topics that have been covered and will be repeated in the future are: Dementia, Elder Law 101, and Community Resources. Other classes that we rotate between are Safe Driving, Depression and Caregiving, Transfer Training, Options to Prevent Isolation, Elder Law, Mindful Meditation, Personal Hygiene and Music Therapy.

• The Membership Engagement committee of the Caregiver Resource Network will continue to promote involvement of CRN members, and they will serve as volunteers for the many events of the CRN.

• The CRN Diversity Academy will host three (3) trainings each year for professionals and caregivers. One of the trainings completed for FY2019 include training on Caring for those who are visually impaired, two other programs have been scheduled to be held in later 2019 will address the specific needs.

• www.caregiverresource.net has resources, service information and educational opportunities available on the website.

1.

1.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
(B) Such services are directly related to the Area Agency's administrative functions.
(C) Such services can be provided more economically and with comparable quality by the Area Agency.

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
(C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.
The provision of the Caregiver Focal Point, called the Caregiver Resource Network (CRN), in Region Eight, by AAAWM is necessary to ensure that all providers in the region are involved in and kept apprised of education and outreach efforts. There are more than 150 member agencies in the network, which meets bi-monthly, and there are five (5) subcommittees (Caregiver Appreciation/Recognition, Media/Marketing, Diversity, Member Engagement and Outreach and Access) that meet monthly to fulfill the mission of the organization, which is to reach out to and support caregivers wherever they are in their caregiving journeys.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
There were no discussions at either public hearing related to this request.

May 22, 2019
June 3, 2019

Home Support

Total of Federal Dollars Total of State Dollars $37,500.00

Geographic Area Served All counties served by AAAWM

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.
Goal: AAAWM provides the Home Support program as an Older Americans Act funded service. Individuals will receive supportive services that allow them to live in the setting of their choice.

Individuals can contact AAAWM using a local number or a toll free number, or by email via the AAAWM

website to request an assessment to ascertain eligibility for the program. Information and Assistance staff members refer clients to the Care Management Department for follow-up.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).
(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
(B) Such services are directly related to the Area Agency's administrative functions.
(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.
No service provider can adequately assess Home Support clients in every county and this service as defined by AAAWM must be provided by a MI Choice waiver agent. The other waiver agent in our region does not provide the service funded by state dollars, although they do provide it using funding from the Kent County Senior Millage.

The service is used to provide support to older adults who do not (yet) meet the qualifications for Care Management services, but do require limited support to continue to live independently in their own homes. The funding is small, however, the impact it makes on those who qualify for it is not.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
There were no discussions at either public hearing related to this request.

May 22, 2019
June 3, 2019

Area Agency on Aging of Western MI, Inc. **FY 2020**

Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:
1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals (Listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

Area Agency on Aging Goal

A. Advocate Inform, and Empower those we serve.
State Goal Match: 1

Area Agency on Aging of Western MI, Inc. **FY 2020**

Narrative

AAAWM will continue to advocate for older adults and individuals with disabilites by working colaboratively with legislators, local collaboratives, partners, and community stakeholders to ensure individuals are able to age in their own homes and communites successfully. Additionally, AAAWM will strive to continuously educate and empower individuals to advocate for themselves and be educated and aware of the services and programs that are available to them.

Objectives

1. Provide resources, education, guidance, training and empowerment to support those caring for older adults, persons with Dementia, Alzheimer's disease or other chronic conditions. The Caregiver Resource Network recognizes that caregivers are a pivotal component of long-term care planning for older adults and that many older adults provide caregiving services to their own families and friends. AARP reports that," more than 90% of persons 65 and older with disabilities who receive assistance receive informal care; nearly two-thirds rely solely on informal caregivers." As a result, the CRN is a vital part of the aging network in Region Eight, providing education and resources through their meetings as well as through their website, caregiverresource.net. The CRN has both enhanced existing and developed new public and private partnerships to better serve older adult caregivers.
   Timeline: 10/01/2019 to 09/30/2020

Activities

AAAWM supports the CRN and works to continue its development throughout the PSA. Service Partners are given the opportunity to provide updates of their caregiver support programs at bi-monthly CRN meetings.

The following activities will be provided annually:

• Twelve “Caregiver Corner” articles will be written by CRN members for the “Mature Lifestyles” news publication.

• Five bi-monthly CRN meetings will be held. Member organizations attend these meetings to network with other service providers, improve their referral processes and receive updates on subcommitteeactivities . Bi-monthly educational trainings are provided covering a wide range of topics that will enhance member organizations’ ability to provide services.

• A calendar of events for caregivers will be published monthly on the CRN website.

• A Caregiver Appreciation/Education event will be held in November.

• A CRN Speaker's Bureau will be available for community presentations (CRN Members will serve as the speakers)

• Monthly Caregiver classes will be provided through the CRN Family Caregiver University (FCU). FCU offers 12 classes per year that are beneficial to the caregiver and their care partner. Topics that have been covered and will be repeated in the future are: Dementia, Elder Law 101, and Community Resources. Other classes that we rotate between are Safe Driving, Depression and Caregiving, Transfer Training, Options to Prevent Isolation, Elder Law, Mindful Meditation, Personal Hygiene and Music Therapy.

• The Membership Engagement committee of the Caregiver Resource Network will continue to promote involvement of CRN members, and they will serve as volunteersfor the many events of the CRN.

• The CRN Diversity Academy will host three (3) trainings each year for professionals and caregivers. One of the trainings completed for FY2019 include training on Caring for those with Visually Impaired, two other programs have been scheduled to be held in later 2019 will address the specific needs.

• www.caregiverresource.net has resources, service information and educational opportunities available on the website and will be continuously updated to provide the most up to date information.

Expected Outcome

• Increased awareness of caregiver challenges and regional resources available to support these caregivers.
• Improved caregiver education in Region Eight
• Increased visibility and awareness of the Caregiver Resource Network.

2. Employ a robust advocacy strategy utilizing a wide variety of resources available including but not limited to AAAWM staff, Board, and Advisory Council as well as other partner organizations.
   Timeline: 10/01/2019 to 09/30/2020

Activities
AAAWM advocacy staff and Executive Director will meet with and educate local, state and federal representatives. This work is ongoing and endless due to term limits and turnover in representation. AAAWM will also continue to support and assist the AAAWM Advisory Council in their advocacy efforts as well as ensuring the AAAWM Board of Directors is informed about local, state and federal issues of concern to older adults.

The Advocates for Senior Issues (AFSI) began with the help of AAAWM in 1982 and has grown to an organization of over 300 individuals and service partners. The group meets 9 times per year to learn about and advocate for issues that concern older adults. AAAWM will continue to support AFSI's mission, "Empowering Seniors through Education and Advocacy."

Expected Outcome
AAAWM will be an advocacy leader in West Michigan. Citizens and Local, State and Federal Representatives will know they can turn to AAAWM for information and support regarding issues that affect older adults.

3. Teach older adults how to use technology that can help enhance and make their lives easier.
   Timeline: 10/01/2019 to 09/30/2020

Activities
AAAWM staff will post technology videos educating older adults about technology. These videos will include lessons on how to use app's that make aging in place easier. Staff will create custom presentations to fit the needs of the group they are presenting to.

Expected Outcome
Older adults will learn how to use technology that is available to them, thus increasing their knowledge of services that are available to them such as grocery delivery, transportation, and apps that can help reduce isolation. . Partner organizations will ask for presentations on technology questions their clients have.

B. Help older adults maintain their health and independence at home and in their community.
State Goal Match: 2

Narrative
AAAWM will support, promote and provide programs that help older adults stay in their own homes and communities.

Objectives

1. In FY 2020 and beyond AAAWM will continue building and expanding partnerships within the aging network to disseminate healthy aging programs to older adults. Evidence-based, healthy aging programming is a cornerstone of the array of services offered in Region Eight, the number of classes and participants continues to grow beyond expectations.
   Timeline: 10/01/2019 to 09/30/2020

Activities
AAAWM will continue to offer, promote, train, and increase the number of evidence based health promotion (EBHP) programs in Region Eight. The programs have resulted in older adults in the Region being offered the opportunity to participate in activities intended to help them maintain and improve their health as they age. The Healthy Aging programs are offered to the general public as well as to targeted populations including older adults in rural communities and minority seniors.

Expected Outcome
The expected outcome is an increased number of class sites, trainers and participants, more partnerships within the aging network.

2. Help older adults maintain their dental health and raise awareness of the need for quality dental care for seniors.
   Timeline: 10/01/2019 to 09/30/2020

Activities
1.As a partner of the Kent County Oral Health Coalition, AAAWM is awarded a mini grant to coordinate an annual Senior Dental Day that provides free dental services to low income seniors in Kent County. AAAWM will continue their partnership with the Kent County Oral Health Coalition to coordinate an annual Senior Dental Day.

Expected Outcome
1.Awareness will be raised for the need of affordable and accessible dental care for seniors and new partnerships will be developed to assist seniors who discover serious dental issues at the Senior Dental Day event.

C. Promote elder and vulnerable adult rights and justice.
State Goal Match: 3

Narrative
AAAWM will promote programs that protect the rights of vulnerable adults in Region 8.

Objectives

Area Agency on Aging of Western MI, Inc. **FY 2020**

1. Members of the Lesbian, Gay, Bisexual, and Transgender (LGBT) older adult community are not as likely to access healthcare services, due to fears of being mistreated and discriminated against. Many come from a generation where society operated under a “don’t ask, don’t tell” mindset. AAAWM will look to educate older adults on LGBT affirming services available to them, so that they have better access to aging services. Working on a grant funded by the Michigan Health Endowment Fund, AAAWM, in collaboration with the Grand Rapids Pride Center, created a LGBT Resource Guide that lists different organizations who are LGBT affirming. By being a part of the guide, organizations are stating that all older adults who access their services, will be treated the same and members of the LGBT community will not be discriminated against. AAAWM will ensure older adults are aware of the LGBT Resource Guide and the services it can provide to help them age in place.
   Timeline: 10/01/2019 to 09/30/2020

Activities
AAAWM staff will give presentations on the LGBT Resource Guide and will work with the Grand Rapids Pride Center to raise awareness about the LGBT Resource Guide.

Expected Outcome
More people in the community will have knowledge of LGBT affirming services that are available to them. Organizations that are not already part of the guide, will take the steps necessary to be included in the guide.

2. Coordination of the Kent County Elder Abuse Coalition
   Timeline: 09/30/2019 to 10/01/2020

Activities
AAAWM will coordinate at least 8 coalition meetings with presentations on various topics and discussing current elder abuse cases as a coalition. The Kent County Elder Abuse Coalition includes professionals from the community presenting on topics related to elder abuse followed by a discussion about current elder abuse cases led by the Kent County Prosecutor’s Attorney and Adult Protective Services Supervisor. The coalition’s steering committee will meet at least once per year to plan the upcoming meetings and speakers.

Expected Outcome
Awareness will be raised regarding elder abuse trends and resources available to seniors and professionals.

D. Conduct responsible quality management and coordination of West Michigan's aging network.
State Goal Match: 4

Narrative
AAAWM is committed to ensuring good stewardship of finances and quality management of programs and services.

Objectives

1. Care Management participants reporting social isolation with distress will not exceed 9%
   Timeline: 10/01/2019 to 09/30/2020

Activities
Person centered philosophy ensures that the individual's self-identified needs are at the forefront of each care plan. Care Managers will work together with participants and their natural support systems to identify needs and create person centered care plans to ensure the best possible delivery of services. Possible services offered to help alleviate social isolation could be linking to transportation services, meals programs, community based activities and/or senior centers, volunteer programs and the like.

Expected Outcome
Older adults receiving AASA funded Care Management services will experience reduced rates of loneliness and isolation, thus enjoying a higher quality of life.

2. 95% of Care Management participants will report they either agree or strongly agree to the statement "The services I receive are helping me remain at home".
   Timeline: 09/30/2019 to 10/01/2020

Activities
Person centered philosophy ensures that the individual's self-identified needs are at the forefront of each care plan. Care Managers will work together with participants and their natural support systems to identify needs and create person centered care plans to ensure the best possible delivery of services.

Expected Outcome
Care Management participants will be able to "age in place" in their own homes and communties safely and successfully.

3. 90% of Care Management participants will show a higher self-rating of their quality of life after receiving community based services.
   Timeline: 09/30/2019 to 10/01/2020

Activities
Person centered philosophy ensures that the individual's self-identified needs are at the forefront of each care plan. Care Managers will work together with participants and their natural support systems to identify needs and create person centered care plans to ensure the best possible delivery of services.

Expected Outcome
Care Management participants will experience a higher quality of life after receiving community based services than they perceived experiencing prior to receiving community based services.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

Include what advocacy efforts (if any) the area agency is engaged in that are related to the four priority advocacy areas the State Commission on Services to the Aging is focusing on: Transportation, Direct Care Worker Shortage, Reduce Elder Abuse and Eliminate the Wait List for home delivered meals and in-home services. Also identify area agency best or promising practices (if any) in these four areas that could possibly be used in other areas of the state.

AAAWM employs a staff person who dedicates a significant portion of her time solely working on advocacy. This work includes but is not limited to

·Participating in the planning and implementation of Older Michiganians Day
Member of the Area Agency on Aging Association of Michigan Advocacy Committee
Member of the Silver Key Coalition
Attending Michigan Senior Advocates Coalition (MSAC)
Coordinating and providing staff support to the Advocates for Senior Issues and the AAAWM Advisory Council

The Advocacy Coordinator's work is also focused on the following priorities:
Promoting policies that increase caregiver wages, training, and retention
Preserving and protecting the Mi Choice Waiver Program
Reducing waitlist times for in home services and home delivered meals

The Area Agency on Aging of Western Michigan's Board of Directors, Advisory Council and staff advocate for issues important to older persons, emphasizing older adults 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 advocating for older adult funding, laws and services on behalf of AAAWM. In many west Michigan communities, 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, gain support, and confer on leveraging resources. Additionally, the Advisory Council strongly supports the Silver Key Coalition Campaign. 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 AAAWM 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 coalition in Kent County. The agency staff and volunteers will continue contact with County Commissions and State legislators throughout Region Eight to help identify aging issues and act cooperatively toward beneficial

resolution of those issues. They will continue to communicate the needs of older adults to their federal legislators as well. Issues important to older adults are also addressed through the human service collaborative committees in Region Eight. 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 queries of the Council members. Increasing resources to support home and community-based services, including local senior millages, continues to be on the agenda. All nine counties in the region served by AAAWM have dedicated senior millages.

Advocacy is coordinated with agency initiated marketing communications and involves all levels of the West Michigan network on aging in outreach efforts. Expanded media contacts communicate the breadth of services available and how older adults and their communities can or do benefit from them. With the changes in the State of Michigan administration, and the high percentage of newer legislators in Lansing, a large part of the advocacy challenge is the education of legislators, administrators, and their staff in regard to senior issues; most of these people are inexperienced in matters relating to older adults. Agency staff and volunteers will meet with newer legislators to discuss programs and funding vital to seniors. Volunteers will participate in events in Lansing to speak with legislators to inform them of issues and programs that are of most concern: the importance of programs like MI Choice, home-delivered meals, Aging and Adult Services Agency programming, the direct care worker shortage, and elder abuse legislation. Federal, State and Local legislators are invited to speak monthly at the Advocates for Senior Issues meetings, and are asked prepared questions and impromptu questions from the floor. Legislators will continue to be included in future programming, not just as speakers, but also as participants in conversations regarding important community issues.

Below are two examples of best practices lead by AAAWM.

The Area Agency on Aging of Western Michigan (AAAWM) advocates for transportation for older adults through numerous diverse committees. AAAWM participates in the Kent County Transportation Essential Needs Taskforce, the Consumer Advisory Committee for disabled and older adults and Age Friendly Grand Rapids Transportation Committee. While these are different committees, they all have the underlying goal of improving transportation for older adults. The topics discussed and focused on are, cost of transportation, accessibility, ride time, knowledge of available resources, transportation in-all policies, amount of rides taken monthly and new ideas on how to improve transportation. Best practices include having one central call station for ride scheduling, developing on-demand ride plans and increasing route capabilities throughout Kent County.

AAAWM coordinates the Kent County Elder Abuse Coalition (KCEAC). The mission of KCEAC is working together to identify, advocate, educate, and seek justice for vulnerable adult abuse in Kent County. The Coalition is a large group of agencies representing non-profit, for profit, and government organizations that meet monthly to discuss topics related to elder abuse and collaborate on current elder abuse cases in Kent County. In addition to the monthly meetings, the Kent County Elder Abuse Coalition has a speaker's bureau to provide outreach presentations throughout all nine (9) counties of Region 8 to spread the awareness of all aspects of elder abuse. AAAWM recently updated the KCEAC website protectkentseniors.org to include recent elder abuse scam alerts, elder abuse articles, and resources for professionals, concerned family or friends, and individuals.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Area Agency on Aging of Western MI, Inc. **FY 2020**

Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Servivce Array.

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:

a. Commissions Councils and Departments on Aging.

b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)

c. Public Health.

d. Mental Health.

e. Community Action Agencies.

f. Centers for Independent Living.

g. Other

AAAWM continues to leverage resources with Community Action of Allegan and Kent County Community Action by providing funding for services such as transportation, and outreach. Millage funds are also used to provide home delivered meals and congregate meal services and other services through Kent County Community Action. AAAWM plans like partnerships with the Commissions on Aging in Allegan, Ionia, Osceola, Newaygo, Mecosta, and Montcalm counties, as well as the Mason and Lake County Council on Aging. Additionally, AAAWM has partnerships with several local colleges and universities, including Grand Valley State University's (GVSU) Dorothy Johnson Center for Philanthropy and Non-Profit Management Leadership Institute and the GVSU Center for Community Research and the Grand Rapids Community College's dental hygiene program.

AAAWM, through the MI Choice Waiver program works closely with Network 180 and other community mental health agencies to ensure that clients being served by both entities receive the mental health assistance they need. AAAWM also collaborates with the Center for Independent Living (CIL) in Kent County which is known as Disability Advocates of Kent County (DAKC), on different task forces related to transportation issues. DAKC also receives funding from the Kent County Senior Millage.

Additionally, Care Management staff screen individuals to ensure they are referred to all the resources that may be available to them. If they are in Care Management, AAAWM coordinates efforts with other OAA and Kent County Senior Millage (KCSM) funded services, with Medicare Skilled care benefits, with the Veterans Administration, with the Centers For Independent Living and with State Plan services such as Adult Home Help. With Nursing Facility Transistions, AAAWM cooperates with the CILs in providing transition navigation and Housing services, and help people enter the MI Choice program to assure a successful move from institutional care to community based care.

As a MI Choice Waiver Agency, AAAWM and GVSU will engage in the project: "**Statewide Implementation of CAPABLE-Community Aging in Place, Advancing Better Living for Elders in the Michigan Medicaid Home and Community Based Waiver Program".** This project will involve working with participants on person centered goal setting and providing support to meet those goals including extensive Care Management visits and optional Occupational Therapist interventions. AAAWM piloted this program **in 2017.**

AAAWM continues to position the organization to be a full partner with Health plans and the Medical community to address social determinants of health.

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

AAAWM will continue to offer, promote, train, and increase the number of evidence based health promotion (EBHP) programs in Region Eight. The programs have resulted in older adults in the Region being offered the opportunity to participate in activities intended to help them maintain and improve their health as they age. The Healthy Aging programs are offered to the general public as well as to targeted populations including older adults in rural communities and minority seniors.

In 2018, AAAWM expanded the Tai Chi for Arthritis program in Kent, Mecosta, and Ionia County. The Tai Chi program was expanded into Osceola County May 2019. AAAWM has developed a relationship with a Tai Chi Master Trainer, Becky Rahe from Toledo Ohio who holds a Tai Chi Instructor Training every spring. The training is open to others outside our state and region. In return for the training site, AAAWM regional partners receive a discount on their instructor training and recertification

AAAWM hosted the National A Matter of Balance Master Training at our office in April, 2019. Barb Nelson-Jandernoa, AAAWM Healthy Aging Coordinator, is one of seven (7) Lead Trainers in the nation for the MOB program. She and another Lead Trainer from Philadelphia trained 18 Master Trainers from across the Country. Most were from staff from Michigan State Extension Office and Area Agencies on Aging from Michigan.AAAWM offers two MOB Coach Trainings for volunteer coaches and aging network service partners. One training is held in the spring and one in the fall. Currenlty, we have over 50 coaches in our region.

In January 2018 AAAWM partnered with Calvin College Rehabilitation Department on a fall prevention grant from the Michigan Health Endowment. The AAAWM goal is 200 participant completions in two years.

AAAWM Eaglecrest Healthy Aging Department is a Silver&Fit certified facility. Members who have an Advantage Plan on their insurance carrier through American Speciality Health (ASH), receive all the healthy aging classes at no cost to them. AAAWM bills ASH monthly for their participation. The Silver&Fit Membership has grown from 6 to over 68 members currently. In addition, we also have a large number of participants who private pay for their classes. In March, 2019 there were 58 participants who privately paid for the suite of classes offered at Eaglecrest.

EnhanceFitness instructor trainings are held twice year; spring and fall. Barb Nelson-Jandernoa is an EnhanceFitness Master Trainer. In April 2019, twelve new instructors from Kent, Newaygo, and Ionia Counties were trained. The AAAWM Healthy Aging Coordinator also received her EnhanceFitness certification. Three new class sites are opening in Kent County this spring.

Diabetes Self-Management lay leader trainings are held once a year in September. Last year, 4 new lay leaders were trained with class offerings in Kent, Ionia, Lake and Osceola Counties. Barb Nelson-Jandernoa and Staci Gerken, RD are Diabetes PATH Master Trainers.

Staci Gerken is a Master Trainer in the Healthy Eating for Successful Living in Older Adults program. This program is not currently a Tier Level 3 EBHP, She is currently collaborating with the Elder Services of the Merrimack Valley at Hebrew Senior Life in Boston, MA in updating and testing of the curriculum to increase the level.

AAAWM continues to invest in staff development with Master level training in these evidence based programs to create region wide dissemination.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Community Focal Points

Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.

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

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. With the exception of Mason County, which has two, each county in Region Eight 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 key senior centers as Focal Points in the counties where there are not Commissions. The test of time has confirmed that those designated organizations work continuously to fulfill the network's mission. We continue to regard the existing designations as very reasonable. 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: 2010 Census as requested by AASA) is shown. Services are also listed at www.miseniors.net.

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

Name:	Ionia County Commission on Aging
Address:	115 Hudson Street, Ionia, MI 48846
Website:	www.ioniacounty.org/commission-on-aging
Telephone Number:	(616) 527-5365
Contact Person:	Carol Hanulcik
Service Boundaries:	Ionia County
No. of persons within boundary:	12,876

Services Provided:	Homemaker, respite care, congregate and home delivered meals, MMAP counseling, healthy aging programming, socialization, transportation
Name:	Mason County Central Schools-Scottville Senior Center
Address:	140 South Main Street, Scottville, MI 49454
Website:	www.mccschools.com
Telephone Number:	(231) 757-4705
Contact Person:	Bill Kerans
Service Boundaries:	Mason County
No. of persons within boundary:	8,675
Services Provided:	Homemaker, respite care, MMAP counseling, home delivered meals, congregate meals, healthy aging programming, socialization, transportation
Name:	Mason-Ludington Area Senior Center
Address:	308 South Rowe, Ludington, MI 49431
Website:	www.ludington.mi.us
Telephone Number:	(231) 845-6841
Contact Person:	Vicki Collins
Service Boundaries:	Mason County
No. of persons within boundary:	8,675
Services Provided:	MMAP counseling, socialization, congregate meals, healthy aging programming, senior center staffing
Name:	Mecosta County Commission on Aging
Address:	12954 80th Street
Website:	www.co.mecosta.mi.us/coa.asp
Telephone Number:	(231) 972-2884
Contact Person:	Cynthia Mallory
Service Boundaries:	Mecosta County
No. of persons within boundary:	10,289
Services Provided:	Homemaker, respite care, senior center staffing, congregate and home delivered meals, healthy aging programming, socialization, home repair, transportation
Name:	Community Action of Allegan County
Address:	323 Water Street, Allegan, MI 49010
Website:	www.communityactionallegan.org
Telephone Number:	(269) 673-5472
Contact Person:	Lisa Evans

Service Boundaries:	Allegan County
No. of persons within boundary:	24,717
Services Provided:	Transportation, MMAP counseling
Name:	Montcalm County Commission on Aging
Address:	613 North State Street, Stanton, MI 48888
Website:	www.montcalm.org
Telephone Number:	(989) 831-7476
Contact Person:	Ryan Dreyer
Service Boundaries:	Montcalm County
No. of persons within boundary:	14,301
Services Provided:	Adult Day Programming, MMAP counseling, congregate and home delivered meals, healthly aging programming, socialization, transportation, home chore, respite, homemaker
Name:	Newaygo County Commission on Aging
Address:	93 South Gibbs St., P.O. Box 885, White Cloud, MI 49349
Website:	info@newaygocoa.org
Telephone Number:	(231) 689-2100
Contact Person:	Joseph D. Fox
Service Boundaries:	Newaygo County
No. of persons within boundary:	12,202
Services Provided:	Adult Day Programming, MMAP counseling, congregate and home delivered meals, healthly aging programming, socialization, transportation, homemaker
Name:	Osceola Commission on Aging
Address:	732 West U.S. 10, P.O. Box 594, Evart, MI 49631
Website:	www.osceola-county.org
Telephone Number:	(231) 734-6002
Contact Person:	Susan VanderPol
Service Boundaries:	Osceola County
No. of persons within boundary:	6,243
Services Provided:	Congregate and home delivered meals, MMAP counseling, healthy aging programming, homemaker, socialization, transportation, home care, respite
Name:	Senior Neighbors, Inc.
Address:	678 Front Street NW, Suite 205, Grand Rapids, MI 49504
Website:	www.seniorneighbors.org

Area Agency on Aging of Western MI, Inc. **FY 2020**

Telephone Number:	(616) 233-0277
Contact Person:	Robert Barnes
Service Boundaries:	Kent County
No. of persons within boundary:	115,858
Services Provided:	Home chore, outreach and assistance, MMAP counseling, healthy aging programs, home chore, housing coordination, RSVP, Senior Companion, respite certificates, socialization, transportation, prescription assistance, senior center staffing

Name:	St. Ann's Lake County Senior Services
Address:	690 9th Street, P.O. Box 40, Baldwin, MI 49304
Website:	none
Telephone Number:	(231) 745-7201
Contact Person:	Shelly Shafer
Service Boundaries:	Lake County
No. of persons within boundary:	4,182
Services Provided:	Congregate and home delivered meals, healthy aging programming, homemaker, socialization, transportation

Area Agency on Aging of Western MI, Inc. **FY 2020**

Other Grants and Initiatives

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

--Tailored Caregiver Assessment and Referral® (TCARE)
--Creating Confident Caregivers® (CCC)
--Chronic Disease Self-Management Programs (CDSMPs) such as PATH
--Building Training...Building Quality (BTBQ)
--Powerful Tools for Caregivers®
--PREVNT Grant and other programs for prevention of elder abuse
--Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
--Medicare Medicaid Assistance Program (MMAP)
--MI Health Link (MHL)
--Respite Education & Support Tools (REST)
--Projects funded through the Michigan Health Endowment Fund (MHEF)

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

Refugee Social Services - Elderly Services

AAAWM contracts with the Department of Licensing and Regulatory Affairs (LARA) to provide services to Older Adult Refugees throughout West Michigan. AAAWM subcontracts with Senior Neighbors Inc. to provide these services.

PREVNT - Hoarding

AAAWM applied and was awarded funds from the State of Michigan Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) grant for FY18 and 19. AAAWM developed a pilot program providing wraparound services to seniors with hoarding behaviors with the goal of keeping the senior safe and independent in their home.

MHEF - Calvin

The primary goal of the project is to develop and provide an interprofessional public health management system (PHMS) model for fall prevention education with the intent of reducing healthcare costs and promoting healthy self-care for aging seniors in West Michigan. A second goal is to increase health providers' and their preceptors' understanding of PHMS and interprofessional teams for use in their professional settings by widely sharing the interprofessional PHMS model for fall prevention through preceptor internships and multiple local, state and national venues.

Dementia Friends

In 2017, N4A appointed AAAWM as the state entity for the Dementia Friends (DF) USA program. That includes training Dementia Champions and facilitating Dementia Friend Sessions under a sub-license agreement with N4A, as well as the gradual expansion of the DF training to other AAA's in Michigan and

additional counties in Region 8. For FY 20-22 we plan to train additional AAA's and also increase the number of counties in Region 8 that are providing the Dementia Friends program.

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

Refugee Social Services - Elderly Services

The services that Older Adult Refugees are aided with through this grant include, outreach and assistance, translation services, transportation, citizenship assistance and help connecting to English as a Second Languages (ESL) classes. All of these services are designed to help Older Adult Refugees gain better access to services that are designed to help them adjust to their new community and age in place. Older Adult Refugees, who receive services, come from many countries including: Bhutan, Burma, Congo, Somalia, Ethiopia, Burundi, Sudan and Syria.

PREVNT - Hoarding

The purpose of the program is to show a wraparound model of providing counseling, case management, cleanout, and housekeeping services will assist the senior in improving the safety of the home along with measuring the long-term effect of the collaborative services. Assistance addresses housing code violations and improved healthy environment for the senior and their community.

MHEF - Calvin

The quality of life of older adults will be improved by the following: Identification of pre-existing conditions (e.g., vision, hearing, cognitive status, blood pressure and glucose levels) related to poor balance and fear of falls; Increase in aging seniors' healthy activities; Decrease in aging seniors' fear of falling; Decrease in emergency room visits due to falls; and Increase in professionals' and preceptors' involvement in and promotion for interprofessional practice in the workforce.

Dementia Friends

These classes educate the community on the basics of Alzheimer's disease and other dementias, how to better communicate with persons with dementia, and how to help persons with dementia and their family caregivers better navigate through the community.

3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.

Refugee Social Services - Elderly Services

AAAWM's mission is to provide older adults and adults living with a disability an array of services designed to promote independence and dignity in their homes and their communities. All services offered in the grant are designed to promote independence and dignity for Older Adult Refugees.

PREVNT - Hoarding

The PREVNT grant hoarding initiative program model supports the AAAWM mission of keeping seniors safe and independent in their home. The partnering agencies under the PREVNT grant include Adult Protective Services, City of Grand Rapids Code Compliance, Kent County Health Department, Grand Rapids Police

Department, Senior Neighbors, Reliance Community Care Partners, Moxie Life Organizing, and Elder Helpers who provide the direct services that keep the senior safe in their home. In addition, the seniors are connected to community resources to continue the ongoing support.

MHEF - Calvin

This grant helps AAAWM reach 200 more older adults with the fall prevention program, A Matter of Balance.

Dementia Friends

The Dementia Friends initiative reinforces the AAAWM mission by educating and empowering the community to support individuals with dementia, allowing them to stay safely in their own homes and communities.

Area Agency on Aging of Western MI, Inc. **FY 2020**

Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix. Note that older versions of these appendices will not be accepted and should not be uploaded as separate documents.

Appendix A: Policy Board membership
Appendix B: Advisory Council membership
Appendix C: Proposal Selection Criteria
Appendix D: Cash-in-lieu of Commodity Agreement
Appendix E: Waiver of Minimum Percentage of a Priority Service Category
Appendix F: Request to Transfer Funds

APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	10	0
Aged 60 and Over	19	0	0	0	1	0	19

Board Member Name	Geographic Area	Affiliation	Membership Status
Stuart Peet	Allegan		Community Representative
Rick Cain	Allegan		Elected Official
Jane DeVries	City of Grand Rapids		Community Representative
Dennis Sitzer	Ionia		Community Representative
Larry Tiejema	Ionia		Elected Official
Nancy Nielsen	Kent		Community Representative
Carol Hennessy	Kent		Elected Official
Marilyn Burns	Lake		Community Representative
Betty Lou Dermyer	Lake		Elected Official
Peggy Dittmer	Mason		Community Representative
Ron Bacon	Mason		Elected Official
Sharon Bongard	Mecosta		Community Representative
Bill Routley	Mecosta		Elected Official
Linda Weger	Montcalm		Community Representative
Betty Kellenberger	Montcalm		Elected Official
Cindy LaBelle	Newaygo		Community Representative
Kenneth DeLaat	Newaygo		Elected Official

Richard Karns	Osceola		Community Representative
Larry Emig	Osceola		Elected Official

APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	0	1	11	20
Aged 60 and Over	18	0	0	0	1	0	0

Board Member Name	Geographic Area	Affiliation
Thomas Peelle	Allegan	
Natalie Van Houten	Allegan	
Keith Vandercook	City of Grand Rapids	
Priscilla Kimboko		Grand Valley State University
Norma Kilpatrick	Ionia	
Kenneth Thompson	Ionia	
F. Rob Deane	Kent	
Harold Mast	Kent	
Stephen Wooden	Kent	
Martha Burkett		Veterans Services
Nellie Blue	Lake	
Robert Sundholm	Mason	
Mary Bechaz	Mecosta	
Jerrilynn Strong	Mecosta	
Tim Reno	Montcalm	
Ben Witbrodt	Montcalm	
Adele Hansen	Newaygo	
Helen Taube	Newaygo	
Barbara Hazlett	Osceola	
Mary Lou Proefrock	Osceola	

Area Agency on Aging of Western MI, Inc. **FY 2020**

APPENDIX C

Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	03/25/2019

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

Older Americans Act Proposal Selection Criteria are presented to the AAAWM Board of Directors prior to each funding cycle. The FY 2020-2022 Proposal Criteria was approved on March 25, 2019 with no substantial changes from the previous year.

Area Agency on Aging of Western MI, Inc. **FY 2020**

APPENDIX D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:	**48,236**

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 AASA 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 AASA.

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