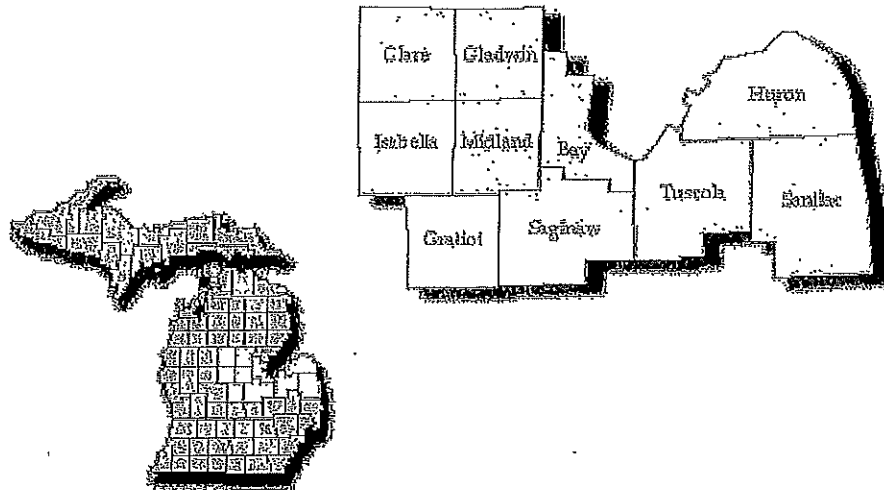


MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN

REGION VII AREA AGENCY ON AGING 7



Planning and Service Area
Bay, Clare, Gladwin, Gratiot, Huron,
Isabella, Midland, Saginaw, Sanilac, Tuscola

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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 distribute the MYP to, and gain support from, the appropriate county and/or units of government.

By July 2, 2019 Region VII AAA will send a copy of the AIP/MYP to the Chair of each of the County Commissions in the Planning and Service Area and to the Chief of the Saginaw Chippewa Indian Tribe with a cover letter requesting approval of the plans by 8/3/2019. The letter will invite Commissioners to request a presentation about the plans. This correspondence will be sent by Certified U.S. Mail including a Return Receipt.

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Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 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.

Region VII AAA was established in 1974 following an amendment to the Older Americans' Act (OAA). The organization is accredited by the National Committee for Quality Assurance (NCQA) and continues with a mission to advocate, plan, develop, and support an array of services for older adults in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac and Tuscola counties using OAA funds, the Medicaid MI Choice home and community-based waiver, grants and local monies to meet the needs of vulnerable older adults and persons with disabilities.

Region VII AAA's main office is located in Bay City. A satellite office is located in Cass City which provides access to Care Management and MI Choice Waiver services for residents of Huron, Sanilac and Tuscola counties.

To more efficiently serve people in Clare County and the surrounding area, Region VII AAA began co-location of staff in 2018.

Each county in the planning and service area has a senior tax millage which supplements OAA funding and is used by the well-established county units on aging to operate robust service delivery systems.

Region VII AAA has the capacity to provide hospital-to-home Care Transitions. In FY2018, the agency began to employ a pharmacist to do medication reconciliations via Zoom Video Conferencing software. In March of 2019 the agency hired a primary care physician to provide home-based medical care throughout the planning and service area. Region VII AAA bills Medicare for the work of these professionals including the services of chronic care management and transitional care management.

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

Age progression continues to trend upwards in all counties with 80+ being one of the fastest growing demographics. This has caused a shift towards more in-home supportive services. These individuals that "age in place" will benefit from additional outreach for services such as personal care, transportation, homemaking, home repair, and home delivered meals. The younger senior population have benefitted from the expansion of programs at senior centers such as local entertainment, evidence-based health, wellness, and fitness programs. Our PSA has a diverse age group, a challenge that Region VII AAA attempts to address by understanding the needs of the communities.

Outreach for Region VII AAA includes Hispanic and African-American persons throughout the PSA.

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Some communities in our PSA have unfavorable health rankings for obesity, chronic disease, and smoking. Moreover, individuals aged 60-65 have more complex healthcare needs for chronic disease progression such as diabetes, cardiac care, and cancer. We have seen an increase in the number of people who do not have sufficient retirement income/savings to meet their basic needs and pay for prescription drug plans. In addition, there has been an increase of interest in Kinship Support with many attributing this to the opioid crisis. As these and other issues are continuing to change the scope of Region VII AAA, we continue to have public input sessions, monitor feedback from providers and staff, and reach out to local units of government as well as civic and fraternal organizations in order to adapt to these challenges.

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.

Services are available to people age 60 and older who have the greatest social and economic need. Family caregivers providing supports to an adult age 60 or older, or older adult relatives (age 55 or older) who are raising a relative's child when the biological parent is not in the home may also be eligible for certain services. Title V Senior Employment Program is available to persons who are age 55 and older and in need of job training.

Region VII AAA's top five funded services are:

- Home Delivered Meals
- Congregate Nutrition
- Care Management
- Homemaking
- Adult Day Care

Services contracted to county units on aging and other providers include: Congregate Nutrition, Senior Center Staffing, Kinship/Older Adult Relative program, Caregiver Training, Disease Prevention/Health Promotion, Adult Day Care, Legal Assistance, Elder Abuse Prevention, Long-term Care Ombudsman, Home Repair, Home-delivered Meals, Personal Care, Homemaking, Respite and Chore Services. The following service the most people:

- Long-Term Care Ombudsman
- Home Delivered Meals
- Congregate Meals
- Case Coordination and Support
- Outreach

4. Highlights of planned Program Development Objectives.

Region VII AAA plans to utilize the State Plan goals 1 through 3 during year one of the Multi-Year Plan (MYP). This includes enhancing our brand recognition, increasing efforts to prevent elder abuse, and maintaining the health and independence of older adults.

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The first goal is to advocate, inform and empower those we serve. This aligns nicely with Region VII AAA's effort to increase brand recognition and engage those who may benefit from our services to contact the organization. Additionally, advocating for the resources necessary to adequately deliver services is crucial to the future of the Area Agency on Aging network at home and across the country. Empowering people who strive to "age in place" to ask for the help they need and to first look to family and informal support helps reduce the burden on the home and community-based service delivery systems allowing more people to be served using public funds.

This leads into the second goal which is to help older adults maintain their health and independence at home and in their community. This is the heart of what we do. The needs of individuals vary greatly as we look across the Access and Service Coordination Continuum. Efforts to weave a stronger safety net and utilize relationships with other community-based organizations will be part of the work in the coming year.

Region VII AAA adopted state plan goal number three which is to promote elder and vulnerable adult rights and justice. The agency continues to look for opportunities for grant-funded projects that can be used to educate older adults and those who support them about the signs of financial exploitation which in recent history is nearly 20% of all inquiries and complaints. Additionally, we will continue to participate in county-based task forces and workgroups designed to thwart abuse, neglect and exploitation.

5. A description of planned special projects and partnerships.

Region VII AAA has requested approval from CSA to utilize a Primary Care Physician who will oversee healthcare in the home. This service aligns with the organization's long running experience with home and community-based services and has the potential to improve quality of life for those who use it.

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.

Region VII AAA is accredited in long-term care by the National Committee for Quality Assurance (NCQA). Additionally, the agency participated in the MDHHS Clinical Quality Assurance Review (CQAR) in FY 2018 and received a score of 3.87 out of a possible score of 4.00. Region VII continues to determine methods to help increase that score. Changes are routinely implemented to support a person-centered service plan that details the participant's care methods in a structured manner.

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.

Region VII AAA may explore a build out of our information and advocacy efforts using volunteers as ambassadors to present at service provider locations to educate and encourage staff to be the "eyes and ears" identifying, linking and making referrals to Region VII AAA and the county unit on aging programs. The base of dedicated staff and volunteers across the region will receive special attention as they encounter a high volume of people likely to benefit from services. Additionally, a component for recognizing when to report suspected abuse, self-neglect, or financial exploitation of a vulnerable adult will be included in the programming.

Region VII AAA is beginning a "friendly caller" program that provides reassurance to people who are aging in place and who may not have adequate informal supports. The goal will be to develop a process that is easily

replicated by volunteers throughout the planning and service area.

Region VII AAA dedicates staff time to the review of available fund sources and philanthropic organizations for the purpose of longer range project/grant planning.

8. Highlights of strategic planning activities.

Region VII AAA consulted with Public Sector Consultants to complete a strategic plan during an all-day strategic planning session with Region VII AAA staff, board, advisory council members, and key external stakeholders. The participants identified the strengths and weaknesses of the organization, identified opportunities and threats to being successful, agreed on a common statement of commitment Region VII AAA hopes to achieve as an organization, and identified key goals needed to achieve that commitment.

During this session participants identified where Region VII AAA is doing well, including maintaining excellent staff and quality service offerings, as well as areas where Region VII AAA could use improvement, such as external communications, obtaining funding, and advancing technology systems. Participants also predicted future opportunities, including program expansion, increased community partnerships, and employment openings. The session also anticipated potential risk in the agency's ability to secure enough clients for all future programs, reliance upon government funding, understaffing, and failure to plan for an appropriate timeline.

A commitment statement was developed during this session. "We are committed to a Region VII AAA that advocates on behalf of participants and all community partners, offers choice, and provides quality integrated care." To fulfill this commitment statement, five broad categories were developed: actively seek and engage collaborations and partnerships; develop resources, sustainability and fiscal responsibility; develop stakeholder quality and capacity; provide participant-driven, high-quality, integrated services; and strengthen advocacy, communications, and organizational awareness.

Region VII AAA leadership will continue to work with Public Sector Consultants to refine the ideas that were provided in this planning session, particularly around the mission and goals. In the near future, the board and key staff will come together to confirm the missions and goals discussed in this session and develop strategies to achieve them.

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
05/21/2019	Caro Senior Center	12:00 PM	Yes	9
05/22/2019	Masonic Pathway's Chapel an	10:00 AM	Yes	2
05/22/2019	Region VII AAA	02:00 PM	Yes	4

5/21/19 CARO: The first public hearing for FY 2020 AIP took place at the Caro Senior Center, this location is the main congregate site in Caro. The Caro Senior Center offers bingo and friendly card games, this location has an advisory group as well.

Public input at the public hearing centered on our Primary Care Physician (PCP) service. The questions ranged from where the physician's office was located to what services he provides. Attendees wanted to know

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the steps that needed to be taken to see the physician, who qualifies to see him, is he able to write prescriptions, and if he could handle referrals.

Additional discussion included Region VII Area Agency's general funding, and a question involving Medicare insurance. They were assisted on-site, also noted additional support was available at MMAP.

Also mentioned that if anyone in the community had questions related to the MYP or the AIP, there was a direct link to those documents on the Region VII Area Agency home page.

5/22/19 ALMA: The second hearing took place at the Masonic Pathway's Chapel and Education Center. Questions arose about a variety of subjects. The input regarding the FY 2020 AIP included questions about the Care Transition, Medication Management, and Friendly Reassurance..

Additional concerns were also discussed, such as the low volunteer rates and shortage of healthcare workers for programs and services in Clare County. Isabella County was having difficulty getting male volunteers for services.

The topic of elder abuse was raised, was there a way to raise awareness in Clare County, attendee stated Isabella County has a meeting in July regarding this.

5/22/19 BAY CITY: The final public hearing took place at Region VII Area Agency in Bay City. Public input was focused on Caregiver and Community Transportation. The discussion included who was eligible for the service, do vehicles accommodate for both ambulatory and wheelchair accessible, as well as the rates or costs per trip.

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.

Increasing call volume to Region VII AAA's Information & Assistance department demonstrates that a number of older adults are experiencing a lack of informal support as demonstrated in the requests received by the agency for services such as non-emergency medical transportation, supplemental food, and home repair. The complexity of the work being required by Medicare, Medicaid Assistance Program (MMAP) staff and volunteers to meet the needs of persons with health insurance concerns has intensified since the passage of the Affordable Care Act (ACA) and we are serving a considerably higher number of younger retirees and/or people forced out of their jobs before age 65 and are too young for Medicare who are seeking relief from the high cost of health insurance and prescription drugs. We also see an increasing number of people who did not have sufficient retirement income/savings struggling to meet their basic needs and also pay for prescription drug plans.

Age progression continues to trend upwards in all counties with 80+ being one of the fastest growing

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demographics. This has caused an organic shift towards more in-home supportive service needs and less emphasis on congregate dining; however, in many communities, local entertainment and evidence-based health, wellness and fitness programs hosted or delivered by the senior centers have expanded to entice both younger older adults participation and continue to engage the extreme elderly. This aligns with the requests from county units on aging to shift funding from congregate and other categories that are less in demand, to the in-home and supportive services.

In the Thumb communities, the incidence of death from chronic disease, specifically stroke and cardiac in older adults is trending downward as reported in the 2018 Community Health Assessment Report (CHA) available at www.mithumbpha.org/documents. Saginaw County Continuum of Care reported a slight uptick in the number of older adults who are at risk of, or who are homeless in 2018. This correlates with the decline in housing stock and the inability of impoverished older adults to maintain their private residences particularly in the city, and parts of the rural outlying areas. In the western counties of Clare, Gladwin, Isabella and Gratiot, the Robert Wood Johnson Foundation (RWJF) annual countywide health rankings for obesity, chronic disease, and smoking continue to show unfavorable rankings.

Region wide, organizations that provide "hands-on" custodial care are having difficulty hiring and retaining direct care workers. According to the 2019 Asset-limited, Income-constrained, but employed (ALICE) report conducted by United Way organizations around the United States, 43% of Michigan families are struggling to meet a survival budget.

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These issues are changing the scope of the network and starting the conversation about best practices as we weave social determinants of health into a delivery system that not only provides non-medical in home help, but also monitors chronic disease system management and provides health care interventions as needed for those who are aging in place.

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.

Individuals age 60 to 65 in our planning and service area are struggling to afford health insurance, pay for living arrangements, and basic needs. This population seems to have more complex healthcare needs that require treatment and medication. Although they are eligible, many do not utilize the resources available to them.

Family caregivers continue to struggle with the caregiver burden. Most rely on caregiver support groups and/or monthly disease-specific programming.

There has been an increasing interest in Kinship Support attributable to the opioid crisis. The older adult relative is increasingly becoming the caregiver for their grandchildren.

An increasing number of older adults we see have no family or informal support available to assist them with their daily needs, leading to requests for assistance with all types of issues. Persons with dementia and those who care for them are often lacking in the financial resources necessary to pay for the adult day care and/or in-home care. Respite at the more desirable assisted living locations often runs at least \$220/day.

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.

Region VII AAA is located in a planning and service area with few recognized minorities. To that end, the targeting strategy is for the Hispanic and African-American persons, Native Americans, and migrant workers in the thumb counties. Poverty is a factor in our communities, exacerbated by crumbling housing stock and aging residents who struggle to maintain an adequate life style. Continuing what was started in FY2018, Region VII AAA embedded staff in county unit on aging offices in rural areas to assist with linking persons with the greatest economic and social need with services.

Region VII AAA staff are conducting formal presentations to local units of government, and civic fraternal organizations. Leave behind materials include tear-off cards with the toll-free telephone number for the agency's Information and Assistance department. Presentations and networking with the Saginaw Chippewa Indian Tribe's Andahwod staff also assist in identifying those with Native American ties who qualify for Older Americans Act services.

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.

According to the Administration for Community Living (ACL) and the National Alzheimer's and Dementia Resource Center (NADRC) Dementia Capability Assessment Tool, Region VII AAA has provided services and support to people with dementia through programs such as adult day care, personal care, and case coordination and support. Region VII AAA also provides services and support to caregivers with information and referral/options counseling, respite care, and support groups.

Region VII AAA has standard procedures for providing referrals to people with dementia and their caregivers. Region VII AAA has provider lists that cover entities in all ten counties and include adult day care, specialized adult day care, respite, caregiver training, workshops and more.

Employees interested in this topic may initiate the request and attend an educational event, typically for RN's and SW's that would generate continuing education credits. The agency does not have a standardized program of education specific to dementia. It should be noted that there are educational programs and practices in use by contracted service provider and purchase of service organizations, but these are not typically provided to Region VII AAA staff.

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

Region VII AAA's Information and Assistance staff maintain a library of available programs and services of

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community-based organizations, businesses, and faith based entities that provide human service relief. When a caller, or visitor, is not eligible for a program or service through the aging services network they are supplied with information and resources available from outside groups and encouraged to provide feedback on success or if additional effort is necessary. In some cases, we may make a warm transfer, or a virtual introduction to reduce the redundancy of their request.

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

The needs of older adults and those who support them come in all shapes and sizes and so do the services available to meet those needs, Region VII AAA's Information and Assistance staff maintain a library of available programs and services. When a caller, or visitor, is not eligible for a program or service through the aging services network they are supplied with information and resources available from outside groups.

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.

Region VII AAA utilizes a wait list that ranks priority based on assets, income, functional status, social/psychological functions, and supplemental services in the home.

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.

Region VII AAA's Advisory Council actively engages with older adults and caregivers in the communities bringing back information to the agency. Reports are made by each member at the Advisory Council meeting which takes place ten times a year, and in between, members are in contact with agency staff regarding recommendations, concerns, or needs that arise based on interactions. Two members also serve on the Michigan Senior Advocates Council (MSAC) and a third is a member of the Senior Advisory Council (SAC).

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.

Region VII AAA reviews service reports and monitors providers and staff routinely and provides ongoing education to make the best use of resources. People are often empowered to think of us as the last resort for certain services such as non-emergency medical transportation and to consider other alternatives such as family and informal supports. Cost share and donations are also encouraged as a mechanism to reduce the burden on the system.

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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	<ul style="list-style-type: none"> • Care Management • Information and Assistance • Outreach • Transportation 	<ul style="list-style-type: none"> • Medication Management • Friendly Reassurance • Primary Care Physician (PCP) 	<ul style="list-style-type: none"> • Disease Prevention/Health Promotion
Participant Private Pay		<ul style="list-style-type: none"> • Home Care Assistance • Home Injury Control • Home Health Aide • Assistive Devices & Technologies 	<ul style="list-style-type: none"> • Health Screening • Assistance to the Hearing Impaired and Deaf • Vision Services • Counseling Services
Funded by Other Sources	<ul style="list-style-type: none"> • Disaster Advocacy and Outreach Program • Options Counseling 	<ul style="list-style-type: none"> • Home Injury Control • Home Health Aide 	<ul style="list-style-type: none"> • Dementia Adult Day Care • Nutrition Counseling • Nutrition Education • Creating Confident Caregivers
Contracted by Area Agency	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Outreach * • Transportation 	<ul style="list-style-type: none"> • Chore * • Homemaking • Home Delivered Meals • Personal Care • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Home Repair * • Legal Assistance • Long-term Care • Ombudsman/Advocacy • Senior Center Operations * • Senior Center Staffing * • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training

* Not PSA-wide

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Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the 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.

Region VII AAA's planned service range reflects the preferences of the local communities within our PSA, whether it be Suburban, heavily populated areas, or to rural, wide-spread communities. Agency staff work continuously and closely with county units on aging staff and other providers of human services to identify gaps in service, locate new sources of funding for aging services, launch new programs that match a community's need, and to strengthen the safety net for older adults and people with disabilities.

In this MYP cycle, the organization plans to utilize their in-house primary care physician, pharmacist, community health workers and a full-time dietician to integrate chronic care management for those who are unable to leave the house for routine healthcare appointments.

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 handling a potential 10% funding reduction from AASA).

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

Strengths

In the current environment, the strengths of Region VII AAA to achieve its vision are commitment, consistency, drive to provide the best quality care for clients, leadership, absence of a waiting list, quality, educated staff, strong board of directors, and transparency.

Weaknesses

In the current environment, the weaknesses of Region VII AAA to achieve its vision are brand (people sometimes call Region VII AAA looking for other agencies), communications, and limited knowledge of new programs, even though Region VII AAA has a strong network for its current services. In addition, the PACE program is uncharted territory where the knowledge has to be gained. There can also be lack of integration across systems, particularly provider networks, and Region VII AAA has a broad geographic service area (which can also be considered a strength).

Opportunities

Benefits of Region VII AAA being successful in achieving its vision are access to more people who need care as baby boomers get older; brand improvement; a more efficient use of resources; a stronger voice in lobbying and having the capability to be a stronger advocate; more clients; more access to care; more funding opportunities, particularly around philanthropy or fundraising; more job opportunities; all-inclusive care, regardless of who seeks assistance; security and stability for participants and employees; and the ability to serve more people

Threats

Dangers of Region VII AAA being successful in achieving its vision are competitors, as funding may depend on what competitors are doing in the same market area; congregate meal sites are declining due to better health and finances of seniors aged 60, but they may still need services at ages 70 or 80; government and insurance companies wanting to take away money if an organization has become successful, making it harder to reinvest savings if the government deems the money isn't needed; vulnerability in government funding; growing too fast; limited number of direct care workers; and the sustainability to maintain the funding for newly implemented programs.

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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.

Region VII AAA planning and service area does not fall within any of the current Integrated Care (IC) pilot projects; however, In FY 2017, Region VII contracted with AAA-1B on an IC pilot area. The knowledge gained by the agency from this experience helped clarify the various assessment tools and coordination of care procedures being utilized by participating Health Maintenance Organizations (HMO'S) in the IC piloted areas.

Significant changes are anticipated to the MI Choice waiver and all Medicaid long-term care services during this multi-year planning cycle. The Board of Directors, along with management at Region VII will make the adequate adjustments to accommodate the changes.

Region VII AAA is proposing a Managed Community Care Organization (MCCO) pilot project for Michigan's Medicaid programs based on the Program for All-Inclusive Care for the Elderly (PACE). PACE programs coordinate and provide all needed preventative, primary, acute and long term care services so that older individuals can continue living in the community. The PACE program centers the program around a wellness center. The MCCO provides the wellness center services in the client's home.

This pilot allows a Single Point of Service Managed Community Care Organization governed by local municipalities to manage the fiduciary function, services, and contracts for the Medicaid dollars.

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

Region VII has in place a plan for prioritizing services in the event of a governmental shutdown. We would use this same course of action in the event of a 10% funding reduction. We would modify service delivery to maintain critical nutrition and in-home services for the most vulnerable older adults in our 10-county region. Region VII AAA's Board of Directors, along with management, would implement a course of action to lessen the impact of service cuts by identifying our most at-risk clients and using the funds available to assist them first. A priority scale would then be created to assist those in greatest need.

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

Within the past three years, Region VII AAA has achieved the Commission for Accreditation of Rehabilitation Facilities (CARF) accreditation in the categories of Aging Services Network, Home and Community Services, and Case & Coordination. In addition, Region VII AAA has recently achieved the National Committee for Quality Assurance (NCQA) accreditation, the "gold" standard of quality and accountability in healthcare standards. Both accreditations demonstrate our quality operation and ongoing commitment to older adults and people with disabilities in our planning and service area. With our NCQA accreditation, our agency is not pursuing renewal of CARF.

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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.

Our Supports Coordinators and Community Health Workers are equipped with laptops and hotspots for obtaining Wi-Fi throughout the PSA.

Our pharmacist interacts with Supports Coordinators and our Community Health Workers via HIPAA compliant online technology to determine if the proper medication has been prescribed to clients recently discharged from the hospital and to coordinate the information with the PCP.

Region VII AAA is submitting a grant to the Michigan Health Endowment Fund for an app that would allow caregivers to input three ingredients and find a recipe using those items. It would also be connected to an on-line (local) grocer that may deliver the items directly to the home.

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Regional Service Definitions

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

Service Name/Definition

Primary Care Physician (PCP)

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

Provide a PCP to address healthcare needs along with home and community-based workers to address social determinants of health and remove any barriers to health improvement and health maintenance. Region VII AAA uses LACE scoring tool which measures the risk of readmission by taking into account the Length of the hospital stay, the Acuity of the admission, Comorbidities and how many Emergency department visits the person has made.

Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB	<input type="checkbox"/> Title III PartD	<input type="checkbox"/> Title III PartE	1 unit = 1 hour of time
<input type="checkbox"/> In-Home	<input type="checkbox"/> Title VII	<input type="checkbox"/> State Alternative Care	<input type="checkbox"/> State Access	
<input type="checkbox"/> Community	<input type="checkbox"/> State In-home	<input type="checkbox"/> State Respite		
	<input type="checkbox"/> Other			

Minimum Standards

This service partnered with other available home and community-based services provides an opportunity to make a significant impact on health care related social determinants. Our goal is to meet the medical needs of the population for 300 individuals.

A W-2 Contracted Primary Care Physician (PCP) is the main doctor responsible for dealing with a majority of health care issues, coordinating care in the event complicated medical problems develop, or multiple specialist physicians are needed. A PCP can be a family practitioner, internal medicine doctor (or internist), or geriatrician. A PCP acts as a gatekeeper to other services included in the health plan including:

- Building A Health History
- Promoting Prevention
- Early Detection
- Disease Management
- Lower Healthcare Costs
- Educated Referrals
- Communication and Trust

A priority system will be developed for all clientele based upon functional, social, environmental, and income

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/ asset level. These four areas shall be weighed equally within the ranking system should a wait list be needed.

By providing Transitional Care Management and seeing the patient within seven days of discharge from a hospital or nursing facility, the patient's health also improves which ultimately saves money across all spectrums of health and provides savings for Medicare and Medicaid by providing a strong patient-physician relationship which will reduce emergency room visits and hospital re-admission costs.

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Service Name/Definition		
Care Transitions		
Rationale (Explain why activities cannot be funded under an existing service definition.) This regional service definition provides a Person-Centered intervention during and after a hospital stay designed to put the home and community-based supports necessary into place so that the person is not readmitted to the hospital for the same/similar diagnosis with a 30-day period.		
Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input checked="" type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	1 unit = 1 hour of service

Minimum Standards

Care Transitions implements the following objectives to reduce avoidable Medicare hospital re-admissions:

UNSKILLED TRANSITION MODEL – A Community Health Worker (CHW) will make a home visit to review the beneficiary's hospital discharge instructions and assist in removing any barrier that may prevent the beneficiary from complying with the instructions. This includes a medication inventory, health education and 'red flags' that may require medical attention, assessment of the home environment, assistance scheduling the patient's follow-up visit with their Primary Care Provider as needed, along with coordination of home delivered meals and other supports. This visit utilizes a well-known four-pillared Care Transitions model.

MEDICATION COMPLIANCE – During the home visit, the beneficiary will consult with a pharmacist via Zoom, a video conferencing technology. Changes and reconciliation of medications will be communicated to all practitioners.

MEDICAL APPOINTMENT FOLLOW-UP – The CHW will work with the beneficiary to meet the Medicare seven-day post hospital discharge follow-up, assisting as needed with scheduling and transportation.

TRANSITIONAL CARE MANAGEMENT – This is a Medicare covered benefit. A Nurse Practitioner and a CHW work concurrently during a 30-day period that begins the day the patient is discharged from the inpatient hospital setting in an effort to insure patient success. This process includes a face-to-face visit by a nurse practitioner.

CHRONIC CARE MANAGEMENT – This is a Medicare covered benefit that provides for a Comprehensive Care Plan to be developed when a beneficiary has two or more chronic conditions that are expected to last at least 12 months. This service consists of 20 minutes of non-face-to-face intervention per calendar month directed by the general oversight of a nurse practitioner or other medical provider.


EVIDENCE-BASED DISEASE PREVENTION – Services provided by community-based organizations that have been demonstrated through evaluation to be effective for improving the health and well-being or

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reducing disease, disability and/or injury among older adults.

MOBILE DOCTOR - Region VII AAA's Primary Care Physician will make home visits to the estimated 15% to 20% of Medicare beneficiaries in the PSA who do not have a Primary Care Provider with whom they are able to schedule a post-hospital discharge visit in the Medicare seven-day time frame.

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Service Name/Definition: Medication Management		
Rationale (Explain why activities cannot be funded under an existing service definition.) The agency has hired a licensed Pharmacist who has the capacity to provide the service. Region VII AAA has the administrative functions in place to provide, document, and bill for the service and will achieve an economy of scale by providing this service directly.		
Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input checked="" type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Unit of Service = 1 hour of time

Minimum Standards

Family, caregiver and client education and training.

The program shall employ a licensed Pharmacist who supervises program staff and is available to staff when they are in a client's home or making telephone reminder calls. Each program shall employ program staff who are appropriately licensed, certified, trained, oriented and supervised.

The supervising Pharmacist shall review and evaluate the medication management care plan and the complete medication regimen, including prescription and OTC medications, dietary supplements and herbal remedies, with each client and appropriate caregiver. Each program shall implement a procedure for notifying the client's physician(s) of all medications being managed.

The program shall be operated within the three basic levels of service as follows:

Level 1: Telephone reminder call/cueing with maintenance of appropriate documentation. Program staff performing this level of service shall be delegated by the supervising nurse.

Level 2: In-home monitoring visit/cueing with maintenance of appropriate documentation.

Level 3: In-home medication set up, instructions, and passing and /or assistance with medications (e.g., putting in eye drops, giving pills and injections). Program staff performing level 3 services shall be delegated by the supervising nurse.

Level 4: The program shall maintain an individual medication log for each client that contains the following information: a. Each medication being taken. b. The dosage for each medication. c. Label instructions for use for each medication. d. Level of service provided and initials of person providing service. e. Date and time for each time services are provided.

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Level 5: The program shall report any change in a client's condition to the client's physician(s) immediately.

Direct assistance in managing the use of both prescription and over-the-counter (OTC) medication.
Allowable program components include:

Face-to-face review of client's prescription, OTC medication regimen, and use of herbs and dietary supplements.

Regular set-up of medication regimen (Rx pills, Rx injectables, and OTC medications).

Monitoring of compliance with medication regimen.

Cuing via home visit or telephone call.

Communicating with referral sources (physicians, family members, primary care givers, etc.) regarding compliance with medication regimen.

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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

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars		Total of State Dollars	\$200,723.00
Geographic area to be served			
Clare, Huron, Sanilac, and Tuscola			

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

Region VII AAA expects to continue with goals stated in the FY2017 to FY 2019 MYP.
They are as follows:

Goal 1. Ensure appropriate care delivery to program participants.

Expected Outcome: Program participants will receive necessary assistance to maintain living in their home through an initial assessment and then quarterly in-home re-assessments; whereby, person-centered plans with emphasis on use of community resources will be developed by un-biased and professional Support Coordinators.

Goal 2. Build and maintain professional relationships to ensure that quality care is provided to program participants.

Expected Outcome: Support Coordinators' knowledge of community resources and communication with caregivers and service providers will ensure that each client receives quality care from trained professionals. On-site provider monitoring by trained staff and semi-annual peer review processes reinforce the commitment to quality care.

Goal 3. Enhance the agency's Quality Management Plan.

Expected Outcome: Region VII AAA Support Coordinators along with the agency's Quality Assurance

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Manager will ensure that program participants receive optimal person-centered, high-quality care that meets or exceeds the established standards of care set forth by the Aging and Adult Services Agency (AASA) of Michigan's Department of Health and Human Services.

Goal 4. Continue attendance at Care Management meetings sponsored by AASA.

Expected Outcome: Maintain on-going communication with AASA staff regarding Care Management policies, procedures and practices.

Goal 5. Participate in training opportunities related to Person-Centered Planning

Expected Outcome: Participant choice will be honored and participants will maintain their independence in the least restrictive setting based on preferences and objectives.

Number of client pre-screenings:	Current Year: 48	Planned Next Year: 85
Number of initial client assessments:	Current Year: 16	Planned Next Year: 30
Number of initial client care plans:	Current Year: 16	Planned Next Year: 30
Total number of clients (carry over plus new):	Current Year: 58	Planned Next Year: 85
Staff to client ratio (Active and maintenance per Full time care	Current Year: 1:48	Planned Next Year: 1:48

Information and Assistance

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars		Total of State Dollars	\$75,019.00

Geographic area to be served

Region VII AAA PSA

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

Goal 1. Maintain and update the agency's Information and Assistance database to include services and resources that meet the needs of older adults and persons with disabilities.

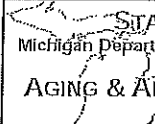
Expected Outcome: Staff will monitor the Information and Assistance database to ensure that the most recent data is available and accurate.

Goal 2. Continue to promote professionalism, education and quality improvement of Information and Assistance.

Expected Outcome: Staff will participate in inter-departmental meetings at the agency to ensure that information and programs are current and communicated. Region VII AAA continues to require staff to be certified by the Alliance of Information and Referral System (AIRS) and conducts random monthly quality assurance surveys of 10% of all calls. Additionally, the agency website www.region7aaa.org will continue to be updated. Staff will continue to support the Affordable Care Act and the Healthcare Exchange and Medicare Medicaid Assistance Program (MMAP).

Goal 3. Enhance marketing efforts of Information and Assistance.

Expected Outcome: Increased number of calls to Information and Assistance.

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Outreach

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$8,000.00	Total of State Dollars	

Geographic area to be served

Region VII AAA PSA

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

Goal 1. Enhance outreach efforts of Region VII AAA.

Region VII AAA Executive Director, management and staff will be presenting information about available home and community-based services for older adults and persons with disabilities to all local governments, i.e. city/village councils, townships, elected officials and other influential groups within the PSA.

Additional outreach and partner development is planned and will involve business, healthcare entities, and community-based organizations.

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Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, 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.

Medication Management

Total of Federal Dollars \$0.00 Total of State Dollars \$125,000.00

Geographic Area Served Region VII AAA PSA

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

Direct assistance in managing the use of both prescription and over-the-counter (OTC) medication.

Allowable program components include:

Face-to-face review of client's prescription, OTC medication regimen, and use of herbs and dietary supplements.

Regular set-up of medication regimen (Rx pills, Rx injectables, and OTC medications).

Monitoring of compliance with medication regimen.

Cueing via home visit or telephone call.

Communicating with referral sources (physicians, family members, primary care givers, etc.) regarding compliance with medication regimen.

Family, caregiver and client education and training. UNIT OF SERVICE Each 15 minutes (.25 hours) of component activities performed.

1. The program shall employ a licensed Pharmacist who supervises program staff and is available to staff

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when they are in a client's home or making telephone reminder calls. Each program shall employ program staff who are appropriately licensed, certified, trained, oriented and supervised.

The supervising Pharmacist shall review and evaluate the medication management care plan and the complete medication regimen, including prescription and OTC medications, dietary supplements and herbal remedies, with each client and appropriate caregiver. Each program shall implement a procedure for notifying the client's physician(s) of all medications being managed.

The program shall be operated within the three basic levels of service as follows:

Level 1: Telephone reminder call/cueing with maintenance of appropriate documentation. Program staff performing this level of service shall be delegated by the supervising nurse.

Level 2: In-home monitoring visit/cueing with maintenance of appropriate documentation.

Level 3: In-home medication set up, instructions, and passing and /or assistance with medications (e.g., putting in eye drops, giving pills and injections). Program staff performing level 3 services shall be delegated by the supervising nurse.

Level 4: The program shall maintain an individual medication log for each client that contains the following information: a. Each medication being taken. b. The dosage for each medication. c. Label instructions for use for each medication. d. Level of service provided and initials of person providing service. e. Date and time for each time services are provided.

Level 5: The program shall report any change in a client's condition to the client's physician(s) immediately.

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.

1.A. Provision of the Medication Management by Region VII AAA is necessary to assure an adequate supply of assistance with healthcare.

B. Healthcare services provided by the Pharmacist are directly related to Region VII AAA's Administrative functions and will be coordinated with other services to assure optimal health and wellbeing of persons served.

C. Region VII AAA has been providing Medication Management services under a MHEF grant.

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 agency has hired a licensed Pharmacist who has the capacity to provide the service. Region VII AAA has

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the administrative functions in place to provide, document, and bill for the services and will achieve an economy of scale by providing this service directly.

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

5/21/19-5/22/19 Discussion included whether the Medication Management program was a referral service only.

Friendly reassurance

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

Geographic Area Served Region VII AAA PSA

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

Make regular contact, through either telephone or in-home visits, with home-bound older persons to assure their well-being and safety and to provide companionship and social interaction.

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 the Friendly Reassurance service by Region VII AAA is necessary to ensure the well-being of our clients.

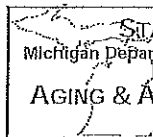
B. Friendly Reassurance services are directly related to Region VII AAA's administrative functions and will be coordinated with other services to assure optimal health and well-being of persons served.

C. Region VII AAA will economically provide this important Friendly Reassurance service.

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.

Region VII AAA is uniquely qualified to administer the Friendly Reassurance service, and this program will allow one person at Region VII AAA to provide the service to all 10 counties. Region VII AAA, as a service provider, is locally based yet not restricted by county actions. Region VII AAA is able to still check on clients even when county services are closed due to weather, emergencies, or disasters.

The regular calls and/or visits assure that any possible changes in the client's health are identified and

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recorded, helps reduce isolation, and allows clients to feel more connected to the community by enabling them to remain independent in their own homes.

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

5/21/19-5/22/19 Discussion included whether the Friendly Reassurance service was able to refer clients to services if needed.

Disease Prevention/Health Promotion

Total of Federal Dollars \$31,141.00

Total of State Dollars

Geographic Area Served Region VII AAA PSA

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

A service program that provides information and support to older individuals with the intent of assisting them in avoiding illness and improving health status.

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 the Disease Prevention/Health Promotion service by Region VII AAA is necessary to ensure the overall well-being of our clients through education, assessments, and physical fitness.

B. Disease Prevention/Health Promotion services are directly related to Region VII AAA's administrative functions and will be coordinated with other services to assure optimal health and well-being of persons served.

C. Region VII AAA will economically provide a quality Disease Prevention/Health Promotion program.

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.

Region VII AAA, in administering the Disease Prevention/Health Promotion service, will be able to include health promotion programs, programs that encourage physical fitness, and raise awareness about healthy behaviors in older adults.

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The Disease Prevention/Health Promotion service aims to engage and empower our clients to choose healthy behaviors, and make changes that reduce the risk of developing chronic diseases.

Region VII AAA can intergrate the Disease Prevention/Health Promotion service with other existing programs to further enable older adults to maintain their independence in their communities.

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

5/21/19-5/22/19 No input was given on this service.

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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.

Primary Care Physician

Total of Federal Dollars \$250,000.00

Total of State Dollars

Geographic Area Served Region VII AAA PSA

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

A Primary Care Physician (PCP) is the main doctor responsible for dealing with a majority of health care issues, coordinating care in the event complicated medical problems develop, or multiple specialist physicians are needed. A PCP can be a family practitioner, internal medicine doctor (or internist), or geriatrician. A PCP acts as a gatekeeper to other services included in the health plan including:

- Building A Health History
- Promoting Prevention
- Early Detection
- Disease Management
- Lower Healthcare Costs
- Educated Referrals

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Communication and Trust

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.

1.A. Provision of the PCP services by Region VII AAA is necessary to assure an adequate supply of primary health care.

B. Healthcare services provided by the PCP are directly related to Region VII AAA's Administrative functions and will be coordinated with other services to assure optimal health and wellbeing of persons served.

C. Region VII AAA has been providing PCP services under a MHEF grant.

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.

Region VII AAA has demonstrated that by increasing physician visits, linking discharged patients to home and community-based supports and reconciling prescription medications has reduced readmission rates to less than 3% and increased post hospital discharge physician visits by 85% ---MPRO data for Ascension St. Mary's Hospital -- Saginaw, a MHEF grant-funded Care Transitions project led by Region VII AAA.

Onboarding a PCP positively impacts the health of older adults and persons with disabilities by addressing the participant's healthcare needs while home and community-based workers address social determinants of health, removing barriers to health improvement, and health maintenance.

This program will provide savings for Medicare and Medicaid by providing a strong patient-physician relationship which will reduce emergency room visits and hospital re-admission costs. By providing Transitional Care Management and seeing the patient within seven days of discharge from a hospital or nursing facility, the patient's health also improves which ultimately saves money across all spectrums of health.

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

5/21/19-5/22/19 The discussion ranged from where the physician's office was located to what services he provides. Attendees wanted to know the steps that needed to be taken to see the physician, who qualifies to see him, is he able to write prescriptions, and if he could handle referrals.

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Care Transitions

Total of Federal Dollars \$0.00

Total of State Dollars \$100,000.00

Geographic Area Served Region VII AAA PSA

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

Region VII AAA's Care Transitions program is designed to reduce hospital re-admissions of Medicare beneficiaries. Using components initially put into place to serve older adults and persons with disabilities being discharged from Ascension hospitals, this Direct Service Request will help fund patients who meet the criteria who are being discharged from non-Ascension hospitals in the planning and service area. This includes, but is not limited to, McLaren Health Systems, Mid-Michigan Health, and the sixteen rural critical access hospitals that are members of the Hospital Council of East Central Michigan.

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.

1.A. Provision of the Care Transitions services by Region VII AAA is necessary to assure an adequate supply of health care related services.

B. Care Transitions are directly related to Region VII AAA's Administrative functions and will be coordinated with other services to assure optimal health and wellbeing of persons served.

C. Region VII AAA has been providing Care Transitions under a MHEF grant.

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.

Care Transitions will be a continuation of an existing service started in 2018 in the Region VII AAA planning and service area. This process builds on an existing grant held by the agency and in partnership with Ascension Healthcare. The agency expects to use a combination of billable services and other funding to make Care Transitions sustainable within the next three years.

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

5/21/19-5/22/19 Discussion included attendees questions on whether a patient would get care transitions automatically or would they need a referral.

Caregiver and Community Transportation

Total of Federal Dollars \$50,000.00

Total of State Dollars

Geographic Area Served Region VII AAA PSA

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

GOAL:

Region VII AAA will ensure that all older adults and persons with disabilities within the Region VII AAA PSA are provided transportation based on their individual needs, that are not otherwise being met.

ACTIVITIES:

1. Region VII AAA will assist clients in finding inexpensive transportation from both private and public entities prior to providing transportation to clients.
2. Region VII AAA will verify that any transportation source used meets or exceeds the standards of Region VII AAA's own transportation system.
3. Region VII AAA will work with community-based programs to find suitable solutions for those that need transportation and will only be a short notice, ride-of-last resort transportation program.
4. Region VII AAA will work with community-based programs to find suitable solutions for those that need transportation and continue to expand Region VII AAA's short notice, ride-of-last-resort transportation

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) Adequate transportation options are consistently identified as a priority by community dwelling older adults and their families. The existence of short notice transportation for "life emergencies" that extend beyond medical concerns continue to be an unmet need. Region VII AAA is looking to provide an affordable and available service option where one does not previously exist.

(C) Commercial transportation providers average cost for local transportation is \$82.65 per round trip, also some commercial transportation services have costs in excess of \$250.00 for distances less than 30 miles for vehicles equipped to accommodate wheelchairs. Comparatively, Region VII AAA is able to provide transportation at a rate at least one-third cheaper on average than other existing providers round trip due to cost efficiencies.

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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 lack of capacity to meet demands and the expense of fulfilling travel requests within the Region VII AAA PSA are factors affecting Region VII AAA's decision to look into providing Caregiver and Community Transportation within the Region VII AAA PSA.

Transportation has been consistently proven to be in the top three most requested services by individuals contacting Region VII AAA and by healthcare providers in our planning and service area. Region VII AAA contracts out transportation with interested county units on aging. However, county transportation options for those seeking medical rides are not uniform and consistent across the planning and service area. Some communities offer exceptional coverage and responsive service while other communities have no transportation available.

Examples:

County Millage Funded Transportation

Saginaw County STARS operating accessible on-demand vehicles but in a limited service area.

Thumb Body Express in Tuscola offers service only to Transportation Provided by County Unit on Aging/Service Providers

Midland is limited in scope and availability

No Transportation Available

Parts of Gratiot County not served by Alma Dial-A-Ride

Parts of Saginaw County not served by STARS

Tuscola County Thumb Body Express, the public transit offers service only to Almer and Indianfields Townships as well as the City of Caro, with limited service to Cass City, Mayville, and Vassar.

Additionally problematic for coordination of non-emergency medical transportation is the geography and distance to healthcare providers for people we serve in some of our rural communities. Examples include: The lower half of Sanilac County which borders St. Clair County and Lapeer to the South/South-West. The North and West corner of Tuscola County particularly Fairgrove/Unionville proper and outlying areas. Rural Saginaw County (Hemlock, Chesaning, Saint Charles).

Purchase of one additional lift-equipped handicap accessible passenger vehicle provides Region VII AAA with the capacity to continue to coordinate and transport persons by providing short notice ride-of-last resort medical transportation, intended to support clients, in response to their needs that are not otherwise being met.

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

5/21/19-5/22/19 Public input did focus on Caregiver and Community Transportation. The discussion included who was eligible for the service, do vehicles accommodate for both ambulatory and wheelchair accessible, as

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well as the rates or costs per trip.

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

Narrative

Increase brand recognition of Region VII AAA by 10% in the PSA.

Objectives

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1. Increase brand recognition of Region VII AAA by 10% in the PSA.
Timeline: 10/01/2019 to 09/30/2022

Activities

100% of people contacting Region VII AAA for assistance will be pre-screened for need for the MI Choice Waiver and Care Management services.

Advocacy efforts will encourage people to make Region VII AAA the first call when seeking home and community-based services.

Contracted and Purchase of Services (POS) organizations will receive an in-service that outlines the capabilities of Region VII AAA and be encouraged to share the information with those they serve who may benefit from them.

The Advisory Council members will be provided a training on the capabilities of the agency and best practice methods to use when communicating with constituents in their county.

Expected Outcome

Region VII AAA will be recognized as the one-stop shop for home and community-based services for older adults. Call volume through our Information and Assistance department will measure expected outcomes.

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

Narrative

Region VII AAA will continue to expand and enhance the scope of services and programs available that support aging in place by exploring relationships and delivery of home-based health care, ancillary programs and education for the direct care workforce.

Objectives

1. Include the Primary Care Physician (PCP), along with the Community Health Workers (CHW) into the program to create a reduction in hospital readmittances for people age 60 and older.
Timeline: 10/01/2019 to 09/30/2022

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Activities

A Community Health Worker (CHW) will make a home visit to review the beneficiary's hospital discharge instructions and assist in removing any barrier that may prevent the beneficiary from complying with the instructions. This includes a medication inventory, health education and 'red flags' that may require medical attention, assessment of the home environment, assistance scheduling the patient's follow-up visit with their Primary Care Provider as needed, along with coordination of home delivered meals and other supports.

The Primary Care Physician (PCP) will make home visits to the estimated 15% to 20% of Medicare beneficiaries in the PSA who do not have a Primary Care Provider with whom they are able to schedule a post-hospital discharge visit in the Medicare seven-day time frame.

In addition, Region VII AAA will continue to utilize Community-based Services for those in need, Continue to provide outreach services, and continue to contact legislative bodies to advocate for our older generation.

Expected Outcome

By the end of fiscal year 2019, we will have a roadmap that outlines the healthcare services which are desired and/or necessary and can be provided in the home and community for the older adult.

Expected outcomes can be measured by the number of clients needing the service within a set time frame, as well as the percentage of reductions of re-hospitalization visits.

C. Promote elder and vulnerable adult rights and justice

State Goal Match: 3

Narrative

Region VII AAA will look for grant writing opportunities for funding elder abuse prevention activities throughout the PSA, and will continue to contract with legal services organizations for civil work on behalf of older adults in the region. Additionally, they will continue to participate in localized workgroups, think tanks and collaborative groups that focus on ways to prevent abuse, neglect and financial exploitation.

Objectives

1. Link with PSA work groups and look for funding opportunities.

Timeline: 10/01/2019 to 09/30/2022

Activities

Region VII AAA will look for work groups in our 10 county service area to discuss better ways to prevent and thwart abuse of vulnerable adults.

Region VII AAA will research grant writing opportunities to help fund elder abuse prevention.

Region VII AAA will continue to work with legal organizations for civil work on behalf of older adults in the region.

Expected Outcome

We will be represented in all 10 counties as a partner in the prevention of abuse, neglect and financial exploitation.

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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.

Advocating on behalf of older adults and persons with disabilities is the responsibility of everyone at Region VII AAA, playing a role in maintaining and strengthening the security and protection for older adults and persons with disabilities by advocating for legislative action, adequate funding, and full community inclusion. Region VII AAA's management team presents to local governmental bodies annually and continues to add to the list of organizations requesting presentations. These meetings emphasize the importance of linking constituents with services where they live and defines the return on investment, benefiting the community as a result of their participation with Region VII AAA.

Region VII AAA's Executive Director is highly visible in our communities and accessible to leadership of hospitals and healthcare organizations, community-based organizations, legislature, and other places beneficial to our operation. He regularly meets with members of legislative bodies, advocating on behalf of Region VII AAA.

Policy Board members and Advisory Council members are supplied with the tools they need to advocate on behalf of Region VII AAA in their communities. They visit senior centers and congregate meal sites and engage in conversation with older adults. Many Advisory Council members are familiar with the political processes and are active in contacting their lawmakers when the need arises.

At the state level, Region VII AAA has representation at the Michigan Senior Advocates Council (MSAC), and also the Senior Advisory Council (SAC), who work to educate lawmakers about priorities of older adults and persons with disabilities. Region VII AAA is also represented on the state-wide Silver Key Coalition, a group working with lawmakers to make Michigan a "No Wait State" for aging services.

Region VII AAA staff, service providers, program participants, caregivers, and family members have a strong presence at Area Agency on Aging Association's annual legislative advocacy day know as Older Michiganians day each May, and continue to maintain dialogue year-round with state representatives, senators, and others in positions of power.

Region VII AAA recently hired a physician, who was a state representative for many years. His background connects us with legislative members we may not otherwise reach.

Staff are encouraged and expected to distribute materials representing the criteria for programs at every level of the access and service coordination range. Registered Nurses (RN) and Social Workers (SW) are the first

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line of advocacy on behalf of clients of the Medicaid MI Choice Waiver, serving clients at adult foster care homes, homes for the aged, assisted living homes, and private residences.

Service provider meetings are held semi-annually and include updates on various advocacy issues. Vendor View, Region VII AAA's electronic communications system, is used to relate messages to all MI Choice Waiver vendors in our 10-county area in a quick and timely manner.

Staff continue to build working relationships with public transits, and others to advocate for improvements in transportation for those who are unable to drive themselves in order to address the State Commission on Services to the Aging (CSA) concerns about transportation. Examples include participating in panel presentations on the need, and writing proposals for funding for vehicles and efforts that would improve transportation across the PSA.

Recognizing the ongoing need and gaps in service for cost-effective, often cross-county non-emergency medical transportation (NEMT), Region VII AAA owns and operates two wheelchair-accessible minivans which are used for last resort rides to medical appointments when a person who requests the service resides in the PSA, are unable to drive and/or have no informal support or family member to drive them, and cannot afford to hire a private company. Rides are based on vehicle availability. Donations are accepted.

To further help the cause for transportation needs, Region VII AAA recently contracted with Michigan Transportation Connection (MTC), an added vendor supplying volunteer drivers for our MI Choice Waiver clients.

Region VII AAA was one of the first AAAs to highlight the issue of direct care worker shortages in rural areas and continues to advocate for solutions to this problem when meeting with lawmakers and their staff.

Region VII AAA staff work closely with Department of Human Services caretakers and others to address potential or suspected elder abuse, self-neglect, or financial exploitation of a vulnerable adult using the protocol established by Michigan's Statewide Centralized Intake system. Referrals are made to legal services and probate court in an effort to protect those who are at risk from harm.

Knowledgeable speakers from Region VII AAA are available to talk about the value of American's aging services network, including regional and local service offerings, which proves to be useful to businesses and organizations that provide services to older adults and people with disabilities as well as community, local government entities, civic, social, and fraternal groups.

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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 Service 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

Plans to leverage resources with organizations in the following categories:

a. Commissions, Councils and Departments on Aging-Region VII AAA continues to work to build reciprocal referral relationships between the county units on aging and the MI Choice home and community-based waiver program and other services that may benefit the people served from either organization, and in many cases coordinating services from both organizations on behalf of the participant.

b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)-Region VII AAA is working to address the social determinants of health and healthcare, and link people to available home and community-based services and improve outcomes for older adults and people with disabilities. A grant-funded care transitions program is well underway with a hospital system and includes medication reconciliation, care coordination for post-discharge doctor visits and chronic disease management and education provided by community health workers.

c. Public Health-Region VII AAA distributes relevant public health notices issued by the state immediately to staff and service providers.

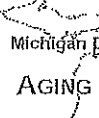
d/e. Mental Health, Community Action Agencies-Referrals are made as appropriate to these organizations.

f. Centers for Independent Living-Community transitions from skilled nursing facilities continue to be coordinated with and by the CILS and Region VII AAA. Additionally, Region VII AAA often has staff and/or volunteers at one of the two CILs in the PSA who work as MMAP counselors. Referrals for materials assistance and disability-related advice are made to and from the CILs.

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.

Annually, Region VII AAA issues a request for proposals for organizations who wish to contract with us. This includes the EBDP programs. The organization also actively seeks new grants to fund evidence-based programming and encourages participation by service providers to deliver the education needed.

In this multi-year planning cycle the agency will continue to develop the assortment of evidence-based

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workshops based on the needs of older adults in our planning and service area, sharing the availability of workshops and opportunities for lay leaders and trainers in our PSA.

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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.

Definition for Community Focal Points are identified as geographic areas in which the residents share a sense of identity with each other and their local government. The Region VII Area Agency on Aging determined the rationale for selecting focal points by reviewing:

1. Which unit of government, such as city or county, provides the greater sense of community identification for local residents.
2. Travel patterns within the community for shopping, medical services, social activities and employment.
3. Location and hours of facilities that house recreational activities, social and government services.

The Region VII Area Agency on Aging reviewed the following factors in selecting community focal points:

1. Communities with the highest incidence of older persons with the greatest economic and social needs.
2. Availability or potential for development of an Information and Referral service component to provide linkage to other AAA-funded services within the community.
3. Location of facilities suitable for designation, days and hours of facility operation assuring at least a five-day schedule with regular advertised hours of operation that are convenient for older adults.
4. Geographic boundaries of communities and natural neighborhoods.
5. Availability of confidential meeting space in the facility for other program personnel to conduct client interviews and provide related services.
6. Preference given to multi-purpose senior centers and congregate nutrition sites when utilized extensively by senior citizens.
7. Service delivery patterns and proximity within the community to nearby shopping, transportation, financial institutions and other community-based activity programs.
8. Facilities with affiliations with either city, county or township government, reflecting coordination of AAA and local governmental resources, and preference for maximum utilization of facilities operated in whole or in part by local elected officials.
9. Accessible facility layout and design to assure that the services housed in the facility are accessible to handicapped elders.
10. Analysis of staffing patterns, including the work stations for case coordination & support staff

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: Bay County Department on Aging
Address: 515 Center Ave., Bay City, MI 48708

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Website: www.baycounty-mi.gov/Aging
Telephone Number: (989) 895-4100
Contact Person: Beth Eurich
Service Boundaries: Bay County
No. of persons within boundary: 20031
Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Disease Prevention / Health Promotion, Caregiver Training

Name: Clare County Senior Services
Address: 225 W. Main Street; Harrison, MI 48625
Website: www.clareseniorservices.org
Telephone Number: (989) 539-8870
Contact Person: Lori Phelps
Service Boundaries: Clare County
No. of persons within boundary: 5976
Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Disease Prevention / Health Promotion, Caregiver Training, Senior Center Staffing

Name: Council on Aging - Gladwin
Address: 215 S. Antler, Gladwin, MI 48624
Website: www.gladwincoa.org
Telephone Number: (989) 426-5450
Contact Person: Lauren Essenmacher
Service Boundaries: Gladwin County
No. of persons within boundary: 5246
Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Caregiver Training, Senior Center Staffing

Name: Gratiot County Commission on Aging
Address: 515 S. Pine River Street; Ithaca, MI 48847
Website: www.co.gratiot.mi.us/coa
Telephone Number: (989) 875-5246
Contact Person: Jennifer Cook
Service Boundaries: Gratiot County
No. of persons within boundary: 6983
Services Provided: Caregiver Training, CCS, Chore, Personal Care, In Home Respite, Home Repair, Senior Center Staffing, Congregate Nutrition, Home Delivered Meals, Homemaking

Name: Human Development Commission

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Address: 429 Montague Ave., Caro, MI 48723
Website: www.hdc-caro.org
Telephone Number: (989) 673-4121
Contact Person: Kristy Sutherland
Service Boundaries: Tuscola County
No. of persons within boundary: 8881
Services Provided: Caregiver Training, CCS, Chore, Congregate, HDM, Homemaking, Personal Care, In Home Respite, Transportation, Outreach, Adult Day Care

Name: Human Development Commission - Huron Office
Address: 150 Nugent Rd; Bad Axe, MI 48413
Website: www.hdc-caro.org
Telephone Number: (989) 269-9502
Contact Person: Kristy Sutherland
Service Boundaries: Huron County
No. of persons within boundary: 8984
Services Provided: Caregiver Training, CCS, Chore, Congregate, HDM, Homemaking, Personal Care, In Home Respite, Transportation, Outreach, Adult Day Care

Name: Human Development Commission - Sanilac Office
Address: 215 N. Elk Street; Sandusky, MI 48471
Website: www.hdc-caro.org
Telephone Number: (810) 648-4497
Contact Person: Kristy Sutherland
Service Boundaries: Sanilac County
No. of persons within boundary: 8951
Services Provided: Caregiver Training, CCS, Chore, Congregate, HDM, Homemaking, Personal Care, In Home Respite, Transportation, Outreach, Adult Day Care

Name: Isabella Senior Services
Address: 2200 S. Lincoln, Mt. Pleasant, MI 48858
Website: www.isabellacounty.org/dept/coa
Telephone Number: (989) 772-0748
Contact Person: Jennifer Crawford
Service Boundaries: Isabella County
No. of persons within boundary: 8335

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Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Caregiver Training

Name: Midland County Council on Aging

Address: 4700 Dublin Ave., Midland, MI 48642

Website: www.seniorservicesmidland.org

Telephone Number: (989) 633-3700

Contact Person: Charlie Schwedler

Service Boundaries: Midland County

No. of persons within boundary: 10670

Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Caregiver Training, Adult Day Care, Care Management, Transportation

Name: Saginaw Co. Commission on Aging

Address: 2355 Schust Rd., Saginaw, MI 48603

Website: www.saginawcounty.com/Coa

Telephone Number: (989) 797-6880

Contact Person: Jessica Sargent

Service Boundaries: Saginaw County

No. of persons within boundary: 34599

Services Provided: Congregate, HDM, CCS, Outreach, Transportation, Senior Center Staffing, Care Management, Senior Center Operations, Caregiver Training

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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.

Medicare Medicaid Assistance Program (MMAP) nearly 80 staff and volunteers provide services regionwide.

Projects funded through the Michigan Health Endowment Fund: Region VII AAA participates in a Care Transitions grant with Ascension St. Mary's in Saginaw and other partners.

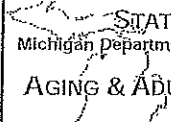
Funds will be used to design Primary Health Care & Rx @ Home, a reimbursable service provided by a community-based organization that includes the services of a primary care physician and a dispensing pharmacy.

Primary Health Care & Rx @ Home is designed to serve frail, older adults who do not have access to preventative healthcare and pharmacy benefits by delivering services that improve quality of life and reduce the negative health implications of untreated chronic conditions.

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

The availability of dementia education for family caregivers is an important part of being able to keep a family member who is experiencing the disease in their home and community.

Access to a knowledgeable MMAP counselor is imperative as the choices for health insurance, and the volume of advertising and sometimes misinformation overwhelm the older adult who is trying to make an informed decision.

 <p>STATE OF MICHIGAN Michigan Department of Health & Human Services AGING & ADULT SERVICES AGENCY</p>	<p>FY 2020–2022 MULTI-YEAR PLAN</p> <hr/> <p>FY 2020 ANNUAL IMPLEMENTATION PLAN</p>
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Region VII Area Agency On Aging

FY 2020

The Care Transitions process has been a good learning tool for Region VII AAA and lives have been impacted and improved by the Rx reconciliations and supporting work done for those leaving the hospital to return home.

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

The Care Transitions grant, at a minimum, confirms that expanding into the healthcare arena on behalf of the older adults in the PSA is a positive move. We are doing this by employing health care professionals and integrating chronic disease management into our service array. The demand for services including MMAP will be an ongoing need for the foreseeable future as health insurance continues to change.

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

Region VII Area Agency On Aging

FY 2020

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	3	11
Aged 60 and Over	0	0	0	0	0	2	10

Board Member Name	Geographic Area	Affiliation	Membership Status
Leonard Ballosh	Saginaw County		Appointed
Patrick Beson	Bay County		Appointed
Linda Birgel	Gladwin County		Appointed
Annie Boensch	City of Saginaw		Appointed
Yvonne Corbat	Midland County		Appointed
Donnie Hunt	Sanilac County		Appointed
Thompson Moffit	Isabella County		Appointed
William Sanders	Tuscola County		Appointed
Mike Tobin	Clare County		Appointed
William Walters	Sanilac County	Advisory Council Representative	Appointed
Hank Weitenberner	Huron County		Appointed

Region VII Area Agency On Aging

FY 2020

APPENDIX B
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	1	0	1	5	11
Aged 60 and Over	0	0	1	0	1	5	11

Board Member Name	Geographic Area	Affiliation
Melvin McNally	Bay County	
Sandra Bristol	Clare County	
LaVel Smith	Gladwin County	
Diane Conroy-Kellogg	Gratiot County	
Dan Glaza	Huron County	
Jacqueline Curtis	Isabella County	
Charles Stack	Saginaw County	
William Walters	Sanilac County	Labor Representative
Henry Wymore	Tuscola County	
Mary Donnelly		Healthcare Representative
Joseph Sowmick, Ph. D.		Minority Representative

Region VII Area Agency On Aging

FY 2020

APPENDIX C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	05/02/2019
<p>Outline new or changed criteria that will be used to select providers:</p> <p>The allocation plan was distributed for Review and Comment to providers. The Region VII AAA Planning/Appropriations/Assessment Committee reviewed and prepared a recommendation to the full board. The Board of Directors approved the allocation plan. Notice of availability of funds was sent to interested parties and those currently holding contracts with instructions to submit a letter of intent. Packets containing Request For Proposal (RFP) instructions were sent to interested parties. A letter went to the County Boards of Commissioners within our ten county area advising them of an opportunity for comment on applications and time allotted for written questions. A workshop was hosted by the Region VII AAA staff on the RFP process. Upon receipt of the proposals, Region VII AAA staff review and score each of the applications. Comments are accepted from County Commissioners. At the appointed time, staff submits their recommendations to the agency's Planning/Appropriations/Assessment committee, when approved this goes to the full Board for approval and award. Notices of awards are sent out, contract negotiations are scheduled and the process is finalized by September 30th.</p>	

Region VII Area Agency On Aging

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:

71,943

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.

Region VII Area Agency On Aging

FY 2020

APPENDIX E

Waiver of Minimum Percentage For a Priority Service Category

Priority Service Category for which Waiver is being requested:		In-Home Services
Source of Funds	Amount of Funds	Amount of Title III-B
State Funds	37,488	41,005
Rationale Statement: Explain how waiving the respective required minimum percentage will enhance the service delivery system to be implemented under this plan. (For additional context, refer to AASA Transmittal Letter 2005-107, July 27, 2005.)		
Waiving this service requirement will allow additional resources to be used in case management, health related services, and home delivered meals.		

Region VII Area Agency On Aging

FY 2020

APPENDIX F
Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 264,901
This transfer allows for funding to be placed in needed services like case management and new health related services.		
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 0

FY 2020 AREA PLAN GRANT BUDGET

Agency: Region VII Area Agency on Aging

Budget Period: 10/01/19 to 09/30/20

Rev. 03/25/2019

PSA: 7

Date: 06/30/19

Rev. No.: NA Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,049,837		1,049,837
2. Fed. Title III-C1 (Congregate)		626,465	626,465
3. State Congregate Nutrition		18,433	18,433
4. Federal Title III-C2 (HDM)		651,931	651,931
5. State Home Delivered Meals		921,290	921,290
8. Fed. Title III-D (Prev. Health)	60,569		60,569
9. Federal Title III-E (NFCSP)	367,776		367,776
10. Federal Title VII-A	12,168		12,168
10. Federal Title VII-EAP	12,485		12,485
11. State Access	55,019		55,019
12. State In-Home	981,029		981,029
13. State Alternative Care	216,704		216,704
14. State Care Management	431,825		431,825
15. St. ANS	85,797		85,797
16. St. N using Home Ombs (NHO)	40,524		40,524
17. Local Match			
a. Cash	107,849	199,858	307,207
b. In-Kind	306,148	47,099	353,247
18. State Respite Care (Escheat)	136,541		136,541
19. MATF	230,109		230,109
19. St. CG Support	28,392		28,392
20. TCM/Medicaid & MSO	24,033		24,033
21. NSIP		749,034	749,034
22. Program Income	627,253	1,195,337	1,822,590
TOTAL:	4,774,058	4,408,947	9,183,005

ADMINISTRATION			
Revenue	Local Cash	Local In-Kind	Total
Federal Administration	306,286	45,000	359,486
State Administration	52,901		52,901
MATF Administration	22,758		22,758
St. CG Support Administration	2,807		2,807
Other Admin	36,739		36,739
Total AIP Admin:	421,491	45,000	474,691

Expenditures	
	FTEs
1. Salaries/Wages	3.85
2. Fringe Benefits	
3. Office Operations	
Total:	474,691

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Local Dues	42,000	In-Kind Space Fed Adm	4,200
Donations	3,000	In-Kind Space Care Mgmt	4,000
Total:	45,000	Total:	8,200

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

Signature

Title

Date

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$0
b. Case Coord/supp	\$272,463
c. Disaster Advocacy	\$0
d. Information & Assis	
e. Outreach	\$122,463
f. Transportation	\$52,745
g. Options Counseling	\$0
Access Total:	\$447,671

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$24,005
b. Home Care Assis	\$0
c. Home Injury Cntrl	
d. Homemaking	
e. Home Health Aide	\$0
f. Medication Mgt	
g. Personal Care	
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassure	\$17,000
In Home Services Total:	\$41,005

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Support - Kinship Amount Only	
2. Kinship Support	\$31,389
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
Kinship Services Total:	\$31,389

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA*	Title III-B Award
Title III-B award w/o carryover in SGA	\$784,936
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$784,936

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.

FY 2020 BUDGET REVIEW SPREADSHEET

Rev. 03/25/2019

Agency:	Region VII Area A	7		Fiscal Year:	FY 2020
Date of SGA:	3/27/2019	SGA No.	Plan	Date Reviewed by AASA:	
Date of Budget:	08/30/19	Revision No.	NA	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 306,286		\$ 306,286		
State Administration	\$ 52,901		\$ 52,901		
Title III-B Services	\$ 784,936	\$ 264,901	\$ 1,049,837		
Title III-C-1 Services	\$ 1,023,477	\$ (397,012)	\$ 626,465		
Title III-C-2 Services	\$ 519,820	\$ 132,111	\$ 651,931		
Federal Title III-D (Prev. Health)	\$ 60,569		\$ 60,569		
Title III-E Services (NFCSP)	\$ 367,776		\$ 367,776		
Title VIIA Services (LTC Ombuds)	\$ 12,168		\$ 12,168		
Title VII/EA Services	\$ 12,485		\$ 12,485		
St. Access	\$ 55,019		\$ 55,019		
St. In Home	\$ 981,029		\$ 981,029		
St. Congregate Meals	\$ 18,433		\$ 18,433		
St. Home Delivered Meals	\$ 921,290		\$ 921,290	AASA COMMENTS	
St. Alternative Care	\$ 216,704		\$ 216,704		
St. Aging Network Srv. (St. ANS)	\$ 85,797		\$ 85,797		
St. Respite Care (Escheats)	\$ 136,541		\$ 136,541		
Merit Award Trust Fund (MATF)	\$ 252,867		\$ 252,867		
St. Caregiver Support (St. CG Sup.)	\$ 31,199		\$ 31,199		
St. Nursing Home Ombuds (NHO)	\$ 40,524		\$ 40,524		
MSO Fund-LTC Ombudsman	\$ 16,648		\$ 16,648		
St. Care Mgt.	\$ 431,825		\$ 431,825		
NSIP	\$ 749,034		\$ 749,034		
SGA TOTALS:	\$ 7,077,328	\$ -	\$ 7,077,328		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE	Minimum federal administration match amount	\$102,095
Federal Administration	\$ 306,286	\$ 306,286	\$ -	Administration match expended (State Adm. + Local Match)	\$106,101
State Administration	\$ 52,901	\$ 52,901	\$ -	Is the federal administration matched at a minimum 25%?	Yes
Sub-Total:	\$ 359,187	\$ 359,187	\$ -	Does federal administration budget equal SGA?	Yes
MATF	\$ 22,758			Does state administration budget equal SGA?	Yes
ST CG Supp	\$ 2,807				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 45,000			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ 8,200			Is Merit Award Trust Fund & St. CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 53,200			Amount of MATF Funds budgeted on Adult Day Care	\$ 226,139
Other Admin	\$ 38,739	AP TOT ADMIN	DIFFERENCE	Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 474,691	\$ 474,691	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 1,049,837	\$ 1,049,837	100.0000%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 626,465	\$ 626,465	100.0000%	(note: see TL #369 & TL#2007-141)	
State Congregate Nutrition	\$ 18,433	\$ 18,433	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	Yes
Federal C-2 (HDM)	\$ 651,931	\$ 651,931	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 921,290	\$ 921,290	100.0000%	Amount required from Transmittal Letter #428. (see cell L 42)	\$9,457
Federal Title III-D (Prev. Health)	\$ 60,569	\$ 60,569	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$14,922
Federal Title III-E (NFCSP)	\$ 367,776	\$ 367,776	100.0000%	Is required maintenance of effort met?	Yes
St. Access	\$ 55,019	\$ 55,019	100.0000%		
St. In Home	\$ 981,029	\$ 981,029	100.0000%		
St. Alternative Care	\$ 216,704	\$ 216,704	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 431,825	\$ 431,825	100.0000%	Minimum service match amount required	\$616,915
State Nursing Home Ombs (NHO)	\$ 40,524	\$ 40,524	100.0000%	Service matched budgeted: (Local Cash + In-Kind)	\$660,454
St. ANS	\$ 85,797	\$ 85,797	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 5,507,199	\$ 5,507,199	100.0000%	Miscellaneous Budget Requirements / Constraints	
Local Service Match				Amounts budgeted for OAA / AASA Priority Services:	
Local Cash Match	\$ 307,207			Access:	\$447,671
Local In-Kind Match	\$ 353,247			In-Home:	\$41,005
				Legal:	\$56,000
Sub-Total:	\$ 660,454			Total Budgeted for Priority Services:	\$544,676
Title VIIA Services (LTC Ombuds)	\$ 12,168	\$ 12,168	100.0000%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EA Services	\$ 12,485	\$ 12,485	100.0000%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	No
NSIP	\$ 749,034	\$ 749,034	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 136,541	\$ 136,541	100.0000%	(Actual % of Legal)	7.13%
MATF	\$ 230,109	\$ 230,109	100.0000%		
St. CG Support	\$ 28,392	\$ 28,392	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$784,936
MSO Fund-LTC Ombudsman	\$ 16,648	\$ 16,648	100.0000%	Amount budgeted for Program Development:	\$156,987
TCM-Medicaid / CM	\$ 7,305			% of Title III-B Program Development (must be 20% or less):	19.0%
Program Income	\$ 1,822,590			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$60,569
Total Services:	\$ 9,183,005			Amount budgeted for EBDP Activities, per TL#2012-244:	\$60,569
Grand Total: Ser.+ Admin.	\$ 9,657,696			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 03/25/2019

Agency: Region VII Area Agency on Aging Budget Period: 10/01/19 to 9/30/20
 PSA: 7 Date: 06/30/19 Rev. Number NA

page 3 of 3

FY 2020 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP TITLE III-C	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	541,485		18,433		171,616	408,726	47,280	14,931	1,202,451
B-5	Home Delivered Meals		651,931		921,290	577,418	786,611	152,078	22,724	3,112,052
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	85,000							9,444	94,444
	Nutrition Services Total	626,485	651,931	18,433	921,290	749,034	1,195,337	199,358	47,099	4,408,947

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

FY 2020 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	14,922	12,168		40,524	16,648	305	-	9,362	93,929
C-15	Elder Abuse Prevention	-		12,485			93	-	1,387	13,965
	Region-Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	14,922	12,168	12,485	40,524	16,648	398	-	10,749	107,894

FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2020 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E		Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only							
C-18	Caregiver Sup. Services	-			-		-	-
C-19	Kinship Support Services	-	31,389		-	-	3,488	34,877
C-20	Caregiver E.S.T	-	-		-	-	-	-
	Kinship Services Total	-	31,389		-	-	3,488	34,877

Planned Services Summary Page for FY 2020			PSA: 7		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 533,510	5.79%		X	X
Case Coordination & Support	\$ 481,688	5.23%		X	
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 83,354	0.91%			X
Outreach	\$ 138,519	1.50%		X	X
Transportation	\$ 131,973	1.43%	X	X	X
Option Counseling	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ 38,679	0.42%	X	X	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 704,533	7.65%	X	X	
Home Delivered Meals	\$ 3,112,052	33.80%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 138,889	1.51%			X
Personal Care	\$ 464,186	5.04%	X	X	
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 279,391	3.03%	X	X	
Friendly Reassurance	\$ 18,889	0.21%			X
COMMUNITY SERVICES					
Adult Day Services	\$ 551,782	5.99%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,202,451	13.06%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 74,159	0.81%	X		X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 45,704	0.50%		X	
Legal Assistance	\$ 62,909	0.68%		X	
Long Term Care Ombudsman/Advocacy	\$ 93,929	1.02%		X	
Senior Center Operations	\$ 10,148	0.11%		X	
Senior Center Staffing	\$ 44,364	0.48%		X	
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 13,965	0.15%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ 81,728	0.89%	X		
Kinship Support Services	\$ 34,877	0.38%	X		
Caregiver Education, Support, & Training	\$ 183,563	1.99%		X	
AAA RD/Nutritionist	\$ 94,444	1.03%			X
PROGRAM DEVELOPMENT	\$ 174,430	1.89%			X
REGION-SPECIFIC					
Care Transitions	\$ 111,111	1.21%			X
Primary Care	\$ 277,778	3.02%			X
0:00:00	\$ -	0.00%			
0:00:00	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES \$ 9,183,005					
MATF & ST CG ADMINISTRATION	\$ 25,565	0.28%			X
TOTAL PERCENT		100.00%	5.83%	82.82%	11.35%
TOTAL FUNDING	\$ 9,208,570		\$536,398	\$7,626,813	\$1,045,359

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

EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging FY 2020 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2020 will address the element.

Area Agency on Aging Region VII Area Agency on Aging
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).
1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).
Collaborative efforts with County Governments, Commissions on Aging, and Information Systems Community support from local agencies, businesses, and health care personnel Emergency Management Committee and emergency contact lists.
2. Being prepared to identify and report on unmet needs of older individuals.
Recovery strategies include immediate, short-term and long-term response efforts. Establishing communication systems would be a priority; reference hard copies (client information)
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.
A manual copy is printed monthly and uploaded to the cloud. The disaster list would be used as a reference tool in an emergency.
4. Being able to contact such affected older persons to determine their well-being.
The disaster list contains all pertinent information for vulnerable seniors. Response teams would include telecommunication, establishing support staff for follow-up that may include home visits, and establishing emergency stations at dining sites.
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.
Each county has an Emergency Support Response Team.

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2020

Funded Under Disease Prevention Health Promotion Service Definition

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

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2020. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service."

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i> Arthritis Exercise Program	<i>Example: List each provider offering programs on a single line as shown below.</i> 1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	<i>Example: Total participants for all providers</i> 80	<i>Example: Funding total for all providers</i> \$14,000
Otago Exercise Program	College of Medicine - Central Michigan University	72	\$20,000
Diabetes PATH	Senior Services - Midland County Council on Aging, Gratiot County Commission on Aging	18	\$4,134
Chronic Pain PATH	Senior Services - Midland County Council on Aging	11	\$1,372
Tai Chi for Arthritis	Saginaw County Commission on Aging, Isabella County Commission on Aging	133	\$16,290
Matter of Balance	Region VII Area Agency on Aging, McKenzie Health System	60	\$18,773

ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

Instructions

The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Least Intensive				
	Most Intensive				
Program	Information & Assistance	Outreach	Care Transitions	Case Coordination & Support	Care Management
<i>Participants</i>	All persons inquiring about resources for individuals 60 and older and/or caregivers	All persons inquiring about resources for individuals 60 and older and/or caregivers	All persons 60 and older discharged recently discharged from a hospital or nursing home	Individuals eligible (per guidelines and standards) for ongoing in home services	Individuals that meet the Nursing Facility Level of Care and are eligible (per guidelines and standards) for ongoing in home services
<i>What Is Provided?</i>	<ul style="list-style-type: none"> * Information on services and resources available to meet the callers' needs. * Information on issues of Long-Term Care 	<ul style="list-style-type: none"> * Information on services and resources available to meet the callers' needs. * Information on issues of Long-Term Care 	<ul style="list-style-type: none"> *Unskilled transition model *Medication compliance *Medical appointment follow-up *Transitional care management *Chronic care management *Evidence-based disease prevention 	<ul style="list-style-type: none"> *Completion of full assessment *Development of person-centered plan for services *Use of service authorizations and cost share to provide minimum levels of home and community-based services *Reassessments conducted every three to six months dependent on services received *Phone calls every two months 	<ul style="list-style-type: none"> *Completion of full COMPASS assessment *Development of person-centered plan for services *Use of service authorizations and cost share to provide extended home and community-based services. (Qualify for services above minimum level) *Reassessments conducted every 3 to 6 months dependent on services received. *TCM Nurses make monthly monitoring visits
<i>Where is the service provided?</i>	Phone	In-person (first visit) then phone	In-Home	In-Home	In-Home

B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:

1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.

Contractors have an Incident Management Team that assists in directing the Management Team and support staff for county units on Aging to assist with communication efforts, health and food security procedures.

2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for home-delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.

Contractors provide 5-day emergency meals for short-term emergencies. Contents of food staples and brief instructions on emergency preparedness is included in the box.

3. Backup plan for food preparation if usual kitchen facility is unavailable.

Contractors would coordinate recovery efforts with the existing dining sites for meal preparation; rely on community support from local health care agencies.

4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.

United Ways, local organizations, Commodities, Churches, etc.

5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.

Community Emergency Managers would assist with data recovery, (re)establishing communication systems, local TV, radio, Smart 911 Alerts, and manual records.

6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

Emergency Action Plan includes Nutrition Services for the senior population as it pertains to Meals on Wheels, Senior Dining Centers.

7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.

Plan is submitted annually as part of request for proposal.

FY 2020 ANNUAL IMPLEMENTATION PLAN

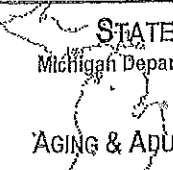
ASSURANCES AND CERTIFICATIONS

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

1. That the Annual Implementation Plan shall cover the current Fiscal Year.
2. To administer its Annual Implementation Plan in accordance with the Older Americans Act, the Older Michiganians Act, federal and state rules, and policies of the Michigan Commission on Services to the Aging as set forth in publications and policy directives issued by the Michigan Aging and Adult Services.
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from the Michigan Aging and Adult Services.
4. That any proposed revisions to the Annual Implementation Plan initiated by the Area Agency on Aging will be made in accordance with procedures established by the Michigan Aging and Adult Services.
5. That funds received from the Michigan Aging and Adult Services will only be used to administer and fund programs outlined in the Annual Implementation Plan approved by the Michigan Commission on Services to the Aging.
6. That the Area Agency on Aging will undertake the duties and perform the project responsibilities described in the Annual Implementation Plan in a manner that provides service to older persons in a consistent manner over the entire length of the Annual Implementation Plan and to all parts of the planning and service area.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved Area Implementation Plan.
8. That all services provided under the Annual Implementation Plan are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the Michigan Commission on Services to the Aging and issued by the Michigan Aging and Adult Services, including Care Management.
9. That the Area Agency on Aging will comply with all conditions and terms contained in the Statement of Grant Award issued by the Michigan Aging and Adult Services.
10. That the Area Agency on Aging may appeal actions taken by the Commission on Services to the Aging with regard to the Annual Implementation Plan, or related matters, in accordance with procedures issued by the Michigan Aging and Adult Services in compliance with the requirements of the Older Michiganians Act and Administrative Rules.
11. That the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the Area Agency on Aging has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.

FY 2020 ANNUAL IMPLEMENTATION PLAN

13. That the Area Agency on Aging will send copies of the Annual Implementation Plan to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the Area Agency on Aging Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.
15. That the Area Agency on Aging will comply with Federal Regulation 2 CFR, part 180 and certifies to the best of its knowledge and belief that its employees and subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department.
16. That the Area Agency on Aging will comply with all conditions and terms of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975. The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.
17. That the Area Agency on Aging will comply with all conditions and terms of The Elliot Larsen Civil Rights Act, PA 453 of 1976 and the Persons With Disabilities Civil Rights Act, PA 220 of 1976. The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Aging and Adult Services.
18. That the Area Agency on Aging identifies itself as a subrecipient (versus a vendor) of the Aging and Adult Services Agency, Michigan Department of Health and Human Services.
19. That the Area Agency on Aging will complete, print, sign, and scan the Michigan Department of Health and Human Services Subrecipient Questionnaire and will upload the scanned document to the organization profile through the E-GrAMS portal by December 15th of each year.
20. That the Area Agency on Aging certifies to the best of its knowledge and belief that reports submitted to the Aging and Adult Services Agency are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. That the Area Agency on Aging is aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject the agency, and its personnel, to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-38120).

 <p>STATE OF MICHIGAN Michigan Department of Health & Human Services AGING & ADULT SERVICES AGENCY</p>	<p>FY 2020–2022 MULTI-YEAR PLAN</p> <hr/> <p>FY 2020 ANNUAL IMPLEMENTATION PLAN</p>
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21. The signatory on the Signature Page indicates that the Area Agency on Aging is submitting the current Fiscal Year Annual Implementation Plan or Multi-Year Implementation Plan that describes the initiatives and activities which will be undertaken on behalf of older persons within the planning and service area. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Assurance of Compliance

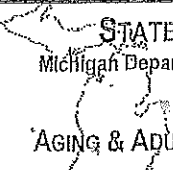
ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

 <p>STATE OF MICHIGAN Michigan Department of Health & Human Services AGING & ADULT SERVICES AGENCY</p>	<p>FY 2020-2022 MULTI-YEAR PLAN</p> <hr/> <p>FY 2020 ANNUAL IMPLEMENTATION PLAN</p>
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Assurance of Compliance With The Elliot Larsen Civil Rights Act

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

