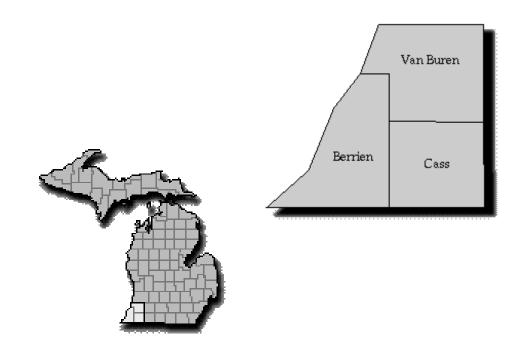
# FY 2017 - 2019 MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN

**REGION IV AREA AGENCY ON AGING** 



## **Planning and Service Area**

Berrien, Cass, Van Buren

## **Region IV Area Agency on Aging**

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# ANNUAL & MULTI YEAR IMPLEMENTATION PLAN FY 2017 — 2019

## Region IV Area Agency on Aging

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## **Plan Highlights**

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 IV Area Agency on Aging (AAA) is a nonprofit corporation governed by an independent Board of Directors. It was formed in 1974, and serves the counties of Southwest Michigan, which includes Berrien, Cass, and Van Buren. Region IV AAA is designated by the Michigan Aging and Adult Services Agency (AASA) to plan, develop, and implement services as guided through the federal Older Americans Act (OAA) of 1965 and its subsequent amendments. The Older Michiganians Act (OMA) was enacted by the State of Michigan in 1981 to build upon the efforts of the aging network through State resources. The mission of Region IV AAA is *Offering Choices for Independent Lives* with a primary focus on individuals with the greatest economic and social needs and a vision through choice and range of services, every aging adult lives a quality life. This is achieved through advocacy, educating the community, coordinating services, and using available resources and funding for supportive services. The Region IV Area Agency on Aging Multi-Year Plan (MYP) for the period of October 1, 2016 through September 30, 2019 has set forth a plan to continue to provide and improve upon a comprehensive coordinated system of services to assist aging adults in maintaining independence in their homes and communities.

**2.** A summary of the area agency's service population evaluation from the Scope of Services section. Region IV AAA obtained data from a variety of resources for the current multi-year plan. The population demographics were obtained primarily from the US Census, American Community Survey for the three counties served by the agency. The data indicated: a 5.47% increase in the 60+ population from the previous Multi-Year Plan; minority population continues to remain constant at 8.73%; individuals living alone increased slightly to 23.02%; population at or below poverty level experienced a 2.12% increase from the prior Multi-Year Plan.

The unmet needs of the aforementioned population were identified through a variety of resources such as a three county "Older Adults Community Survey", the AAA's Information & Assistance data system, quarterly provider meetings, client satisfaction surveys, and social networking.

The most prominent unmet needs continue to be transportation and in-home services which align with the prior Plan. As individuals age, services that enable them to continue to live independently in their community and homes tend to be the first services they search for.

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.

Direct Services (provided by Region IV AAA):

Care Management/Case Coordination & Support
Information & Assistance
Disease Prevention/Health Promotion-Personal Action Toward Health (PATH)
Creating Confident Caregivers ®
Long-Term Care Ombudsman/Elder Abuse Prevention



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Respite (Senior Companion Program)
Kinship Support Services(Grandparents Raising Grandchildren)

Services Funded Locally (AAA has contracts and purchase agreements with agencies that provide In-Home and Community Based services):

Adult Day Services
Congregate Meals
Chores
Counseling Services
Caregiver Education-Powerful Tools for Caregivers
Creating Confident Caregivers ®
Home Delivered Meals
Home Injury Control/Home Repair
Homemaking
Legal Assistance
Medication Management
Nutritionist
Personal Care
Transportation

Within the multitude of available services listed in the Plan, the service categories which are represented most by the funds provided through the Older Americans Act and Older Michiganians Act are as follows: Congregate and Home Delivered Meals, Care Management and Case Coordination & Support, Homemaking, Adult Day and Respite Care, and Information & Assistance. It is anticipated that the following services will benefit the greatest number of participants: Congregate and Home Delivered Meals, Information & Assistance, Long-Term Care Ombudsman, Transportation, and Legal Assistance.

#### 4. Highlights of planned Program Development Objectives.

- 1. Continue to educate and inform older adults, family members, caregivers, and the community about the signs of abuse, neglect, and financial exploitation and how to report suspicious activity.
- 2. Provide education to staff and providers on cultural competence in order to provide the most effective information and services to older adults and individuals with disabilities in our Region.
- 3. Improve the effectiveness and efficiency of providing Region IV AAA Access services to individuals.
- 4. Expand the Evidence Based Disease Prevention/Health Promotion programs within our Region.

## 5. A description of planned special projects and partnerships.

In Berrien and Cass County the AAA is continuing to work with the local hospital, federally qualified health clinic, and the health department to create an Inter-Agency Care Team (ICT) whose focus is to create a holistic approach for patients whose circumstances result in high recurrent use of the hospital emergency department. A significant percentage of hospital readmissions are associated with community-related factors and inadequate



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access to care which created the need for this collaborative approach. The ICT has started the process of developing a payment model for scalability.

The AAA, in partnership with Region 3B, continue to collaborate through a joint operating agreement to participate in the MI Health Link program as a demonstration area to integrate care for people dually eligible for Medicare and Medicaid. A goal of the program is to provide seamless access to services and support through a person-centered care coordination model. Both AAAs continue to work closely with the two health plans who are participating in the MI Health Link program in our combined service areas to provide a coordinated system of care to its members.

The AAA has expanded their involvement with Michigan's Great Southwest Strategic Leadership Council (SLC) by co-leading with the Southwest Michigan Planning Commission the SLC's *Qualify of Life Strategic Focus Area*. This initiative aligns with the principles of "Community for a Lifetime" which is being offered through the Aging & Adult Services Agency (AASA).

The AAA is considering the purchase of an adjacent property with the intent to create a campus atmosphere beginning in Fiscal Year 2017. This possibility will allow for expanded educational offerings in areas such as technology, volunteerism, health, retirement, financial planning and enrichment, as well as potential for co-location of additional collaborative partners.

# 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.

The AAA Information and Assistance (I&A) staff will begin to move towards obtaining the Alliance of Information and Referral Systems (AIRS) certification in Information & Referral. Obtaining this certification will enhance the AAAs I&A operations by improving quality and consistency of service levels.

The AAA recently instituted an optional flexible short-term authorization of service delivery. Local hospital Care Manager's team up with AAA Care Managers to assist some of the older adults who may need follow-along care post discharge. The "warm hand off" between care managers ensures the services the patient needs to remain at home are immediately assessed and met which gives both the hospital and the patient peace of mind.

In addition to increasing service delivery efficiencies with our external partners, the agency continues to focus on internal service efficiencies; this continued focus has resulted in the creation of a "Rapid Response Team". The goal of the Team is to reduce the number of "touches" during the intake process to ensure individuals who may potentially qualify for Care Management or Case Coordination & Support services are referred appropriately and served expeditiously.



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

Non-formula resources are imperative to ensuring the services to the aging population are sustained and expanded as the need arises. All three counties within our region have senior millage either at a county or township level. These additional resources assist with supplementing services identified in the Plan as well as sustain services that are not funded under the Plan, such as Senior Centers.

The availability of the Custom Care program at the AAA is designed for consumers who are able to pay for their long term care. This program is able to connect consumers to services and resources which has allowed individuals with the most social and economic needs to be served with the limited funding available.

The AAAs cost sharing/donation program has allowed the agency to serve more participants with the additional revenue by putting the program income back into the services. The revenue has been very beneficial in providing additional funds for in-home services (especially homemaker and personal care) which is currently one of our largest unmet needs.

The AAA is working towards obtaining a Medicare number and Medicare certification of programs to assist with sustainability through Medicare reimbursement.

The AAA's partnership with United Way has been instrumental in providing a sustainable source of funding to supplement numerous AAA programs. United Way provides 3-year funding agreement for AAA in the impact areas of Health, Education, and Income. Programs supported are Foster Grandparent, Senior Companions, SeniorNet, and Job Club.

The AAA relies heavily on volunteers to successfully implement not only the Foster Grandparents program but also, Senior Companions, SeniorNet, MMAP, and Evidence-Based Education programs.

#### 8. Highlights of strategic planning activities.

Seeking out alternative revenue sources for continuing and evolving existing business and to capitalize on new ventures in both the private and public sectors;

Increasing public awareness of agencies expertise and services through marketing and increased partnerships;

Focusing on strengthening discussion and dissemination of legislative or policy updates on issues impacting the agency mission through involvement of the Advisory Council, vendors, and consumers;

Empowering consumers to plan and resolve their needs through education and person-centered thinking.



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## **Scope of Services**

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

According to the US Census, American Community Survey, PSA 4 has lost .63% of the population since the 2010 census. However, the population that is age 60 and older has increased by 5.47% with the 85 and older population increasing by 4.17%, which is a demographic population with greater needs for services.

The aging population is not only increasing in size but a greater number of this population are living alone (23.02%) which can lead to isolation resulting in decreased socialization.

Along with an increase in the aging population, it should also be noted that the percentage of grandparents raising grandchildren has also slowly been increasing (1.53% to 1.60%).

The percentage of residents in PSA 4 that have a disability has increased by 3.7%; however, the 60+ population with a disability continues to remain fairly flat at 31.23%. This percentage is lower than the Michigan 60+ rate of 36%.

The race of the 60 and older population in the PSA continues to stay fairly constant with 91.27% of the population Caucasian, 6.33% African American, 1.24% Hispanic, and 1.16% either Native American, Asian, or Other. Only 1.37% of the older population are not proficient in English.

The percentage of 60+ residents in the PSA that are at or below the poverty level has increased from 9.40% to 9.60%. The increase in poverty level, coupled with the rising number of the older population could result in an increase in wait list for in-home services and home delivered meals.

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.

In preparation for the multi-year plan, the AAA conducted an "Older Adults Community Survey"; over 1500 responses were collected from the survey which provided great data for the Plan. In addition, the AAA tracks data through the Information & Assistance (I&A) data system; the I&A staff document details on over 800 contacts a month. The AAA also receives service area data through social networking, client satisfaction surveys, and provider meetings. The information collected is used to review/expand existing programs, develop new programs, coordinate services with other agencies, and to advocate for additional funding. The below mentioned items were commonalities across our data resources.

Transportation continues to be one of the largest unmet needs in our service are; the lengthy service times, limited routes, and lack of coordinated routes across county lines and outside county lines are obstacles for not only the aging but the disabled and veteran population. Coordinated connectivity in travel routes is critical for many to not only obtain medical services in other communities but to socialize with peers, buy groceries, and also obtain and retain employment. For older and/or disabled individuals who can no longer drive and live in a



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rural community, not having access to adequate transportation can have a profound effect on quality of life.

In addition to the above service, the second largest unmet need in the service area, confirmed through both I&A caller data and the "Older Adults Community Survey" responses, are personal care (i.e. bathing, grooming, and dressing) chore services (inside and outside the home), minor home repairs, and home modifications (for accessibility). As individuals age, services that enable them to continue to live independently in their homes tend to be the first services they search for.

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 IV AAA continues to make a concerted effort to reach out to the most vulnerable and underserved populations as required by the Older Americans Act (OAA). The OAA requires AAAs to target services to eligible persons with the greatest social and/or economic need, with particular attention to low-income minority individuals.

Service contracts with organizations are required to target individuals with minority status or lower income levels. Requirements are placed in contracts and contractors are required to provide demographic data on the individuals they serve with the OAA funds.

The AAA currently subscribes to a "Language Line" which is available to all staff for interpretation services. In PSA 4, only 1.37% of the 60+ population are not proficient in English. In addition, the AAA keeps a list of other languages spoken by our network of providers as an additional resource.

The staff utilize a person-centered thinking approach when fielding Information & Assistance calls, Medicare Medicaid Assistance Program inquiries, and when performing assessments. This approach recognizes that all individuals are unique and all have needs and wants. It was designed to encourage staff to view the individual's needs through their eyes and to honor their preferences, choices, and abilities. This approach assists the agency in identifying individuals who are underserved and at the most risk.

Professional contacts in the community work directly with the Community Information Liaison on staff who helps educate and aid them on making the appropriate referrals to our programs and services.

The various evidence-based programs being provided by the AAA directly or contracted through other organizations continue to reach out to venues, such as churches and housing complexes, to reach the targeted population. The agency is also continuing to reach out and build relationships with the Pokagon Band.

Other outreach efforts by staff include Veterans events, health fairs, TRIAD events, Annual Senior Expo and other opportunities as they arise. The agency continues to participate in each of the three county Human Services Coordinating Councils and Continuum of Care groups whose members share the same targeting goals.



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

Region IV AAA completed the *Dementia Capability Quality Assurance Assessment Tool* for both its Care Management team and Information & Assistance team. The tool was also completed by a few of the AAA's ADRC partners. The results indicated that the majority of staff are able to identify and refer a dementia person in addition to determining if the person lives alone. However, there are no standard protocols in place for identifying persons with dementia, steps to follow if identified as living alone, or referring to dementia specific providers. Conducting a separate caregiver assessment is also not a standard protocol for the majority of staff.

Region IV AAA currently offers two evidence-based caregiver classes within our PSA; Creating Confident Caregivers®, which is training for the primary in-home caregiver of an individual with dementia and Powerful Tools for Caregivers, which teaches caregivers to develop self-care tools and both classes are offered to appropriate individuals by our staff. The agency also produces a monthly caregiver newsletter which is available to individuals via hardcopy or on our website.

Additionally, the AAA has staff that have been trained on the Tailored Caregiver Assessment and Referral ® (TCARE®) System, which is an evidence-based program specifically designed to support family members who are providing care. Certified TCARE® assessors work with caregivers to find the sources of their stress and burden and then connect them with community resources for assistance.

The internal dementia expertise of AAA staff has enabled the agency to partner with Lake Michigan College to create a CEU certified Professional Caregiver Support class which is presented by an AAA facilitator who is certified in Alzheimer's disease/dementia. This class is marketed to caregivers working in hospitals, assisted living facilities and private homes.

It is anticipated that the dementia population will continue to grow as the baby boomer generation ages. As a result, many of the AAA staff will start to experience an increasing number of encounters with this population during their daily interactions. It is imperative that staff are able to optimally support not only persons with dementia but their caregivers.

The AAA is planning on offering additional education and training to staff by utilizing existing staff that are already formally trained in TCARE® and staff certified in Alzheimer's disease and dementia.

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

When an individual requests a service that is not funded under the Plan, Region IV AAA Information & Assistance (I&A) staff make referrals to other community resources that will meet their needs; these resources may also include private pay options. The staff are unbiased and assist people in making informed decision. The I&A staff maintain an internal resource directory of service options for such instances; the staff will make a "warm transfer" to the agency if requested. If the individual is not within the service area they are referred to



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their local Area Agency on Aging, Elder Care Locater, or 2-1-1.

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

The largest unmet need throughout our three county region is transportation; the need for a more coordinated system in order to provide independence for socialization and employment in addition to being able to obtain medical services. The majority of Region IV AAA's funding is categorical which limits the services it can be allocated to. However, the agency has made a commitment to allocate a large portion of its funding source that provides greater service flexibility to Senior Centers for transportation to medical appointments and to congregate meal sites. These funds are also leveraged by local millage money and voluntary programs which maximizes the support to this much needed service. The AAA also supported the recent purchase of replacement wheelchair accessible vehicles for two agencies that provide adult day services in our three county region. In addition, AAA staff participate on all three county transportation committees.

The other service priority is in-home services; the need for these services is going to continue to increase as the 85+ population continues to grow. This population requires a greater need for services in order to remain independent in their home. The agency will continue to use a network of providers throughout the service area to provide in-home services to this population. However, the existing wait-list for in-home services is indicative of the need out-weighing the available funds.

# 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.

The insufficient availability of funds to meet the needs of the population has resulted in a wait-list for in-home services. The clients are placed on the wait list using a priority system so the most vulnerable clients are assisted first. All priorty clients must have no financial means to pay for needed care and must meet at least 3 situational criteria from a pre-determined list, such as impaired decision making, no informal supports, frequent falls, and hospitalizations. The wait list clients are also provided with other options for assistance if available. In order to maximize the limited funding available for in-home services a cost share/donation program has also been established. The AAA will make every effort to address needs within the funding limitations.

The AAA also has available a very robust Information & Assistance service which maintains a directory of available resources within the service area in order to assist in connecting individuals with needed services. The intent is to continue to be proactive in educating the population of available services above and beyond what is currently funded by the AAA.

# 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 IV AAA has a very robust Advisory Council which is comprised of a variety of members from all three counties serviced by the agency. The staff value their knowledge and opinions and are continuously tapped for their expertise. The Advisory Council plays a key role in the multi-year plan; for this plan the Council was involved in the creation of the "Older Adults Community Survey", the Request for Proposal process, and the



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recommendation and approval of contract service awards prior to the submission to the Board.

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 IV AAA through education and information empower individuals to stay healthy and independent as they age and caregivers to stay engaged. This is accomplished through our internal Information & Assistance staff (directory of resources), internal Rapid Response Team (streamline intake process), community outreach (e.g. senior expo, senior centers, health fairs, weekly newspaper articles, social media), and evidence-based classes (for: caregivers, reducing falls, management of chronic conditions). In addition, our partnerships with such community entities as Disability Network Southwest Michigan, PACE, and the Inter-Agency Care Team allow use to ensure available funds are being used judiciously.

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## **Planned Service Array**

	Access	In-Home	Community
Provided by Area Agency	Care Management     Case Coordination and Support     Information and Assistance	Respite Care	Disease Prevention/Health Promotion     Long-term Care Ombudsman/Advocacy     Programs for Prevention of Elder Abuse, Neglect, and Exploitation     Creating Confident Caregivers     Kinship Support Services
Funded by Other Sources	Disaster Advocacy and Outreach Program		
Contracted by Area Agency	Transportation	Chore     Home Care Assistance     Home Injury Control     Homemaking     Home Delivered Meals     Medication Management     Personal Care     Assistive Devices &     Technologies     Respite Care     Special Needs-Gap Filling     Funds     Short-Term Home Care     Assistance	Adult Day Services     Congregate Meals     Nutrition Education     Disease Prevention/Health Promotion     Home Repair     Legal Assistance     Counseling Services     Creating Confident Caregivers     Caregiver Supplemental Services     Caregiver Education, Support and Training
Local Millage Funded	Case Coordination and Support *     Information and Assistance *     Outreach *     Transportation *	Chore * Home Care Assistance * Home Injury Control * Homemaking * Home Delivered Meals * Personal Care * Respite Care * Friendly Reassurance *	Adult Day Services *     Dementia Adult Day Care *     Congregate Meals *     Home Repair *     Senior Center Operations *     Senior Center Staffing *     Caregiver Education,     Support and Training *



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Participant Private	Care Management	Chore	Adult Day Services
Pay	Case Coordination and	Home Care Assistance	Dementia Adult Day Care
	Support	Home Injury Control	Nutrition Counseling
	Transportation	Homemaking	Nutrition Education
		Home Delivered Meals	Health Screening
		Home Health Aide	Home Repair
		Medication Management	Legal Assistance
		Personal Care	Vision Services
		Assistive Devices &	Counseling Services
		Technologies	
		Respite Care	

<sup>\*</sup> Not PSA-wide



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## **Planned Service Array Narrative**

The services funded under the multi-year plan are provided either directly by the AAA, contracted, or directly purchased; the services funded are essential to seniors, especially with the greatest economic and social needs, and are currently not otherwise available throughout Berrien, Cass, and Van Buren County (PSA).

The Access services provided directly by the AAA are used to assess participants in navigating through the various services that are available to them throughout the PSA in order to assist them in meeting their needs, wants, and desires. Being a resource for these participants is an integral part of the process that the AAA has developed to ensure participants are connected to the services available within the PSA regardless as to whether or not the services are contracted by the AAA or funded through other sources, including private pay.

The In-Home services that are provided directly by the AAA are through the AAA's senior volunteer program. The AAA also has agreements with a pool of network providers in which services are directly purchased as needed. With in-homes services being one of the largest unmet needs in our service area it was imperative that the services continue to be available throughout the PSA especially in parts of the counties where services are not funded by local millages.

The Community services provided directly are Evidence-Based programs, Long-Term Care Ombudsman, and Elder Abuse Prevention. The AAA provides a centralized structure for the Evidence-Based programs and the opportunity to be able to build capacity and maximize resources in addition to contracting and collaborating with providers and partners throughout the PSA to teach the programs. The AAA started providing LTC Ombudsman and Elder Abuse Prevention directly in FY2016 when the existing provider terminated their contract. The services were previously being provided throughout our service area and in order to ensure the services continued the AAA brought the services "in house". The AAA also contracts for Legal Assistance, Congregate Meals, and Adult Day services which are not available PSA wide.

Each of the counties within the PSA receive local millage funding, though each county distributes the funds uniquely which has required the AAA to strategically address each county individually within the multi-year plan to ensure the needs of seniors with the greatest economic and social needs were being met. The AAA has direct contracts with some of the community agencies in each county that receive millage funding to enhance and grow their existing services.

The AAA will continue to analyze and evaluate the needs of seniors and the resources available within the PSA with the intent to continue to develop and modify services funded through the multi-year plan to offer choice and a range of services to the aging population.



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### Strategic Planning

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

<u>Strengths</u> of the agency exemplify themes of positive energy and a synergy and willingness amongst staff, Advisory Council, and Board to move forward towards mission fulfillment. The agency's strong volunteer force, reputation for collaboration and mutual support amongst staff and affiliates create an atmosphere of innovation and challenge that many in the organization find impactful and fulfilling.

<u>Weaknesses</u> focused on complexity of the organization and resultant challenges in maintaining awareness and sense of team effort. Funding and reporting disparities across programs and heavy workloads are continuing issues.

<u>Opportunities</u> revolve around increasing collaborations with health partners and evolution of the health industry to include support of home and community based services, as well as reaching to retiring boomers for involvement in mission attainment. Expansion of Medicare or other funder contracting and increasing community awareness of the agency's capability offer multiple opportunities for growth.

<u>Threats</u> to success include sudden policy changes that could undermine effort and/or funding, and a more competitive environment for core services.

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

The MIChoice waiver for HCBS remains opportunity for continued growth. The success of business development in responding to MIChoice need for service has resulted in significant expansion of HCBS offerings from private pay to Medicaid. The reduction in Medicaid cost per capita for long-term supports and services is a continuing trend which has not reached actualization; offering Michigan and the agency opportunity. Concerns over the sufficiency of the direct care workforce is a national, state and local phenomenon that can derail success, but if the reduction in costs realized by Medicaid are allowed to raise wages of direct care workers, solutions are attainable.

Region IV AAA has been an active partner in the MI Health Link as well. The potential for this program is unclear. The overall aim to incorporate HCBS into an integrated medical insurance product is laudable and worth the effort though progress has been difficult. The paradigm shift and operational need to accommodate services, and needed collaborations previously undeveloped by insurance is challenged with public, professional and bureaucratic confusion and mis-steps. Whether insurance companies find sufficient cost/profit ratios to continue, whether HCBS provided remain supports defined by strict medical necessity rather than person-centered need, or if MI Health Link becomes siloed from broader community service milieu will likely be key factors. The agency could serve as a critical linkage to person-centered community services; it's difficult to determine future potential.

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

If the AAA were to experience a ten percent reduction within all funding categories from AASA, the agency



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plan would be as follows:

Continue to institute an emphasis on cost share/donation across all applicable services to contribute to the maintenance of service.

Continually monitor the prioritization of the individuals being serviced with AASA funds to ensure the most vulnerable and in the greatest social/economic need are served.

Offer fewer AASA funded services and assure the available funds are being allocated to the largest unmet needs in our service area.

Internally reduce staff hours allocated to AASA funded programs, if necessary, to support the reduction in funding for services (Access & Community) that are being provided directly.

Continue to seek out alternative funding sources to assist with sustaining services.

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

Region IV AAA plans to pursue Commission on Accreditation of Rehabilitation Facilities [CARF] in the near future. Attainment of a Medicare number is expected prior to the beginning of fiscal year 2017. Exploration of relevancy and need for other accreditation or credentialing opportunities is underway. Shifts in recent years towards evidence-based initiatives and defined impact of effort are critical to future collaborations and incorporation of product-based funding.

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.

Region IV AAA is continuously looking for opportunities to use technology to support agency efficiencies and effectiveness.

The AAA migrated to Harmony, Information & Assistance data system, in FY2016. The new system has increased the efficiency in moving individuals through the initial intake process quicker in addition to maximizing the use of data collected to make outcome driven decisions.

The agency is using a voice-based automation platform software to efficiently build phone surveys to track quality. The system was used by Information & Assistance to survey the quality of services provided by staff.

The pool of providers that the agency use to provide home and community based services are being migrated to Vendor View for electronic billing and communication.

The agency continues to use social media (Facebook, website) to promote programs, upcoming events, and capture program feedback from individuals.

Through remote access, the Care Management staff are able to appropriately access the local hospital's



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electronic medical record system to obtain information on their client's for continuum of care.

As the agency continues to grow its collaborations with health partners to include home and community based services, it is imperative that opportunities to streamline processes to create efficiencies and effectiveness through technology are incorporated.



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Regional Service Definitions				
Service Name/Definition				
Special Needs-Gap Filling Funds				
Rationale (Explain w	hy activities cannot be funded under an existing service definition.)			
This service category allows for flexibility should an unforeseen unmet need present itself which is causing a barrier to the client's independence and no other resources are available.				
Service Category	vice Category Fund Source			
☐ Access	☑ Title III PartB □ Title III PartD □ Title III PartE	Purchase of		
☑ In-Home	☐ Title VII ☐ State Alternative Care ☐ State Access	One Service		
□ Community	□ State In-home □ State Respite			
	□ Other			
Minimum Standard	S			
Provision of a service	e requiring immediate attention that would alleviate a barrier crucial to th	ne client's		
independence when	no other resource is available to address the need.			
Service Name/Defir	nition			
Short-Term Home Care Assistance				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
This service category is used as a place-holder should services of a short-term nature present themselves to				
relieve the primary caregiver while securing services from community providers.				
Service Category	Fund Source	Unit of Service		
□ Access	☑ Title III PartB □ Title III PartD □ Title III PartE	Per Hour		
☑ In-Home	☐ Title VII ☐ State Alternative Care ☐ State Access			
☐ Community	□ State In-home □ State Respite			
	□ Other			

### **Minimum Standards**

Provision of companionship, supervision, and/or assistance with activities of daily living for mentally or physically disabled and frail elderly persons to relieve the primary caregiver(s) while securing services from community providers. This service will meet all AASA minimum services standards for home care assistance.



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#### **Access Services**

## Care Management

Starting Date10/01/2016Ending Date09/30/2017Total of Federal Dollars\$0.00Total of State Dollars\$227.302.00

Geographic area to be served Berrien, Cass, Van Buren (PSA 4)

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

Continue to provide professional consultation as the primary service. Offer a Nurse or Social Worker for telephonic consult, in-home visit(s), based on the needs and wants of the individual and/or their family.

Deliver services in a flexible, person-centered manor. Provide immediate services, such as those in crisis or discharging from a hospital without needed care; provide introductory services to those who have not used In-Home or Community Based services; provide short-term services to meet an identified need; provide on-going services targeted to those in the most socio-economic need with a sliding scale cost share donation component.

Provide a seamless transition of clients amongst programs when continuing to assess and address client needs.

Continue to monitor Care Management services on an ongoing basis for efficiency and quality and make improvements as necessary.

Number of client pre-screenings:	Current Year:	300	Planned Next Year:	350
Number of initial client assesments:	Current Year:	200	Planned Next Year:	225
Number of initial client care plans:	Current Year:	150	Planned Next Year:	175
Total number of clients (carry over plus new):	Current Year:	325	Planned Next Year:	340
Staff to client ratio (Active and	Current Year:	1:40	Planned Next Year:	1:40

## **Case Coordination and Support**

maintenance per Full time care

<u>Starting Date</u> 10/01/2016 <u>Ending Date</u> 09/30/2017 Total of Federal Dollars \$90.000.00 Total of State Dollars \$34.707.00

Geographic area to be served Berrien, Cass, Van Buren (PSA 4)



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

Continue to provide professional consultation as the primary service. Offer a Nurse or Social Worker for telephonic consult, in-home visit(s), based on the needs and wants of the individual and/or their family.

Deliver services in a flexible, person-centered manor. Provide immediate services, such as those in crisis or discharging from a hospital without needed care; provide introductory services to those who have not used In-Home or Community Based services; provide short-term services to meet an identified need; provide on-going services targeted to those in the most socio-economic need with a sliding scale cost share donation component.

Provide a seamless transition of clients amongst programs when continuing to assess and address client needs.

Continue to monitor Case Coordination and Support services on an ongoing basis for efficiency and quality and make improvements as necessary.

#### Information and Assistance

<u>Starting Date</u> 10/01/2016 <u>Ending Date</u> 09/30/2017 Total of Federal Dollars \$83,431.00 Total of State Dollars \$12,020.00

Geographic area to be served

Berrien, Cass, Van Buren (PSA 4)

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

Facilitate person-centered access to services for individuals by answering all requests in a timely and thorough manner.

Populate and maintain a resource data base to ensure individuals are provided with an array of current and accurate information that will meet the need of the aging and disabled adult population in our three county area.

Assure high quality service is being provided by annually surveying client satisfaction levels.

Continue to promote and provide up-to-date information and resources regarding agency services and programs.

Continue to use the Information & Assistance data system (Harmony), which documents approximately 800 contacts per month, to collect and analyze data in order to make outcome-driven decisions.

Work towards I&A staff becoming AIRS certified to continue to enhance the quality and efficiency of the department.



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## **Direct Service Request**

Chore

**Total of Federal Dollars** 

**Total of State Dollars** 

Geographic Area Served

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

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

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

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

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

#### **Respite Care**

Total of Federal Dollars \$12,184.00 Total of State Dollars \$44.816.00

Geographic Area Served Berrien, Cass, Van Buren (PSA 4)

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

The goals of the Senior Companion program are to provide meaningful volunteer opportunities for seniors, reduce social isolation, and provide obtainable respite for caregivers. The senior volunteers provide their



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clients with support and encouragement to assist them in making positive changes in their mental and physical health, nutrition, and activity levels. Providing companionship and transportation services is crucial for some of the clients who may not have anyone else. By increasing their socialization, the volunteers are bridging a gap between the clients and the community around them which reduces the feeling of isolation and depression. The services provided also alleviates some of the strain in a caregiver situation by giving the caregiver, even for a short period of time, a much needed break.

The volunteers themselves receive positive benefits from providing the service. It gives them a sense of purpose, increasing their own confidence and self-esteem knowing they are needed and wanted in their own community.

The AAA provides monthly training to the volunteers on such topics as Safety Preparedness, Alzheimer/Dementia, Independence, Confidentiality, and Communication Skills. The AAA staff also provide support and recognition.

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

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

(A) & (C)

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

The AAA has previously requested the submission of Request for Proposals to provide Volunteer Respite services but has never received a response which prompted the AAA to build the program internally. Region IV AAA houses a multi-service Volunteer Department that coordinates the Senior Companion Program, including training and recognition of all its senior volunteers. As one of three volunteer programs, it shares administrative and clerical costs for efficiency in addition to being under the umbrella of the AAA. Also, having the program internally created an additional benefit for Information & Assistance and Care Management to make quick referrals.

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

Printed On: 7/25/2016

**Disease Prevention/Health Promotion** 



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<u>Total of Federal Dollars</u> \$20,877.00 <u>Total of State Dollars</u> \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA 4)

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

The Personal Action Towards Health (PATH) program currently has 4 Master Trainers and 10 Leaders trained to support this evidence-based program. The program is anticipated to hold 6 classes throughout Berrien, Cass, and Van Buren County with each class being led by two trained leaders. The AAA Master Trainer will continue to build relationships with local healthcare facilities for referrals to classes in addition to advertising through newspapers, newsletters, social media, senior centers, congregate meal sites, senior living complexes, and libraries.

The AAA will continue to work on sustainability options for the Diabetes-PATH program with one of those being certification for Medicare reimbursement.

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

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

(A), (B), & (C)

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

The PATH program was implemented and coordinated as a function of the AAA when encouraged and funded by the AASA through a grant. The AAAs were being required to make the shift to Evidence-Based programming and the grant was offered to build capacity. Region IV AAA set up the structure for a centralized hub from which volunteer instructors for PATH would be recruited and trained.

A part-time coordinator is staffed by the AAA and dedicated to only the PATH program. The coordinator is a Master Trainer herself and has added three volunteer Master Trainers to the staff along with 10 volunteer leaders. The coordinator markets and schedules classes throughout the region; this regional structure maximizes resources and administrative efficiencies. The AAA remains committed to continuing to provide and expand the program throughout the three county area.



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

## Long Term Care Ombudsman

<u>Total of Federal Dollars</u> \$4,000.00 <u>Total of State Dollars</u> \$27,268.00

Geographic Area Served Berrien, Cass, Van Buren (PSA 4)

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

Region IV AAA Long Term Care Ombudsman (LTCO) goal is to increase the visability of the LTCO program by providing advocacy for residents in long term care settings and educating the community.

The LTCO will provide: information to individuals and their families regarding the process of selecting long term care facilities; information and support to residents and families in long term care facilities; a prompt response to all complaints and concerns; quarterly visits to long term care facilities in our region; advocacy services, and community education.

The LTCO will also continue their linkage with Legal Assistance, MMAP, AASA Care Management, and MDHHS HCBS Waiver program to assist residents in gaining access to available services as necessary.

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

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

(A)

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

Prior to FY2016, Region IV AAA contracted with an outside organization to provide both Long Term Care Ombudsman and Elder Abuse Prevention services. Since funding was and continues to be limited for both services it seemed fiscally prudent to combine the two services at a single organization for efficiency. With that said, in October 2015 the contracted organization made a business decision to terminate their contract. This event led to Region IV AAA obtaining approval from both AASA and the State Long Term Care Ombudsman



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to provide both services directly with the intent of putting both out to bid in the following fiscal year.

The AAA put both services out to bid for the Multi-Year Plan but did not receive any responses; the agency will continue to provide both services directly to ensure the services continue to be obtainable within our region.

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

### Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$5,178.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA 4)

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

Region IV AAA will educate and inform older adults, their families, caregivers, and the general public about the signs of elder abuse, neglect and financial exploitation and the appropriate procedure on how to report suspected activity within our three county area.

The Long Term Care Ombudsman (LTCO), whose services are now being provided directly by the AAA, will play an integral role in providing community awareness. This will be obtained through strengthening relationships with local law enforcements and increasing visibility and educational opportunities at senior centers, health fairs, senior housing, and other senior-attended events. In addition to being available to present to other professional agencies as requested.

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

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

(A)



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

Prior to FY2016, Region IV AAA contracted with an outside organization to provide Elder Abuse Prevention services in conjunction with the Long Term Care Ombudsman program. Since funding was and continues to be limited for both services it seemed fiscally prudent to combine the two services at a single organization for efficiency. With that said, in October 2015 the contracted organization made a business decision to terminate their contract. This event led to Region IV AAA obtaining approval from both AASA and the State Long Term Care Ombudsman to provide both services directly with the intent of putting both out to bid in the following fiscal year.

The AAA put both services out to bid for the Multi-Year Plan but did not receive any responses; the agency will continue to provide both services directly to ensure the services continue to be obtainable within our region.

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

## **Kinship Support Services**

Total of Federal Dollars \$6,600.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA 4)

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

The goal of the Grandparents Raising Grandchildren program is to assist grandparents and relatives in raising children under 18 who are in their care. The program will continue to prepare and distribute an informational and supportive quarterly newsletter to 350 individuals and provide telephone support and referrals.

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

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

(A) & (C)

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

The AAA has previously requested the submission of Requests for Proposals for providing Kinship Support services but has never received a response. Through the Grandparents Raising Grandchildren program, the AAA provides four quarterly newsletters which lends itself well to shared administrative and clerical costs for efficiency and effectiveness under the umbrella of the AAA. The close connection between the Senior Volunteer Program, in which the program resides, and the Information & Assistance program allows for mutual sharing of information in order to support the caregivers.

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

### **Creating Confident Caregivers**

Total of Federal Dollars \$9,600.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Van Buren, Cass (PSA 4)

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

The Creating Confident Caregivers ® program has plans to offer 8 classes through increased marketing efforts to grow program referrals and obtain commitments to host classes in a variety of venues (senior centers, town halls, health care facilities, libraries) throughout the three counties that have the ability to draw a larger number of participants.

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

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

(A), (B), & (C)



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

Creating Confident Caregivers ® was implemented and coordinated as a function of the AAA when encouraged and funded by AASA through a grant. The AAAs were being required to make the shift to Evidence-Based programming and the grant was offered to build capacity for offering a dementia-specific caregiver education program. There are currently two certified Master Trainers for the program; one is an AAA staff person and the other is contracted on an as needed basis by the AAA. The Cass County Council on Aging also has a certified Trainer on staff and have a contract to facilitate courses in Cass County. The current structure maximizes resources and administrative efficiencies as the AAA provides marketing staff to promote the classes, and respite for the caregivers to attend a class. The number of classes has continually grown and have doubled since FY2014 from four classes to a planned eight classes in FY2017.

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



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## **Program Development Objectives**

### Area Agency on Aging Goal

A. Older adults are able to recognize when they are being abused or exploited and the community at-large is vigilant in reporting such activity.

State Goal Match: 4

#### **NARRATIVE**

The potential for abuse, neglect, and financial exploitation increases immensely when an older adult begins to rely on others for support. Region IV AAA will continue to participate in the education of older adults to recognize the signs and not become a victim and educate the community on identifying and reporting suspicious activity.

#### **OBJECTIVES**

1. Continue to educate and inform older adults, family members, caregivers, and the community about the signs of abuse, neglect, and financial exploitation and how to report suspicious activity.

Timeline: 10/01/2016 to 09/30/2019

#### **Activities**

The following resources will be utilized:

MMAP Senior Medical Patrol (SMP) volunteers to educate older adults on recognizing Medicare and social security fraud.

AAA staff who are able to provide Training to Prevent Adult Abuse and Neglect (TPAAN).

Long Term Care Ombudsman (LTCO) to have a presence in nursing facilities and AFC housing to educate and advocate.

LTCO to distribute information on elder abuse and provide community presentations as requested.

Legal services available for older adults through Legal Aid of Western Michigan.

Staff participation in TRIAD for community awareness.

AAA Information & Assistance resource database containing information and contacts for elder abuse, neglect, and exploitation.

Connectivity with law enforcement and local financial institutions for education.

Vigilance of network providers in recognizing and reporting abuse and exploitation.

#### **Expected Outcome**

Older adults and the community at-large will be educated about the warning signs of elder abuse,



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neglect, and financial exploitation.

B. Region IV AAA staff and providers will have the ability to recognize and address the cultural, economic, and social uniqueness of older adults.

State Goal Match: 1

#### **NARRATIVE**

The AAA staff and our network of providers need to have the skills to provide the best and most appropriate services to older adults and increasing cultural competence will allow us to understand and appropriately respond to the unique combination of cultural variables such as ability, age, religion, sexual orientation, gender identity, race, and socio-economic status. Developing cultural competence is a process that requires ongoing self-assessment and continuous expansion of cultural knowledge.

#### **OBJECTIVES**

1. Educate the AAA staff and providers on cultural competence in order to provide the most effective information and services to older adults in our Region.

Timeline: 10/01/2016 to 09/30/2019

#### **Activities**

Work with a trained individual to provide education in serving individuals with Alzheimer's disease and other dementia related disorders.

Seek out training on providing education on issues that currently exist in serving the older LGBT community.

Continue to provide and promote Person-Centered Thinking which is based on the values of independence, choice, and control.

Continue to internally implement the National Standards for Culturally and Linguistically Appropriate services in Health and Health Care (National CLAS Standards) to eliminate disparities by providing appropriate services.

Continue to build on existing relationship with the Pokagon Band to understand the needs of their elders and modify programs and services as deemed appropriate.

## **Expected Outcome**

Older adults and their families will be provided with access to information, resources, and services which appropriately meet their needs.

C. Continue to improve the effectiveness and efficiency of providing AAA Access services to individuals.

Printed On: 7/25/2016

State Goal Match: 6

### **NARRATIVE**

Region IV AAA provides Information & Assistance (I&A) directly as a funded service. Individuals can contact

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I&A using a local number, toll free number, e-mail, or website. The I&A staff have direct contact with those individuals seeking information or assistance. It is imperative that the staff is able to respond to the individual's request (through person-centered thinking) in a timely manner in addition to making appropriate referrals to other AAA Access services (CM/CC&S) as deemed appropriate.

#### **OBJECTIVES**

Individuals seeking resources through the AAA will be connected appropriately and efficiently.

Timeline: 10/01/2016 to 09/30/2019

#### **Activities**

Track incoming calls to ensure staffing is appropriate and effective.

Annually survey callers for performance satisfaction.

Create a "Rapid Response Team" to streamline intake process to ensure individuals that may potentially qualify for CM/CC&S are referred and served expeditiously.

Maintain resource directory with most current and accurate information for ease of referral to other resources.

I&A staff work towards obtaining AIRS certification to enhance quality and consistency throughout the department.

Continue to work closely with 2-1-1 to ensure calls are being referred appropriately to the AAA for efficiency.

#### **Expected Outcome**

Older adults and their families will receive excellent service as they navigate through Region IV AAA Access services.

D. Improved health outcomes for older adults through Evidence-Based Disease Prevention/Health Promotion (EBDP) programs.

State Goal Match: 3

#### **NARRATIVE**

EBDP programs have been expanding, not only within our Region but within other AAA's across Michigan. The programs have been proven to have an immediate impact on the life of older adults. Region IV AAA is committed to empowering older adults to be an active partner in their healthcare which includes participation in EBDP programs. The programs encompass a wide-range of activities and skill building exercises that help participants learn how to become an actively engaged healthcare partner.

### **OBJECTIVES**

1. Successfully provide the Stanford Chronic Disease Self-Management program (Diabetes-PATH) within our Region.

Timeline: 10/01/2016 to 09/30/2017



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#### **Activities**

Continue to advertise through newspapers, newsletters, social media, and other locations that attract older adults to increase participation.

Establish relationships with local health care providers to increase referrals.

Collaborate with local health care providers, who currently offer diabetes education, to communicate the difference between existing classes and Diabetes-PATH to promote referrals between classes as being complimentary and not competitive.

Obtain a certificate of accreditation from the American Association of Diabetes Educators (AADE) for the Diabetes-PATH program.

Apply and obtain Medicare certification for the Diabetes-PATH program for future Medicare reimbursement.

#### **Expected Outcome**

Older adults will have the opportunity to participate in programs that promote "healthy aging" through a self-motivating, prevention focused role in managing their health and ultimately improving their quality of life.

2. Successfully provide the MaineHealth A Matter of Balance (MoB) program within our Region.

Timeline: 10/01/2016 to 09/30/2017

#### **Activities**

Continue to advertise through newspapers, newsletters, social media, and other locations that attract older adults to increase participation.

Collaborate with local health clubs/YMCA to recruit trainers and as a community site to hold classes.

Continue to leverage existing partnerships to enhance the frequency of offering classes and training opportunities for program volunteers.

Determine other options for sustainability such as private pay, local sponsorship, or other funding sources for future growth.

#### **Expected Outcome**

Older adults will have the opportunity to participate in programs that promote "healthy aging" through a self-motivating, prevention focus role in managing their health and ultimately improving their quality of life.

E. Communities within Region VI AAA's PSA will have the opportunity to conduct an aging-friendly community assessment and apply for the Communities for a Lifetime (CFL) designation.

State Goal Match: 5



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#### **NARRATIVE**

Communities for a Lifetime is a program with the purpose of creating a safe, accessible, and nurturing environment for residents of all ages, primarily older adults. The three counties that are serviced by the AAA are experiencing an increase in the older adult population; providing a place in which these individuals can live will help them stay independent longer. The process involved in becoming a *CFL* requires the building of local partnerships to gather information on existing resources, determining what additional resources are needed, and then developing a plan to enhance the life of its residents.

#### **OBJECTIVES**

1. At least one community within Region IV AAA service area will receive recognition as a CFL by September 30, 2019.

Timeline: 01/01/2016 to 09/30/2019

#### **Activities**

The agency is involved in Michigan's Great Southwest Strategic Leadership Council (SLC) whose vision is to make Michigan's Great Southwest a "vibrant and prosperous region to live, learn, work, invest, grow, play, and retire for everyone!" which aligns with the goals of *Communities for a Lifetime* program. The agency has partnered with Southwest Michigan Planning Commission to co-lead SLC's "Quality of Life Strategic Focus".

The agency's connectivity in the SCL initiative in addition to yearly County Commissioner meetings, monthly Board Meetings, and quarterly Advisory Council meetings are opportunities to reinforce the benefits of communities being recognized as a *CFL*.

Once a community has been identified, the agency will provide technical assistance in: Forming a committee through partnerships to inventory and assess services important to older adults; Completing a community self-assessment by identifying activities, opportunities, and services currently available;

Developing a community action plan.

#### **Expected Outcome**

Older adults are able to successfully "age in place".

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## **Advocacy Strategy**

Region IV AAA's advocacy activity strategy continues to focus on the development of a comprehensive long-term care (LTC) service system to allow older adults in the service area to live a quality life in the setting of their choice.

Policy priorities and objectives are determined with input from Region IV AAA Advisory Council, Region IV AAA Board of Directors, a board coalition of community, state and national partners and in response to local, state and federal legislative activity.

Pursuit of a permanent role in the shift to an Integrated Care structure for people who are dually eligible for Medicare and Medicaid, advocating for policies and resources to rebalance Michigan's Medicaid-funded long-term care to allow greater access to home and community based options and efforts to support the growing number of person diagnosed with Alzheimer's disease and their caregivers through expanded access to Information and Assistance and Evidence-Based classes.

Empowering consumers, targeting high-risk individuals, creating efficiencies, and building prevention into long term services and supports have been and continues to be the driving themes of the AAA's advocacy strategy. Strategies to achieve those objectives include:

- 1. Improving Access/Information about long-term care: Consolidation of all Region IV AAA public services and ease of access will continue to be implemented as part of the co-location with Disability Network of Southwest Michigan and PACE of Southwest Michigan. Through continued collaboration with 26 ADRC partners, access to all options and services is enhanced even though formal funding for the effort expired.
- 2. Use of Technology: Region IV AAA will provide leadership in assisting people to sort through the vast array of information available on the Internet, and give them the tools they need to make informed decisions about medical, public policy, advocacy, entitlement programs, and a whole host of additional long-term care issues. The AAAs website continues to be enhanced and marketing efforts drive Internet-savvy consumers to web-based resources.
- **3. Medicare/Medicaid:** Region IV AAA Information & Assistance staff work with community volunteers who provide the public with information and counseling on Medicare and Medicaid programs through the MMAP program. The AAA will advocate for funding at the local level to support these efforts. The AAA will continue to implement its portion of the Integrated Care pilot study among eight southwest Michigan counties and advocate for a continued role in future years.
- **4. Caregiver Support:** Region IV AAA will provide greater opportunities for caregiver Evidence-Based education, increase the distribution of its caregiver newsletter, and continue to fund respite and adult day care services. The AAA will continue to look for expanded opportunities to support and advocate for caregivers.
- **5. Public Awareness:** Region IV AAA works with varied public and private entities to increase awareness of issues facing the elder population. This includes taking an advocacy role when participating on collaborative bodies that may be able to influence the direction of resource use. Those collaborative bodies include three



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county-level Human Services Collaborative Councils; Health Equity Alliance, Strategic Leadership Council and ADRC of Southwest Michigan. In addition, Region IV AAA staff author a weekly column on issues facing the elder population which is published in the largest daily newspaper in the service area.

- **6. Policy Analysis:** Key legislation at both the national and state level is analyzed for scope and seriousness of impact. Likewise, the rules, regulations and policies affecting elders are also examined. The ongoing analysis of needs and barriers to independence translates into an evolving and fluid course for advocacy analysis.
- 7. Grassroots Advocacy (consumer engagement): Region IV AAA Advisory Council focuses on consumer advocacy issues and engages in activities to empower seniors to self-advocate. Activities include participating in advocacy groups such as the Michigan Senior Advocates Council, Silver Key Coalition, Older Michiganians Day, and AARP. Further, the AAA takes a leadership role in the Silver Key Coalition and the annual development of Older Michiganians Day, a statewide consumer advocacy event, and provides group transportation for consumers to attend. Region IV AAA hosts an annual legislative forum attended by state legislators and federal constituent services personnel giving older adults an opportunity to self-advocate on policy issues important to them. In addition, an Ask the Experts table is provided at the AAA's annual Senor Expo where older adults and caregivers can obtain public policy information and dialog with their elected officials, veteran's affairs, and social security staff.
- **8. Informing Legislators:** Region IV AAA staff conduct regular face-to-face contact with elected officials and their staff to inform them of the impact of pending legislation on older adults in the service area. Additionally, the AAA staff provides direct testimony before elected officials, legislative committees and others on issues of concern to older adults.
- **9. Health Care:** Region IV AAA is monitoring the changes being implemented as a result of the Affordable Care Act and responding to negative impacts upon the provider network or affected seniors by informing legislators. AAA also works closely with the health network and other area agencies in implementing the pilot Integrated Care project for the dually eligible in southwest Michigan and advocates for an efficient and coordinated system for servicing that special population.



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## Leveraged Partnerships

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

Region IV AAA recognizes the importance of coordinating efforts and initiatives with other entities to achieve our mutual goal of providing the necessary resources for aging adults to continue to live in their community and home. Examples of the extensive community reach being taken to enhance the aging system in our service area includes:

Representatives from the Southwest Michigan Community Actions Agency, Woodland Behavioral Healthcare Network, Lakeland Health, and Veteran Affairs serve on the AAA Advisory Council, providing opportunities for ongoing coordination and support.

The Cass County Council on Aging and Disability Network of Southwest Michigan (DNSWMI) are co-conveners for the ADRC of Southwest Michigan. In addition, the AAA is co-located with DNSWMI and PACE.

In Berrien and Cass County, the Inter-Agency Care Team (ICT), whose focus is to create a holistic approach for patients whose circumstances result in high recurrent use of the hospital emergency department is comprised of the local health department, federally qualified health clinic, local hospital, and the AAA.

The AAA is also partnering with the Berrien County Department of Health and Human Services (DHHS) to be able to utilize a part-time DHS worker on-site to assist individuals with DHS related issues.

The AAA also sits on various local boards such as the local economic development and hospital board along with sitting on the advisory councils for the local transportation authorities in all three counties; these positions allow the AAA to share their knowledge on the aging community.

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

The AAA functionally serves as the coordinator and fiduciary of the ADRC of Southwest Michigan, a collaborative effort made up of twenty six providers. The ADRC is built on a "no wrong door", person centered approach, and serves to provide connectivity, education and resources to both consumers and human service professionals across systems.

The ADRC will continue to meet on an as needed basis to develop training and coordination amongst Information & Assistance staff of ADRC providers to establish protocols and procedures to facilitate access to



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needed supports and services across services systems, agencies, and organizations.

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

Currently Region IV AAA has two Evidence-Based Disease Prevention (EBDP) programs that it offers which are A Matter of Balance (MOB) and Diabetes Personal Action Toward Health (DPATH). Both programs were awarded funding from the Michigan Health Endowment Fund (MHEF) through the GREAT At Any Age initiative in November, 2014 which is slated to end in October, 2016. The funding was to expand the programs statewide in addition to building sustainability beyond the grant period.

Both programs currently have an appropriate number of Master Trainers and leaders/coaches to continue beyond the grant to build capacity which includes trained leaders/coaches with a few of our providers to assist with capacity.

The strategy to continue to develop and sustain the EBDP programs entails:

Continue to gather feedback from registrants to improve the delivery of the programs.

Increase marketing efforts to healthcare facilities for referrals.

Approach health clubs/YMCA to further embed the programs in the community.

Begin to request a donation or charge a small fee (whichever is applicable) to participate in the programs to slowly introduce the need for the registrants to participate in the costs of the programs as the AAA continues to examine program costs for sustainability.

Continue to seek out other organizations to sponsor EBDP programs.

Establish collaborative relationships with the local health care providers, primarily for DPATH, to communicate the differences between existing diabetes classes and DPATH and how the programs can complement each other and not compete.

Obtain a certificate of accreditation from the American Association of Diabetes Educators (AADE) for the DPATH program.

Obtain Medicare certification for the DPATH program.

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#### **Community Focal Points**

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.

A focal point is a facility or entity established to encourage the maximum collaboration and coordination of services for older adults. The focal point draws individuals from the community in which they are located. The sense of community varies considerable depending on the subject being considered. Therefore, the AAA is compelled to take the broadest possible interpretation of a community. A community is a group of people bound by common interests and goals. It would be challenging to list all the possible focal points that exist in southwest Michigan. However, for the purpose of this document, partial recognition is made to those focal points that are known for their involvement with the public on issues affecting older adults. Recognized for their contribution(s) but excluded from the list are those churches, support groups, and retiree associations that are important but too numerous to mention. Those chosen to be focal points are done so on the basis of referrals to the AAA, assessments and on-site visits, and ability to collaborate on efforts affecting older adults. The sites listed below are deemed to be effective and remain an important focal point in their service area.

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: Benton Harbor/Benton Twp. Sr. Ctr.

Address: 225 Colfax Avenue, Benton Harbor, MI 49022

Website: N/A

Telephone Number: 269-927-2497

Contact Person: Thelma Branch, Director

Service Boundaries: Berrien County

No. of persons within boundary: 35,231

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Commodities, Congregate Meals

Name: Berrien County Department of Human Services

Address: 401 8th St., Benton Harbor

Website: www.michigan.gov/

Telephone Number: 269-934-2000
Contact Person: Kathleen Valdes
Service Boundaries: Berrien County

No. of persons within boundary: 55,231

Services Provided: ADRC, Adult Protective Services, Adult Services, Home Help,

Emergency Funding, Public Assistance, Utility Assistance



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Name: Buchanan Senior Services

Address: 810 Rynearson Rd., Buchanan, MI 49103

Website: www.buchananareaseniorcenter.com

Telephone Number: 269-695-7119

Contact Person: Alice Hopkins, Director

Service Boundaries: Berrien County

No. of persons within boundary: 35,231

Services Provided: Congregate Meals, Transportation, MMAP, Recreation, Commodities,

Support Groups, Health Screenings

Name: Cass County Council on Aging

Address: 60250 Decatur Road, Cassopolis, MI 49031

Website: www.casscoa.org
Telephone Number: 800-323-0390
Contact Person: Robert Cochrane

Service Boundaries: Cass County

No. of persons within boundary: 12,121

Services Provided: Adult Day Services, ADRC, Home Delivered and Congregate Meals,

In-Home Services, Transportation, MMAP, Commodities, Recreation, Fitness, Caregiver Library, Support Groups, Home Modifications,

**Educational Offerings** 

Name: Cass County Dept. of Human Services

Address: 325 M-62, Box 277, Cassopolis, MI 49031

Website: www.michigan.gov

Telephone Number: 269-445-0200

Contact Person: Cindy Underwood

Service Boundaries: Cass County

No. of persons within boundary: 12,121

Services Provided: Adult Protective Services, Adult Services, Home Help, Emergency

Funding, Public Assistance, Utility Assistance

Name: Central County Center for Senior Citizens

Address: 4083 E. Shawnee, Box 252, Berrien Springs, MI 49103

Website: N/A

Telephone Number: 269-471-2017

Contact Person: Janet Medlin, Director

Service Boundaries: Berrien County

No. of persons within boundary: 35,231



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Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Congregate Meals, Support Groups,

Commodities

Name: Child and Family Services

Address: 2450 M-139 Benton Harbor, MI 49023

Website: www.cfsswmi.org

Telephone Number: 269-925-1725

Contact Person: Joseph Goepfrich

Service Boundaries: Berrien, Van Buren County

No. of persons within boundary: 50,349

Services Provided: Adult Day Services, In-Home Services, Guardianship, Support Groups

Name: Greater Niles-Buchanan Committee on Aging

Address: 1109 Bell Road, Niles, MI 49120

Website: www.nilesseniorcenter.org

Telephone Number: 269-683-9380

Contact Person: Kathy Ender, Director

Service Boundaries: Berrien County

No. of persons within boundary: 55,231

Services Provided: Recreation, Fitness, Health Screenings, Telephone Reassurance,

Congregate Meals, Transportation, Commodities, MMAP

Name: Kinexus

Address: 499 W. Main, Benton Harbor, MI 49022

Website: www.michiganworks.org

Telephone Number: 269-927-1799

Contact Person:

Service Boundaries: Berrien, Cass, and Van Buren Counties at multiple sites

No. of persons within boundary: 62,470

Services Provided: Employment, Training

Name: North Berrien Senior Center

Address: 6658 Ryno Road, PO Box 730, Coloma 49038

Website: www.northberrienseniorcenter.org

Telephone Number: 269-468-3366

Contact Person: Sue Dahlquist, Director

Service Boundaries: Berrien County

No. of persons within boundary: 35,231



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Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Congregate Meal Site, Commodities

Name: Region IV Area Agency on Aging

Address: 2900 Lakeview Avenue, St. Joseph, MI 49085

Website: www.areaagencyonaging.org

Telephone Number: 800-442-2803

Contact Person: Information & Assistance

Service Boundaries: Berrien, Cass, Van Buren County

No. of persons within boundary: 62,470

Services Provided: ADRC, Information and Assistance, Care Management, MMAP, Senior

Employment, Foster Grandparent Program, Senior Companion Program, Grandparents Raising Grandchildren, Custom Care, Care Management,

SeniorNET Computer Training, Evidence-Based Programs

Name: River Valley Senior Center

Address: PO Box 275, Harbert, MI 49115

Website: www.RVSeniorCenter.org

Telephone Number: 269-469-4556

Contact Person: Tim Hawkins, Director

Service Boundaries: Berrien County

No. of persons within boundary: 35,231

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Commodities, Congregate Meal Site

Name: Senior Lifeline Center (VB United Civic Org.

Address: 73292 34th Street, Covert, MI 49043

Website: N/A

Telephone Number: 269-764-8378

Contact Person: Debra Hamone

Service Boundaries: Van Buren County

No. of persons within boundary: 15,118

Services Provided: Recreation, Fitness, Health Screenings, Telephone Reassurance,

Congregate Meal Site, Transportation, Commodities

Name: Senior Nutrition Services Meals on Wheels of SW MI

Address: 1708 Colfax Avenue, Benton Harbor, MI 49022

Website: www.snsmeals.org

Telephone Number: 269-925-0137

Contact Person: Linda Strohl, Executive Director



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Service Boundaries: Berrien, Cass and Van Buren Counties

No. of persons within boundary: 62,470

Services Provided: Distribution of Congregate Meals, Home Delivered Meals, Transportation

to Meal Sites

Name: Senior Services of Van Buren County

Address: 1635 76th Street, South Haven, MI 49090

Website: www.seniorservices-vbc.org

Telephone Number: 269-637-3607

Contact Person: Jennifer Carver, Director

Service Boundaries: Van Buren County

No. of persons within boundary: 15,118

Services Provided: MMAP, Information, Referral, Transportation, Commodities, Recreation,

Health Screenings, Fitness, Care Management, Friendly Reassurance,

In-Home Services

Name: South Haven Housing Commission

Address: 220 Broadway Street

Website: South-Haven.com

Telephone Number: 269-637-5755

Contact Person: Chuck Fuller

Service Boundaries: Van Buren County

No. of persons within boundary: 15,118

Services Provided: Subsidized Senior Apartments, Congregate Meal Site

Name: St. Joseph-Lincoln Senior Center

Address: 3271 Lincoln Avenue, St. Joseph, MI 49085

Website: www.sjlsc.org
Telephone Number: 269-429-7768

Contact Person: Shirley Reichert, Director

Service Boundaries: Berrien County

No. of persons within boundary: 35,231

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone

Reassurance, Transportation, Commodities, Congregate Meal Site

Name: Van Buren Department of Human Services

Address: 57150 C.R. 681, Hartford, MI 49057

Website: www.michigan.gov
Telephone Number: 269-621-2800

Contact Person: A.David Fernandez

Printed On: 7/25/2016



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Service Boundaries: Van Buren County

No. of persons within boundary: 15,118

Services Provided: ADRC, Adult Protective Services, Adult Services, Home Help,

Emergency Funding, Public Assistance, Utility Assistance

Name: Van Buren Mental Health

Address: 801 Hazen Street, Paw Paw, MI 49079

Website: vbcmh.com
Telephone Number: 800-922-1418

Contact Person:

Service Boundaries: Van Buren County

No. of persons within boundary: 15,118

Services Provided: Adult Day Services, Counseling, 24-Hr. Crisis Line, Elder Services

Printed On: 7/25/2016



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#### Other Grants and Initiatives

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

As a member of the Healthy Berrien Consortium, Region IV AAA, continues to be a key participant in the Interagency Care Team (ICT) initiative whose purpose is to link persons with multiple chronic health conditions requiring ongoing services and supports with flexible interagency care teams that promote self-direction and person-centered planning to achieve positive health outcomes. This is achieved through successful coordination of services from both healthcare agencies and social service agencies. The ICT initiative has received funding from the now dissolved Berrien Health Plan, in addition to United Way, Upton Foundation, and more recently the Michigan Health Endowment Fund (MHEF) to continue to bring the project to scale. The ICT initiative has expanded to include both Berrien and Cass County with Region IV AAA staff providing transition and health coaching in addition to on-going care management for ICT members.

The MI Health Link (MHL) initiative through Michigan Department of Health and Human Services (MDHHS) is a health care option for individuals enrolled in both Medicare and Medicaid and live in one of the designated demonstration regions (includes Berrien, Cass, and Van Buren). MHL offers a broad range of services (including home and community based services) in a single program designed to meet the individual's needs. The AAA is contracted with two integrated care organizations through MHL to provide vendor management, care coordination, and assessments to members.

In collaboration with MMAP, Inc., Region IV AAA is currently participating in the Senior Medicare Patrol (SMP) Capacity Building Project which is funded through the Healthcare Fraud and Abuse Control (HCFAC) fund. The SMP is comprised of volunteers who teach others about health care fraud by showing Medicare and Medicaid recipients how to protect against, detect, and report fraud. Through this project, the AAA provides one-on-one beneficiary assistance, outreach and education, and the recruitment and training of volunteers.

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

Both the ICT and MHL initiative will improve the quality of life of older adults within our PSA by offering a mechanism for individuals that have high needs to easily maneuver through the healthcare and social services arena to obtain services that are necessary to keep them healthy.

The SMP Capacity Building Project empowers older adults who have Medicare and Medicaid to avoid financial exploitation by having the knowledge needed to protect their identity and avoid falling prey to scams.

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

The aforementioned initiatives all reinforce Region IV AAA's efforts for FY2017-2019 by applying person-centered thinking resulting in appropriate services being provided to meet individual needs and empowering older adults to take a more active role in aging successfully in the community in which they live.

			Budget Period:	eriod:	10/01/16	q	09/30/17	Rev. 4/2016
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SEDVICES SHAMADA								
SUMIMAI	. 11				ADMINISTRATION	NOIL		
SUPPORTIVE	NUTRITION			Revenues		Ш	Local In-Kind	Total
SERVICES	SERVICES	IOIAL	Federal Administration		114,178	7,176	10,989	132,343
311,209		311,209	State Administration		19,894			19,894
	369,208	369,208	MATF & St. CG Support Administration	Iministration	10,551			10,551
	209'2	7,607	Other Admin					
	196,613	196,613	Total AIP Admin:		144,623	7,176	10,989	162,788
	333,594	333,594						
20,877		20,877						
129,693		129,693	EX	Expenditures				
		·				FTEs		
5,178		5,178	1. Salaries/Wages	sWages		2.00	85,000	
22,707		22,707	2. Fringe Benefits	Senefits			29,866	
177,827		177,827	3. Office (	<ol><li>Office Operations</li></ol>			47,922	
89,388		88,388		Total:			162,788	
215,913		215,913						
53,413		53,413	Cash Match Detail			In-Kind Match Detail		
			Source		Amount	Source		Amount
612,804	28,658	641,462	Custom Care		7,176 B	Board Time/Travel		7,239
111,858	104,013	215,871				Advisory Time/Travel		3,750
63,873		63,873						
117,236		117,236						
9,264		9,264						
	100,000	100,000						
156,900	173,359	330,259						
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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.

Date GF0 Title Signature

04/15/16

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	FY 2017	<b>AREA PLAN</b>	GRANT BUI	FY 2017 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAII	III-C NUTRIT	<b>TION SERVIC</b>	ES DETAIL		
SERVICE CATEGORY	Title III C-1	Title III C-2	State	State HDM	NSIP	Program	Cash	In-Kind	TOTAL
			Congregate			Income	Match	Match	
Nutrition Services									
1. Congregate Meals	364,208		7,607		25,000	85,223	13,558	42.611	538.207
2. Home Delivered Meals		188,996		333,594	75,000	88,136	15,100	60.000	760,826
3. Nutrition Counseling								THE PARTY	
4. Nutrition Education									,
5. AAA RD/Nutritionist*	2,000	7,617						1,402	14,019
Nutrition Services Total	369,208	196,613	7,607	333,594	100,000	173,359	28,658	104,013	1,313,052
*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA.	st or individual with	ո comparable ce	rtification, as app	roved by OSA.					
	FY 2017	AREA DI AN	CPANT BIIL	CET TITI E	EV 2017 AREA PI AN GRANT BIIDGET. TITI E VIII TC OMBIIDSMAN DETAIL	CHAMANI DE	141		

	FY 2017 AI	<b>AREA PLAN</b>	REA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL	JGET-TITLE	VII LTC OMB	UDSMAN DE	TAIL		
SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program	Cash	In-Kind	TOTAL
						Income	Match	Match	
LTC Ombudsman Services						The second second			
1. LTC Ombudsman	4,000	ì		18,004	9,264	1	3,474		34.742
2. Elder Abuse Prevention	ı		5,178			1	575	,	5.753
3. Region Specific	-	-				3-15-16-1	1		
LTC Ombudsman Ser. Total	4,000	1	5,178	18,004	9,264		4,049		40,495

	FY 2017	AREA PLAN	I GRANT BUI	<b>JGET- RESF</b>	AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL	DETAIL			
SERVICES PROVIDED AS A	Title III-B	Title III-E	State Alt Care	State	State In-Home Merit Award	Merit Award	Program	Cash/In-Kind	TOTAL
FORM OF RESPITE CARE				Escheats		Trust Fund	Income	Match	
1. Chore		-							
2. Homemaking		-						-	ı
3. Home Care Assistance			•			,		•	
4. Home Health Aide				1			-		,
5. Meal Preparation/HDM					1		-		
6. Personal Care		-					-	1	
Respite Service Total	-		1	1	1	1	ı	,	

	FY 2017	<b>AREA PLAN</b>	AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL	JGET-TITLE	E- KINSHIP S	SERVICES DE	TAIL		
SERVICE CATEGORY	Title III-B	Title III-E				Program	Cash	In-Kind Match	TOTAL
Kinship Ser. Amounts Only									
1. Caregiver Sup. Services	-						-		-
2. Kinship Support Services	i	009'9						733	7.333
3. Caregiver E,S,T	-	1						1	1
4.		1					-		,
Kinship Services Total		009'9				г		733	7,333
45									

Planned Service					PSA:	4
	В	udgeted	Percent of the	Met	nod of Provis	sion
Service		Funds				
ACCESS SERVICES	<u> </u>	runas	Total	Purchased	Contract	Direct
Care Management	0	202 555	44.540/			
Case Coordination & Support	\$	392,555	11.51%			Х
Disaster Advocacy & Outreach Program	4	138,762	4.07%	Albania I for		X
		-	0.00%			
Information & Assistance		111,500	3.27%			X
Outreach		-	0.00%			
Transportation	\$	80,021	2.35%		X	
IN-HOME SERVICES						
		0.044	2 2224			
Chore		8,014	0.23%	X		
Home Care Assistance		-	0.00%			
Home Injury Control		1,000	0.03%	X		
Homemaking		266,817	7.82%	X		
Home Delivered Meals		760,826	22.30%	X	Х	
Home Health Aide		(=:	0.00%			
Medication Management	\$	7,778	0.23%	х		
Personal Care	\$	33,309	0.98%	х		
Personal Emergency Response System	\$	13,917	0.41%	Х		
Respite Care		130,362	3.82%	Х		Х
Friendly Reassurance		-	0.00%			^
,	*		0.0070			
COMMUNITY SERVICES						A STATE STATE
Adult Day Services	\$	646,187	18.94%	х	X	
Dementia Adult Day Care	\$	609	0.02%	X	^	
Congregate Meals		538,207	15.78%	^		
Nutrition Counseling		330,201	0.00%		X	
Nutrition Education		-	0.00%			
Disease Prevention/Health Promotion		30,497				
		30,497	0.89%			X
Health Screening Assistance to the Hearing Impaired & Deaf			0.00%			
			0.00%			
Home Repair		1,111	0.03%	X		
Legal Assistance	\$	78,720	2.31%		X	
Long Term Care Ombudsman/Advocacy		34,742	1.02%			X
Senior Center Operations		-	0.00%			
Senior Center Staffing	\$	-	0.00%			
Vision Services		-	0.00%			-11.8
Programs for Prevention of Elder Abuse,		5,753	0.17%			X
Counseling Services	\$	556	0.02%	Х		
Creating Confident Caregivers® (CCC)	\$	16,667	0.49%		Х	X
Caregiver Supplemental Services		3,333	0.10%	Х	Carl Series	
Kinship Support Services	\$	7,333	0.21%			X
Caregiver Education, Support, & Training	\$	11,111	0.33%	7.4	х	.,
AAA RD/Nutritionist	\$	14,019	0.41%	X	March 1	
PROGRAM DEVELOPMENT	\$	66,935	1.96%			X
REGION-SPECIFIC						
a.	\$	-	0.00%			
b.	\$	-	0.00%			
C.	\$	<u>-</u> -	0.00%			
d.	\$		0.00%			
е.	\$		0.00%			
CLP/ADRC SERVICES	\$		0.00%			
MATE & ST CG ADMINSTRATION	\$	10,551				
	Ψ	10,551	0.31%			
TOTAL PERCENT			100.00%	12.09%	64.91%	23.00%

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.