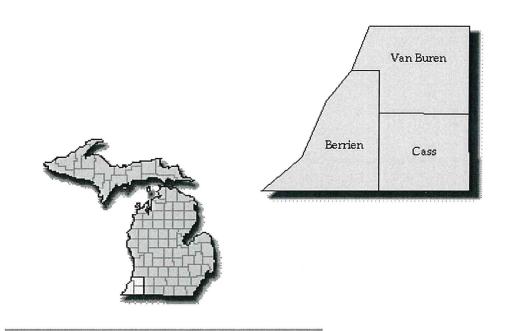
#### 2023-2025 Multi Year Plan

# FY 2024 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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### BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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#### **Executive Summary**

Include a summary that describes the AAA and the implementation plan including a brief description of the PSA (to include older adults in greatest economic need, minority, and/or non-English speaking), the AAA's mission, and primary focus for FY 2024.

#### Instructions

Please include in the Executive Summary a brief description of the following: The PSA and any significant changes to the current area plan.

- A.) Any significant new priorities, plans or objectives set by the AAA for the use of (OAA) and state funding during FY 2024. If there are no new activities or changes, note that in your response.
- B.) Any permanent changes to the AAA's operations based on the COVID-19 pandemic. In addition, please describe how the AAA is utilizing its American Rescue Plan Act (ARPA) funding.
- C.) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).
- D.) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2024.
- E.) A brief description of AAA's successes over the past year and any anticipated challenges for FY 2024.

Region IV Area Agency on Aging (RIV AAA) is a private not for profit organization formed in 1974 for the purpose of planning and developing a coordinated system of services to meet the needs of older adults, caregivers, and persons with disabilities. RIV AAA plays a major role in planning, funding, and coordinating delivery of a host of services with a primary focus on individuals with the greatest social and economic needs. Empowerment and independence of the consumer are driving themes behind its efforts.

RIV AAA is designated by the Bureau for Aging and Community Living and Supports (ACLS Bureau) 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.

RIV AAA is governed by an independent board of directors and guided by an advisory council whose membership is reflective of the region's population. The mission of RIV AAA is "Offering Choices for Independent Lives" to achieve its primary focus and vision that "through choice and range of service, every aging adult lives a quality life". This is achieved through advocacy, community education, coordinating services, coalition building, business development, and using available resources and funding for supportive services.

The RIV AAA Annual Implementation Plan (AIP) for the period of October 1, 2023 through September 2024 sets 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. The corporation

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manages an array of grants and contracts for service delivery in southwest Michigan. Its Planning and Services Area (PSA) includes Berrien, Cass, and Van Buren counties.

Updated US Census data from 2021 finds that approximately 77,069 residents of the tri-county area are over the age of 60, or 27.4% of the total population of 281,445. This represents a 10% increase over the past 5 years (69,939 in 2016) and 26% increase over the last 10 years (61,149 in 2011), and projections show that the number of adults over age 60 will continue to increase.

Berrien County has the largest population of adults over age 60 with 42,277 or 27.4%. Berrien County has a 12.7% 60+ minority population with 1.2% speaking English less than "very well". Among all persons in Berrien over age 60, 40.4% live alone, 3.3% live with grandchildren under the age of 18 for whom they are responsible, and another 1% are responsible for grandchildren with whom they do not reside. 13.8% are Veterans and 28.6% residing in home and community-based settings report living with a disability. 28.1% of Berrien County seniors are employed, 1% are unemployed, and 20.1% live below 150% of poverty.

While Berrien County has the largest total population of adults over age 60 in PSA 4, Cass County continues to have the largest percentage with 29.4% or 15,155. 9.4% of Cass County adults aged 60+ are minority with the smallest population of the three counties speaking English less than "very well" at 0.6%. Among all persons in Cass over age 60, 34% live alone, 4.3% live with grandchildren under the age of 18 for whom they are responsible, and another 2.3% are responsible for grandchildren with whom they do not reside. Veterans comprise 14.8% of Cass adults ages 60+ and 27.2% residing in home and community-based settings report living with a disability. In Cass County, 29.7% of adults over age 60 are employed, 0.7% are unemployed, and 13.7% live below 150% of poverty.

Within Van Buren County, 19,637 persons are over the age of 60 which is 26% of the total population. While the minority population of Van Buren 60+ adults is smaller at 8.7%, it has a slightly larger Hispanic or Latino origin population of 3% compared to Berrien's 1.8% and Cass's 0.9%. In Van Buren, 2.1% of residents ages 60+ speak English less than "very well". In Van Buren, 37.3% of adults ages 60+ live alone, 3.9% live with grandchildren over the age of 18 for whom they are responsible and an additional 0.9% report they are responsible for grandchildren with whom they do not reside. 12.6% are Veterans and 30% residing in home and community-based settings report living with a disability. Finally, 26% of Van Buren County seniors are employed, 1.3% are unemployed, and 18.2% live below 150% of poverty.

## A.) Any significant new priorities, plans or objectives set by the AAA for the use of (OAA) and state funding during FY 2024. If there are no new activities or changes, note that in your response.

The FY24 AIP includes new community service programs to be provided directly by the AAA including Nutrition Counseling, Nutrition Education, Counseling Services, and Caregiver Education, Support, & Training. To address gaps in access to health care services identified in its 2022 Community Needs Assessments and building on experiences gained through multiple health partnerships, RIV AAA utilized a combination of grant and ARPA funding to build the infrastructure and staffing necessary to support an Integrated Care at Home model of care inclusive of primary care, behavioral health counseling, nutrition counseling, and chronic care management that will be independently sustainable through Medicare, Medicaid, private insurances, and private pay billing. To ensure that in-home behavioral health and nutritional counseling services are available to all older adults and their caregivers regardless of their insurance or ability to afford private payment, RIV AAA will offer Integrated Care at Home along with other

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community options available. To address needs of caregivers identified in its 2022 Community Needs Assessment for education, support, and training, RIV AAA utilized ARPA funding to launch Trualta, a web-based caregiver education platform providing a personalized, skill-based learning experience to reduce caregiver burden, improve the quality of care provided, and extend aging in place. Through Trualta, informal and formal caregivers access on-demand support groups, educational videos, articles, tip-sheets, and professional-level trainings on topics such as aging and brain health, care planning, injury and fall prevention, personal care tasks, managing symptoms of dementia, medication management and more.

## B.) Any permanent changes to the AAA's operations based on the COVID-19 pandemic. In addition, please describe how the AAA is utilizing its American Rescue Plan Act (ARPA) funding.

RIV AAA is committed to continued learning from the unprecedented challenges imposed by the COVID-19 pandemic and to enhancing its operations to improve customer service and impact on the health, well-being, and quality of life of older adults, people with disabilities, their care partners, and those in service to them – its staff, providers, and community partners. Some examples of permanent changes to operations include evolution to a hybrid work environment, further strengthening of existing and extension to new structural linkages among and between community partners, development of rapid response home and community-based service delivery to assist individuals at risk of admission to and transitioning from acute and institutional settings, expansion of volunteer opportunities for adults of any age and income, and increasing access to disease prevention, health promotion, and caregiver education, training, and support through the use of online, virtual, hybrid, and in-person formats.

Recognizing the one-time nature of ARPA funding, RIV AAA is investing in infrastructure, tools, and technology to build capacity, efficiency, and efficacy in delivery of OAA and OMA funded services. An upgrade of its RingCentral telephone platform to include call center technology will allow for improved customer experience, data collection, coaching and support of Information and Assistance staff and will include an integrated consumer satisfaction survey system to ensure the voice of those served continues to be primary in continuous quality improvement and service delivery enhancements. ARPA funding helped to launch RIV AAA's Dementia Friendly Community movement through investment in The Remember Project which was the catalyst for the now locally sustained and community-embedded Arts & Aging Partnership, an initiative to harness the power of the arts to inform and engage community and impact public health. ARPA also provided the seed funding for Trualta, an online caregiver education platform that empowers users to access a collection of vetted, evidence-based information and training at their convenience, available 24/7. RIV AAA utilized a combination of grant and ARPA funding to build the infrastructure and staffing for behavioral health and nutrition counseling. Additional ARPA funds are supporting the expansion of Long-Term Care Ombudsman services and evidence-based classes in the region including Personal Action Toward Health (PATH), Matter of Balance (MoB) and Aging Mastery Program (AMP). RIV AAA also continues to explore the feasibility of expanding volunteer services to two high needs identified in the 2022 Community Needs Assessment: transportation and minor home repair and chore services. Finally, RIV AAA is utilizing ARPA funding to support congregate meals and sustain nutritional support to older adults added to the home-delivered meals program during the pandemic.

C.) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).

Funding to home and community-based services continues not to keep pace with increases to the

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population, increases to the complexity of their needs, and increases to the costs of service delivery including, but not limited to, inflationary costs of living and increased costs of goods, need for infrastructure development, and other factors driving administrative overhead. Current State Grant Award limitations make maintaining existing services at current levels challenging and expanding to meet growing needs impossible without pursuing alternative funding. RIV AAA, therefore, engages in efforts aligned with its mission and vision to increase and diversify funding through strategic partnerships, grants, and entrepreneurial activities to support programs and service that meet identified needs and provide meaningful impact and outcomes to older adults and their care partners.

In the event of reduced federal funding, RIV AAA's planned process for establishing service priorities and modifying service delivery is as follows:

- Continue emphasis on voluntary cost share/donation across all applicable services to contribute to maintenance of services delivery at current levels.
- Continue assessment and monitoring of service delivery prioritization to ensure those in greatest social and economic need are served.
- Reduce OAA funded services as needed and assure funds are allocated to the largest unmet needs in the service area.
- Reduce RIV AAA staff hours allocated to OAA funded programs provided directly by RIV AAA.
- Continue strategic efforts to expand and diversify funding sources to assist with sustaining services.

## D.) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2024.

RIV AAA engages in a robust and comprehensive advocacy strategy focused on the development of a comprehensive long-term care service system to allow older adults to live quality lives in the settings of their choice, the development of local, state, and federal policies that foster and facilitate older individuals' ability to be valued and engaged members of their community across the lifespan, and the identification of policies that impact the health inequities experienced by older minority individuals and incorporating policy recommendations to address those disparities in RIV AAA advocacy priorities.

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

#### **Current National Advocacy Priorities include:**

- Supporting aging well at home by investing in Older Americans Act programs and services
- Recognizing and supporting caregivers
- Prioritizing Medicaid Home and Community-Based Services options to reduce unnecessary institutionalizations
- Connecting health care and aging sectors to improve care and reduce costs

#### **Current State Advocacy Priorities include:**

- Supporting family and informal caregivers

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- Supporting and strengthening the direct care workforce
- Supporting and strengthening the Long-Term Care Ombudsman program
- Increasing access to Home and Community-Based Services
- Expanding access to MI Choice

Strategies to achieve those objectives include:

- Improving Access/Information about long-term care: Access to all options and services is enhanced through the implementation of I&A staff presence at the Campus for Creative Aging and co-location with Disability Network of Southwest Michigan and PACE of Southwest Michigan at RIV AAA's main office.
- Use of Technology: Expanded use of technology tools including RIV AAA website and social media channels to inform consumers about public policy issues will inform and empower older adults to self-advocate.
- Public Awareness: RIV AAA works with varied public and private entities to increase awareness of issues facing older adults. 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 county-level Human Services Collaborative Councils and regional Strategic Leadership Council. RIV AAA is also represented on the Advisory Council of each of the public transportation systems within its PSA.
- Policy Analysis: Key legislation at both the national and state level is analyzed for scope and seriousness of impact. The ongoing analysis of needs and barriers to independence translates into an evolving and fluid course for advocacy analysis and public policy.
- Grassroots Advocacy (consumer engagement): RIV 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, Senior Action Week/Older Michiganians Day, and AARP. Further, RIV AAA takes a leadership role in the Silver Key Coalition and the annual development of Older Michiganians Day, a statewide consumer advocacy event. RIV 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 RIV AAA's annual Senior Expo where older adults and caregivers can obtain public policy information and dialog with their elected officials, veteran's affairs, and social security staff.
- Informing Legislators: RIV 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, RIV AAA staff provides direct testimony before elected officials, legislative committees, and others on issues of concern to older adults.

In April 2023, US Senator Bob Cassey, Senate Special Committee on Aging Chair asked RIV AAA CEO Christine Vanlandingham to provide testimony to the United States Senate Special Committee on Aging. In her testimony for the hearing, "Beyond the 9 to 5: Dismantling Barriers and Building Economic Resilience for Older Workers", Vanlandingham addressed barriers to job entry or re-entry faced by older job seekers, the services RIV AAA provides to help overcome those barriers, RIV AAA's campaign and movement to tackle ageism, and the ways legislators can better support older job seekers. Her testimony informed and will shape the development of national strategies to reduce barriers for older job seeks, strengthen current services, and fund replication of local best practices.

Other efforts RIV AAA is engaged in and will continue throughout FY24 include:

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- Participation in the Aging Health Equity Planning project to identify and address the root causes of disparate health outcomes among minority older adults living in Van Buren County. Developing an actionable strategic plan to build community capacity and connectedness to impact systems-level policy change thereby improving the health of minority older adults.
- Implementation of a Provider Employee Needs Fund to assist direct care workers who are experiencing hardship and preventing them from being able to meet the requirements of their position.
- Partnership with Michigan Rehabilitation Services (MRS) and Disability Network Southwest to create an education and career pipeline for MRS clients who are not yet ready for the Certified Nursing Assistant training. MRS clients will participate in a 6-week training program to build job-readiness soft skills and the technical training needed to be successful as a direct care worker/home health aide. Job placement assistance will be provided by engagement of RIV AAA vendor network.
- Representation of AAA staff on the Berrien County TRIAD which focuses on the safety and wellbeing of seniors.
- Allocating a large portion of allowable funding to senior centers for transportation to medical appointments and participation in congregate meals.
- Representation of AAA staff on all three county public transportation committees.
- Representation of AAA staff on Michigan's Great Southwest Strategic Leadership Council.
- Recruiting members to represent all three counties on the Michigan Senior Advocates Council.

## E.) A brief description of AAA's successes over the past year and any anticipated challenges for FY 2024.

Over the last year, RIV AAA has achieved several notable successes that significantly contributed to the advancement of its mission. The following accomplishments reflect not only the dedication and commitment of our staff, volunteers, providers, and partners but also the resilience and strength of the community served:

- Achieved the gold-standard of a three-year NCQA Accreditation for Case Management for Long-Term Services & Supports. This accolade recognizes RIV AAA's excellence in customer service, operations efficiency, and continuous quality improvement.
- Honored with two distinguished national awards from USAging, the National Association for Area Agencies on Aging:
- 1. The Aging Achievement Award recognized RIV AAA's Rapid Response Home and Community-Based Service program launched at the beginning of the pandemic. The program successfully prevented hospitalizations and reduced the length of hospital stays for COVID-19 positive older adults and caregivers.
- 2. The Aging Innovation Award recognized RIV AAA's Bridging the Gap program that addresses the unmet needs of direct care workers by funding emergent necessities, mentorship, and job training to help workers maintain their employment.
- Launch and expansion of southwest Michigan's Dementia Friendly Community movement including the award of Berrien Community Foundation's *For Good Grant*, the formation of the Arts & Aging Partnership, and partnerships with the National Council on Dementia Minds and Western Michigan Area Agency on Aging to bring Dementia Minds and Dementia Friends to southwest Michigan.
- Awarded grants from the Berrien Community Foundation, Michigan Health Endowment Fund, and United Way of Southwest Michigan to develop and launch Integrated Care at Home and the EHR platform to support in-home coordinated medical and social care services including primary care, chronic care

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management, behavioral health counseling, and nutrition counseling.

- Awarded Expanding the Public Health Workforce grant by the Bureau of Aging, Community Living, and Supports to provide Care Transitions Coordination and Support and evolve RIV AAA's model of care to include certified Community Health Workers. Program development work is underway to expand rapid response and seamless delivery of home and community-based services, care transitions, and care management from Medicaid to private pay.
- Successfully returned to in-person service delivery across all lines of service while maintaining safety and person-centered flexibilities for consumers and staff.
- Hosted RIV AAA's in-person Annual Legislative Forum in advance of Older Michiganians Day with a panel of 5 state and federal representatives and 158 constituents.
- In partnership with The Herald Palladium, RIV returned to hosting over 800 older adult and caregiver attendees at the Annual Senior Expo which included 40 vendors and critical community resources including, but not limited to, TRIAD, the Social Security Administration, MMAP, the Corewell sponsored Health Pavilion, and drug disposal by the Berrien County Sheriff.
- Hosted renaming ceremony for The Lynn and Freeborn Kellogg Campus for Creative Aging that serves as a catalyst for individuals, families, organizations, and businesses to join in a movement to eliminate ageism and embrace aging as a time of creativity, purpose, growth, and learning.
- Welcomed a return to hosting bi-monthly in-person Partner & Provider Meetings for southwest Michigan's aging network including 78 providers and over 50 community partners.

It's vital to acknowledge that future successes do not come without challenges and the opportunities they present. Opportunities anticipated by RIV AAA in FY24 include:

- Increased Demand for Support and Services: The number of adults over the age of 60 continues to grow and along with it, the number of family members, friends, and neighbors needing to step into the role of informal caregivers.
- Increased Complexity of Need: Older adults and their care partners present increasing complexities in their needs due to the growing prevalence of mental health and chronic health conditions such as depression, heart disease, diabetes, respiratory conditions, and dementia.
- Budgetary Constraints: In the face of increasing demand, funding allocations to home and community-based services as well as capitated payment rates for the MI Choice Waiver have not kept pace with the rising costs of service delivery due to economic inflation. This imbalance poses a significant challenge to maintain or expand services while investing in infrastructure.
- Diversity, Equity, & Inclusion: Committed to the core principles of diversity, equity, and inclusion in its workplace, service delivery, community development, contracting processes, and provider network development activities, RIV AAA recognizes the ongoing need for continuous growth, development, and strategic planning and action in this space.
- Recruitment and Retention: Shortages in the direct care, social work, and nursing workforce and high volunteer turnover make recruiting and retaining qualified and diverse staff and volunteers challenging for RIV AAA and its partners and providers.

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#### **County/Local Unit of Government Review**

#### **COUNTY/LOCAL UNIT OF GOVERNMENT REVIEW**

The Area Agency on Aging (AAA) must send a request to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 30, 2023. For a Planning and Service Area (PSA) comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government. If the AAA does not receive a response from the county and/or local unit of government by July 20, 2023, the AIP is deemed passively approved. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 21, 2023, whether their counties and/or local units of government formally approved, passively approved, or disapproved the AIP.

The AAA may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the AIP. To employ this option, the AAA must do the following:

- A.) Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website. Instructions for how to view and print the document must be included.
- B.) Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- C.) Be available to discuss the AIP with local government officials, if requested.
- D.) Request email notification from the local unit of government of their approval of the AIP or their related concerns.

#### Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

#### TRIBAL NOTIFICATION

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA).

AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still expected to send their AIP. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation,

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no later than June 30, 2023. The AAA will notify their ACLS Field Representative by July 21, 2023, of any comments or feedback received from their Tribe(s). If no comments or feedback received, please indicate that in your response.

The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:

- A.) Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA's website. Instructions for how to view and print the document must be included.
- B.) Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- C.) Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.
- D.) Request email notification from the Tribe of their comments and feedback of the AIP or their related concerns.

#### **Instructions**

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA. If no collaborative efforts planned, note that in your response.

Region IV Area Agency on Aging (RIV AAA) will send a letter along with a printed copy of the final draft Annual Implementation Plan on or before June 30, 2023 to the chief elected official and administrator of Berrien, Cass and Van Buren County Commissions and the Pokagon Band of Potawatomi Tribal Council. The letter will be sent with delivery and signature confirmation receipt required. The letter will inform County Commissions and the Tribal Council that RIV AAA staff are available to answer questions or address concerns related to the Annual Implementation Plan if requested and welcome their comments and feedback of the Annual Implementation Plan. The letter will request approval of the Annual Implementation Plan by July 20, 2023 and informs the Commissions that if no response is received, RIV AAA will assume passive approval.

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#### **Public Hearings**

At least one public hearing on the FY 2024 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; as well as news sources geared toward communities of color, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

#### **Instructions**

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

In addition, the AAA should also upload into AMPS a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

Date	Location	Time	Barrier Free?	No. of Attendees
06/22/2023	Region IV AAA Campus for Cr	09:00 AM	Yes	2

In preparation for hosting a public hearing as an opportunity to provide input on the Annual Implementation Plan and the planning process and to encourage attendance, RIV AAA selected a Thursday morning, a day of the week and time of day the majority of partners and providers surveyed indicate is preferred. The public hearing was held in an accessible venue at RIV AAA's Campus for Creative Aging.

Notice for the public hearing along with instructions for accessing a draft summary of via RIV AAA's website and submitting oral, email, and written testimony were sent to small and large-scale local news outlets across all three counties and posted on the RIV AAA website on May 22, 2023. RIV AAA's draft

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summary of its AIP was made available both on its website and to the general public by request on May 26, 2023. Between May 22, 2022 and June 22, 2022, invitations to the public hearing were widely distributed across RIV AAA social media, emailed to community partner and provider distribution lists, inclusive of PSA community focal points and organizations in the community known and trusted for serving minority and underrepresented communities including low income communities, communities of color, tribal, LGBTQ+, and immigrant communities, and Health and Human Services Coordinating Councils distribution lists. RIV AAA staff and members of the Board of Directors and Advisory Council were asked to widely distribute to their mailing lists, and Advisory Council members with connections within minority populations were asked to assist in ensuring a diverse mix of older adults and caregivers were encouraged to attend. RIV AAA continued to accept all forms of testimony through June 25, 2023; no email or written testimony was received. All oral testimony and public input were incorporated directly into the AIP.

Public Hearing held at Region IV Area Agency on Aging Campus for Creative Aging - June 22, 2023
In addition to RIV AAA staff, two members of the public were in attendance. Following a presentation of the draft AIP, an intimate discussion was held focusing primarily on the unique needs of rural geographies throughout the PSA and the impact of distance, lack of accessibility of community and healthcare resources, limited financial resources, transportation infrastructure limitations, and broadband access limitations on same. Representatives of both Berrien County Cancer Services and Cass County Council on Aging expressed their interest and commitment to attending partner and provider meetings and exploring opportunities for coalition building and collective impact to improve service delivery and access in rural PSA communities.

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#### **Access Services**

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded transportation. If the AAA is planning to provide any of the above noted access services directly during FY 2024, complete this section.

#### Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2024, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

#### Care Management

Starting Date

10/01/2023

**Ending Date** 

09/30/2024

Total of Federal Dollars

\$0.00

**Total of State Dollars** 

\$107,957.00

Geographic area to be served

Berrien, Cass, Van Buren

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

**Goal:** Provide comprehensive, person-centered Care Transition Coordination and Support to older adults that promotes independence and quality of life and empowers them to make informed decisions and access community resources needed to support their long-term care choices.

#### **Activities:**

- Continue to implement a holistic, person-centered model of transitional care coordination that allows Supports Coordinators the flexibility to provide care, support, and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide comprehensive telephonic and in-person professional assessment, consultation, care planning, accessible housing support, assistance with ensuring appropriate follow-up with primary care, and service arrangement and monitoring.
- Provide immediate and short-term home and community-based services and supports to meet needs as identified during the person-centered planning process.
- Provide health coaching and motivational interviewing to engage and empower participants and their caregivers towards action that improves management of chronic conditions, self-care, and overall quality of

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- Provide conflict-free information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Perform peer reviews of at least 10% of active caseload annually.

Number of client pre-screenings:	Current Year:	680	Planned Next Year:	720
Number of initial client assessments:	Current Year:	127	Planned Next Year:	144
Number of initial client care plans:	Current Year:	127	Planned Next Year:	144
Total number of clients (carry over plus new):	Current Year:	201	Planned Next Year:	230
Staff to client ratio (Active and maintenance per Full time care	Current Year:	30	Planned Next Year:	35

#### **Case Coordination and Support**

Starting Date	10/01/2023	Ending Date	09/30/2024
Total of Federal Dollars	\$100,900.00	Total of State Dollars	\$39,963.00

Geographic area to be served Berrien, Cass, Van Buren

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

**Goal:** Provide comprehensive, person-centered Case Coordination & Support to older adults that promotes independence and quality of life and enables them to continue living safely in their home.

#### **Activities:**

- Continue to implement a holistic, person-centered model of care coordination that allows Supports Coordinators the flexibility to provide care, support, and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide comprehensive telephonic and in-person professional assessment, consultation, care planning, and service arrangement and monitoring.
- Provide ongoing home and community-based services and supports to meet needs as identified during the person-centered planning process.
- Provide health coaching and motivational interviewing to engage and empower participants and their caregivers towards action that improves management of chronic conditions, self-care, and overall quality of life.
- Provide conflict-free information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Assure high quality service is being provided through annual participant surveys.

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- Implement continuous quality improvement efforts to meet or exceed ALCS Bureau Quality Outcome Measures.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Perform peer reviews of at least 10% of active caseload annually.

#### **Care Transition Coordination and Support**

Starting Date 10/01/2023 Ending Date 09/30/2024

Total of Federal Dollars \$100.00 Total of State Dollars \$100.00

Geographic area to be served

Berrien, Cass, Van Buren

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

**Goal:** Provide comprehensive, person-centered Care Transition Coordination and Support to older adults that promotes independence and quality of life and empowers them to make informed decisions and access community resources needed to support their long-term care choices.

#### Activities:

- Continue to implement a holistic, person-centered model of transitional care coordination that allows Supports Coordinators the flexibility to provide care, support, and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide comprehensive telephonic and in-person professional assessment, consultation, care planning, accessible housing support, assistance with ensuring appropriate follow-up with primary care, and service arrangement and monitoring.
- Provide immediate and short-term home and community-based services and supports to meet needs as identified during the person-centered planning process.
- Provide health coaching and motivational interviewing to engage and empower participants and their caregivers towards action that improves management of chronic conditions, self-care, and overall quality of life.
- Provide conflict-free information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Perform peer reviews of at least 10% of active caseload annually.

Care Transition Coordination and Support is also grant funded for FY 2024 by the Administration for Community Living Public Health Workforce Grant.

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Number of client pre-screenings:	Current Year:	680	Planned Next Year:	720
Number of initial client assessments:	Current Year:	50	Planned Next Year:	50
Number of initial client care plans:	Current Year:	50	Planned Next Year:	50
Total number of clients (carry over plus new):	Current Year:	50	Planned Next Year:	50
Staff to client ratio (Active and maintenance per Full time care	Current Year:	30	Planned Next Year:	35

#### Information and Assistance

<u>Starting Date</u> 10/01/2023 <u>Ending Date</u> 09/30/2024 Total of Federal Dollars \$73,000.00 Total of State Dollars \$17,552.00

Geographic area to be served Berrien, Cass, Van Buren

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

**Goal:** Provide comprehensive, person-centered Information and Assistance that promotes independence and quality of life and empowers older adults and caregivers to make informed decisions and access community resources needed to support their long-term care choices.

#### **Activities:**

- Facilitate person-centered, conflict-free access to information and home and community-based services for individuals (professional and community) by answering all requests timely and completely.
- Conduct screening, assessment, and intake for appropriate program referrals.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants, and to improve skills in completion of job tasks.
- Maintain MMAP counselor certification for all I&A staff. New staff will become MMAP certified within one year of hire.
- Continue staff development and training to expand the number of AIRS certified staff.
- Maintain a resource database to ensure individuals are provided with an array of current and accurate information to meet the needs of the aging, disability, and caregiver population in the service area.
- Assure high quality service is being provided by annually surveying participant satisfaction levels.
- Continue to extrapolate and analyze data from the I&A data system for outcome-driven quality improvement.
- Develop and implement a peer review documentation process.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Provide education and outreach at senior centers, health fairs, housing complexes, and other professional agencies and events.

#### Outreach

<u>Starting Date</u> 10/01/2023 <u>Ending Date</u> 09/30/2024

Total of Federal Dollars \$10,000.00 Total of State Dollars \$0.00

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Geographic area to be served

Berrien, Cass, Van Buren

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

**Goal:** Provide inclusive, culturally and linguistically appropriate outreach and communication that engages older adults, caregivers, community groups, and human services agencies and builds awareness of and access to aging resources and information.

#### **Activities:**

- Facilitate conflict-free outreach and communication about aging information and resources.
- Create materials and communication in a variety of formats including, but not limited to, print, digital, social media, presentations, events, and other efforts to reach broad and diverse audiences.
- Build relationships with a wide range of community-based partners including, but not limited to, health providers, community focal points, and organizations and leaders within the community known and trusted for serving members of minority and underserved populations.
- Provide Outreach staff with in-services and training opportunities specifically designed to increase knowledge and understanding of aging services, providers, and population served, and to improve skills in completion of job tasks.
- Utilize analysis of local population health data and aging service and program delivery data for outcome-driven quality improvement and development of a data-informed targeting strategy aimed toward communities and geographies with higher percentages of older adults with low-incomes, multiple chronic health conditions, and/or experiencing poor health outcomes.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Provide education and outreach at senior centers, health fairs, faith groups, housing complexes, and other professional agencies and events.

#### **Options Counseling**

<u>Starting Date</u> 10/01/2023 <u>Ending Date</u> 09/30/2024

Total of Federal Dollars \$0.00 Total of State Dollars \$107,956.00

Geographic area to be served

Berrien, Cass, Van Buren

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

**Goal:** Provide comprehensive, person-centered Options Counseling to older adults that promotes independence and quality of life and empowers them to make informed decisions and access community resources needed to support their long-term care choices.

#### **Activities:**

- Continue to implement a holistic, person-centered model of care coordination that allows Supports Coordinators the flexibility to provide care, support, and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide comprehensive telephonic and in-person professional assessment, consultation, care planning, and service monitoring.

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- Provide immediate and short-term home and community-based services and supports to meet needs as identified during the person-centered planning process.
- Provide health coaching and motivational interviewing to engage and empower participants and their caregivers towards action that improves management of chronic conditions, self-care, and overall quality of life.
- Provide conflict-free information and assistance in accessing community resources.
- Engage participants in person-centered emergency preparedness planning.
- Provide seamless transition of participants among programs as changes in eligibility allow.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Perform peer reviews of at least 10% of active caseload annually.

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#### **Direct Service Request**

This section applies only if the AAA is submitting a <u>new request</u> to provide an in-home, community, or nutrition service <u>directly</u> that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting." Remember direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau:

- A.) Provision is necessary to ensure an adequate supply.
- B.) The service is directly related to the AAA's administrative functions.
- C.) A service can be provided by the AAA more economically than any available contractor, and with comparable quality.

#### **Instructions**

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any <u>new</u> Direct Service Request for FY 2024. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2024 are to be included under the Direct Service Budget tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified on the Support Services Detail page.

Please skip this section if the AAA is not submitting a <u>new request</u> to provide an in-home, community, or nutrition service directly during FY 2024.

#### **Counseling Services**

Total of Federal Dollars \$5,000.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren

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

**Goal:** Provide person-centered, culturally and linguistically appropriate counseling services to older adults and caregivers that promotes and supports healthy mental and behavioral health and functioning.

#### Activities:

- Implement a person-centered model of counseling that allows Licensed Master Social Worker the flexibility to provide education, support, and services based on the unique needs and preferences of

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participants and their chosen or legal representative(s).

- Provide comprehensive telephonic and in-person professional assessment, consultation, care planning, and monitoring as needed with review of all open cases at least quarterly.
- Provide health coaching and motivational interviewing to engage and empower participants and their caregivers towards action that improves mental and behavioral health.
- Provide individual, family, and/or group counseling sessions as appropriate to resolve needs identified in the person-centered planning process.
- Build relationships with local healthcare providers for referrals.
- Provide conflict-free information and assistance in accessing community resources.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.
- Assure case supervision is available on a weekly basis to staff counselor.

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.
- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (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 direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

In response to the 2023-2025 MYP Community Needs Assessment findings identifying access to in-home healthcare services including counseling service as a major gap and high priority need in its PSA, RIV AAA utilized a combination of grant and ARPA funding to build the infrastructure and staffing necessary to support an Integrated Care at Home model of care inclusive of primary care, behavioral health counseling, nutrition counseling, and chronic care management that will be independently sustainable through Medicare, Medicaid, private insurances, and private pay billing. As RIV AAA is already providing counseling service in this model, it is able to capitalize on existing staffing and administrative resources and infrastructure to provide the service more economically and with excellent quality. In order to make Integrated Care at Home counseling services available to older adults and caregivers without eligible

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insurance or unable to afford to privately pay, RIV AAA requests an exception to provide this service directly with OAA and OMA funds. In addition, RIV AAA will continue to contract with locally available Direct Service Purchase Providers and offer conflict-free options counseling to ensure that older adults and caregivers have options in choice of provider.

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

Attendees at the June 22, 2023 public hearing expressed appreciation that RIV AAA is expanding much needed access to counseling services in rural communities and in particular providing this service directly in the home for older adults and caregivers who experience a myriad of limitations in accessing on site health services.

#### Caregiver Education, Support and Training

Total of Federal Dollars

\$8,000.00

Total of State Dollars

\$0.00

Geographic Area Served

Berrien, Cass, Van Buren

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

**Goal:** Provide evidence-based classes that empower caregivers with key skills, knowledge, and confidence needed to care for individuals with dementia.

#### **Activities:**

- Provide Savvy Caregiver using the evidence-based model of meeting two hours, once per week for six weeks.
- Maintain Master Trainer certification for at least one RIV AAA staff person.
- Monitor program trainers for consistency and fidelity to the evidence-based model.
- Ensure participation evaluation is completed upon program completion.
- Continue to build relationships with local healthcare facilities for referrals in addition to increasing the marketing of programs through social media and statewide collaboration.

**Goal:** Provide Trualta, a web-based caregiver education platform providing a personalized, skill-based learning experience to reduce caregiver burden, improve the quality of care provided, and extend aging in place. Through Trualta, informal and formal caregivers access on-demand support groups, educational videos, articles, tip-sheets, and professional-level trainings on topics such as aging and brain health, care planning, injury and fall prevention, personal care tasks, managing symptoms of dementia, medication management and more.

#### **Activities:**

- Host Trualta on the Region IV Area Agency on Aging website.
- Promote awareness, access, and use of Trualta throughout the community.
- Collaborate with direct care worker providers to utilize Trualta as a cost-effective training and education platform for formal caregivers to improve quality of care, health, safety and well-being of both participants served and direct care workers.

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.
- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (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 direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Formerly referred to as *Creating Confident Caregivers*, *Savvy Caregiver* was implemented and coordinated as a function of RIV AAA when encouraged and funded by ACLS Bureau through a grant to support the AAA's and build capacity to shift to evidence-based models of program delivery for dementia-specific caregiver education. The current structure maximizes resources and administrative efficiencies as RIV AAA provides marketing staff to promote the classes and respite for the caregivers to attend. In 2022, *Savvy Caregiver* discontinued permission to the ACLS Bureau to utilize its copyrighted material under the moniker *Creating Confident Caregivers*. In order to continue to provide this program throughout the PSA, RIV AAA purchased licenses from *Savvy Caregiver* and requests an exception to provide this service directly with OAA and OMA funds in Berrien and Van Buren. An annual contract provider will continue to provide the service in Cass. RIV AAA will also continue to seek a community-based service provider willing and able to take over service provision in Berrien and Van Buren. RIV AAA is incorporating local administration of Trualta into existing administrative activities and will utilize OAA/OMA funding to provide community accesss to Trualta, a national web-based caregiver education and training platform.

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

Attendees at the June 22, 2023 public hearing expressed appreciation that RIV AAA is providing Trualta and expressed desire in partnering in communication and outreach to expand community use.

#### **Nutrition Counselling**

Total of Federal Dollars \$5,000.00

Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren

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

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**Goal:** Provide person-centered, culturally and linguistically appropriate consultation and nutrition health coaching to older adults and caregivers that promotes and supports healthy dietary change leading to optimal chronic disease management and improved health outcomes.

#### **Activities:**

- Implement a person-centered model of nutrition counseling that allows the Registered Dietitian the flexibility to provide education, support, and services based on the unique needs and preferences of participants and their chosen or legal representative(s).
- Provide comprehensive telephonic and in-person professional assessment, consultation, nutritional care planning, and monitoring as needed.
- Provide health coaching and motivational interviewing to engage and empower participants and their caregivers towards action that improves nutritional health.
- Build relationships with local healthcare providers for referrals.
- Provide conflict-free information and assistance in accessing community resources.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.
- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (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 direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

In response to the 2023-2025 MYP Community Needs Assessment findings identifying access to in-home healthcare services including nutrition counseling as a major gap and high priority need in its PSA, RIV AAA utilized a combination of grant and ARPA funding to build the infrastructure and staffing necessary to support an Integrated Care at Home model of care inclusive of primary care, behavioral health counseling, nutrition counseling, and chronic care management that will be independently sustainable through

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Medicare, Medicaid, private insurances, and private pay billing. As RIV AAA is already providing nutrition counseling service in this model, it is able to capitalize on existing staffing and administrative resources and infrastructure to provide the service more economically and with excellent quality. In order to make Integrated Care at Home nutritional counseling services available to older adults and caregivers without eligible insurance or unable to afford to privately pay, RIV AAA requests an exception to provide this service directly with OAA and OMA funds. In addition, RIV AAA will continue to contract with locally available Direct Service Purchase Providers and offer conflict-free options counseling to ensure that older adults and caregivers have options in choice of provider.

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

Attendees at the June 22, 2023 public hearing expressed appreciation that RIV AAA is expanding much needed access to nutrition counseling services in rural communities and in particular providing this service directly in the home for older adults and caregivers who experience a myriad of limitations in accessing on site health services.

#### **Nutrition Education**

<u>Total of Federal Dollars</u> \$5,000.00 <u>Total of State Dollars</u> \$0.00

Geographic Area Served Berrien, Cass, Van Buren

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

**Goal:** Provide culturally and linguistically appropriate nutrition education programming to older adults and caregivers that promotes and supports healthy dietary change leading to optimal chronic disease management and improved health outcomes.

#### **Activities:**

- Provide nutrition education sessions led by a Registered Dietitian that address healthy diet planning and meal preparation.
- Establish linkages with local sources of information that meet the standards for accuracy and reliability as set by the American Dietetic Association.
- Build relationships with local healthcare providers for referrals.
- Offer nutrition education sessions in a variety of community settings including community focal points and organizations within the community known and trusted for serving members of minority and underserved populations.
- Provide conflict-free information and assistance in accessing community resources.
- Assure high quality service is being provided through participant exit surveys.
- Provide staff in-services and training opportunities specifically designed to increase knowledge and understanding of the program and participants and improve skills in completion of job tasks.
- Engage in interdepartmental training, collaboration, and horizontal process improvement to explore and implement efficiencies that maximize staff expertise to provide seamless transition and support for consumers served.

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.
- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (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 direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

In response to the 2023-2025 MYP Community Needs Assessment findings identifying access to in-home healthcare services including nutrition counseling as a major gap and high priority need in its PSA, RIV AAA utilized a combination of grant and ARPA funding to build the infrastructure and staffing necessary to support an Integrated Care at Home model of care inclusive of primary care, behavioral health counseling, nutrition counseling, and chronic care management that will be independently sustainable through Medicare, Medicaid, private insurances, and private pay billing. As RIV AAA is already has a full-time dietitian on staff providing nutrition counseling in this model, it is able to capitalize on existing staffing and administrative resources and infrastructure to provide nutrition education sessions more economically and with excellent quality.

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

No comments were provided at the public hearing related to this request.

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#### **Approved MYP Program Development Objectives**

Program development goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the AAA to provide information on progress toward the objectives to date. This text box is editable.

#### Instructions

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity, and Inclusion (DEI), the ACLS Bureau Operating Standards for AAAs have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly.

Please refer to Operating Standards for AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP 2023-2025 Cycle.

Within the progress tab, ensure to address, at a minimum, the below DEI Program Development Objectives that correlate to the MYP DEI Goal:

Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

Objective 1- Increase services provided to Black, Indigenous (tribal) and People of Color (BIPOC) and LGBTQ+ seniors served in your region. Please include how the AAA is measuring this progress including how you will ensure that programming and outreach is culturally sensitive and welcoming to all.

Objective 2- Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. *Please include a brief description of how the AAA tracks to ensure the number of individuals trained has increased.* 

Objective 3- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure that linguistic translation services are meeting the needs of the older adults within their PSA?

See Document Library for training PPT and recording of ACLS DEI training completed for the 2023-2025 MYP Cycle.

#### Area Agency on Aging Goal

A. Improve the accessibility of services to Michigan's communities and people of color, immigrants, and LGBTQ+ individuals.

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Region IV Area Agency on Aging, Inc.

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#### **Objectives**

1. Increase services provided to black, indigenous and people of color and the LGBTQ+ communities. Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

Operations, Quality & Compliance, and IT staff are collaborating to build a dashboard and reports to pull demographic data for participants served across all AAA service lines and annual contract providers to track and analyze progress in increasing service provided to members of BIPOC and the LGTBQ+ communities.

- Operations, Quality & Compliance, Communications & Outreach staff are executing a DEI data-informed approach to design, outreach, delivery, and continuous quality improvement based on local population health data that will be further informed by participant-level data.
- Work group comprised of staff in access services, quality and compliance, and communications and outreach are conducting stakeholder focus groups to identify and develop a strategic action plan to resolve barriers to access for members of BIPOC and the LGTBQ+ communities.
- Staff across all RIV AAA service lines are building partnerships and structural linkages to organizations and leaders within the community known and trusted for serving members of minority, underrepresented, and underserved populations.
- Information and Assistance staff will be provided in-person, on-site service delivery in community organizations known and trusted for serving members of minority, underrepresented, and underserved populations.
- 2. Increase the number of area agency staff, providers, and caregivers trained in implicit bias, cultural competences, and root causes of racism.

Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

Quality & Compliance and Human Resources staff track AAA staff, providers, caregiver, and volunteer participation in training and activities focused on implicit bias, cultural competencies, cultural humility, and root causes of racism to ensure the number of individuals trained has increased.

- Developing and executing a strategic diversity, equity, and inclusion orientation and training plan inclusive of RIV AAA staff, volunteers, and provider network.
- Expanding access to diversity, equity, and inclusion resources, education, and training available on topics such as implicit bias, cultural competence balanced with cultural humility, and root causes of racism.
- Staff-led Diversity, Equity, and Inclusion Committee comprised of staff from all service lines discusses and coordinates DEI efforts and leads systems change from a cross-agency perspective. The committee meets quarterly and spearheads project-specific activities in identified areas of advancement.
- 3. Increase availability of linguistic translation services and communications based on the cultural needs in Berrien, Cass, and Van Buren counties.

Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

The top three requested linguistic translation services for RIV AAA's PSA in the last year were: Spanish (twice requested), Closed Caption or American Sign Language (once requested), and German (once requested)

- Provide linguistic translation services to individual consumers for oral and written communication according to their person-centered needs using Language Line Solutions and contracts with DEAFLink for interpretation

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services to ensure the delivery of services meets the linguistic needs of participants.

- Ensure frictionless staff and consumer access and use of linguistic translation services.
- Partnering with Corewell Health South's Inclusive Communications team to produce a culturally and linguistically appropriate video introducing Spanish speaking community members to RIV AAA, its mission and vision, programs and services, and how to access them.
- Operations, Communications & Outreach, and IT staff partnering to create a more linguistically inclusive welcome mat and front door for non-English speakers through enhancements to its website and phone service.
- Expanding number of print outreach and education materials available in Spanish.
- Strengthening and leaning into partnerships with community leaders and organizations known and trusted for serving members of minority and underserved populations by requesting their input in the development of outreach and education materials across all mediums to ensure culturally and linguistically appropriate service delivery.
- B. Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of and access to quality services where and when they need them.

#### **Objectives**

 Promote awareness of and access to programs and services available for older adults and caregivers through RIV AAA and its network of providers and partners that expand their ability to make informed decisions and support quality of life and independence.

Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

- Building structural linkages to organizations and leaders within the community known and trusted for serving members of minority, underrepresented, and underserved populations.
- Continuing to expand, develop, and maintain strong working relationships with professional referral sources across the health and human services continuum of care.
- Executing and continuously improving a strategic communications and outreach plan informed by the evolving needs of older adults and caregivers and analysis of local population health and participant data.
- C. Promote social interaction and connectedness, including expanding access to technology and transportation.

#### Objectives

1. Expand access to and opportunities for virtual and in-person social and community engagement of older adults, people with disabilities, and caregivers.

Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

- Exploring opportunities to build partnerships and contribute to collective impact strategies to improve and develop transportation solutions. Partnering with Corewell Health South Population Health, Riverwood Center, United Way of Southwest Michigan, and YMCA of Greater Michiana in the Healthy Berrien Consortium's Social Cohesion Workgroup to create alignment between efforts of member organizations to build social cohesion in

#### BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS FY2023-2025 Multi Year Plan

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the broader community and to initiate new joint efforts to grow social cohesion.

- Promoting opportunity to become a friendly caller volunteer among older adults and people with disabilities reporting social isolation or loneliness.
- Exploring user-friendly virtual platforms to promote social interaction and connectedness between older adults, people with disabilities, and caregivers.
- Promoting awareness of and expanding opportunities for creativity, learning, growth and purpose through the Campus for Creative Aging.
- Supporting advocacy efforts to expand broadband access.
- Participating in local and regional efforts to improve transportation access.
- Providing local Dementia Minds group and engaging in outreach and communication strategies to expand participation throughout Berrien, Cass, and Van Buren counties.
- Established monthly in-person Kinship Care Speaker Series and Support Group that provides opportunities for interconnectedness for older adults caring for the child(ren) of relatives.
- Pursuing partnerships for developing and conducting a comprehensive assessment of the characteristics, needs, and preferences of caregivers in Berrien, Cass, and Van Buren counties to execute a data-informed approach to design, outreach, delivery, and continuous quality improvement of programs and services.
- Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.

#### Objectives

1. Enhance support of the direct care workers and employing providers through implementation of a comprehensive and multi-level strategy.

Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

- Exploring opportunities to build partnerships and contribute to collective impact strategies to expand and support the direct care workforce including, but not limited to, advocacy efforts.
- Designing and implementing a collaborative direct care workforce development strategy to support the recruitment, training, job placement, and retention of direct care workers to impact quality of life for older adults, people with disabilities, caregivers, and direct care workers.
- Supporting retention of direct care workers employed by AAA provider network through the provision of the Provider Employee Needs Fund to cover costs associated with mentoring newer workers and/or resolving immediate hardships that threaten workers' ability to meet job requirements.
- Promoting use of online caregiver education platform Trualta across provider network to foster professional development and skill building of direct care workers.
- Developing and implementing AAA staff training focused on partnering with providers in person-centered care plan development and implementation.
- Reorganizing Quality and Compliance staffing and Provider Relations Committee to promote collaboration within AAA to provide support and enhance the provider network.
- Inspire a dementia friendly community movement throughout Southwest Michigan. E.

#### **Objectives**

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Reduce the fear, stigma, and isolation associated with a dementia diagnosis.
 Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

- Providing local Dementia Minds group and engaging in outreach and communication strategies to expand participation throughout Berrien, Cass, and Van Buren counties.
- Exploring and implementing strategies to expand awareness of and access to local dementia resources, supports, and services.
- Established the Arts & Aging Partnership to locally produce theater events that bring to life real issues connected to the care, diagnosis and lived experience of those impacted by dementia and provide an opportunity for facilitated conversation about the themes depicted. Seeking expansion of partnership to Cass and Van Buren counties and additional art mediums.
- 2. Expand and deepen community respect, awareness, and inclusion of individuals living with a dementia diagnosis.

Timeline: 10/01/2022 to 09/30/2025

#### **Progress**

- Host local Dementia Minds events in which people with neurocognitive disorders share and answer questions about their personal experiences of receiving and living with a dementia diagnosis.
- Established the Arts & Aging Partnership to locally produce theater events that bring to life real issues connected to the care, diagnosis and lived experience of those impacted by dementia and provide an opportunity for facilitated conversation about the themes depicted. Seeking expansion of partnership to Cass and Van Buren counties and additional art mediums.
- Exploring opportunities to build partnerships to embed dementia friendly practices, services, and supports across a variety of community sectors.
- Hosting virtual, hybrid, and in-person Dementia Friends trainings. Developing strategic plan to expand to sector-specific Dementia Friends trainings.

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#### **Supplemental Documents**

Document A: Policy Board Membership (Required).

Document B: Advisory Council Membership (Required).

#### SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL

Select the supplemental document(s) from the list below <u>only if applicable to the AAA's FY 2024 AIP</u>. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

Document C: Proposal Selection Criteria - <u>should only be completed if there are new or changed criteria for selecting providers</u> (only if applicable).

Document D: Cash-In-Lieu-Of-Commodity Agreement (only if applicable).

Document E: Waiver of Minimum Percentage of a Priority Service Category (only if applicable).

Document F: Request to Transfer Funds (only if applicable).

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# SUPPLEMENTAL DOCUMENT A Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	2	0	6	13
Aged 60 and Over	0	2	0	2	0	4	8

Board Member Name	Geographic Area	Affiliation	Membership Status
Bernie Williamson	Member At-Large	Citizen	Appointed
Melinda Gruber	Member At-Large	Healthcare	Appointed
Don Radde	Member At-Large	Financial	Appointed
Jim Everett	Member At-Large	Financial	Appointed
Mary Howie	Cass County	County Government	Elected Official
Gail Patterson-Gladney	Van Buren County	County Government	Elected Official
David Vollrath	Berrien County	County Government	Elected Official
Kenley Penner	Member At-Large	Financial	Appointed
Honorable Mabel Mayfield	Member At-Large	Justice System	Appointed
Tina Leary	Van Buren County Alt.	County Government	Elected Official
Dr. Larry Wile, Jr.	Member At-Large	Health Department	Appointed
Velma Hendershot	Member At-Large	Healthcare	Appointed
Natalie Baggio, RN, BSN	Member At-Large	Healthcare	Appointed

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# SUPPLEMENTAL DOCUMENT B Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	4	0	2	0	11	14
Aged 60 and Over	0	4	0	1	0	7	10

Board Member Name	Geographic Area	Affiliation
Charles (Chuck) Filibeck	Berrien County	Citizen, former Dept Health & Human Services
Debra Johnson	Regional	Healthcare
Jeanette Ahmed	Berrien County	Citizen, former volunteer Foster Grandparent
Art Fenrick	Berrien County	Citizen, former Community Action Agency
Patty Klug	Berrien County	Citizen
Ruth Newton	Cass County	Citizen, former volunteer Foster Grandparent
Chris Flood	Van Buren County	Healthcare, Nutrtion
Bertha Carson-King	Berrien County	Diversity Presenter, Strong Women of Faith
Jim Roberts	Berrien County	Jim Roberts Enterprises
MaryJo Schnell	Berrien County	The Out Center
Maureen Adams	Berrien County	Veteran Services
Kim Smith Oldham	Regional	Community Action Agency
Carole Mobus	Berrien County	Senior Companion Volunteer
Laura Gutierrez	Van Buren County	Department of Health and Human Services

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#### SUPPLEMENTAL DOCUMENT D

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

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

#### Estimated number of meals these funds will be used to produce is:

15,250

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

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

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

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#### SUPPLEMENTAL DOCUMENT F

#### **Request to Transfer Funds**

1	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 0
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 10,000
sit	any of the older adults within the PSA require assistance with transportation to congreges. The \$10,000 transfer provides additional funding to support the transport of older a bay otherwise not be able to participate, to the meal sites.	

Planned Service	es	Summary	Page for	FY 2024	PSA:	4
,		Budgeted	Percent	Method of Provision		
		100.7	of the			
Service		Funds	Total	Purchased	Contract	Direct
ACCESS SERVICES						
Care Management	\$	169,999	4.12%			Х
Case Coordination & Support		137,213	3.32%			Х
Disaster Advocacy & Outreach Program		-	0.00%			
Information & Assistance		90,614	2.20%			Х
Outreach		11,112	0.27%			Х
Transportation		84,723	2.05%		Х	
Option Counseling	-	119,951	2.91%			Х
Care Transition Coordination and Support	\$	212	0.01%			Х
N-HOME SERVICES	-					
Chore	\$	11,906	0.29%	V		
Home Care Assistance	_	11,906	0.29%	X		
		112	0.00%			
Home Injury Control		189,498	4.59%	X		
Homemaking Home Delivered Meals		1,012,301	24.52%	X		
Home Health Aide		1,012,301	0.00%	X	Х	
		111				
Medication Management Personal Care		275,966	0.00% 6.69%	X		
		17,686	0.43%	×		_
Personal Emergency Response System			8.74%	X		
Respite Care Friendly Reassurance		360,948 8,889	0.22%	X	Х	X
Friendly Reassurance	Φ	0,009	0.22%			X
COMMUNITY SERVICES						
Adult Day Services	\$	670,271	16.24%	×	Х	
Addit Bay Cervices	۳	070,271	10.2470			No.
Congregate Meals	\$	604,675	14.65%		х	
Nutrition Counseling	\$	5,556	0.13%	x	^	Х
Nutrition Education		5,556	0.13%	×		X
Disease Prevention/Health Promotion		79,364	1.92%	^		
Health Screening		70,004	0.00%			^
Assistance to the Hearing Impaired & Deaf			0.00%			
Home Repair		111	0.00%	Х	7	
Legal Assistance		78,973	1.91%	^	x	
Long Term Care Ombudsman/Advocacy		45,141	1.09%		^	X
Senior Center Operations			0.00%			^
Senior Center Staffing	\$		0.00%			
Vision Services			0.00%			
Neglect, & Exploitation		5,685	0.14%	<del></del>		Х
Counseling Services		5,556	0.13%	Х		<u>x</u>
Carry-Out Meal (COM)	\$	111	0.00%	<del>^- i</del>	×	^
Caregiver Supplemental Services		111	0.00%	X	^	******
Kinship Support Services		22,222	0.54%			
Caregiver Education, Support, & Training		14,889	0.36%	I	x	X X
AAA RD/Nutritionist	\$	17,009	0.00%		^	Α
PROGRAM DEVELOPMENT	\$	76,376	1.85%			
REGION-SPECIFIC			PSOCON COLUMN			
Critical Urgent Unmet Needs	\$	11,778	0.29%	х		
0:00:00	\$	- 1,770	0.00%			
C.	\$		0.00%			
d.	\$	_	0.00%	I		
CLP/ADRC SERVICES	\$	-	0.00%			
	+		3.3070	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL SERVICES	\$	4,117,616				
	\$	10,460	0.25%	i		
MATER STOCK ANMINISTRATION	·	IU.~IUU I	U.Z.J /0	:	:	
MATF & ST CG ADMINSTRATION  TOTAL PERCENT			100.00%	40.83%	40.72%	18.45%

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