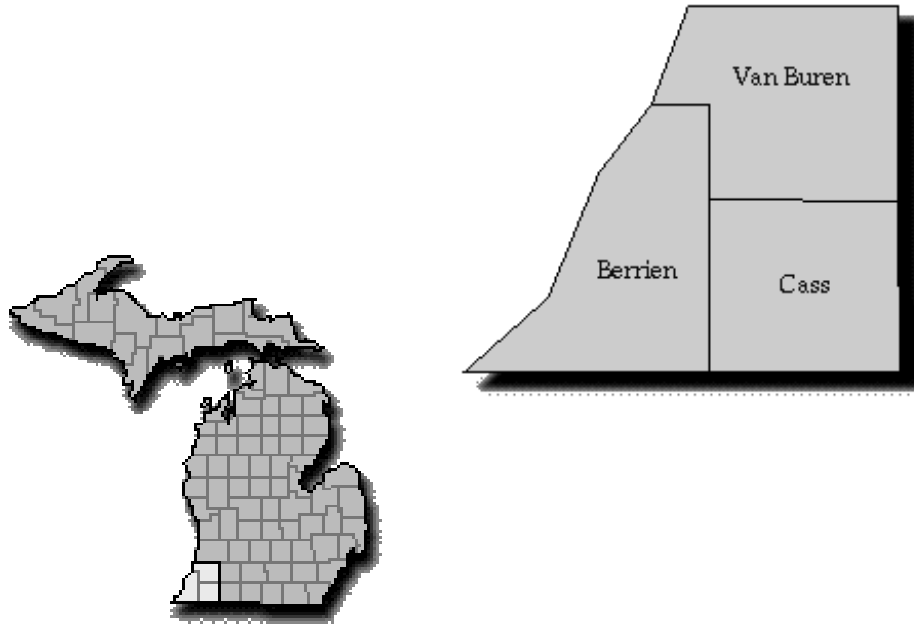


2020 - 2022 Multi-Year Plan
FY2020 ANNUAL IMPLEMENTATION PLAN
REGION IV AREA AGENCY ON AGING



Planning and Service Area
Berrien, Cass, Van Buren

Region IV Area Agency on Aging

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Plan Highlights

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

Region IV Area Agency on Aging (AAA) is a nonprofit corporation governed by an independent Board of Directors. The agency was formed in 1974, and serves the counties of Southwest Michigan, which includes Berrien, Cass, and Van Buren. Region IV AAA is designated by the Michigan Aging and Adult Services Agency (AASA) to plan, develop, and implement services as guided through the federal Older Americans Act (OAA) of 1965 and its subsequent amendments. The Older Michiganians Act (OMA) was enacted by the State of Michigan in 1981 to build upon the efforts of the aging network through State resources. The mission of Region IV AAA is "*Offering Choices for Independent Lives*" with a primary focus on individuals with the greatest economic and social needs and a vision through choice and range of services, every aging adult lives a quality life. This is achieved through advocacy, educating the community, coordinating services, and using available resources and funding for supportive services. The Region IV Area Agency on Aging Multi-Year Plan (MYP) for the period of October 1, 2019 through September 30, 2022 has set forth a plan to continue to provide and improve upon a comprehensive coordinated system of services to assist aging adults in maintaining independence in their homes and communities.

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

The current demographic information, used for the MYP, was provided by the U.S. Census, American Fact Finder. The data indicated, as compared to the prior MYP 60+ population: 8.2% increase in the 60+ ; 4.2% increase in the 85+; 15% increase in the number living alone; minority population experienced a decrease in the African American (6.91% vs. 7.37%) and an increase in the Hispanic (1.80% vs. 1.50%) race; population at or below poverty level experienced a decrease to 8.67% from 9.73%.

The unmet needs of the aforementioned population were identified through a variety of resources such as the AAA's Information & Assistance data system, partner meetings, client satisfaction surveys, and social networking.

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

The number of older adults continues to increase dramatically as the baby boomers move into retirement age and will continue for the next ten years. As this population increases, the need for family members to step into the role of caregivers will also increase. These two circumstances present an opportunity for Region IV AAA to continue to be creative in meeting the needs of the older adults and caregivers while staying focused on quality and person-centeredness.

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

Direct Services (provided by Region IV AAA):

Care Management

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Case Coordination & Support
Options Counseling
Information & Assistance
Disease Prevention/Health Promotion
Creating Confident Caregivers®
Long-Term Care Ombudsman/Elder Abuse Prevention
Respite Care (Senior Companion Program)
Kinship Support Services (Grandparents Raising Grandchildren)

Purchased/Contracted Locally

Adult Day Services
Assistive Technology & Devices
Congregate Meals
Chores
Counseling Services
Caregiver Education, Support, and Training
Caregiver Supplemental Services
Creating Confident Caregivers®
Gap Filling
Home Care Assistance
Home Delivered Meals
Home Injury Control/Home Repair
Homemaking
Legal Assistance
Medication Management
Nutritionist
Personal Care
Respite Care
Transportation

Within the available services listed in the MYP, the service categories which are represented most by the funds provided by the Older Americans Act and Older Michiganians Act are as follows: Congregate and Home Delivered Meals, CM/CCS, Adult Day, Homemaker, Options Counseling, and Information & Assistance. It is anticipated that the following services will benefit the greatest number of participants: Congregate and Home Delivered Meals, Information & Assistance, Long-Term Care Ombudsman, Transportation, and Legal Assistance.

4. Highlights of planned Program Development Objectives.

1. Strengthen and expand access to supports and resources for family caregivers.
2. Continue to support and encourage independent living and successful aging of the older population.
3. Increase community awareness on the signs of abuse, neglect, and financial exploitation of older adults and how to report suspicious activity.

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4. Continue to be innovative in meeting the needs of the ever-changing landscape of the older population while ensuring service provision remains effective and efficient.

5. A description of planned special projects and partnerships.

Interagency Care Team (ICT)

The ICT project will focus on the implementation of payment models within scalable contracts to structurally link AAA HCBS expertise with physician needs to better serve and solve a range of home-based barriers to health care. This stems from a multi year ICT effort to bring care managers from varied providers, including AAA, together to collectively target and solve problems with the goal of creating a holistic approach for patients whose circumstances result in a high recurrent use of the hospital emergency department.

MI Health Link (MHL)

The MHL partnership with the two health plans and Region 3B has continued to evolve as a demonstration to integrate care for people dually eligible for Medicare and Medicaid. Interest and staff at the health plans have fluctuated considerably since the inception of the demonstration which has resulted in continued change and evolution of the contractual relationships involved. It remains unclear as to whether the MHL goal to provide seamless access to services and support through a person-centered care coordination model has been successful. The AAAs will continue to work closely with the two health plans involved.

Campus for Creative Aging

The AAA's efforts to laud age as a time of Purpose, Creativity, Growth and Learning will gain momentum as a virtual campus movement that promotes expanded educational offerings and connectivity in areas such as technology, volunteerism, health, retirement, financial planning, and enrichment. The hub emerged from the purchase of an additional building, adjacent to the AAA's main building, which will incorporate campus-branded kiosks throughout the sites of organizational partners within our PSA that range from established aging entities such as senior centers and councils on aging, to libraries, YMCA, and beyond. The kiosks will be the "key" to opening the doors to creativity and involvement.

Direct Care Workforce

The direct care workforce challenges voiced by AAA home care providers led to the intervention of funding by the AAA to create a Provider Employee Needs Fund. The fund is available to assist a direct care worker who is employed by a Region IV AAA (AAA) provider and experiencing a hardship which is preventing them from being able to meet the requirements of their position as a direct care worker; some examples are a car battery, tire, or cell phone minutes. The funds can also be used for a direct care worker who would benefit from the opportunity to receive additional job coaching; the coaching will be tailored to the specific needs of the worker. Expenditures and efforts will be tracked to report on trends and to determine feasibility of future sustainability.

Opioid Education

The AAA has initiated a partnership with the local Health Departments to provide opioid education. The efforts are being primarily targeted towards education in the home; more specifically, persons residing in senior housing complexes that do not provide substantial staff support. Initiated in FY2019, early work will inform the effort to carry out and continue the education and metrics to measure the success.

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

The increase in Region IV AAA's funding streams and related service delivery products has created opportunity to implement efficiencies which will benefit the entire agency.

The cross-department interdependences on information to successfully maintain all products, has created an opportunity for the agency to secure an outside consulting firm to review existing processes. The intent of this initiative is to identify areas of inefficiencies in data flow and service reporting in the existing process and obtain recommendations which can be implemented internally.

The agency is also looking at options to implement a learning management system to streamline the training needs of staff. The objective is to not only ensure all staff are in compliance with the insurance company requirements in preparation for audits, but they are receiving the training needed to continue to provide quality services.

As the agency continues to expand its services in the highly competitive health plan market, it has become apparent that Region IV AAA needs to demonstrate its commitment to quality and accountability by pursuing the National Committee of Quality Assurance (NCQA) accreditation.

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

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

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

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

The AAA obtained Medicare certification to provide Medical Nutrition Therapy in late 2016 which has allowed the agency to create an additional revenue stream by partnering with local physicians to obtain referrals to provide the service.

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

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Computer Learning, and Personal Action Towards Health (PATH).

The AAA relies heavily on volunteers to successfully implement not only the Foster Grandparent program but also, Senior Companions, Computer Learning, MMAP, and various evidence-based programs.

8. Highlights of strategic planning activities.

Medical/Social Service Partnerships

Continue to work with local, state, and national partners to develop opportunities to create strategic linkages with health partners that build on AAA core competencies to better serve residents of SW Michigan through integrated health collaboration. This involves expanding Medicare lines of service focusing on: Medical Nutrition Therapy (MNT); Chronic Care Management; Transition of Care & related services. Work will also continue with existing contracts associated with MI Health Link and the potential to collaborate on additional services. The potential for new contracts will be explored with Medicare Advantage plans through 4AM and n4a initiatives. Also, the AAA will work to support MDHH's efforts to shift Nursing Facility Transition (NFT) services to a state plan service to maximize opportunities with the state's new fee-for-service structure.

Campus for Creative Aging

The campus represents a collaborative movement to build awareness of service programs while lauding age as a hallmark of creativity, purpose, growth, and learning through lifelong education that confronts isolation and ageism by igniting personal dreams, passion, or community service. The focus is to expand learning, volunteer, and service opportunities at AAA's campus while creating partnerships with collaborative entities to expand the visions and activities regionwide.

Maintenance and Expansion of Service and Educational Offerings

The AAA's mission of "Offering Choices for Independent Lives" is what continues to keep the agency focused on service refinement and expansion towards empowerment of the individual while engaging in education of community leaders, legislators, funders and policy makers on the impact of policy and law on individuals and the subsequent need for service options. Particular focus is on the expansion of evidence-based classes including, but not limited to, chronic disease self-management through a series of Personal Action Towards Health (PATH) classes, falls prevention through Matter of Balance, and caregiver support through Creating Confident Caregivers® and Powerful Tools for Caregivers classes. The Aging Mastery Program (AMP) core course and single course modules will also be offered. The AAA will continue its commitment to furthering public education and understanding of the impact of policy and law on one's ability to live independently; this will manifest through partnerships at the local, state, and national level.

Scope of Services

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

Based on current demographic information provided by the U.S. Census, American Fact Finder, the older adult (60+) population in the PSA increased by 8.2% (71,263 vs. 65,886) since the last multi year plan and now comprises 25.31% of the total population. Additionally, the 85+ population increased by 4.2% (6,359 vs. 6,110) and now comprises 2.26% of the PSA and 9.0% of the 60+ population; this growing population has the highest need for long term support services (LTSS) to remain independent and are more likely to be living alone. According to AARP, the 85+ population is trending to triple (208% increase) across the United States within the next 40 years. The total PSA population has steadily decreased even though the 60+ population has been increasing.

The increase in the older population has resulted in a greater number living alone; the percentage living alone increased 15% (17,458 vs 15,167) since the last multi year plan and now comprises 24.15% of the 60+ population. While living alone does not necessarily equate to social isolation, it is certainly a predisposing factor. Social contacts tend to decrease as an individual ages for a variety of reasons, including retirement, the death of friends and family, or lack of mobility.

According to AARP, "life expectancy exceeds safe driving expectancy after age 70 by about six years for men and 10 years for women". Per NCOA, 41% of older adults do not feel that the transportation support in their community is adequate. Having access to adequate transportation is key to older adults accessing programs and resources, as well as feeling connected and independent.

The 60+ population that have a disability has stayed fairly flat at 31.38% which is on par with the Michigan 60+ population of 31.4%.

The 60+ population has seen some small shifts in racial diversity since the last multi year plan; the African American population has decreased to 6.91% from 7.37% and the Hispanic population increased to 1.80% from 1.50%. The Caucasian population experienced a slight decrease from 91.27% to 90.30% and the American Indian, Asian, and Other population continues to comprise around 1%. Only 1.41% of the population are not proficient in English; Michigan's 60+ percentage is 3.2%.

The percentage of 60+ residents that are at or below 100% of the poverty level has decreased to 8.67% from 9.60%; this percentage is on par with the Michigan 60+ population of 8.80%.

Region IV AAA distributed a "Caregiver Survey" to 800+ caregivers who receive the bi-monthly caregiver newsletter via mail in addition to posting the survey on the AAA website. Some noteworthy caregiver statistics gleaned from the survey responses are:

- * 75% of the caregivers are female and 60% are under age 60.
- * 91% have experienced emotional strain or stress.
- * 43% spend >40 hours per week caregiving.
- * 50% have concerns about meeting other family responsibilities and own personal needs (exercise, work,

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social, sleep).

* 58% would find caregiver support groups and self-help classes useful.

* 56% would find classes on handling older adult care issues useful.

The number of older adults continues to increase dramatically as the baby boomers move into retirement age and will continue for the next ten years. As this population increases, the need for family members to step into the role of caregivers will also increase. These two circumstances present an opportunity for Region IV AAA to continue to be creative in meeting the needs of the older adults and caregivers while staying focused on quality and person-centeredness.

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

Region IV AAA currently has 71,263 individuals 60+ living within the three county region; 22,362 (31.38%) of the 60+ population have a disability. This population represents the majority of individuals who currently have or may need long term care and support services. The AAA tracks data through the Information & Assistance (I&A) data system; the I&A staff document details on over 1,000 contacts a month. The AAA also receives service area data through social networking, client satisfaction surveys, provider meetings, and community surveys. In order to glean additional information on caregiver needs within our PSA, a Caregiver Survey was conducted in preparation for the multi year plan. All the information collected by the AAA is used to review/expand existing programs, develop new programs, coordinate services with other agencies, and to advocate for additional funding.

Transportation continues to be one of the largest unmet needs in our service area; the lengthy service times, limited routes, and lack of coordinated routes across county lines and outside county lines are obstacles for not only the aging but the disabled and veteran population. Coordinated connectivity in travel routes is critical to not only obtain medical services but to socialize with peers, buy groceries, and also obtain and retain employment. For older and/or disabled individuals who can no longer drive and live in a rural community, not having adequate transportation can have a profound effect on quality of life. Transportation was also the top consumer need reported in the 2018 Eldercare Locator Report.

In addition to transportation, personal care (bathing, grooming, dressing), chore/minor repair services (inside and outside the home), home modifications (for accessibility), and financial assistance with utilities comprised the most requested services. As individuals age, services that enable them to continue to live independently in their homes tend to be the first services they search for.

The top 5 concerns of caregivers gleaned from the Caregiver Survey were: ensuring the care recipients' safety; having enough money to pay for care; understanding Medicare/Medicaid; balancing other family responsibilities; meeting their own personal needs (exercise, work, sleep). Other interesting responses obtained from the survey were: 91% responded that caregiving has caused them emotional strain or stress; 43% responded that they receive less help from family and friends than needed; 43% responded that they are not using available resources/services due to cost.

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Based on the 2016 Community Health Needs Assessment (CHNA), the most frequently cited health need, within our PSA, was mental health. The proportion of adults who report 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during a 30 day period in southwestern Michigan was 13.7% compared to the state average of 12.9% (Fussman, 2015a).

The second priority health need to emerge from the CHNA was obesity. According to the 2016 County Health Rankings, the obesity rate for Berrien, Cass, and Van Buren county were 37%, 35%, and 34%, respectively. These rates compare unfavorably to the state obesity rate of 31%.

The third priority health need, per the CHNA, was diabetes; Berrien, Cass, and Van Buren all have a diabetes rate around 12% which is almost 2% greater than the state diabetes rate of 10.4% (Fussman, 2015a).

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

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

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

The AAA currently subscribes to a "Language Line" which is available to all staff for interpretation services; services are accessed, on average, 10 times a year. In PSA 4, only 1.41% of the 60+ population are not proficient in English.

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

Professional organizations (eg. clinics, hospitals, in-home agencies) in the community work directly with the Professional Referral Specialist who helps educate and aid them on making the appropriate referrals to our programs and services.

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The various evidence-based programs being provided by the AAA directly or contracted through other organizations continue to approach venues, such as churches, libraries, and housing complexes, to reach the targeted population.

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

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

Currently, the Information & Assistance (I&A) staff conduct a standardized pre-screening for the AASA and MI Choice Waiver programs. The screening gathers information on the needs of the individual which include living arrangements, assistance with ADLs, and current cognitive state. All the information collected is passed on to a Care Manager who will complete a full assessment and care plan to address the needs of the individual and their caregiver, if necessary. If I&A staff receive a direct request for services and supports that are accessible for people with dementia or their caregiver, the staff provide resources that are available through the AAA or other community organizations.

The AAA's Care Management (CM) staff, who are licensed social workers or registered nurses, follow a standard procedure for identifying and assessing people with dementia. CM staff also assess the needs of the caregiver and continue to assess and adjust services and supports as the disease progresses.

Region IV AAA currently offers two evidence-based caregiver classes within the PSA; Creating Confident Caregivers®, which is training for the primary in-home caregiver of an individual with dementia and Powerful Tools for Caregivers, which teaches caregivers to develop self-care tools. The agency also produces a bi-monthly caregiver newsletter which is distributed via mail, email, or accessed through our website.

It is anticipated that the dementia population will continue to grow as the baby boomer generation ages. As a result, the AAA will start to experience an increasing number of encounters with this population throughout the agency. It is imperative that Region IV AAA staff have the knowledge to successfully assist this population by offering training in dementia and other cognitive issues.

Region IV AAA is committed to exploring and developing dementia programs that will support people with dementia and their caregivers in addition to strengthening the knowledge of staff.

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

When an individual requests a service that is not funded under the Plan, Region IV AAA Information & Assistance (I&A) staff make referrals to other community resources that may meet their needs; these resources may also include private pay options. The staff are unbiased and assist people in making informed decisions. The I&A staff maintain an internal resource directory of service options available and will make a "warm transfer" if requested. If the individual is not within the service area they are referred to their local Area Agency on Aging, Elder Care Locator, or 2-1-1.

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

The largest unmet need throughout our three county region is transportation; the need for a more coordinated system in order to provide independence for socialization, medical services, and employment. The majority of Region IV AAA's funding is categorical which limits the services the funds can be allocated to. The agency has made a commitment to allocate a large portion of its allowable funding source to senior centers for medical appointments and to participate in congregate meals. The majority of the allocated transportation funds to senior centers are also leveraged by local millage funds and voluntary programs which maximize the support to this much needed service. The AAA staff are also represented on all three county transportation committees.

The other service priority is in-home services. The need for these services is going to continue to increase as the 60+, or more precise the 85+, population continues to grow. This population requires a greater need for services in order to remain independent in their home. The existing wait-list for these services is indicative of the need.

The growing need for in-home services is having a large affect on the agencies that primarily provide personal care and/or homemaker services. This need has created a growing concern with home care agencies not being able to recruit and retain direct care workers to provide the services and low wages often being the cited reason. Currently, this workforce is not strong enough to meet demand, especially in rural areas. Direct care workers have longer travel times between clients and fewer public transportation options in these areas. Region IV AAA has made it a priority to take a creative stance, with our existing in-home provider network, to assist them with addressing and finding solutions to some of their direct care workforce issues; this has already led to some of the barriers being addressed and solutions implemented.

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

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

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

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

Region IV AAA has a very robust Advisory Council which is comprised of a variety of members from all three counties served by the agency. The staff value their knowledge and opinions and are continuously being tapped for their expertise. The Advisory Council play a key role in the multi year plan; for this plan the Council was involved in the creation of the "Caregiver Survey", the Request for Proposal process, and the recommendation and approval of contract service awards prior to the submission to the Board.

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

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

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Planned Service Array

	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Information and Assistance • Options Counseling 	<ul style="list-style-type: none"> • Respite Care • Special Needs-Gap Filling Funds 	<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Creating Confident Caregivers • Kinship Support Services
Funded by Other Sources	<ul style="list-style-type: none"> • Disaster Advocacy and Outreach Program 		
Contracted by Area Agency	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • Home Injury Control • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Nutrition Education • Home Repair • Legal Assistance • Counseling Services • Creating Confident Caregivers • Caregiver Supplemental Services • Caregiver Education, Support and Training
Local Millage Funded	<ul style="list-style-type: none"> • Information and Assistance * • Outreach * • Transportation * • Options Counseling * 	<ul style="list-style-type: none"> • Chore * • Home Injury Control * • Homemaking * • Home Delivered Meals * • Personal Care * • Respite Care * • Friendly Reassurance * 	<ul style="list-style-type: none"> • Adult Day Services * • Dementia Adult Day Care * • Congregate Meals * • Home Repair * • Senior Center Operations * • Senior Center Staffing * • Caregiver Education, Support and Training *

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<p>Participant Private Pay</p>	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Transportation • Options Counseling 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care • Congregate Meals • Nutrition Counseling • Nutrition Education • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services • Counseling Services
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* Not PSA-wide

Planned Service Array Narrative

The services funded under the multi year plan are provided either directly by the AAA, contracted, or directly purchased; the services funded are essential to older adults, especially those with the greatest economic and social needs, and are services that are not otherwise available throughout Berrien, Cass, and Van Buren counties.

Access services provided directly by the AAA are used to assess individuals in navigating through the various services that are available to them throughout PSA 4 in order to assist them in meeting their needs, wants, and desires. Being a resource for these individuals is an integral part of the process that the AAA has developed to ensure individuals are connected to services available regardless as to whether or not the services are contracted by the AAA or funded through other sources, including private pay.

In-Home services provided directly by the AAA are through the AAA's Senior Volunteer Program. The AAA also has agreements with a pool of fully vetted network providers in which services are directly purchased as needed. In-Home services are one of the largest unmet needs so it is imperative that the services continue to be available throughout the PSA especially in areas of the counties where services are not funded by local millages.

Community services provided directly are Evidence-Based Programs, Long-Term Care Ombudsman, and Elder Abuse Prevention. The AAA provides a centralized structure for the Evidence-Based programs and the opportunity to be able to build capacity and maximize resources in addition to contracting and collaborating with providers and partners throughout the PSA to teach the programs. The AAA started providing the LTC Ombudman and Elder Abuse Prevention in FY2016 when the existing provider terminated their contract; a request for proposal was initiated for the service but there were no responses. The services were previously provided throughout our PSA and in order to ensure the services continued the AAA brought the services "in house". The AAA also contracts for Legal Assistance, Congregate Meals, and Adult Day services which are not available PSA wide.

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

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

Strategic Planning

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

Strengths

1. Strong financial position
2. Staff longevity and strong subject area expertise
3. Ability to successfully pilot programs and then move into practice
4. Success in creating partnerships with health systems, service providers, and other community organizations to meet common goals

Weaknesses

1. MI Health Link demonstration relationship
2. Inability to secure direct care workers

Opportunities

1. Continue to diversify funding through expansion of Medicare/Medicaid lines of business and private pay
2. Expand health care partnerships to capitalize on successful pilot projects
3. Launch of a movement reframing aging through the regional Campus for Creative Aging

Threats

1. Reliance on MI Choice Waiver
2. Increasing demand on our downstream entities to meet the compliance requirements of the agencies funding sources

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

Operation of the HCBS waiver as a managed care Prepaid Ambulatory Health Plan [PAHP] by Region IV and AAAs in general is a tremendous success in efficiency and customer service both locally and for the state overall. In Region IV, similar care management access and consultation services are presented to the public seamlessly from Medicaid to private pay, with use of Older Americans Act and state funds, coupled with cost share, to bridge across those worlds. Expansive HCBS are provided through the waiver, and further augmented by a host of caregiver, training, housing specialists, MMAP counselors and community support collaborations.

Additionally, Region IV is concluding a successful multi year demonstration through multiple private foundations to link disparate care management services (hospital, FQHC, behavioral health & AAA) around complex care. This is resulting in Medicare-based contracts to allow physicians to pull in AAA staff for their more complex patients. This level of integration has spiked interest and commitment in furthering integrated systems through structural linkages, particularly in complex care. Expansion of the AAA's role in HCBS waiver services would allow sufficient capacity for greater and greater integration with health services. It's important to note however, that expansion through any means will only compound provider capacity dependent on availability of direct care workers, as well as limited transportation options. Sufficient dollars

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need to be allotted to increase service capacity at the provider level.

The structure is also poised for positive collaborations with health plans working to expand their HCBS imprint. Existing contracts with health plans however, have demonstrated little interest in AAA's HCBS core competency of assessing needs in the home. Duals are passively (automatically) enrolled and may or may not receive critical assessment for expanded LTSS. Use of expanded HCBS services and care manager relations available to enrollees in MI Health Link managed care appear to be very limited compared to MIChoice managed care. A lesser AAA role to accommodate a shift to health plans would be disastrous at this juncture and significantly affect AAA's ability to meet the needs of the growing aging population

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

If the AAA were to experience a ten percent (10%) reduction within all funding categories from AASA, the plan would be as follows:

1. Continue to institute an emphasis on cost share/donation across all applicable services to contribute to the maintenance of service.
2. Continually monitor the prioritization of the individuals being serviced with AASA funds to ensure the most vulnerable and in the greatest social/economic need are served.
3. Offer fewer AASA funded services and assure the available funds are being allocated to the largest unmet needs in our service area.
4. Internally reduce staff hours allocated to AASA funded programs, if necessary, to support the reduction in funding for services (Access & Community) that are being provided directly.
5. Continue to seek out alternative funding sources to assist with sustaining services.

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

Region IV AAA is in the preparatory stages for the pursuit of the National Committee for Quality Assurance (NCQA) Case Management Accreditation. A Gap Analysis and Readiness Assessment will be conducted to inform the completion of a successful application with an expected NCQA accreditation secured in FY2020.

Exploration of relevancy and need for other accreditation or credentialing opportunities continues. Shifts in recent years towards evidence-based initiatives and defined impact of effort are critical to future collaborations and incorporation of product-based funding.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

Region IV AAA is continuously evaluating emerging technology solutions to support agency efficiencies and effectiveness while maximizing existing tools.

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In fiscal years 2018 and 2019 the agency engaged consultants to build on existing Office 365 SharePoint tools to create a seamless flow of data and information intake through service provision. The new database tool replaces numerous shadow Excel spreadsheets, pulls data from funder-required information systems and provides staff with a dashboard of next-step activities required to move clients through the enrollment and service provision process.

In fiscal years 2020 through 2022 the agency will optimize the SharePoint tool and associated reports to make data-informed, outcome driven decisions to ensure efficient and effective service delivery and quality improvement.

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

The pool of providers the agency uses to provide home and community-based services have been migrated to Vendor View for electronic billing and communication. The use of Vendor View to submit provider billing, coupled with the Fiscal Department moving forward with allowing providers to receive reimbursement via Electronic Funds Transfer (EFT) has added efficiencies to the accounts payable process.

The agency is expanding its use of social media (Facebook, LinkedIn, Twitter) to promote programs, upcoming events, and capture program feedback from individuals. The new Region IV AAA website launched in FY2019 will be maximized in FY2020 to promote programs and facilitate on-line class and event registrations.

Through remote access, the Care Management staff are able to appropriately access the region's largest health system's electronic medical record (EMR) system to obtain client information for the effective coordination of care. A partnership with a second health system in the region is under development for Care Management staff to access EMR for clients in that health system.

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

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Regional Service Definitions

Service Name/Definition

Special Needs-Gap Filling Funds

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

This service category allows for flexibility should an unforeseen unmet need present itself which is causing a barrier to the client's independence and no other resources are available.

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

Minimum Standards

Provision of a service requiring immediate attention that would alleviate a barrier crucial to the client's independence when no other resource is available to address the need.

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Access Services

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$0.00	Total of State Dollars	\$107,957.00

Geographic area to be served
Berrien, Cass, Van Buren (PSA4)

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

·Continue to implement a person-centered model of care coordination that allows Nurse and/or Social Worker Supports Coordinators the flexibility to provide care and services based on the unique needs and preferences of participants and their chosen or legal representative(s).

Provide telephonic and in-person professional assessment, consultation, care planning, and service monitoring by licensed Nurse and/or Social Worker Supports Coordinators.

Provide ongoing home and community-based services and supports to meet needs as identified during the person-centered planning process.

Provide unbiased information and assistance in accessing community resources.

Provide seamless transition of participants among programs as changes in eligibility allow.

Offer opportunities for donation using a sliding scale cost-share model.

Assure high quality service is bring provided through annual client surveys.

Implement use of AASA Quality Outcome Measures.

Number of client pre-screenings:	Current Year:	682	Planned Next Year:	750
Number of initial client assesments:	Current Year:	144	Planned Next Year:	144
Number of initial client care plans:	Current Year:	144	Planned Next Year:	144
Total number of clients (carry over plus new):	Current Year:	260	Planned Next Year:	259
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:40	Planned Next Year:	1:40

Case Coordination and Support

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$105,000.00	Total of State Dollars	\$40,063.00

Geographic area to be served
Berrien, Cass, Van Buren (PSA4)

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

·Continue to implement a person-centered model of care coordination that allows Nurse and/or Social Worker Supports Coordinators the flexibility to provide care and services based on the unique needs and preferences of participants and their chosen or legal representative(s).

Provide telephonic and in-person professional assessment, consultation, care planning, and service monitoring by licensed Nurse and/or Social Worker Supports Coordinators.

Provide ongoing home and community-based services and supports to meet needs as identified during the person-centered planning process.

Provide unbiased information and assistance in accessing community resources.

Provide seamless transition of participants among programs as changes in eligibility allow.

Offer opportunities for donation using a sliding scale cost-share model.

Assure high quality service is bring provided through annual client surveys.

Implement use of AASA Quality Outcome Measures.

Information and Assistance

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$87,000.00	Total of State Dollars	\$17,552.00

Geographic area to be served
 Berrien, Cass, Van Buren (PSA4)

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

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

Continue to assess clients for the appropriate referral to AAA programs.

Obtain and maintain MMAP counselor status to enhance existing knowledge.

Populate and maintain a resource database to ensure individuals are provided with an array of current and accurate information to meet the needs of the aging and disabled adult populaton in the service area.

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

Continue to promote and provide current information regarding the AAA's services and programs.

Continue to extrapolate and analyze data from the I&A data System (WellSky), which documents approximately 1,000 contacts per month, to make outcome-driven decisions.

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Options Counseling

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$0.00	Total of State Dollars	\$107,956.00

Geographic area to be served
 Berrien, Cass, Van Buren (PSA4)

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

·Continue to implement a person-centered model of care coordination that allows Nurse and/or Social Worker Supports Coordinators the flexibility to provide care and services based on the unique needs and preferences of participants and their chosen or legal representative(s).

Provide telephonic and in-person professional assessment, consultation, care planning, and service monitoring by licensed Nurse and/or Social Worker Supports Coordinators.

Provide immediate and short-term home and community-based services and supports to meet needs as identified during the person-centered planning process.

Provide unbiased information and assistance in accessing community resources.

Provide seamless transition of participants among programs as changes in eligibility allow.

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Direct Service Request

Respite Care

Total of Federal Dollars \$7,000.00 Total of State Dollars \$55,572.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

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

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

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

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

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

The AAA has previously requested submission of Request for Proposals to provide Volunteer Respite

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

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

Disease Prevention/Health Promotion

Total of Federal Dollars \$39,782.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

The Personal Action Towards Health (PATH) program currently has 5 Master Trainers and 10 Leaders trained to support this evidence-based program. The AAA has Master Trainers and Leaders that are trained in Chronic Pain, Diabetes, Regular, and more recently Workplace PATH. The AAA is planning on offering 10-12 classes in FY2020. The classes will be held throughout Berrien, Cass, and Van Buren county with each class being led by two trained Leaders.

The AAA will continue to build relationships with local healthcare facilities for referrals and begin marketing the Workplace PATH program to area businesses to support their employees.

The AAA currently markets the PATH programs through local newspapers, social media, physician offices, senior center newsletters, churches, housing complexes, and libraries.

Region IV AAA will continue to participate in the statewide PATH meetings to foster communication and collaboration with other agencies to meet the common goal of program sustainability.

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), (B), & (C)

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

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

A part-time Education Coordinator is staffed by the AAA to oversee the PATH program. The Coordinator is also a Master Trainer and has recruited/trained 4 additional Master Trainers and 10 Leaders. The Coordinator markets and schedules classes through the service area; this regional structure maximizes resources and administrative efficiencies. The AAA remains committed to continuing to provide and expand the PATH program throughout the three county service area.

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

Long Term Care Ombudsman

Total of Federal Dollars \$11,624.00 Total of State Dollars \$27,268.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

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

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

Region IV AAA will continue to oversee the personnel management of the local LTCO and the State LTCO will provide all programmatic oversight.

The LTCO will continue to maintain linkages with Legal Aid of Western Michigan, MMAP, AASA Care Management, and MDHHS HCBS Waiver program to assist residents in gaining access to available services as necessary.

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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).

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

(A)

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.

Prior to October 2015, the LTCO program and Elder Abuse Prevention (EAP) services were contracted to be provided by an outside organization; this organization held the contract for LTCO/EAP services for the majority of the AAAs in Michigan. When the contracted organization chose to terminate their contract, it resulted in Region IV AAA obtaining approval from both AASA and the State LTCO to provide both services directly with the intent of putting out a Request for Proposal (RFP) the following fiscal year.

The AAA put out an RFP for both services the following fiscal year with the multi year plan but did not receive a response; the AAA chose to continue to provide both services directly (as did the majority of the other AAAs) to ensure the services continue to remain obtainable within our service area.

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

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$5,108.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

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

The LTCO, whose services are provided directly by the AAA, will play an integral role in providing community awareness. This will be obtained through strengthening relationships with local law enforcement and increasing visibility and educational opportunities at senior centers, health fairs, housing complexes,

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and other professional agencies and events as requested.

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

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.

Prior to October 2015, the LTCO program and Elder Abuse Prevention (EAP) services were contracted to be provided by an outside organization; this organization held the contract for LTCO/EAP services for the majority of the AAAs in Michigan. When the contracted organization chose to terminate their contract, this resulted in Region IV AAA obtaining approval from both AASA and the State LTCO to provide both services directly with the intent of putting out a Request for Proposal (RFP) the following fiscal year.

The AAA put out an RFP for both services the following fiscal year with the multi year plan but did not receive a response; the AAA chose to continue to provide both services directly (as did the majority of the other AAAs) to ensure the services continue to remain obtainable within our service area.

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

Kinship Support Services

Total of Federal Dollars \$8,000.00 Total of State Dollars \$0.00

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

The goal of the Grandparents Raising Grandchildren program is to assist grandparents and relatives in raising children under 18 who are in their care. The program will continue to prepare and distribute an informational and supportive quarterly newsletter to approximately 500 individuals in addition to providing

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telephone support and referrals as needed.

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).

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(A) & (C)

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

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

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

Creating Confident Caregivers

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

Geographic Area Served Berrien, Cass, Van Buren (PSA4)

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

The Creating Confident Caregivers® program has plans to offer 8 classes in FY2020 through increased marketing efforts. The goal is to grow program referrals and obtain commitments to host classes in a variety of venues such as libraries, churches, and senior centers. The AAA is also committed to training additional individuals to teach the classes; currently the AAA has one Master Trainer on staff and one Trainer (which is contracted through the Cass COA) for the entire service area.

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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.

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

Creating Confident Caregivers® was implemented and coordinated as a function of the AAA when encouraged and funded by AASA through a grant. The AAAs were being required to make the shift to evidence-based programs and the funding was offered to build capacity for a dementia-specific caregiver education program. The current structure maximizes resources and administrative efficiencies as the AAA provides marketing staff to promote the classes and respite for the caregivers to attend a class.

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

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Program Development Objectives

Area Agency on Aging Goal

A. Help older adults maintain their health and independence at home and in their community.

State Goal Match: 2

Narrative

The United States Census Bureau's definition of baby boomer considers the generation born between 1946 and 1964; the baby boomer generation is about 78 million strong. About 10,000 baby boomers turn age 65 every day and will for the next 10 years. Some of the focuses of the aging baby boomer population is staying active, healthy eating, lifelong learning, and care giving to parents. Region IV AAA will need to continue to be flexible and innovative to meet the needs of this growing population.

As the older population increases more family members are becoming caregivers. It is estimated that nearly 1 million Michigan residents provide informal care. Although caregiving can be very rewarding, it can also have negative effects. Family caregivers may experience considerable stress resulting in health problems, isolation, fatigue, and frustration, which can all lead to "caregiver burnout". Without supports and access to information and/or services the result may lead to higher utilization rates of institutional care. Per Eldercare Locator, 40% of the crisis calls received in 2018 were from caregivers looking for resources. Region IV AAA is committed to looking for opportunities to better support caregivers by offering education, training, and services.

Objectives

1. Strengthen and expand access to supports and resources for family caregivers.

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

Activities

Publish a bi-monthly caregiver newsletter.

Expand the provision of the Creating Confident Caregiver® classes offered.

Expand the provision of Powerful Tools for Caregiver classes offered.

Increase the number of caregivers who participate in respite services.

Partner with other organizations to be able to offer or refer caregivers to resources (such as support groups) that exist in the community.

I&A and Care Management continue to address the unmet needs of caregivers as part of their intake for resources and services.

Expected Outcome

To improve the quality of life for caregivers and those they care for through knowledge and empowerment.

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2. Continue to support and encourage independent living and successful aging of the older population by being able to adapt to their needs.

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

Activities

Expand the provision of the Matter of Balance classes.

Expand the provision of Chronic Pain and Diabetes PATH.

Introduce Workplace PATH to the employer community.

Increase opportunities for volunteerism.

Revitalize the concept of congregate meals.

Assume a greater role in providing dementia education in the community.

Create a publicly accessible community database of program offerings for older adults.

Expected Outcome

Older adults will continue to live independently and successfully age in the community of their choice.

B. Promote elder and vulnerable adult rights and justice.

State Goal Match: 3

Narrative

According to statistics provided by the National Council on Aging (NCOA), approximately 1 in 10 adults aged 60+ have experienced some form of elder abuse. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. The potential for an older adult to be abused increases immensely when they begin to rely on others for support. Elder abuse can be physical, emotional, and financial; it is a problem that robs older adults of their dignity and security. The National Center on Elder Abuse has also reported a connection between the increase in older adults living alone and higher rates of elder abuse. Region IV AAA will continue to participate in the education of older adults to recognize the signs and not become a victim and educate the community on identifying and reporting suspicious activity.

Objectives

1. Increase community awareness on the signs of abuse, neglect, and financial exploitation of older adults and how to report suspicious activity.

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

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Activities

MMAP Senior Medicare Patrol (SMP) volunteers will educate older adults on recognizing Medicare and social security fraud through outreach.

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

LTCO will distribute information on elder abuse and provide community presentations.

Legal Aid of Western Michigan will be available to educate, advise, and represent an older adult who is seeking legal assistance.

Staff will participate in TRIAD for community awareness.

Partner with the local Health Departments to provide opioid education in housing communities for older adults.

Increase community awareness by providing educational opportunities through partnerships with local law enforcement and financial institutions.

Expected Outcome

Increase community awareness on how to recognize and report elder abuse and, more importantly, how to take proactive steps to prevent an older adult from being a victim.

C. Conduct responsible quality management and coordination of Michigan's aging network.

State Goal Match: 4

Narrative

As the service area of Region IV AAA continues to experience a demographic shift in the older population, the agency will need to be prepared to accommodate the increase in the demand for services. The need for collaboration, coordination, and innovation both internally and amongst service providers to establish cost-effective and efficient systems to monitor, track, and report on services provided to the aging population, without jeopardizing quality, will be more of a necessity than ever before.

Objectives

1. Continue to be innovative in meeting the needs of the ever-changing landscape of the older population while ensuring service provision remains effective and efficient.

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

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Activities

Enhance the flow of data throughout the agency to reduce redundancies and to more effectively monitor program performance.

Streamline staff training for consistency and appropriateness.

Reinforce collaboration between I&A and CM departments to offer a more efficient process for accessing services.

Continue to augment service availability by strengthening the cost share process.

Cultivate the private pay market through Custom Care program.

Continue to foster provider relationships through regular communication, training, and collaboration.

Expected Outcome

Region IV AAA will be able to continue to respond to the needs of the growing population of older adults through innovation and quality programs.

D. More communities will complete an aging-friendly community assessment and receive recognition as a Community for a Lifetime (CFL).

State Goal Match: 0

Narrative

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

Objectives

1. At least one community within Region IV AAA service area will receive recognition as a CFL.
Timeline: 10/01/2019 to 09/30/2020

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Activities

Region IV AAA has shifted its role from actively providing *Communities for a Lifetime* (Livable Communities) presentations to municipalities and other decision makers to advocacy from within the local economic development corporations where it is represented on the Board, and continued participation in the Strategic Leadership Council Board (SLC) which reaches across governmental best practice groups. The AAA remains a strong advocate for the *Communities for a Lifetime* (CFL) program.

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

Once a community has been identified, the agency will provide technical assistance in:

Forming a committee through partnerships to inventory and assess services important to older adults;

Completing a community self-assessment by identifying activities, opportunities, and services currently available;

Develop a community action plan.

Expected Outcome

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

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Advocacy Strategy

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

Empowering consumers, creating efficiencies, and building prevention into long term services and supports continues to be the driving themes of the AAA's advocacy strategy.

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

Strategies to achieve those objectives include:

1. 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 the AAA's main office.
2. Use of Technology: Expanded use of technology tools including the AAA website and social media channels to inform consumers about public policy issues will inform and empower older adults to self-advocate.
3. Public Awareness: Region IV AAA works with varied public and private entities to increase awareness of issues facing the elder population. This includes taking an advocacy role when participating on collaborative bodies that may be able to influence the direction of resource use. Those collaborative bodies include three county-level Human Services Collaborative Councils and regional Strategic Leadership Council. Region IV AAA is also represented on the Advisory Council of each of the public transportation systems within our PSA.
4. 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.
5. Grassroots Advocacy (consumer engagement): Region IV AAA Advisory Council focuses on consumer advocacy issues and engages in activities to empower seniors to self-advocate. Activities include participating in advocacy groups such as the Michigan Senior Advocates Council, Silver Key Coalition, Older Michigianians Day, and AARP. Further, the AAA takes a leadership role in the Silver Key Coalition and the annual development of Older Michigianians Day, a statewide consumer advocacy event, and provides group transportation for consumers to attend. Region IV AAA hosts an annual legislative forum attended by state legislators and federal constituent services personnel giving older adults an opportunity to self-advocate on policy issues important to them. In addition, an Ask the Experts table is provided at the AAA's annual 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.

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6. Informing Legislators: Region IV AAA staff conduct regular face-to-face contact with elected officials and their staff to inform them of the impact of pending legislation on older adults in the service area. Additionally, the AAA staff provides direct testimony before elected officials, legislative committees and others on issues of concern to older adults.

Some of the efforts that Region IV AAA are engaged in that are related to the four priority areas are:

1. Creation of a Provider Employee Needs Fund to assist direct care workers who are experiencing a hardship and preventing them from being able to meet the requirements of their position.
2. Providing opioid education to persons residing in senior housing complexes.
3. Representation of AAA staff on the Berrien County TRIAD which focuses on the safety and well being of seniors.
3. Representation of local LTC Ombudsman on the Attorney General's Elder Abuse Task Force.
4. Allocating a large portion of allowable funding to senior centers for transportation to medical appointments and participation in congregate meals.
5. Representation of AAA staff on all three county public transportation committees.

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Leveraged Partnerships

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

- a. Commissions Councils and Departments on Aging.
- b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
- c. Public Health.
- d. Mental Health.
- e. Community Action Agencies.
- f. Centers for Independent Living.
- g. Other

Councils on Aging

Region IV has only one traditional Council on Aging operational in the region, in Cass County. That entity is a primary vendor and partner of AAA and holds annual contracts in adult day care, transportation and caregiver education. Additionally, they are a direct service purchase vendor for several services to be purchased through MIChoice, AASA care management, and MI Health Link. Region IV has recognized that a variety of types of organizations can be hubs of service to the older population. Those entities are being linked as organizational partners in AAA's Campus for Creative Aging initiative and vary from the Council on Aging in Cass to libraries, robust senior centers, YMCA, art groups and more.

Health Care Organizations/Systems

Considerable time and support in program/service development is leveraged through the local health system(s) and federally qualified health clinics. Examples of AAA interaction include:

Board Memberships-Spectrum/Lakeland, Bronson, & Intercare (FQHC) have representation on the AAA Board; AAA on Spectrum/Lakeland Board.

Interagency Care Team (ICT) Initiative – Spectrum/Lakeland, Intercare, Riverwood Mental Health, Berrien County Health Department represent core collaborators for ICT testing, evaluation and scaling with the AAA.

Healthy Berrien Consortium (HBC) – data-drive consortium for trend analysis and collective impact strategies; Spectrum/Lakeland, Intercare, Cass Family Clinic (FQHC), Intercare, Riverwood Mental Health, Berrien Health Dept and AAA are all represented. Collective impact strategies related to trauma related mental health & substance abuse issues are in development with many of the consortium members.

Post Acute Care – AAA is represented on Bronson Post-Acute Steering Committee.

Public/Mental Health

AAA is represented, along with public health and mental health, on each of the three counties Human Services Coordinating Councils. Additionally, Berrien County Health Department is partnering w AAA through AASA funding to provide opioid education to residents of senior housing complexes, particularly those who may be isolated with little to no support staff employed by the facility.

Community Action Agencies (CAA)

The CAA is an active member of AAA's Advisory Council and information on CAA available services is

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distributed regularly through AAA's Info-Line for Aging & Disability.

Centers for Independent Living

Disability Network Southwest Michigan (DNSWM) has been co-located with Region IV AAA since 2006. DNSWM's offices are strategically located close to AAA's Info-Line call center, which field an estimated 1,000 calls per month. Synergy and information sharing between the staff is common; both entities are strengthened by this relationship.

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

Currently, Region IV AAA provides two Evidence-Based Disease Prevention/Health Promotion programs: (1) A Matter of Balance (MoB); (2) Personal Action Towards Health (PATH). The AAA is committed to continuing to offer these programs with a goal of giving individuals the skills they need to coordinate all that is needed to manage their health, as well as to keep them active and living independently.

Both programs currently have an appropriate number of Master Trainers and Leaders/Coaches to meet the existing demand for classes. Also, the AAA has PATH leaders trained in various disciplines: chronic pain, diabetes, regular, and more recently workplace. The agency has a part-time Education Coordinator on staff who provides oversight of both programs.

With limited funding available to support the aforementioned classes, Region IV has chosen to institute a small charge (\$20/person) for the MoB classes with "scholarships" available if needed. The charge for the class has slowly increased over the last two years, especially as the demand for the class has grown and the funding from the MHEF-GREAT At Any Age initiative ended.

The PATH classes do not have an "advertised" charge but donations are accepted. In addition, unlike the MoB class, the PATH books are considered to be part of a "lending library" (to keep costs down) though participants have the opportunity to purchase for \$25/book.

The AAA has already been successful in marketing both the Chronic Pain and Diabetes PATH classes to area Clinics for their patients, these classes tend to have some of the highest participation rates.

Also, the agency recently trained two individuals in Workplace PATH and Region IV AAA is working on a plan to market the program to area business at an established cost to the employer.

Region IV AAA will continue to participate in the statewide PATH meetings to foster communication and collaboration with other agencies to meet the common goal of program sustainability.

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Community Focal Points

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

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

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

Name:	Benton Harbor/Benton Twp. Sr. Ctr.
Address:	225 Colfax Avenue, Benton Harbor, MI 49022
Website:	N/A
Telephone Number:	269-927-2497
Contact Person:	Thelma Branch, Director
Service Boundaries:	Berrien County
No. of persons within boundary:	39,067
Services Provided:	Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Commodities, Congregate Meals

Name:	Berrien County Department of Human Services
Address:	401 8th St., Benton Harbor
Website:	www.michigan.gov/
Telephone Number:	269-934-2000
Contact Person:	Kathleen Valdes
Service Boundaries:	Berrien County
No. of persons within boundary:	39,067
Services Provided:	Adult Protective Services, Adult Services, Home Help, Emergency Funding, Public Assistance, Utility Assistance

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Name: Buchanan Area Senior Center
Address: 810 Rynearson Rd., Buchanan, MI 49103
Website: www.buchananareaseniorcenter.com
Telephone Number: 269-695-7119
Contact Person: Adam Burck, Director
Service Boundaries: Berrien County
No. of persons within boundary: 39,067
Services Provided: Congregate Meals, Transportation, MMAP, Recreation, Commodities, Support Groups, Health Screenings

Name: Cass County Council on Aging
Address: 60250 Decatur Road, Cassopolis, MI 49031
Website: www.casscoa.org
Telephone Number: 800-323-0390
Contact Person: Robert Cochrane, Executive Director
Service Boundaries: Cass County
No. of persons within boundary: 13,966
Services Provided: Adult Day Services, Home Delivered and Congregate Meals, In-Home Services, Transportation, MMAP, Commodities, Recreation, Fitness, Caregiver Library, Support Groups, Home Modifications, Educational Offerings

Name: Cass County Dept. of Human Services
Address: 325 M-62, Box 277, Cassopolis, MI 49031
Website: www.michigan.gov
Telephone Number: 269-445-0200
Contact Person: Charles Rose
Service Boundaries: Cass County
No. of persons within boundary: 13,966
Services Provided: Adult Protective Services, Adult Services, Home Help, Emergency Funding, Public Assistance, Utility Assistance

Name: Central County Center for Senior Citizens
Address: 4083 E. Shawnee, Box 252, Berrien Springs, MI 49103
Website: N/A
Telephone Number: 269-471-2017
Contact Person: Heidi Abele, Director
Service Boundaries: Berrien County
No. of persons within boundary: 39,067

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Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Congregate Meals, Support Groups, Commodities

Name: Greater Niles Senior Center
Address: 1109 Bell Road, Niles, MI 49120
Website: www.nilesseniorcenter.org
Telephone Number: 269-683-9380
Contact Person: Jennifer Krueger, Director
Service Boundaries: Berrien County
No. of persons within boundary: 39,067

Services Provided: Recreation, Fitness, Health Screenings, Telephone Reassurance, Congregate Meals, Transportation, Commodities, MMAP

Name: Kinexus
Address: 499 W. Main, Benton Harbor, MI 49022
Website: www.kinexus.org
Telephone Number: 269-927-1064
Contact Person:
Service Boundaries: Berrien, Cass, and Van Buren Counties
No. of persons within boundary: 71,263

Services Provided: Employment, Training

Name: North Berrien Senior Center
Address: 6658 Ryno Road, PO Box 730, Coloma 49038
Website: www.northberrienseniiorcenter.org
Telephone Number: 269-468-3366
Contact Person: Debbie Ziemke, Director
Service Boundaries: Berrien County
No. of persons within boundary: 39,067

Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Congregate Meal Site, Commodities

Name: Region IV Area Agency on Aging
Address: 2900 Lakeview Avenue, St. Joseph, MI 49085
Website: www.areaagencyonaging.org
Telephone Number: 800-442-2803
Contact Person: Information & Assistance
Service Boundaries: Berrien, Cass, and Van Buren Counties
No. of persons within boundary: 71,263

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Services Provided: Information and Assistance, Care Management, MMAP, Senior Employment, Foster Grandparent Program, Senior Companion Program, Grandparents Raising Grandchildren, Custom Care, Care Management, SeniorNET Computer Training, Evidence-Based Programs

Name: River Valley Senior Center
Address: PO Box 275, Harbert, MI 49115
Website: www.RVSeniorCenter.org
Telephone Number: 269-469-4556
Contact Person: Tim Hawkins, Director
Service Boundaries: Berrien County
No. of persons within boundary: 39,067
Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Commodities, Congregate Meal Site

Name: Senior Lifeline Center(Van Buren United Civic Org.)
Address: 73292 34th Avenue, Covert, MI 49043
Website: N/A
Telephone Number: 269-764-8378
Contact Person: Debra Mahone
Service Boundaries: Van Buren County
No. of persons within boundary: 18,230
Services Provided: Recreation, Fitness, Health Screenings, Telephone Reassurance, Congregate Meal Site

Name: Senior Nutrition Services Meals on Wheels of SW MI
Address: 1708 Colfax Avenue, Benton Harbor, MI 49022
Website: www.snsmeals.org
Telephone Number: 269-925-0137
Contact Person: Linda Strohl, Executive Director
Service Boundaries: Berrien, Cass, and Van Buren Counties
No. of persons within boundary: 71,263
Services Provided: Congregate Meals, Home Delivered Meals, Transportation to Meal Sites

Name: Senior Services of Van Buren County
Address: 1635 76th Street, South Haven, MI 49090
Website: www.seniorservices-vbc.org
Telephone Number: 269-637-3607
Contact Person: Diane Rigozzi, Director
Service Boundaries: Van Buren County

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No. of persons within boundary: 18,230
Services Provided: MMAP, Information, Referral, Transportation, Commodities, Recreation, Health Screenings, Fitness, Care Management, Friendly Reassurance, In-Home Services

Name: Southwest MI Community Action Plan
Address: 185 E. Main St., Benton Harbor, MI 49022
Website: www.smcaa.com
Telephone Number: 269-925-9077
Contact Person: Art Fenrick, Executive Director
Service Boundaries: Berrien, Cass, and Van Buren Counties
No. of persons within boundary: 71,263
Services Provided: Commodities, Utility Assistance, Rental Assistance

Name: St. Joseph-Lincoln Senior Center
Address: 3271 Lincoln Avenue, St. Joseph, MI 49085
Website: www.sjlsc.org
Telephone Number: 269-429-7768
Contact Person: Cindi McLaughlin, Director
Service Boundaries: Berrien County
No. of persons within boundary: 39,067
Services Provided: Recreation, MMAP, Fitness, Health Screenings, Telephone Reassurance, Transportation, Commodities, Congregate Meal Site

Name: The Avenue Family Network, Inc.
Address: 2450 M-139 Benton Harbor, MI 49023
Website: www.theavenue.ngo
Telephone Number: 269-925-1725
Contact Person: Joseph Goepfrich, Executive Director
Service Boundaries: Berrien, Van Buren County
No. of persons within boundary: 57,297
Services Provided: Adult Day Services, In-Home Services, Guardianship, Support Groups

Name: Van Buren Department of Human Services
Address: 57150 C.R. 681, Hartford, MI 49057
Website: www.michigan.gov
Telephone Number: 269-621-2800
Contact Person: A. David Fernandez
Service Boundaries: Van Buren County

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No. of persons within boundary: 18,230
Services Provided: Adult Protective Services, Adult Services, Home Help, Emergency Funding, Public Assistance, Utility Assistance

Name: Van Buren Mental Health
Address: 801 Hazen St., Paw Paw, MI 49079
Website: vbcmh.com
Telephone Number: 800-922-1418
Contact Person: Debra Hess, CEO
Service Boundaries: Van Buren County
No. of persons within boundary: 18,230
Services Provided: Adult Day, Counseling, 24-Hr. Crisis Line, Elder Services

Other Grants and Initiatives

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

Interagency Care Team (ICT)

The ICT project will focus on the implementation of payment models within scalable contracts to structurally link AAA HCBS expertise with physician needs to better serve and solve a range of home-based barriers to health care. This stems from a multi year ICT effort to bring care managers from varied providers, including AAA, together to collectively target and solve problems with the goal of creating a holistic approach for patients whose circumstances result in a high recurrent use of the hospital emergency department.

MI Health Link (MHL)

The MHL partnership with the two health plans and Region 3B has continued to evolve as a demonstration to integrate care for people dually eligible for Medicare and Medicaid. Interest and staff at the health plans have fluctuated considerably since the inception of the demonstration which has resulted in continued change and evolution of the contractual relationships involved. It remains unclear as to whether the MHL goal to provide seamless access to services and support through a person-centered care coordination model has been successful. The AAAs will continue to work closely with the two health plans involved.

Campus for Creative Aging

The AAA's efforts to laud age as a time of Purpose, Creativity, Growth and Learning will gain momentum as a virtual campus movement that promotes expanded educational offerings and connectivity in areas such as technology, volunteerism, health, retirement, financial planning, and enrichment. The hub emerged from the purchase of an additional building, adjacent to the AAA's main building, which will incorporate campus-branded kiosks throughout the sites of organizational partners within our PSA that range from established aging entities such as senior centers and councils on aging, to libraries, YMCA, and beyond. The kiosks will be the "key" to opening the doors to creativity and involvement.

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

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

The Campus for Creative Aging initiative is built around four pillars which are "creativity, learning, growth and purpose". The goal is to ensure that the older adults in Berrien, Cass, and Van Buren counties are seen as vital resources in their communities and are recognized and respected for living purposeful, engaged and personally rewarding lives. The Campus delivers on-site life enrichment programs and events and provides vital information and resources in addition to collaborating with like-minded organizations to expand program offerings regionwide.

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

The aforementioned initiatives all reinforce Region IV AAA's efforts to offer appropriate services and resources to meet the needs of older adults within our PSA in addition to empowering older adults to take a more active role in aging successfully in the community in which they live.

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Region IV, Area Agency on Aging
PSA: 4

Budget Period: 1000/19
07/22/19

to 09/30/20
Rev. No.: 2

Rev. 04/12/2019
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Op	Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A	State Access	State In-Home	State Care	State Care Mgmt	State NHO	SL ANS	SL Respite (Escheat)	MATF	SC CG Suppl	Unassigned MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	A-1	Access Services																		
	A-1	Care Management								107,507							40,000		13,227	161,184
	A-2	Case Coordination and Support	50,000		55,000		22,511						17,552				200		15,502	160,785
	A-3	Disaster Advocacy & Outreach Program																		
	A-4	Information & Assistant	72,000		15,000								17,552						12,447	116,989
	A-5	Outreach																		
	A-6	Transportation	60,000														12,500	855	6,666	80,021
	A-7	Options Counseling								107,595									11,985	119,581
B	B-1	In-Home																		
	B-1	Chore	9,500																	
	B-2	Home Care Assis	100																	
	B-3	Home Injury Care	7,000																	
	B-4	Homemaking	10,600					165,052												
	B-6	Home Health Aide																		
	B-7	Medication Mgt	1,000					4,722	86,278											
	B-8	Personal Care	2,500					81,000												
	B-9	Assistive Devices&Tech	10,000					1,000												
	B-10	Respite Care	6,624		19,475			149,612					23,938				900	28,500	14,789	243,838
	B-11	Friendly Reassure																		
	B-11	Legal Assistance	25,000																	
C	C-1	Community Services																		
	C-1	Adult Day Services																		
	C-2	Dementia AOC																		
	C-6	Disease Prevention&Health Promotion		24,762	15,000				2,386				46,698	94,149	11,616		3,000	520,000	3,000	880,850
	C-7	Health Screening																		
	C-8	Assist to Hearing Impaired & Deaf Cmty																		
	C-9	Home Repair	100																	
	C-11	LTC Ombudsman	4,000			7,524					18,004									
	C-12	Sr Ctr Operations																		
	C-13	Sr Ctr Staffing																		
	C-14	Vision Services																		
	C-15	Prevent of Elder Abuse, Neglect, Exploitation																		
	C-16	Counseling Services																		
	C-17	Creat Conf CG@ CCC	100			5,108														
	C-18	Caregiver Support Services			15,000															
	C-19	Kinship Support Services			7,000															
	C-20	Caregiver E.S.T			8,000															
	C-20	Caregiver E.S.T			16,000															
	C-8	Program Develop	64,231																	
		a. GAP Filing Services	6,000																	
		b.																		
		c.																		
		d.																		
		T. CI PI/ADRC Services																		
		8. MATF Adm																		
		9. SI C/S Sup Adm																		
		SUPPRT SERV TOTAL	328,155	24,762	150,475	5,108	22,511	401,386	88,054	215,913	18,004	35,104	70,637	103,169	12,765	9,254	56,900	607,230	143,449	2,302,431

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

Rev. 04/12/2019

Agency: Region IV, Area Agency on Aging Budget Period: 10/01/19 to 9/30/20
 PSA: 4 Date: 07/22/19 Rev. Number 2

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

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	405,753		7,542		25,000	99,190	16,530	49,595	603,610
B-5	Home Delivered Meals		205,066		376,944	65,000	98,942	17,460	69,841	833,253
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	5,000	7,617						1,402	14,019
	Nutrition Services Total	410,753	212,683	7,542	376,944	90,000	198,132	33,990	120,838	1,450,882

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

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

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MISO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	4,000	7,624	-	18,004	9,264	-	3,475	-	42,367
C-15	Elder Abuse Prevention	-	-	5,108	-	-	-	-	-	5,108
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	4,000	7,624	5,108	18,004	9,264	-	3,475	-	47,475

FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

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

Op Std	SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only						
C-18	Caregiver Sup. Services	-	-	-	-	-	-
C-19	Kinship Support Services	-	8,000	-	-	889	8,889
C-20	Caregiver E,S,T	-	-	-	-	-	-
	Kinship Services Total	-	8,000	-	-	889	8,889

Planned Services Summary Page for FY 2020

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Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 161,184	4.29%			x
Case Coordination & Support	\$ 160,765	4.28%			x
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 116,999	3.12%			x
Outreach	\$ -	0.00%			
Transportation	\$ 80,021	2.13%		x	
Option Counseling	\$ 119,951	3.20%			x
IN-HOME SERVICES					
Chore	\$ 11,012	0.29%	x		
Home Care Assistance	\$ 100	0.00%	x		
Home Injury Control	\$ 7,778	0.21%	x		
Homemaking	\$ 198,525	5.29%	x		
Home Delivered Meals	\$ 833,253	22.20%	x	x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 102,223	2.72%	x	x	
Personal Care	\$ 92,778	2.47%	x		
Personal Emergency Response System	\$ 12,223	0.33%	x		
Respite Care	\$ 243,838	6.50%	x	x	x
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 680,850	18.14%	x	x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 603,610	16.08%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 46,502	1.24%			x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 100	0.00%	x		
Legal Assistance	\$ 80,178	2.14%		x	
Long Term Care Ombudsman/Advocacy	\$ 42,367	1.13%			x
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 5,108	0.14%			x
Counseling Services	\$ 100	0.00%	x		
Creating Confident Caregivers® (CCC)	\$ 16,667	0.44%		x	x
Caregiver Supplemental Services	\$ 7,778	0.21%	x		
Kinship Support Services	\$ 8,889	0.24%			x
Caregiver Education, Support, & Training	\$ 17,778	0.47%		x	
AAA RD/Nutritionist	\$ 14,019	0.37%	x		
PROGRAM DEVELOPMENT	\$ 71,368	1.90%			x
REGION-SPECIFIC					
a. GAP Filling Services	\$ 6,889	0.18%	x		
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES					
SUBTOTAL SERVICES					
	\$ 3,742,853				
MATF & ST CG ADMINISTRATION					
	\$ 10,460	0.28%			x
TOTAL PERCENT		100.00%	26.77%	51.35%	21.88%
TOTAL FUNDING		\$ 3,753,313	\$1,004,497	\$1,927,603	\$821,213

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