



## 2014-2016 ANNUAL & MULTI YEAR IMPLEMENTATION PLAN BRANCH-ST.JOSEPH AREA AGENCY ON AGING III-C



**Areas Served**  
Branch and St. Joseph  
counties

**Branch-Hillsdale-St. Joseph Community Health Agency**  
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**Coldwater, MI 49036**  
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**Stephen Todd, Executive Director**  
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Field Representative Steve Betterly, 517-373-4089  
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Branch-St. Joseph Area Agency on Aging

FY: 2014

### Plan Overview

The purpose of the Plan Overview is to provide a succinct description of the priorities being set by the Area Agency for the use of Older Americans Act and state funding during the MYP cycle: FY 2014 through FY 2016. The Plan Overview should include, in 1000 words or less if possible, the following:

**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.**

**Highlights of planned program development objectives.**

**A description of goals and strategies for accomplishing them.**

**A description of planned special projects and partnerships.**

**A description of significant changes in demographics, resources available and service priorities that have occurred since the previous MYP was developed.**

**A description of specific management initiatives the Area Agency plans to undertake to achieve increased efficiency in service delivery.**

**A description of how the Area Agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP.**

#### **AAA Response:**

The Branch-St. Joseph Area Agency on Aging (IIIC) mission is to provide a full range of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAA's in the State of Michigan responsible for administering Older Americans Act and Older Michigianians Act funding to address the needs of older adults, age 60 and over, and family caregivers living in Branch & St. Joseph Counties.

Demographic & Community Input Highlights: To develop the Multi-Year Plan, we utilized 2010 U.S. Census data and our most recently completed Community Needs Assessment to identify and prioritize services based on data and feedback.

Over the past 10 years Region 3C has seen a 3.6% increase in our 60 and over population, yet a decrease in our total population (~2%). Our 60+ "boom" will continue to grow well into 2020 and beyond, when those 55-65 and older will comprise over 32% of our total population in rural, southwest lower Michigan. Those people 60+ in poverty also increased by nearly 4% since 2010. Our percentage of 60+ who are minority, Hispanic or indicating two or more races are consistent with the previous Census, hovering at 1.5% or lower. The most notable and astonishing demographics from the 2010 Census were in the "grandparents

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as caregivers” section. In 2000, eleven (11) grandparents in Branch County had one or more of their own grandchildren under 18 years living in the household. In 2010, there were 748. There was also a marked increase (over 150% increase) in St. Joseph County for grandparents with grandchildren in the household. In 2000 there were 980, in 2010 there were 1491.

Home Care Assistance, Senior Nutrition Programs, caregiver supports, and home repair/chore services remain a high priority among older adults and community leaders. Transportation did not rank as highly as it has in the past; however is still a priority service area. It is also notable that key leaders and older adults feel that the awareness of services is the most important improvement needed in service delivery across the planning and service area. We also unveiled that physicians/health care professionals are peoples' most sought after source of information. The community needs assessment has illuminated many areas for our attention and innovation! We will continue to recognize and support family caregivers by providing services including; Caregiver education, support and training, medication management, Community Living Program and adult day services. We will also continue to provide as many evidence-based disease prevention programs as we can throughout the planning and service area.

The summary below outlines the top five funded service categories and the number of people we anticipate serving:

Home Delivered Meals (contract): \$843,030, serving nearly 700 individuals

Congregate Meals (contract): \$359,159, serving over 1,800 individuals

Home Care Assistance (contract): \$295,882, serving nearly 700 individuals

Care Management/Case Coordination & Support (contract, AAA Direct): \$185,543, serving nearly 1,000 individuals

Transportation (contract): \$179,457, serving 800 or more individuals

Other service categories and number of anticipated number of people served:

Information & Assistance: 600 peopleChore: 100 people

Medication Management: 20 peopleAssistive Devices/Technology: 30 peopleRespite: 90 peopleAdult Day

Services: 30 peopleDisease Prevention/Health Promotion: 155 peopleHome Repair: 40 peopleLegal

Services: 60 peopleCaregiver Education, Support & Training: 135 peopleCommunity Living Program

Services: 20 peopleMMAP benefit counseling & fraud prevention: 650 people

Contracting for service provision through our well-established aging network providers, older adults, people with disabilities and caregivers in our region will receive these essential in-home and community-based services. All of the aforementioned service categories will be included in our 2013 Request for Proposal.

Resources and Changes in Service Priorities:Based on the prioritization of services and feedback gleaned at the input forums and public hearings, we eliminated four services which were previously funded with federal sources. Based upon that same feedback, we redirected the funds previously allocated to those services into higher prioritized service categories for the FY14-16 cycle. Those services eliminated for the FY14-16 cycle include: caregiver supplemental services, kinship support, counseling, and senior center staffing. With the flexibility of other service category definitions, we will still be able to offer supports related to those that were eliminated. For example, caregiver education, support & training can serve any caregiver, including those in kinship situations. Our county Commission on Aging offices and other human service agencies recognize the need to continue offering supportive services such as counseling and senior center staffing, and may continue to fund projects/collaborations with other local funding.

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The most significant funding change since our last multi-year plan was the cut in federal program titles due to the sequestration. As such, we've made shifts and program funding cuts to balance our budget and will continue to do so should those cuts continue. These cuts remind us of the importance of leveraged and collaborative partnerships, and, building new relationships in the health care field.

Initiatives to Achieve Service Delivery Efficiencies: Our agency strives for efficiency both internally and externally among community partners. Internally, the Community Health Agency has "absorbed" the AAA as we share accounting staff, space, and various administrative roles. We are a seamless, autonomous department but yet share many responsibilities and costs of doing business with the larger agency. Externally, during our interactions and involvement throughout the planning and service area, AAA staff share best practices, suggestions and, when we can, encourage collaboration among providers and other entities to more practically serve our community. We are especially active in the county collaborative groups and will continue to share resources for special projects and events in the coming years. Providers look to maintain efficiency and strive for cost effective service delivery. Much of this will continue to be seen with information technology and their public/private partnerships. For example, the restaurant voucher program in St. Joseph County is a win-win for all: privately owned restaurants contract with COA to offer special menu items and are reimbursed with a combination of federal/state/local resources. The program offers choice, the #1 benefit, but also supports local businesses in a cost effective and collaborative manner.

We anticipate efficiencies to be reflected in the grants written during the 2013 Request for Proposal. Most notably, the coordination of all transportation services to one provider in St. Joseph County rather than via the Transit Authority and the COA.

Region 3C AAA will also continue our research and exploration of accreditation as a way to improve quality and better position ourselves for work with health plans, hospitals and other funding entities.

Description of Goals/Strategies to Accomplish Program Development Objectives:~ We will work with our provider network, health care agencies and offices, and community hospitals to improve the health and nutrition of older adults.

- ~ Increase evidence-based disease prevention programming, participation and partners.
- ~ Continue our efforts to provide and continually improve our information and assistance to those seeking information and resources. Seek training and educational opportunities to share and participate in. Compile data and information into the Aging Information System for use and reference as it becomes available.
- ~ Continue our elder abuse prevention & awareness activities with key community partners. Offer additional trainings and one-day events to raise community awareness.
- ~ Continue our partner development and crafting of an application to be recognized as an Aging and Disability Resource Consortium. Conduct multiple meetings and one-on-one meetings with key partners for trust-building and establishment of a gaps/needs assessment.

Strategy for Developing Non-Formula Resources:

One of our goals includes furthering a CMS initiative to reduce preventable hospital readmissions by working closely with our community hospitals to develop a care transition project. AAA 3C care consultants were trained in a care transition intervention in the spring of 2013. We will begin to work on a business plan and make our approach to each of our community hospitals to seek resources to support a demonstration project.

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Our agency is also preparing for the Michigan Department of Community Health Integrated Care Project which seeks to integrate care for those dually eligible for Medicare and Medicaid. As PSA 3C is involved in the demonstration region, we look at this initiative as an opportunity: becoming more engaged in service coordination/consultation and for non-formula resource development. We look forward to the endeavor and welcome serving more people in our planning and service area alongside our AAA colleagues and community partners.

Description of Special Projects and Partnerships:We will continue partnerships with local Department of Human Services, law enforcement and community agencies to raise awareness and prevent elder abuse, neglect and exploitation.

We will continue our partnership with the Battle Creek Veterans Administration to serve veterans and their families via the Veteran Community Partnership project & the Veteran-Directed Home and Community Based Program. The need for information, resources and access to services for veteran's and veteran caregivers remains a high priority area for our community. We remain connected to each County Veterans' Affairs office as well in an effort to connect veterans to benefits and support for their needs.

As mentioned previously, our work and business development with hospitals and health plans should be noted again.

As an autonomous department within with the Branch-Hillsdale-St. Joseph Community Health Agency, our regional planning and advocacy efforts are multi-faceted. Unique innovations and connections within the public health sector give rise to additional collaboration within the aging network in Branch and St. Joseph Counties. From advocacy surrounding state budget issues, disease prevention and health promotion activities, and food safety among senior nutrition programs, the Community Health Agency's aptitude and presence throughout our communities raises an additional level of awareness of services and supports to those we serve.

We intend to carry these past accomplishments well into the future. Improving older adults' access to services, support for their caregivers and ensuring community resources are available for their use will remain our focus as we move ahead. Partnerships and advocacy will foster development, growth and offer more services to those who need them. For the next three years, the Branch-St. Joseph Area Agency on Aging remains committed to offering an array of services and promoting choice to enhance people's lives.

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## Public Hearings

In order to gather information regarding the needs of older adults in the PSA, the Area Agency must employ a strategy for gaining input directly from older persons throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the MYP must be held in the PSA. The hearings must be held in accessible facilities. Persons need not be present at the hearing in order to provide testimony; e-mail and written testimony must be accepted for at least a (30) thirty-day period beginning when the summary of the MYP is made available. The public hearing notice should be available at least thirty (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. Persons who should be notified of the public hearing include elected officials, service providers, older adults, Native Americans both on and off reservation, and the general public. All components of the MYP should be available for the public hearings.

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

### AAA Response:

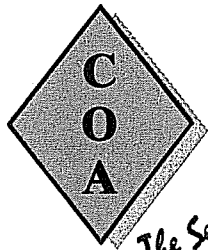
Date	Location	Time	Is Barrier Free	No of Attendees
04/26/2013	Community Health Agency, Co	11:00 AM	Yes	6
04/26/2013	Community Health Agency, Tr	02:00 PM	Yes	4

### Narrative:

The AAA 3C hosted public hearings in each county of the PSA on Friday, April 26, 2013. Each hearing was held in the Community Health Agency offices, which are accessible buildings. Public Notice ads were placed in all community newspapers with the draft planning documents available in advance of the hearings. We announced the Public Hearing dates to the Board of Health (AAA Policy Board), Advisory Committee, and at each Input Forum in the region to encourage attendance. Providers were also notified specifically in advance. Those who attended were contracted service providers, involved directly in providing services and supports to people in our community. The AAA staff (Coordinator, Program Specialist, and one care consultant attended) shared DRAFT FY13 AIP and MYP14-16 Plans, including preliminary results of the Community Needs Assessment. Priorities that emerged from the needs assessment include: in home services (specifically home delivered meals, chore services, and homemaking), MMAP, and Caregiver Services. Trends in demographic data was also shared including our overall loss of total population from the 2000 Census (-2%) yet our older adult population grew 3.5%! Population projections also indicate nearly 5% growth for every 10 years, through 2030... The groups

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discussed the program development objectives, direct services work plan, targeting and advocacy strategy as well. The providers who attended the hearings (each County Commission on Aging, Community Action, and Pines Senior Respite) commented that they would appreciate continued flexibility in how disease prevention/health promotion programs are developed and funded. The lower-funded services such as chore, caregiver supplemental and counseling, providers asserted should be eliminated and the resources be placed back in higher priority service categories (such as home care assistance, meals, etc). Respite services were discussed among attendees as being a growth area for the aging network. More families are seeking assistance and utilizing available supports stating the "communities have really warmed up to respite". The Three Rivers public hearing was attended by an editor of local newspaper, gleaning priorities, program enhancements and understanding community feedback. All of our public comments have been summarized herein. The attachments include input from the St. Joseph County Commission on Aging Board of Directors, a Sturgis-area resident, and the associated article placed in the Three Rivers Commercial News after the hearing.



*The Senior Connection*

**St. Joseph County Commission on Aging**  
103 S. Douglas  
Three Rivers, MI 49093  
269-279-8083 or 800-641-9899  
Fax: 269-273-7058

March 20, 2013

Ms. Laura Sutter, Coordinator  
Area Agency on Aging Region IIIIC  
570 Marshall Road  
Coldwater, MI 49036-9204

Dear Ms. Sutter,

The St. Joseph County Commission on Aging (SJCCOA) Board, in preparation for the Multi-Year Area Plan (MYP) & Annual Implementation Plan (AIP), wish to comment on service priorities and service targeting for St. Joseph County. The SJCCOA Board, through a committee of four board and two staff members, conducted a prioritization and strategy exercise on March 13, 2013.

During this session, the committee reviewed all services provided by the SJCCOA which receive funding from AAIIIC, the ratio of grant dollars to local dollars and other funding sources, the number of clients receiving services who were registered at or below 200% of poverty, and the service units provided.

Committee members also reviewed comparative contract grant reimbursement from other AAIIIC funded service providers, finding in many cases SJCCOA unit reimbursement rates were significantly lower due to the large amount of local match SJCCOA applied to that service.

The committee discussed current concerns regarding federal, state and local budgets, noting state and federal funding to OSA was cut by approximately 28% from 2009-2011, the estimated reduction of funding through the federal sequestration for aging services may be up to 9%, the personal property tax portion of SJCCOA's millage will be eliminated, or at best reimbursed by other unknown funding by only 80% and program expenses are increasing due to the rising cost of food, gasoline and healthcare.

Additionally, SJCCOA's millage levy amount is at the discretion of the County Commissioners. Therefore, SJCCOA's millage may not be levied at the full amount in forthcoming tax years.

With a solid history of serving seniors in St. Joseph County since 1973, the St. Joseph County Commission on Aging is the oldest and most trustworthy senior service provider in the county. We understand the challenges faced by area seniors.

Supported by:  
St. Joseph Co. Senior Millage, Older Americans Act Funds, Area Agency on Aging Region IIIIC, and Donations



Through SJCCOA's recent strategic plan, the committee was able to prioritize and rank services in order of promoting "Independence Dignity and Quality of Life at each stage of Aging." The results of this ranking were as follows:

1. Home Delivered Meals
2. Home Care Assistance
3. Transportation (escort and specialized services)
4. Respite Care
5. Congregate Meals
6. Case Coordination
7. Caregiver Education, Support and Training
8. MMAP
9. Disease Prevention/Health Promotion

The following programs, while important, were not ranked as highly:

1. Counseling
2. Kinship Support Services
3. Caregiver Supplemental Services
4. Chore Services
5. Home repair
6. Senior Center Staffing

For the purposes of the MYP & AIP for 2014-2017, The St. Joseph County Commission on Aging recommends III E funding currently awarded to Counseling, Kinship Support Services and Caregiver Supplemental Services be consolidated to support Caregiver Education Support and Training. Additionally the SJCCOA recommends III B funding currently awarded Senior Center Staffing, Chore and Home Repair be consolidated to support Home Care Assistance.

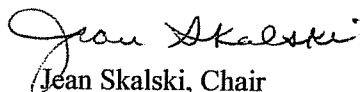
If III E and III B funding are consolidated as suggested above, Chore Services, Senior Center Staffing, Home Repair, Counseling Services, and support to Kinship Caregivers would be anticipated to continue, through local funding.

Additionally, SJCCOA Board would request the funding allocation for Home Delivered meals increase, as this is the greater need in the community, while funding for Congregate meals be somewhat decreased. The SJCCOA board also requests programming a small amount of the Congregate funding to incorporate Caregiver Meals for dependents of seniors who are not 60 years of age (kinship caregivers and seniors caring for adult children with disabilities).

Commission on Aging believes that this consolidation and streamlining of funding best protects the most vulnerable of our population, and assures they will be least affected by pending funding cuts. This consolidation also allows COA the most flexibility to offer non priority services in the manner which best serves the community by funding with local dollars.

Please consider this request for streamlining service funding, and the addition of Caregiver Meals as presented above in the 2014-2017 MYP & AIP.

Sincerely,



Jean Skalski, Chair  
St. Joseph County Commission on Aging  
Board of Directors

# Karen J. Cary

April, 26, 2013

RE: Blue Skies Adult Day Care Center

To All Involved in Disabled and Senior Care:

This letter is long overdue. Many times when our family was overwhelmed with the mechanics and emotion of day to day care of our aging parents I rehearsed its content in my mind but failed to follow through. Even now I'm certain the words I type won't begin to express the gratitude we have for the respite care provided for our Dad which had the side effect of keeping our Mom happier and healthier through a major health issue.

Dad had his first stroke in 2002, and has had several thereafter. Mom has been his primary care giver for going on 11 years. When we finally convinced Mom in fall 2011 to sell their dream home on the lake and move to a handicapped accessible condo that provided emergency care to help her with Dad when he fell regularly, we were fortunate enough to find shortly thereafter the services of Blue Skies Adult Care in Sturgis.

Initially Mom used the services of Blue Skies for respite a couple days a week, so she could shop and clean and to be honest, at 77 years of age, just rest. Then in May of 2012 Mom had heart issues, likely affected by the stress of her life as caregiver, which resulted in by-pass surgery and all that entailed for her physical recovery. We had to make some quick decisions about Dad's care but Mom wanted him home with her as soon as she could physically maintain his care. She could not have accomplished that without the help of the wonderful people at Blue Skies.

Dad attended Blue Skies almost daily for the past 11 months. I transported him to and from and the patience, attention and genuine care he received constantly amazed me. They did things with him that Mom could not, and gave her the rest necessary to heal and strengthen and continue to care for him in their home which is her only goal in life.

I bring this to light now as the grant funding at Blue Skies has affected his ability to attend. We are working on resources to help Mom pay an hourly rate but they are limited by this financially.

Without the time Mom was able to have Dad in the capable and loving hands of the caregivers at Blue Skies, I am certain she would not be in the health she is now. I am just as certain that Dad's care in her hands is less costly and more capable than any licensed facility.

I realize there is ongoing debate and legislation regarding the topic of funding respite care and in-home care as opposed to entering as a resident of a licensed nursing/long term care facility, and as a family we would like to add our example and strongly urge these changes be made. The benefit of Dad at Blue Skies with Mom as the primary caregiver has been both financial and physiological for both our parents.

There is a definite need for this type of transition care in our community, to keep loved ones at home where they are best cared for and in better health as long as possible. Please consider this need as decisions are made that make funding available.

Please contact me anytime if there's anything I am able to do to help bring about this change, or if you have any questions regarding our ongoing attempt to keep our aging parents happy and at home in our community.

Sincerely,  
Karen J. Cary

Branch-St. Joseph Area Agency on Aging

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### Scope of Services

1. Describe the AAAs process for identifying unmet needs within the PSA:

(i) identify the data sources used to determine needs;

(ii) identify major unmet needs for the PSA;and

(iii) describe the AAAs priorities for addressing identified unmet needs within the FY 2014-16 MYP.

#### **AAA Response:**

In order to prioritize funding and program development objectives over the next three years, the area agency incorporated data from the 2010 U.S. Census as well as studied regional needs among older adults, current service participants, caregivers, key community leaders, and those who provide services. Feedback from the "Community Needs Assessment" clearly indicates which programs, services, and supports are most important to the public and consumers who are eligible or currently utilizing existing services/supports. Accordingly, the results were used in prioritizing funding and services throughout this planning document.

As stated in the Older Americans Act, AAA's need "to give priority to those with greatest economic and social need". We look to the U.S. Census for poverty-related data to address our progress and gaps in service levels. In the 2010 Census, 10.3% of the 65 and over population in the region is considered "in poverty", and 10.8% of those persons 75 and over. These percentages represent a 3% increase over the 2000 Census data on poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. Those considered "minority" in our PSA only number 8,964 which is less than 1% of the total population in the region. We do outreach to minority communities and cultures via our provider network and those working for our agencies who may be of a minority group. For example, at the Community Health Agency we have a number of hispanic and arabic staff who can assist us in translation, cultural sensitivity and outreach across the PSA.

In order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service we initiated a Community Needs Assessment. Our intent was to gain insight on the perception of need for services, how individuals' obtain information about services, need for expansion, need for improvement and accessibility. We did revise the document for this planning cycle to include the aforementioned topic areas as well as focused a bit more on the need for elder abuse prevention/awareness, health insurance information and Veteran's resources.

Feedback was captured from 290 respondents via the "Community Needs Assessment" tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional 4-page questionnaire. Each version contained the same 20 questions. Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite), Home Delivered Meal participants, Adult Day Program participants and many more. The survey was opened for six weeks (April 1st to May 17th) and promoted through the Community Health Agency's website, news media and through group email lists. Respondents were assured that their responses were anonymous.

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A list of the 26 'fundable' OSA services was utilized to gauge priority areas, and respondents were asked to rank them on a three-point scale ranging from little need (1 point) to moderate need (2 points) to great need (3 points). A natural breaking point was observed between those that were ranked highest need and those that were considered lower needs. Highest overall needs among all respondents ranged between 2.01 and 1.8 and include: Home Delivered Meals, Homemaker, Medicare/Medicaid Assistance Program, Home Repair, and Personal Emergency Response.

The online Survey Monkey Needs Assessment introduction and direct link was emailed to multiple key community leaders including; Faith-based organizations, Health care providers (including physicians, specialty clinics, home health agencies, rural health clinics, and hospital discharge planners/social workers), aging network providers, AAA Advisory Committee, CHA/AAA Policy Board, other local elected officials, human service agencies (including multi-purpose collaborative bodies Department of Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Lions, Elks, and Chambers of Commerce). Though we did not receive the amount of feedback that we would have liked, we still feel our discussions with local providers, key leaders and our community partners were lengthy and meaningful. Input received through the formal survey coincided with older adults' input in that homemaking/personal care, caregiver services, and Medicare/Medicaid Assistance Program were ranked highest in need.

Community Input Forums were promoted and held in Branch and St. Joseph Counties at each Commission on Aging/community center. Over 80 people participated in the Input Forums and associated 'side conversations' with AAA staff who were present. Public Hearings, as indicated earlier in the Plan, were held in each county (see "Public Hearing" section). As always, our AAA Advisory Committee participated throughout the planning process as did the Community Health Agency Board of Health.

In collaboration with the Community Health Agency Health Promotion division, staff was able to tabulate results using the survey monkey tool. We would like to acknowledge their expertise and guidance in preparing, implementing, tabulating, and summarizing the data set from the surveys. We have included the actual survey tools used for gathering data as an appendix, as well as the powerpoint that was developed to share results in an organized, meaningful way!

There seem to be a few themes that are consistent throughout the data, between both older adults and key community leaders, which are (in order of importance):

1. Need to increase awareness of services
2. Need for in-home services
3. Need for assistance with Medicare/Medicaid (Medicare/Medicaid Assistance Program)

These themes have remained consistent since our last Community Needs Assessment; however, with the advent of the Medicare Prescription Drug Coverage and other long term care trends, older adults, key

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leaders and family caregivers have prioritized assistance with health care coverage.

In a rural PSA such as ours, In-Home Services and Access Services have proven to be the most important to seniors and most needed. It would be safe to say that seniors who are mobile want to remain mobile and participate in as much as they can. And, those who need a variety of in home services want to stay in their homes to receive them! Input received during the public input sessions and Public Hearings, as well as written testimony received all indicate inhome services, preventive health, and access to services remain of utmost importance in the PSA.

Based on feedback from older adults and key community leaders, the following priorities for funding will remain:

1. Increase the awareness of services - Both the AAA and in conjunction with ADRC efforts we will focus on our current systems and developing new approaches to reaching the community.
2. Increase the capacity to provide In-Home Services – In conjunction with contracted, purchase of service vendors we will develop additional, more flexible service options to assist people in their homes. Services including Home Care Assistance, Respite, and other community living supports will be focused on.

As we assess the need for services, taking into account the input from the community, barriers do exist that have significant impact on service delivery. The first and foremost is funding. As we are directly associated with and impacted by the legislative process, each funding cycle has its ups and downs. Providers of aging services are constantly assessing local impact of the state and federal budget and how it will “trickle down”. One advantage in our region however, is the longevity of our provider network. Combined, our existing providers have over 80 years of experience, so they are well versed at handling these hills and valleys. In addition to this experience, each county has a substantial millage to support service delivery in conjunction with OMA/OAA funds. In order to expand and diversify our scope of services, however, we will need to address public/private partnerships to accomplish larger goals in service delivery.

Another barrier to service delivery in this rural PSA is transportation. Though transportation ranked lower in importance, we keep it as a priority service area. Both counties in the PSA have a public transportation agency, which receive millage funding to support operations. Title IIIB and IIIE are funding sources targeted to assist their focus on serving older adults and caregivers. There are many facets to this barrier that not only impact the cost of service delivery, but the ease of use and ultimately the independence of older adults. Clients are spread out logistically far and wide within each county. This causes the cost of service provision to increase because the service provider may or may not pay in-home aides mileage to a client’s home. And, taking into consideration funding as a barrier, you see the cycle that is taking shape. The cycle of dwindling funds, prohibits hiring of aides, fewer aides to go into clients’ homes, clients homes spread far and wide across many miles, and finally, limits transportation. The network prides itself on innovation and collaboration to get the job done and serve as many as we can with what we have.

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We anticipate additional innovation among our county transportation authorities over the next contract cycle. Each authority allows a caregiver to ride the bus without fare, to assist a disabled or older passenger. They will also continue to work with long term care facilities, Commissions on Aging and other providers for special events, evening/weekend hours, and more. Circle Routes have been developed over the past contract cycle and have proven very successful therefore we anticipate possible greater need to support those rides with this contract cycle. Escort services have been provided traditionally by the Commissions on Aging and fill a needed gap as they use more comfortable vehicles and offer out of county transit via this model of service provision. We anticipate these services to continue and expand throughout the next three years.

Taking into consideration demographic information, input session/public hearing results, and two community needs assessments you can see we have our work as an Area Agency on Aging cut out for us! Our community partnerships including public health, aging network contract providers, Department of Human Service offices, area hospitals and community organizations work together very cohesively to provide services. Though funding cuts will inhibit much growth, our professional, sensitive approach to service delivery will remain in a constant improvement process over the next three years. We seek and invite new partnerships to go to the next level of success!

2. When a customer desires services not funded under the AIP/MYP of where they live, describe the area agency response. Indicate the PCP protocols that have been put into place for such circumstances.

**AAA Response:**

When a customer desires services or supports not funded under the AIP/MYP or where they live, our response is one of "problem solver". Our staff would approach the request with a listening ear, offering other options that could help similarly or minimally via another service option. We would also research their request to see if there may be another regional-type provider or option to fulfill their needs. And, should the request be a "one-time" in nature, rather than "ongoing", we may utilize CLPS (regional service definition) to fill the service need. Otherwise, there is the possibility of opening a Request for Proposal to develop the service/support in response to the community need. At all points of contact, however, staff utilize a person-centered approach to communications and problem-solving techniques.

# ANNUAL & MULTI YEAR IMPLEMENTATION PLANS



2014-2016

Branch-St. Joseph Area Agency on Aging

FY: 2014

## Planned Service Array

	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> </ul>		<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> </ul>
<b>Participant Private Pay</b>		<ul style="list-style-type: none"> <li>• Home Care Assistance</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assisitive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair</li> <li>• Counseling Services</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Care Management</li> </ul>		
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Home Care Assistance</li> <li>• Home Delivered Meals</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair</li> <li>• Legal Assistance</li> <li>• Long-term Care</li> <li>• Ombudsman/Advocacy</li> <li>• Caregiver Education, Support and Training</li> </ul>
<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> <li>• Information and Assistance</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Home Care Assistance</li> <li>• Home Delivered Meals</li> <li>• Assisitive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Congregate Meals</li> <li>• Nutrition Education</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair</li> <li>• Counseling Services</li> <li>• Caregiver Education, Support and Training</li> </ul>

\* not PSA-wide



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### Regional Service Definitions

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 VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	15 minutes of Comm. Living Program Service activities

**Service Definition**

Community Living Program Services (CLPS): Promotion of an individual's health, safety, independence and reasonable participation within their local community. SEE "BUDGET & OTHER DOCUMENTS" TAB FOR FULL DEFINITION & ALLOWABLE SERVICES.

**Minimum Standards**

Minimum Standards for Agency Providers:

1. Each program shall maintain linkages and develop referral protocols with each Independent Living Consultation (ILC), CCS, CM, MI Choice Waiver and LTCC program operating in the project area.
2. All workers performing Community Living Program Services services shall be competency tested for each task to be performed. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. Completion of a certified nursing assistant (CNA) training course by each worker is strongly recommended.
3. Community Living Program Services workers shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording client information. Additionally, skill, knowledge, and/or experience with food preparation, safe food handling procedures, and identifying and reporting abuse and neglect are highly desirable.
4. Semi-annual in-service training is required for all Community Living Program Services workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.
5. Community Living Program Services workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care when individually trained by the supervising RN for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.
6. When the CLPS services provided to the participant include transportation described in B above, the following standards apply:
  - a. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation. The provider must cover all vehicles used with liability insurance.
  - b. All paid drivers for transportation providers shall be physically capable and willing to assist persons



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requiring help to and from and to get in and out of vehicles.

Minimum Standards for Individuals Employed by Participants:

1. Individuals employed by program participants to provide community living supports shall be at least 18 years of age and have the ability to communicate effectively, both orally and in writing, to follow instructions, and be in good standing with the law as validated by a criminal background check conducted by the area agency on aging that is shared with the participant. Members of a participant's family (except for spouses) may provide CLS to the participant. If providing transportation incidental to this service, the individual must possess a valid Michigan driver's license.
2. Individuals employed by program participants shall be trained in first aid, cardiopulmonary resuscitation, and in universal precautions and blood-borne pathogens. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.
3. Individuals providing Community Living Program Services shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.
4. Individuals providing Community Living Program Services shall be deemed capable of performing the required tasks by the respective program participant.
5. Individuals providing Community Living Program Services shall minimally comply with person centered principle requirement in minimum standards.

**Rationale (explain why activities cannot be funded under an existing service definition)**

This definition offers the most flexibility to participants in our Care Management/Community Living Program if they choose to self-direct their care.

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**Other Service Provisions**

It is expected that in-home services, community services and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, a service provision request may be approved by the State Commission on Services to the Aging. Service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting." Service provision by the Area Agency may be appropriate when in the judgement of OSA: (1) provision is necessary to assure an adequate supply; (2) the service is directly related to the Area Agency's administrative functions, and (3) a service can be provided by the Area Agency more economically than any available contractor and with comparable quality. Area Agencies on Aging that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Please check the box next to the service and enter the required data for any service provision request for FY 2014. All service provision requests must be approved for each multi-year planning cycle. If you are not planning to offer any in-home, community, or nutrition services directly, please skip this tab.

The FY 2014 work plan and budget detail forms are required to be completed for each service provided. (Work plan and budget forms to be completed are located in the Document Library and are to be uploaded under the Budget and Other Documents tab.)

**Disease Prevention/Health Promotion**

Total of Federal Dollars     \$1,500.00

Total of State Dollars

Geographic area to be served:

**AAA Response:**

Branch County primarily. St. Joseph County, as needed or requested.

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

Please select the basis for the services provision request (more than one may be selected).

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

**AAA Response:**

Provision of Disease Prevention/Health Promotion services, specifically Creating Confident Caregivers, is not in adequate supply in the planning and service area.

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

**AAA Response:**

Late in 2012, one CCC instructor left employment with the area agency and the other instructor was not able to commit to providing further classes. At that time we had a number of community members on a waiting list for another CCC class. In response, the AAA trained our new social work care consultant in CCC, who can offer classes to our communities. We also developed a Memorandum of Agreement with the adult day provider in St. Joseph County to be trained and offer CCC classes. The current trainers have a renewed energy to provide classes, solely or in tandem, based on community need. It has been working efficiently in FY2013, and we anticipate it will continue through the next three years. Master Trainer certification of the AAA staff person is also likely in this planning cycle.

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

**AAA Response:**

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**Regional Service Provisions**

**A FY 2014 work plan and budget detail forms are required to be completed for each service provided.**

**Community Living Program Services**

Total of Federal Dollars \$6,000.00

Total of State Dollars

Geographic area to be served:

**AAA Response:**

Branch and St. Joseph Counties

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

Please select the basis for the services provision request (more than one may be selected).

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

**AAA Response:**

Option B (above) states "Such services are directly related to the Area Agency's administrative functions" applies, as our Community Living Program is an access service provided by our Care Consultant "team". Provide a detailed justification for the service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

**AAA Response:**

The Community Living Program Services funding will be dedicated to those individuals being served under our Community Living Program (Care Management). Utilizing \$3,000 in federal Title IIIB and \$3,000 in federal Title IIIE funding will allow for more flexible service options as participants chose to hire/pay their own worker and/or utilize fiscal intermediary services in order to support their independent living goals in the community. Based upon current participant feedback and our initiation of the regional service definition in FY2009, we see this option being more utilized as we move forward because of the targeted funding. Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

**AAA Response:**

Discussion at the public hearing did not specifically focus on this particular service, nor on the federal allocations in the draft budget. But, flexibility of service options was discussed and it was noted that it is a priority among our current community partners/providers.

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**Program Development Objectives (State)**

Program development objectives should identify planned activities for each year of the multi-year plan cycle. Subsequent AIPs will allow for updates to existing objectives and the addition of new objectives. At a minimum, at least two program development objectives must relate to State goals as presented in the Michigan State Plan. Program development objectives may also relate to regional issues as determined by the Area Agency. Please identify each objective:

Staff positions and time to be allocated to the objective (expressed as total FTEs per objective).

The desired outcome.

The AMPS tab contains a separate page for each of the State goals, regional goals, and the required narrative. The program development narrative should explain how program development efforts for FY 2014 to FY 2016 relate to and strengthen the scope of services within the respective PSA as described earlier. Further, the narrative may include an assessment by the Area Agency of how prepared the Area Agency and service providers in the PSA are for any anticipated change in the demographics of older persons during the next ten years.

**State Plan Goal: Goal 4**

--Improve the effectiveness, efficiency, and quality of services provided through the Michigan Aging Network and its partners.

**AAA Response:**Objective:

The AAA will work closely with its community partners to address efficiency, effectiveness and quality during its Aging and Disability Resource Consortium partnership development.

Timeline:

Ongoing throughout FY14, FY15 and FY16

Activities:

AAA and Disability Network of Southwest Michigan (DNSW) will convene ADRC meetings and compile data and agency self-assessment results to examine our current system of service provision. Gaps analysis and trend data will also be used to examine our regional dynamics. It is anticipated that an application of "emerging ADRC" will be submitted to OSA by the end of calendar year 2013.

AAA staff (Laura Sutter, Belinda Whitely) will be primarily involved. We anticipate spending 300 hours on ADRC efforts.

Expected Outcome:

AAA staff will embrace and engage partners to examine our local networks, processes, approaches, and gaps/needs for improvement across the continuum of care.

AAA staff will continue to utilize a person-centered approach in our daily tasks, interactions and communications with all community members and professional organizations.

AAA staff will continue to provide unbiased information and assistance to our communities.

Narrative

The AAA continually strives to provide effective, efficient, and high quality services through our office and

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each community partner.

### **State Plan Goal: Goal 1**

--Work to improve the health and nutrition of older adults

### **AAA Response:**

#### Objective:

With the incidence of chronic illness/conditions across the planning and service area, our agency plans to work with community partners (including hospitals, health plans, local physicians, and network providers) to promote evidence-based disease prevention programs and activities throughout the region.

#### Timeline:

Ongoing throughout FY14, FY15 and FY16

#### Activities:

AAA staff (Belinda Whitely & Laura Sutter) will work with local contracted providers to promote and offer evidence-based disease prevention programming. Activities include training, technical assistance, and outreach to communities.

AAA staff (Laura Sutter, Belinda Whitely) will work with health plans and insurance companies to offer evidence-based disease prevention programs to their members/customers.

We estimate 40 hours of staff time to accomplish and work toward these activities, and, monitor performance.

#### Expected Outcome:

It is our hope to engage our provider network as well as our agency in the provision of evidence-based disease prevention programming throughout the planning and service area.

We would like to enhance participation in the existing EBDP programs currently offered in the PSA. Those EBDP currently offered include: PATH, Diabetic PATH, CCC, Arthritis Aquatic Program, Silver Sneakers, Yoga, Tai Chi, and Zumba.

Continuous engagement with providers, aging and disability network providers, and health care community to address needs and gaps in the current system.

#### Narrative

Preparing ourselves and our regional aging and disability network partners is a priority with this program development objective. Input and dialogue about community needs and programmatic needs will be an ongoing activity to achieve our expected outcomes.

### **State Plan Goal: Goal 2**

--Ensure that older adults have a choice in where they live through increased access to information and services.

### **AAA Response:**

#### Objective:

The Area Agency on Aging and its partners engaged across the two-county planning and service area will

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offer reliable information and resources to assist people seeking community supports.

Timeline:

Ongoing throughout FY14, FY15, & FY16

Activities:

All AAA staff will participate in training events and seminars related to person-centered thinking/philosophy in order to better serve our communities. Laura Sutter (PCT master trainer) will provide, annually and as needed, PCT training to local organizations and agencies.

AAA staff will redesign the current AAA brochure, engage in meetings and presentations at local referral sources in an effort to further promote our agency and the network.

We anticipate these activities will take 80-100 hours of staff time to support our goals.

Expected Outcome:

Increase the level of interagency/organization collaboration, coordination and referrals.

Enhance partnerships among local aging & disability networks, referral sources, and key stakeholder groups.

Increased understanding of program eligibility and access among all aging/disability network agencies/organizations.

Narrative

As stated in our Community Needs Assessment results, the need for increased awareness of services/supports is very important to both older adults, caregivers, and key community leaders/providers. We will work with all community partners, whether formally engaged in the Aging and Disability Resource Consortium or not, to enhance our outreach/marketing/PR activities so that people can be more informed of the choices and options available to them.

**State Plan Goal: Goal 3**

--Protect older adults from abuse and exploitation.

**AAA Response:**Objective:

Increase awareness of vulnerable adult abuse, neglect and exploitation within the community via local partnerships, coalitions/taskforces and community groups.

Timeline:

Ongoing throughout FY14, FY15, FY16

Activities:

AAA staff will notify all providers/advocates upon our knowledge of current scams being reported in our area.

AAA staff will participate in the Branch County TRIAD and Elder Abuse Taskforce which will focus upon dissemination of the Branch County Vulnerable Adult Protocol, financial abuse prevention/awareness, and community presentations.

AAA staff will continue collaborative work in St. Joseph County to update the 2010 St. Joseph County

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Vulnerable Adult Protocol with the new state-wide Protocol.

We anticipate 100 hours of staff time (primarily Laura Sutter) to work on elder abuse prevention/awareness activities in each county.

### Expected Outcome:

Increased awareness among community members and agencies/organizations about identifying and reporting abuse, neglect and/or exploitation.

### Narrative

With the rise in vulnerable adult abuse, neglect and exploitation, we must remain diligent in training and education of staff and the community. The AAA and its community partners, including law enforcement, the judicial system and community agencies must continue to work together to be sensitive and responsive to all potentially vulnerable adults.



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**Leveraged Partnerships**

**Describe the Area Agency's strategy, for this MYP cycle, to partner with providers of services funded by other resources, as indicated in the PSA planned service array.**

Include, at a minimum, plans to leverage resources with organizations in the following categories: Community Action Agencies; Public Health; Mental Health; Commissions and Councils on Aging; Centers for Independent Living (CILS); other

**AAA Response:**

Establishing a network of comprehensive supports and services to assist older adults remain as independent and healthy as possible is one of our core responsibilities as an Area Agency on Aging. The Older Michiganians Act (OMA) and Older American Act (OAA) funding that we receive are granted to local service organizations to provide for an array of services and programs to support older adults and their families. In Region 3C, federal and state funds are allocated to the following services: adult day services, caregiver education, support and training, case coordination & support, chore, congregate meals, disease prevention/health promotion, home care assistance, home delivered meals, home repair, information & assistance, legal services, in-home respite, medication management, assistive devices/technology, care management/community living program, and transportation. In addition to OMA and OAA funding, each county in the PSA has a senior millage. The Commission on Aging offices are the administrators of these tax dollars. Millage funds are used operationally and to support each AAA grant-funded service they provide. The millages are essential to each county for provision of in-home and community-based services. They expand service and support options and in many cases limit the frequency of waiting lists for services.

Branch County Commission on Aging (COA) receives .50 mill for total COA operational costs and generates approximately \$610,000 annually for the period 2010 - 2014. Special grant opportunities are sought for expansion of existing programs as well as one-time projects. Fundraising at the COA is also a source of revenue for various programs. The Branch COA also administers a building millage at .25 mill which generates approximately \$305,000 annually for the period 2011 - 2020. Millage funds are incorporated into each of their services, including: home care assistance, chore, respite, case coordination & support, caregiver services, MMAP, and transportation.

St. Joseph County Commission on Aging (COA) receives .75 mill for total COA operational costs and it generates approximately \$1.4 million annually for the period 2012 – 2017. St. Joseph County also seeks special grant opportunities and participates in fundraising activities. Action took place at the County level in 2012 which authorized a building authority be created to examine and respond to the community need and feasibility of a new senior center structure in Sturgis. The COA has initiated a targeted input gathering and focus group process to glean input. We anticipate results later in 2013 or early 2014 as far as a timeline and next steps. Millage funds are used to expand each of their services, including: home care assistance, chore, respite, home repair, transportation, senior nutrition programs, disease prevention/health promotion, MMAP and caregiver services.

The area agency also receives federal funds from our State Health Insurance Assistance Program (SHIP), called Medicare/Medicaid Assistance Program (MMAP) in the State of Michigan. The local Commission on Aging offices receive the majority of these funds to support some of the associated operational costs of

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offering the valuable service to beneficiaries. MMAP services are highly sought and utilized in the region. We will continue to work directly to build capacity and a broader group of volunteers/agency partners to serve as MMAP counselors.

Other providers and community partners in our local aging network seek funding from time to time to support specific needs and/or projects. United Way and our local Community Foundations are very responsive in answering these requests. It is likely projects like elder abuse prevention and awareness, home delivered meals, and weatherization/home repair grantees will seek resources (and be successful!) in order to provide additional or new programming to our community. We are always glad to offer letters of support, data and technical support to providers when they make special grant requests.

We shall continue our mission to provide for a full range of high quality services, programs, and opportunities which promote the independence and dignity of older adults while supporting those who care for them...

Describe how the development of ADRC partnerships within the PSA will support leveraged partnerships. Describe the (i) role and level of involvement of the AAA within the ADRC partnership; (ii) leadership group within the ADRC partnership; (iii) development activities of the ADRC partnership to date; (iv) perceived or actualized role of the AAA as a part of the ADRC partnership service delivery system.

**AAA Response:**

The Aging & Disability Resource Consortium work began in December of 2012 for PSA 3C. As conveners, the Branch-St. Joseph Area Agency on Aging 3C and Disability Network of Southwest Michigan invited over 85 agencies/organizations to attend our first meeting. Since then, the AAA/DNSW have hosted 3 others along with a few one-on-one meetings with local partners to discuss how we would develop an application to become a designated "emerging" ADRC. In summer 2013 we will request partners to indicate their level of involvement and sign the memorandum of agreement to work together in partnership. It is our intent to submit an application to the Office of Services to the Aging by the end of 2013. As such, our activities over the next three years will focus upon our developmental work toward becoming a fully functioning ADRC, recognized by our state office and those at the federal level.

Describe how the area agency can support Aging Friendly Community/Community for a Lifetime initiatives within the PSA, with the following as requested (include any past or present efforts underway).

- Community assessments, senior survey results and demographic data that can be shared with community groups to enhance aging friendly assessments.
- Information that can be provided to community groups to enhance the quality of their aging friendly community assessment in such areas as; supportive community systems, health care access, transportation, disease prevention/health promotion, safety, home repair and other relevant areas.
- Technical assistance that can be offered to community groups in developing and collaborating on aging friendly community assessments or improvements.
- Please identify the area agency staff contact regarding Aging Friendly Communities/Community for a Lifetime activities within the PSA:

**AAA Response:**

The Branch-St. Joseph Area Agency on Aging is certainly supportive of the Communities for a Lifetime/Aging Friendly Community initiatives. Our intent is to embrace the concept and begin discussing

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community assessment possibilities with our larger city-centers in the PSA, including Three Rivers, Coldwater, and Sturgis. We would also seek the support and involvement of our Commission on Aging offices, municipal leaders, and county commissioners to embark on examining our communities. We will focus upon existing collaborative projects and further enhance them, when possible, with the concepts presented in the Communities for a Lifetime/Aging Friendly initiatives. Technical assistance will certainly be sought from OSA during our exploration across the planning and service area.









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### APPENDIX F Request to Transfer Funds

<b>1</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  0.00
<b>2</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer  35,000.00
<p>In Home/Supportive services are in greater demand in PSA 3C than that of congregate meals. This is an historical request in order to further support in home and other priority services in the region.</p> <p>C1 -&gt; B \$20,000 C1 -&gt; C2 \$15,000</p>		
<b>3</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer  0.00