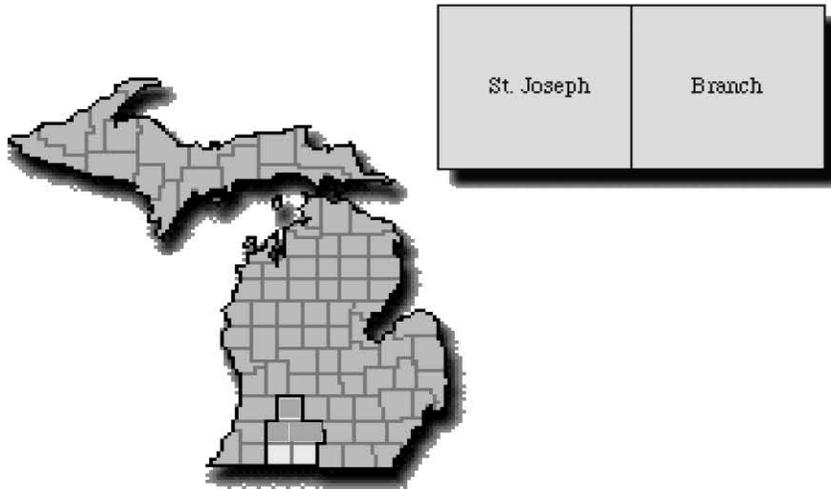


2020—2022 Multi Year Plan  
**FY 2020 ANNUAL IMPLEMENTATION PLAN**  
BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



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**Planning and Service Area**  
Branch, St. Joseph

**Branch-St. Joseph Area Agency on Aging 3-C**

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**County/Local Unit of Govt. Review**

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the MYP. To employ this option the area agency must do the following:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

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

The Branch-St. Joseph Area Agency on Aging's approach to gaining support from each County Board of Commissioners is the same as it has been since our agency's designation in fiscal year 1997. Because Area Agency on Aging 3C (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, the Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district. The DRAFT 2020-2021 Multi Year Area Plan and 2020 Annual Implementation Plan was formally sent to Board members and Advisory Committee members on May 16, 2019 for their review and comment.

Discussion about the Plans began in March 2019 with the Director offering monthly updates to Board & Advisory Committee members along with encouragement to share input, pose questions, and attend the Public Hearings scheduled for May 30, 2019 in Coldwater and May 31, 2019 in Three Rivers. Laura Sutter, AAA Director, will make formal presentations to each County Board of Commissioners, as follows:

The process to seek County Commission support for the MYP and AIP took place as has been in place since our first year of operating as an area agency. On June 12, 2019 Laura Sutter, AAA Director, will present the Plans to the St. Joseph County Board of Commissioners Executive Committee at their 8:00am meeting. Highlights, budget and Community Needs Assessment data will be presented and discussed. A Resolution of Support will be presented and sought. Then, the MYP/AIP will be presented to Commissioners at their full

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Board Meeting on June 18, 2019 at 5:00pm. We will include the Resolution of Support, if passed and received by the time the Plans are submitted to AASA.

Similarly, we presented to the Branch County Board of Commissioners at their Work Session on June 18, 2019 at 2:30pm. Highlights, budget, and Community Needs Assessment data will be presented and discussed. A Resolution of Support will be presented and sought. Then, the MYP/AIP will be presented to Commissioners at their full Board Meeting on June 25, 2019 at 4:00pm. Again, we will include the Resolution of Support, if passed and received by the time the Plans are submitted to AASA.

Resolutions may be found under "budgets and other documents" tab.

### Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

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

The Branch-St. Joseph Area Agency on Aging (IILC) 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 Michiganians Act funding to address the needs of older adults, age 60 and over, and family caregivers living in Branch & St. Joseph Counties.

Our Vision states: We envision inclusive communities filled with enriching activities and opportunities for older adults. Where people who have questions or needs can find assistance and support in a manner that suits their preferences.

Our Values include:

1. We place the people we serve at the center of our operations, honoring their preferences and privacy.
2. We assure efficient use of public and private resources.
3. We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
4. We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation throughout the communities we serve.
5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

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

Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow! The population projections are now stating that our planning & service areas largest growth in the 60+ population will begin in 2020. In general, the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the population of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase in its 60 year and older population. The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014. 21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. This data is consistent with the data shared in the last Multi Year Plan which used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 ACS, minorities comprise 2.4% of those 60+

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in the PSA. The number of Hispanic older adults has grown since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group.

**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.**

For the next three fiscal years, the Region 3C AAA will fund twenty (20) services across our two-county planning and service area. The continuum of services funded under the Plan is a direct result of comprehensive community input, open forum & conversation, and key leader input. The over-arching service categories include; Access, In-Home, and Community Services.

Funding used to support these services arises from both federal and state sources and is outlined in our FY2020 Area Plan Budget. Services include: Case Coordination & Support; Transportation; Home Care Assistance; Caregiver Education, Support and Training; Kinship Support Services; Care Management; Respite Care; Disease Prevention/Health Promotion; Information & Assistance; Friendly Reassurance; Legal Assistance; Home Repair; Counseling; Adult Day Services; Home Delivered Meals; Congregate Meals; Community Living Program Services; Medication Management; Assistive Devices & Technology; and Chore Services.

The five service categories receiving the most federal and/or state funds include: Home Delivered Meals, Home Care Assistance, Congregate Meals, Transportation and Respite Care (in home respite care and adult day services). With these services, we anticipate serving the greatest number of participants as well. Based on the most recent program year service trends, our anticipated service levels and associated funding is as follows:

Home Delivered Meals: \$460,000 serving over 1,400 participants

Home Care Assistance (includes personal care and homemaking): \$300,000 serving over 600 participants

Congregate Meals: \$340,000 serving over 1,000 participants

Transportation: \$100,000 serving over 700 participants

Respite Care: \$100,000 serving over 200 participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA 3C), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 130 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting. Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs are funded at approximately \$260,000 (combined) and serve over 600 individuals each year.

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

Over the next three fiscal years our program development objectives will include a strong focus on developing an adult day program in Branch County, furthering our work to prevent elder/vulnerable adult abuse, neglect and exploitation and exploring Communities for A Lifetime recognition for Branch County. Through collaborative efforts and engagement of our community partners we will remain dedicated to these program development efforts

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in our two-county planning and service area.

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

Region 3C AAA will be engaged in the Area Agencies on Aging Association of Michigan's special project called Connected 2 Care over the next two fiscal years. Connected2Care (C2C) is a special project funded by the Michigan Health Endowment Fund to support technological enhancements across all Area Agencies on Aging and to build capacity across the network enhancing our connectivity and communication among health care providers. The project began in May 2019, with much of the work literally being done by programmers at the Center for Information Management, Inc., the developers of the networks case management information technology system called COMPASS. C2C builds upon that platform to embed key real-time health notifications in COMPASS which are then passed along to each participating AAA. This notification will provide the information necessary for our Care Consultants to follow up with participants and adjust care plans and/or offer alternate care options as immediate needs arise. This communication advantage will certainly, we predict, allow for positive health outcomes among long-term care program participants (MIChoice, Care Management, Community Living Program, and others). The communication will also "trickle down" among the provider network as well, and gain, predictably cancel/start services more promptly and saving time, funds, and staffing resources.

We will also continue our work and collaboration with our AAA network partners to continually position ourselves favorably in the ever-changing managed long-term care landscape in Michigan. With new Executive leadership, new legislative priorities and new departmental leadership - the system will be challenged moreso than ever! Constantly reviewing our systems data and participant outcomes will be held at the forefront of our discussions with key leaders locally and in Lansing.

In the spring of 2018 Region 3C AAA competitively bid upon and was awarded a Victim of Crimes Act (VOCA) grant through the Michigan Department of Victim's Services for the "Services to Victims of Elder Abuse" (SVEA) grant. \$199,750 was awarded to Region 3C to directly serve victims of elder or dependent adult abuse, neglect, and/or exploitation across Branch and St. Joseph Counties. The grant is renewable for up to three years and we intend to be successful each year so that we may continue this valuable work in our communities. Our project builds upon the successful relationships our office has worked so diligently to foster over the past 10 years. Multiple agencies and departments such as: Community Mental Health, Probate Court, Prosecuting Attorneys, law enforcement (County Sheriffs, local department and MI State Police), domestic violence/sexual assault organizations, financial institutions, health care facilities/offices, Adult Protective Services and more have come together to address abuse, neglect and exploitation awareness and prevention in our community. In addition, we've worked to develop county-specific Vulnerable Adult Protocol documents, offer trainings and seminars, and now, with the VOCA grant - we are able to directly serve victims. The VOCA-SVEA grant mandated full time staff to be hired as "elder abuse victim specialists" to serve victims and support their recovery from their crime victimization. We have two staff who are dedicated to this role who were hired in October 2019. In addition to directly serving victims, they support each county's coalition/team focused on elder/vulnerable adult abuse prevention. Monthly meetings, Protocol revision/enhancement and training development are on the top of their "to-do list" for FY2019. In 2020, we will remained focused on these aforementioned activities as well as develop a volunteer base to support victims as well. Goals to serve 100 individuals each year is quite possible, even though we are only 6 months into the project at the time the MYP/AIP is being drafted. With the VOCA-SVEA grant funding our focus on elder/vulnerable adult abuse, neglect and exploitation can be more dedicated and dynamic. We look forward to sharing our outcomes as we reach our goals implementing the project across Branch and St. Joseph Counties.

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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.**

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 both Branch and St. Joseph County is a win-win for all: privately owned restaurants contracts with St. Joseph County COA (St. Joseph County senior nutrition provider) and Community Action (Branch Co. senior nutrition provider) to offer special menu items and are reimbursed with a combination of federal, state and in St. Joseph County local resources are also utilized. The program offers choice, the #1 benefit, but also supports local businesses in a cost effective and collaborative manner.

Thus far in our agency's history we've not sought accreditation for our agency/programs. We will continue to explore accreditation as a way to improve quality and better position ourselves for work with health plans, hospitals and other funding entities. Cost has been the overarching reason as to why we've not taken on the task and challenge of 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.**

Our agency has been minimally involved in working with health plans in Michigan under the Michigan Department of Health & Human Services' Integrated Care Project called "MI Health Link". MI Health Link began in 2015, seeking to integrate care for those dually eligible for Medicare and Medicaid. AAA 3C is involved in the demonstration region and we look at this initiative as an opportunity to become more engaged in service coordination/consultation and for non-formula resource development. Thus far, the majority of our work has surrounded outreach and education of those living in our PSA who become enrolled in or are seeking information about MHL. Our Medicare/Medicaid Assistance Program Regional Coordinator has been trained in MHL and provides options counseling with individuals seeking information about the health care program. We look forward to being more engaged in the project as it evolves and/or sunsets over the next two years. Overall, we welcome serving more people in our planning and service area alongside our AAA colleagues and community partners. We shall see where managed long term supports and services go...

AAA3C does not utilize volunteers directly in support of our agency's programs, however, our community partners utilize them throughout their organizations and with nearly all programs they offer. Both County Commission's on Aging departments and Community Action utilize volunteers to support agency functions and programming. From home delivered meal delivery, to activities, health and wellness class instruction and with administrative tasks, volunteers are highly revered in our local aging network.

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**8. Highlights of strategic planning activities.**

The Branch-Hillsdale-St. Joseph Community Health Agency is a district health department organized in accordance with the Public Health Code (P.A. 368 of 1978) in 1971 as a not-forprofit, local governmental entity. The health department is overseen by a six member board of health which consists of representatives assigned from each of the three local county commissions. The district health department provides a broad spectrum of public health services to the tri-county residents who reside in Branch, Hillsdale and St. Joseph Counties.

These three counties are located in Michigan's south/southwestern tier of border counties. Combined, the three counties are home to more than 150,714 people. The Branch-St. Joseph Area Agency on Aging (IIC) is an autonomous department within public health, and as such, participated in the Strategic Planning process and also assisted in its facilitation. The full report is attached to the MYP/AIP document for your reference as well.

The Branch-Hillsdale-St. Joseph Community Health Agency began its 2015-2019 Strategic Planning process in the fall of 2014. The process was inclusive and sought input from a number of Agency personnel, community decision makers and community partners. Initially, a 22 member strategic planning committee (SPC) was identified that represented administration, board of health and agency staff (Strategic Plan, Attachment A). Special attention was paid to assure that both middle-management and line staff members were involved in the process. Again, the Area Agency on Aging Coordinator was a member of the SPC and contributed to its development. The Plan outlines how the Agency will move forward as it seeks to maximize its performance as a public health organization of excellence and assures the delivery of public health services that addresses the community's health needs and result in health status improvement. The six strategic priorities and strategic goals identified most definitely relate to the Area Agency on Aging and our divisions' strategic direction and include: infrastructure development, quality Improvement, systems of care improvement and integration/collaboration. The Community Health Agency and the Area Agency on Aging's commitment and use of evidence-based and/or best practice models, quality improvement and collaboration are integral to fulfill both agency's mission and vision.

To help inform our strategic planning process the SPC garnered feedback from customers, CHA employees, and external stakeholders and community partners. We also analyzed the budget and staffing trends of the organization. This environmental scan unveiled four main themes including: service delivery, technology, collaboration and communication (Strategic Plan, pp. 16-17). The Area Agency on Aging program development objectives and scope of services tie into these areas of the strategic plan and will be discussed in other sections of the Plan.

The Community Health Agency will begin engaging in our 2020-2025 Strategic Planning process in the summer of 2019. As such, and for this FY2020-2022 MYP/AIP document, we do not have any new or additional highlights as we've not begun our process yet. The plan, once completed, will provide guidance for decisions about future activities and resource allocations. The 2015-2019 document has served our department well, and we are proud to be a part of the Branch-Hillsdale-St. Joseph Community Health Agency. The AAA division will stand collaboratively to engage and implement the next 5-year strategic plan and provide substantial updates in our FY2021 Annual Implementation Plan.

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**Public Hearings**

The area agency must employ a strategy for gaining MYP input directly from the planned service population of older adults, caregivers, persons with disabilities, elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2020-2022 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency’s website, along with communication via email and social media referring to the notice; press releases and public service announcements; and, a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

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

Date	Location	Time	Barrier Free?	No. of Attendees
05/30/2019	Community Health Agency, Cc	11:00 AM	Yes	4
05/31/2019	Community Health Agency, Th	02:00 PM	Yes	3

The Branch-St. Joseph Area Agency on Aging utilized multiple strategies and methods to gain the input of older adults, caregivers, people with disabilities, elected officials, community partners, direct providers of service and the general public. The intent of the Community Needs Assessment process is to identify needs, gaps in services, gather ideas and prioritize services and funding to support the aging and disability communities we serve. On April 29, 2019 we issued a press release (attached) outlining our approaches and methods to gain input for the 2019 Community Needs Assessment. A total of two (2) tools were developed to

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gain feedback; one for Older Adults/Caregivers, and one for Key Community Leaders/Providers. The press release was sent to: local hospitals, newspapers & all media outlets, human services groups/collaboratives, direct service providers, aging network providers, for-profit/non-profit service clubs & organizations, faith-based organizations, elder abuse prevention coalitions, Board of Health/County Commissioners, advocates, AAA Advisory Committee, and more! The surveys will also be distributed to current individuals receiving services in their home (home delivered meals, personal care/homemaking, respite care), local transit riders, senior center participants and dining program participants.

The needs assessment tool was also completed by over 50 individuals at Input Forums, held in three locations across the planning and service area:

Thursday, May 2, 2019, 10:00 am - Coldwater - Burnside Center, 65 Grahl Drive.  
Friday, May 3, 2019, 10:00am - Sturgis - Enrichment Center, 306 N. Franks Ave.  
Friday, May 3, 2019, 2:00pm - Three Rivers - Community Center, 103 S. Douglas Ave.

The press release announced dates for the Public Hearings as well as provides contact information and website information for additional background/questions. Feedback from the Input Forum attendees included comments about local service delivery systems, advocacy with local officials, and not knowing what might be available (i.e. services) if individuals' need help.

Paid Public Notice Ads to announce the Public Hearings were placed in the Coldwater Daily Reporter, Sturgis Journal, and Three Rivers Commercial News newspapers on May 1, 2019.

Public Hearings were held as scheduled and indicated above. There were four (4) attendees at the Hearing in Coldwater, 3 of the 4 were AAA and/or Community Health Agency staff. The discussion surrounded preliminary data from the Key Leader and Older Adult/Caregiver Community Needs Assessment, a few brief budget highlights, and one question surrounding the Connected2Care project. The fourth attendee in Coldwater was an aging network partner/provider.

There were three (3) attendees at the Three Rivers Hearing. There was one member of the public in attendance, who happens to be a Michigan Senior Advocate Council delegate for PSA 3C. Formal testimony was not given. Discussion around the program development objectives, Community Needs Assessment and accessing services was discussed. The AAA will accept testimony/input on the Plans through early June 2019.

### Scope of Services

The numbers of potentially eligible older adults who could approach the AAA's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations is increasing. There is an exponentially growing target population of the "old-old" (85-100+) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports, coordination, and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long-term-care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease*" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via Aging and Disability Resource Collaborations (ADRCs), 211 Systems and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges, it is essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

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

In order to prioritize funding and program development objectives over the next three years, the area agency referenced data from multiple sources. We utilized data from the 2010 U.S. Census, the data provided by the Aging & Adult Services Agency which was sourced from the Administration for Community Living (2011-2015), American Community Survey (2010-2014) and the MDHHS Division of Vital Records & Health Statistics. In addition, we 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 must "give priority to those with greatest economic and social need". We look to the U.S. Census/American Community Survey for

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poverty-related data to address our progress and gaps in service levels. In the American Community Survey, 21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. In the most recent (FY17-FY19 MYP) we used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 American Community Survey, minorities comprise 2.4% of those 60+ in the PSA. The number of Hispanic older adults has grown again since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency 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 with translation, accompany us on home visits, as well as with cultural sensitivity and outreach across the PSA. Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow!

The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030. In general the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the population of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase in its 60 year and older population since 2000 (9% since 2010). The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014.

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 only revised the document in a few areas for this planning cycle based on the assessment completed in 2016. The areas of the Older Adult/Caregiver Assessment changed included: the addition of the question "What is the total combined income from all sources for your household" with answers including "at or below \$20,000 or \$1,666 per month or less", "above \$20,000 (\$1,667 per month or more), or "Prefer not to answer". This question was asked to gauge whether respondents are consider themselves to be low income/impoverished per federal income standards. In the Key Community Leader Assessment, we added a question to gauge how the respondent identified their affiliation as a key leader, some of the responses include: "caregiver", "community advocate, volunteer", "direct service provider", "education", "elected official", "faith based organization", "financial institution", "service club/organization", etc. We are interested in the amount of feedback we receive, from which affiliation/organization type as trends could emerge from those affiliations responses.

In total, 234 were completed by key leaders and older adults via the "Community Needs Assessment" online survey tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional

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hardcopy questionnaire. Key Leader Assessment had 7 questions and Older Adult/Caregiver Assessment had 20 questions - Each version contained the same question related to the list of 25 service options to rank in order of priority as "high, medium, low, or should not be publicly funded". Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, transportation authority riders, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite Care), and Home Delivered Meal participants. The survey was open for four weeks (April 22nd to May 27th). It was promoted through the Community Health Agency's website, a news media release and through multiple group email lists. Respondents were assured that their responses were anonymous and they could call our office to complete the survey verbally if they preferred as well (30 surveys were captured over the telephone).

Feedback from the surveys represented the race/ethnicity and gender make up of our population base. We noted a decrease in respondents indicating they had a disability (63% indicated disability in 2016, 54% in 2019) and the majority of our respondents were over the age of 70 (72%), of that nearly 24% were 85 years and older. A list of 25 'fundable' AASA 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. The highest ranked overall needs among **all respondents** included: Home Delivered Meals, Homemaking/Personal Care, Personal Emergency Response, Medicare/Medicaid Assistance, Abuse/neglect/exploitation prevention & awareness, and Care Management. Interestingly, though very highly sought services in the PSA, Chore services and Home Repair services did not make the "top 10" in prioritization. Medication management and transportation out of the county ranked higher this year.

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 Health & Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Lions, Elks, and Chambers of Commerce). We more than doubled the number of key leader respondents as compared to 2016 - and were very pleased! 35 key leader respondents in 2016 versus 89 this year. Key leaders ranked the following services in greatest priority: Abuse/neglect/exploitation awareness, Home delivered meals, Personal Emergency Response system, Personal Care, and Care Management. Medicare/Medicaid Assistance and medication management were also significantly ranked.

Our collaboration with the Community Health Agency Health Promotion division should be recognized as a best practice in the tabulation of the survey results and establishment of 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

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community leaders, which are (in order of importance):

1. Need to increase awareness of services that are available
2. Need for more information related to Medicare, Medicaid, health insurance
3. Need for more educational programs
4. Need for more services on the weekends and/or during evening hours

**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.**

Because of our organizational relationship with local public health, we have access to and utilize data other agencies may not... For example, the 2019 County Health Rankings were released and shared with our public health partners in April, 2019. The rankings are divided into two sections: Health Outcomes and Health Factors. Health Outcomes measure how healthy a county is. Health Factors represent those indicators that influence the county's health and contains 30 different indicators which are then organized under four separate headings: health behaviors, clinical care, social and economic, and physical environment health factors. When weighted, these factors provide the framework for identifying areas for future improvement efforts. Branch County has shown poorer Health Outcome ranking since our 2016 measurement - moving from a ranking of 51st in 2016 to 53rd in 2019. Health Outcomes looks at both the length and quality of life as measured by the number of premature deaths, and self-reports of poor or fair health, poor physical health days and poor mental health days. Branch County did report slightly higher ranking scores in the area of Health Factors, however, moving from 64th to 62nd, primarily due to adults having more access to locations for physical activity. St. Joseph County experienced higher rankings for 2019 than in 2016 in Health Outcomes which moved slightly from 59th in 2016 to 55th in 2016 due to fewer premature deaths. The largest concern among our rankings in each county are related to Clinical Care, especially compared to the State of Michigan. Our ratio of the population to primary care physicians is more than double Michigan (StJoe ratio: 3,380:1; Branch 2,070:1; Michigan 1,260:1) and, the ratio of population to mental health providers is also staggering (StJoe ratio: 580:1; Branch 700:1, Michigan 400:1). Couple the lack of medical providers available to the population along with the number of adults who are uninsured in both counties (11% StJoe, 10% Branch) and you can see a staggering affect on community health in our rural planning and service area. Knowing these health outcomes and the factors by which they are ranked can give us insight as to areas of focus for those we serve who are 60 years and older, and/or those with disabilities.

Because of our agency's collaboration & partnership with our community hospitals we participate in each county's Community Health Needs Assessment process and data collection every three years. Spring 2019 initiated this process in Branch County and St. Joseph County will be launching theirs sometime in 2020. The overarching goals of the CHNA is ensure we continue to efficiently and effectively deliver quality medical services to residents. Both a select group of local experts and community members will be surveyed (over 500) and rank "significant health needs". In the past (2016 CHNA), St. Joseph County rankings were as follows: 1. Obesity/physical inactivity; 2. Mental health/Suicide; 3. Physician Services; 4. Education/Prevention; and 5. Diabetes. Though the uninsured rates among adults has been greatly impacted by the Affordable Care Act and expanded Medicaid in Michigan, we still have some concerns with access to care. If you have insurance but no physician to see, you won't receive the care you are seeking. As an involved partner in these community health needs assessments and associated meetings, we will remain diligent to address health care access, medical care access and community based support options to impact our local communities. Once CHNA data is released, we will offer highlights in future planning documents.

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As we analyzed health data during our planning process, we note that 75% of all deaths in the region occur to those who are 65 years and older. Of those, 1/3 of deaths occurred to those in the 85+ years age group. Leading causes of death are Heart Disease, Cancer, Chronic Lower Respiratory Diseases (formerly known as COPD), Diabetes, Stroke, Alzheimer's, Unintentional Injuries, Pneumonia/Flu, Kidney Disease and Suicide. Of the 10 leading causes of death, seven (7) of them are chronic diseases which are responsible for 76% of all the region's deaths. Many chronic diseases are preventable through practicing four healthy behaviors, which include: weight control, engaging in adequate physical activity, and limiting alcohol consumption and refraining from tobacco usage.

In regard to preferences and trends in service delivery we can reference our 2019 AAA Community Needs Assessment results. Respondents who sought & received services stated that they were provided in an accessible location, in a timely manner, according to their preferences, and they were overall satisfied with the quality of service they received. We also asked older adult/caregiver respondents for feedback on service enhancement, expansion and improvement needs. Overwhelmingly, being made more aware of what services and supports are available ranked the highest. Then, additional information regarding Medicaid/Medicare/health insurance, and Veterans benefits ranked second and third. Again, we much remain dedicated to outreach, education as a way to inform residents and families near and far about the aging network!

**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.**

As stated in our Request for Proposal documents, and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded service, substantial emphasis must be given to serving elder persons with the greatest social or economic need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2019 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services to place definition to "low income" (or a person in economic need). In 2019, for an (one) individual the annual income level is \$12,490 for two people it is \$16,910. For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g. "Native-American," or "Hispanic." Most persons in the "Other" category are White Hispanics/Latin American. As such, these definitions are embeded within our Request for Proposal process and are addressed in each agency/business responses to the RFP. The definitions serve as guidance and also infiltrate agencies' administrative policies/procedures for targeting. Our agency also monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with AASA Operating Standards for Service Provision. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers. Our outreach efforts with underserved populations consists of collaborative messaging, regular meetings and contact with aging network partners, and direct contact with people in our two-county planning and service area. We participate in multiple outreach events throughout the year including; County 4-H Fairs, Older Americans Health Fair, Project Connect/Homelessness Events, VA "Stand Down" events, and COA-sponsored events at all of the local senior centers.

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**4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/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.**

Upon completion of the "Dementia Capability Quality Assurance Assessment" Tool there were several strengths identified, as well as some areas that can be improved on through the next planning cycle.

The first strength identified is the agency's ability to identify people with dementia. Using various tools including standardized screeners and assessments and service provider partnerships, staff are able to efficiently evaluate participants and their caregivers. The second strength is that the entire agency staff has received some form of formal training on dementia. This allows our staff, in all of their various roles, to be sensitive to the needs of this population and effectively support those with dementia and their caregivers.

The opportunities for improvement include spreading awareness of the principles of dementia-friendly communities and begin to foster those ideas throughout our service area. The assessment also identified that there is a need for dementia specific education among service providers and the community. Having this education and training will be paramount to being able to earlier identify those who are experiencing cognitive impairments or dementia.

The future plans for the next planning cycle will be to foster the development of dementia capable activities, to enhance the knowledge base and specialized services for those with dementia and their caregivers. Our agency will work closely with community organizations and service providers to encourage and support discussions and trainings that are dementia focused. An effort will be made to share information about dementia-friendly communities and to start to the process to adopt principles related to the dementia-friendly culture.

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

When a person desires or identifies services that are not funded under our MYP or available where they live, our response is one of "problem-solver and researcher". Our trained staff would approach the request with a kind, listening ear, offering other options that may assist. We would also research their request among our local aging network partners and key community partners to see if there may be another regional provider or option that could address the person's stated need. Further, should the person's request be a "one-time"-type service (rather than "on-going"), we may be able to utilize CLPS (a proposed regional service outlined in our MYP) to fill the direct service need. If the service was not available or affordable for the person, we would document the need and work with local community partners to examine the need and discuss the possibility of development of a new service in the future. At all points of contact with individuals seeking services/supports, our staff remain committed to using a person-centered approach to communication and problem solving.

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

As discussed in other sections of the Multi-Year Plan, our largest unmet need is adult day services in Branch County. Development of a provider to offer that service, in any capacity, is our priority for addressing the need in 2020. The loss of the program occurred in 2014, and we have not been successful to date in development of

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another potential service provider. There have been, from time to time over the past 5 years other community partners/entities working to develop options - specifically a child care center. In which, our office was invited and participated in multiple meetings to introduce the concept of adult day as a component program offering. Such plans for the child care center have ceased, for reasons unknown to our office. Because families have had to seek more formal (and costly) care settings we continue to work with our current providers to offer additional respite opportunities. It is our goal, and is outlined as a program development objective, to entertain a proposal(s) from potential bidders during our 2019 RFP. Should we be unsuccessful, we'll continue our outreach and work more intensely with community partners to develop capacity for a new program. Once a potential bidder(s) is identified, we will open up a Request for Proposal for the service.

**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 aging network providers in Region 3C utilize the AASA Operating Standards for Service Provision requirements to maintain a list of participants seeking services/support but who are unable to be served at the time the service is sought. As stated in our contract with each provider, participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs. Indicating factors include: For Social Need: isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.; For Functional Need – disability (as defined by the Rehabilitation Act of 1973 or the Americans With Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.; For Economic Need– eligibility for income assistance programs, self- declared income at or below 125% of the poverty threshold, etc. Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program. Waiting lists are reported and aggregated by the Aging & Adult Services Agency as well as used for advocacy purposes. Alternative services and supports are also discussed with individuals and families so to offer temporary support until the program resources are available.

**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.**

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 senior millages, as well as transportation millages, 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. The AAA Advisory Committee and Policy Board are updated monthly as to the progress and on going

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efforts of the AAA and provider network. Because the lack of a Branch County adult day program remains our biggest gap in services, we will engage with them more in our forthcoming development efforts.

**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.**

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 indicate in-home services, preventive health, and access to services remain of utmost importance in the PSA. We will continue our community partnerships, aggregate data from our local partners and further collaborative relationships to further our mission to provide quality services to those greatest in need, in a manner that suits their preferences.

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**Planned Service Array**

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

	Access	In-Home	Community
<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>• Assistive Devices &amp; Technologies *</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Congregate Meals *</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair</li> <li>• Counseling Services</li> <li>• Kinship Support Services</li> <li>• Caregiver Education, Support and Training</li> </ul>
<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>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	
<b>Participant Private Pay</b>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Home Care Assistance</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive 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>• Legal Assistance</li> <li>• Counseling Services</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Home Repair</li> <li>• Counseling Services</li> </ul>

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<p><b>Contracted by Area Agency</b></p>	<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> <li>• Friendly Reassurance</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>• Counseling Services</li> <li>• Kinship Support Services</li> <li>• Caregiver Education, Support and Training</li> </ul>
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\* Not PSA-wide

**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the planned service array narrative.**

Region 3C Area Agency on Aging develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our Request for Proposal process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care/homemaking, wound care, durable medical equipment/supplies, medication management, and more. County senior millages are available in each county in the PSA. They are administered by the County's Commission on Aging departments. They utilize the millage funds to match federal and state grants, as well as support senior centers, special trips and programming outside AASA funded services array.

The two services that are contracted by the Area Agency but not available PSA-wide, at the time the Plan was written are: Home repair and Adult Day Services. In spring 2014, our Branch County contracted adult day provider terminated their contract with our agency for the service. We've been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains our highest goal for FY20. Home repair was put out for bid 2016 Request for Proposals, but as has occurred historically, there has only been one bidder who responded and their services are offered in St. Joseph County only. We are only in the beginning stages of the RFP at the time the Plans are submitted, and therefore can not report how the contracts will come through for the 2020-2022 contract cycle.

### Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handling a potential 10% funding reduction from AASA).

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

As discussed in the Plan Highlights section of the MYP/AIP, the Community Health Agency has not undergone another strategic planning process as of the time the documents were drafted. Therefore, we rely on our current Strategic Plan which spans 2015-2019. Our next Strategic Planning process will begin later this calendar year. Information presented here, then, is from the previous plan.

**Strengths:** Staff members are seen as our agency's greatest asset. They are knowledgeable and caring in their approach. Staff members provide the basis for collaborative relationships and community partner engagement. Our collaborative approach and relationships with community partners is another strength. And, finally, our grassroots advocacy is seen as a strength.

**Weaknesses:** Communication is the most notable weakness for public health, however, was not identified within AAA. Our weaknesses are related to staffing - a lack thereof! Funding is the root cause impacting that weakness - if you don't have viable funding, you can't pay for staffing. Quality improvement initiatives therefore are impacted by few staff, and by the lack of knowledgeable staff to implement quality improvement programs. Other program development activities are also impacted by a lack of staff in that we have difficulty finding the time to complete the work and make progress in achieving goals.

**Opportunities:** Both collaboration and technology were identified as the greatest sources for opportunities in the future. The strategic planning committee (SPC) identified further opportunities for service integration, working with the local hospitals and federally qualified health centers (FQHCs). Expansion of case management services through the Area Agency on Aging and outreach efforts to underserved populations for health services and health insurance enrollment were seen as untapped possibilities for the future.

**Challenges:** Changing political climates, both federally and at the state-level, is an identified weakness. The budget process is always interesting! Mandates/requirements of AASA and other federal agencies do impact us as well as our network partners.

#### 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.

As it stands today, the Branch-St. Joseph Area Agency on Aging (IIIC) does not have a formal role in the

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MIChoice Home & Community Based Waiver program. We have never received a contract for the program, but remain open to one should an agreement be extended. Our provider network across Branch and St. Joseph Counties has always been supportive of our agency operating the MIChoice program locally. Administratively, we would advocate and submit application for a contract should the Department open it up for bid.

The Integrated Care demonstration has been operating in our PSA since 2015. Our role thus far has been education/outreach with those potentially eligible and options counseling for those who have more in-depth questions about eligibility, coverage, plan changes/enrollment and ombudsman options. The two health plans operating in our area have chosen to work directly with the MIChoice Waiver agencies, as such, we've not been involved in negotiations. We are, however, providers for each of the Waiver agencies and would respond to referrals/service requests if authorized. We work in close collaboration with the agents and will maintain that relationship on going.

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

Should the state and/or federal allocations to our AAA be reduced, we would take a very close look at essential services and the most utilized services across the PSA and engage our community/contracted partners to discuss strategies to maintain services to those in greatest need. Our agency works closely with each County Commission on Aging, Community Action and our County transportation authorities to provide key access and in-home services. Those access & in-home services would remain top priority for funding. Conversations with providers would occur regularly and would include prioritization strategy, identification of need, and then putting the plans into action with current participants & those seeking services. Our administrative team and Board of Health would also be engaged in the discussions. More local funding would be used to fill in gaps until budgets could be realigned and in good standing. AAA3C policies and procedures would be referenced and utilized to guide our process and discussions as well. We are well-versed at working through difficult conversations and problem solving with our community and contracted partners across the aging network.

**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**

At this time the Branch-St. Joseph Area Agency on Aging is not planning to pursue or engage in any accreditation(s) or accreditation processes.

**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.**

The Branch-St. Joseph Area Agency on Aging (IIIC) utilizes the MiChoice Information System, COMPASS and VendorView as our Community Living Program client tracking system. These technology tools are continually updated by the Center for Information Management (CIM, Inc.), the development company, and allow us to document, share internal/external communication, vendor service authorizations and cancellations, communication regarding preferences and specific/urgent participant needs. The programs also tracks the "business-side" of our program in terms of verifying bills, reports, utilization and budgeting. The addition of Vendor View in January 2016 has been a huge success and has proven to have an effect on improved efficiency and communication. Care Consultants utilize iphones and newly

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implemented tablet computers in the field when appropriate to document and remain timely in completion of their job duties. We continually seek improved service delivery and performance in all of our agency operations. The Community Health Agency implemented a new accounting software package in late 2016 with major efficiencies & proven success in payroll, accounts receivable/payable, budget/financial reports, audit requirements, and human resources functions as well. Over the next 2 years we are excited to be a part of the Connected2Care project that the AAA Association of Michigan is leading with a grant from the Michigan Health Endowment Fund. As discussed in the Other Grants/Intiatives section, the project goals include building upon existing technology for AAA's to receive admission, discharge and transfer data from a participating health care entity regarding a shared participant. This, again, will lead us toward improving health outcomes and participant satisfaction as we'll be more efficient in performing the case management function within our agency.

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### Regional Service Definitions

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

#### Service Name/Definition

Community Living Program Services

Promotion of an individual's health, safety, independence and reasonable participation within their local community.

Community Living Program Services include:

A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3) household care/maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living.

B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation to and from the participant's residence to community activities, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met.

C. Reminding, cueing, observing and/or monitoring of medication administration.

D. Provision of respite as required by the participant's caregiver. Respite care may also include chore, homemaking, home care assistance, home health aide, meal preparation and personal care services. (and must meet related service standards)

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

This definition has been used in our previous (FY17-19 MYP) and has been quite successful in that it offers the most flexible service components under one definition. It is utilized as an option with our Community Living Program (Care Management) participants who desire to self-direct their own care & supports. Flexibility among purchase of service vendors in their provision of authorized service, based on participant choice is also an advantage.

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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 _____	Fifteen (15) minutes performing CLPS activities

**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, MIChoice Waiver and LTCC program operating in the project area.
2. All workers performing Community Living Program 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 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

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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

Regional Service Definition: CLPS cont...

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.

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Access Services

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$52,500.00	Total of State Dollars	\$92,686.00

Geographic area to be served  
Branch & St. Joseph Counties

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

**Goal #1: Implement more flexible service options in order to provide a more self-directed care model.**

**Activities:**

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants to each level of care outlined in the "Access and Service Coordination Continuum"
- ~ Seek additional service providers (purchase of service vendors) to service participants in Region 3C
- ~ Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan.

**Expected Outcomes:**

- ~ Increase number of Purchase of Service vendors to serve CLP participants
- ~ Better identify the needs of individuals through a more comprehensive intake process
- ~ Better meet the needs of participants with additional categories/levels of care available

**Goal #2: Continue staff education and skill building including staff collaboration to better serve victims of elder abuse, neglect and exploitation**

**Activities:**

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation
- ~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect

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and/or exploitation

**Expected Outcomes:**

- ~ Care Consultants will have an increased capacity to build stronger person-centered support plans by including resources and knowledge about abuse, neglect and exploitation
- ~ Care Consultants will continue to build their skill set to provide supports/services and arrange services through attending available state & locally available training events

**Goal #3: Minimize wait times for individuals seeking access/care management services**

**Activities:**

- ~ Implement a new tiered approach to Access Services (Care Management funded)
- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services weekly

**Expected Outcomes:**

- ~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers in a more timely manner
- ~ Care Consultants will be able to better identify needed services as a result of implementing the tiered approach

Number of client pre-screenings:	Current Year:	65	Planned Next Year:	65
Number of initial client assessments:	Current Year:	42	Planned Next Year:	50
Number of initial client care plans:	Current Year:	42	Planned Next Year:	50
Total number of clients (carry over plus new):	Current Year:	135	Planned Next Year:	135
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:35	Planned Next Year:	1:35

**Information and Assistance**

Starting Date 10/01/2019 Ending Date 09/30/2020

Total of Federal Dollars \$22,000.00 Total of State Dollars

Geographic area to be served

Branch & St. Joseph Counties

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

**Goal #1: Provision of comprehensive, unbiased information & assistance/referral**

**Activities:**

- ~ Continue to provide referrals according to AASA & national AIRS standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality information & assistance services

**Expected Outcomes:**

- ~ Staff will continue to provide the highest quality information & assistance/referral services to any person with an

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inquiry. Individuals will experience timely, accurate information to their questions and requests.

**Goal #2: Continue ongoing outreach and education activities among local and regional aging/disability network partners and among general community audiences as well.**

**Activities:**

- ~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration.
- ~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners
- ~ Staff shall continue to attend and participate in outreach events and seasonal community-based activities throughout the planning and service area.

**Expected Outcome:**

- ~ Local and regional aging/disability network partners will continue to seek and receive accurate information from AAA 3C.
- ~ AAA3C will continue to see an increase in information & assistance/referral calls

**Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to AASA Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.**

**Activities:**

- ~ Staff shall continue to develop and monitor the ADRCIS resource database, implementing corrections/additions/deletions as necessary.
- ~ Staff shall continue to seek updated information through contact with programs, service agencies, and organizations for inclusion in the database.
- ~ Staff shall continue to complete accurate data entry into the database according to AASA standards.

**Expected Outcome:**

All requested and required data and reports will be submitted accurately and timely.

**Goal #4: Continue to use and promote a person-centered approach**

**Activities:**

- ~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners.
- ~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise.

**Expected Outcomes:**

- ~ People contacting and interacting with the Area Agency on Aging 3C will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences.
- ~ Community partners will have an increased awareness of PCT and its practice within their organizations.

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**Direct Service Request**

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as “providing a service directly to a participant.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions; or (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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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.**

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

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**Regional Direct Service Request**

It is expected that regionally-defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the Michigan Commission on Services to the Aging. Regional direct-service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions, or; (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in box and click “Add.” The regional service name will appear in the dialog box on left after screen refresh. Select the link for the regional service and enter the information requested pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2020-2022. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Regional Direct Service Budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Regional Direct Service Budget details.

Please skip this section if the area agency is not planning on providing any regional services directly during FY 2020-2022.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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.

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

### Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:

1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals (Listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

#### Area Agency on Aging Goal

- A. Work with community partners to develop an adult day program in Branch County.

State Goal Match: 2

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Narrative

Since the loss of Branch County's Senior Respite Program in 2014, an adult day program operated by Pines Behavioral Health Services, we have been engaged in development, research and feasibility of another program.

In the past we've held a number of community meetings with potential partners, yet nothing has come to fruition. At this time only private pay options are available to families/individuals seeking daytime respite care in a community setting. As a way to meet some of the need in the community, both County's Commission on Aging offices have utilized additional respite care funding to offer additional hours and contract with other home health agencies to provide respite care outside of regular business hours. We do not see this method of service provision as meeting the need of the community, nor is it a sustainable method. The priorities of our key leaders and board members remain strong, that an adult day program needs to be cultivated as soon as it is feasible.

Objectives

1. Work to develop a viable community partner to develop an adult day program for individuals and families in Branch County.

Timeline: 10/01/2019 to 09/30/2020

Activities

Work with local provider networks, faith-based organizations and community partners to identify potential adult day program providers. Build upon existing connections and re-examine feasibility of their potential to develop an adult day program.

Should an interested party(ies) be identified, the AAA will initiate a Request for Proposal for the service.

Expected Outcome

Enhance and work with potential new provider organizations who are interested in exploring, developing a proposal, and start implementation of an adult day program by the end of September 2020.

**B. Work with key leaders and community partners in Branch County to explore an aging-friendly community assessment and seek designation as a Community for A Lifetime.**

State Goal Match: 2

Narrative

In response to AASA's new priority program development objective area to enhance the Communities for A Lifetime (CFL), the Branch-St. Joseph Area Agency on Aging will work with and engage public, municipal and private partners to assess the aging-friendliness of Branch County to encourage them to become a CFL. St. Joseph County sought and received their CFL recognition in 2014. Connecting with key officials in Branch County, starting with Board of Health members who are appointed by the Branch County Board of Commissioners will be our start!

Objectives

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1. In FY2020, the AAA Coordinator will network and make connections with Branch County Board of Health/County Commissioners as well as the County Administrator to present the Communities for A Lifetime program. We will contact AASA staff lead for the CFL Program to participate and/or make presentation to the interested parties to allow for open dialogue, questions and answers.

Timeline: 10/01/2019 to 09/30/2020

Activities

In January 2020, AAA staff will establish meetings with Branch County officials to discuss the CFL program. In addition, we will request AASA to make a presentation in the spring to our Board of Health, County Administrator and other interested community partners.

Expected Outcome

Branch County establishes a timeline for conducting aging-friendly community assessment and establishes a target date for making an application for recognition to AASA as a Community for A Lifetime.

**C. Provide advocacy, information, and training to support the rights of older/vulnerable adults to live free from abuse, neglect and/or exploitation.**

State Goal Match: 1, 3

Narrative

Reports of vulnerable adult abuse, neglect, and/or exploitation have increased 20% almost every year since 2012 in both Branch and St. Joseph County (MDHHS APS data run, March 2018). In 2017, more than half of each county's substantiated cases were in the type of "neglect" and "self-neglect" (MDHHS APS data run, March 2018). A coordinated community response has been implemented in each county since 2016 and will continue to be built upon and enhanced over the next three years through additional training, education, and outreach.

Objectives

1. Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/taskforces, and community groups.

Timeline: 10/01/2019 to 09/30/2020

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Activities

AAA staff will notify all providers, community partners, and community advocates upon our knowledge of current scams/schemes being reported in the state or local area.

AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY2020 include revision and enhancement of the Vulnerable Adult Protocol and creation of a coordinated response via an Interdisciplinary Team approach to serve those identified by team members as vulnerable/at risk. Promotion of elder abuse prevention materials and local trainings will also be provided, as a collaborative effort with the AAA VOCA-funded "Elder Abuse Victim Specialists" under the Services to Victims of Elder Abuse grant.

AAA staff will continue progress with St. Joseph County officials to enhance the Interdisciplinary Team (IDT) that has been meeting since 2017. Additional efforts, as in collaboration with the VOCA-funded "Elder Abuse Victim Specialist", will include training local agencies/organizations, development of an Elder Death Review Team component, and enhancing membership on the IDT to include financial institutions. Again, these efforts across the PSA are in collaboratin with the Services to Victims of Elder Abuse grant initiative.

Expected Outcome

Increased awareness among community members, potential victims, and reporting agencies about the identification and reporting of suspected abuse, neglect and exploitation.

Enhanced collaboration and inter-agency communication as it relates to coordinated community response in vulnerable adult abuse/neglect/exploitation cases.

Increase knowledge of agencies/organizations who've been trained regarding the "red flags" of abuse/neglect/exploitation.

### Advocacy Strategy

**Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.**

**Include what advocacy efforts (if any) the area agency is engaged in that are related to the four priority advocacy areas the State Commission on Services to the Aging is focusing on: Transportation, Direct Care Worker Shortage, Reduce Elder Abuse and Eliminate the Wait List for home delivered meals and in-home services. Also identify area agency best or promising practices (if any) in these four areas that could possibly be used in other areas of the state.**

The Branch-St. Joseph Area Agency on Aging will continue avid advocacy within the community and the State of Michigan. The AAA will attempt to increase general public awareness of older adult issues and share what an impact advocacy has in the legislative process. Our most significant, consistent message that we share is the importance of community-based long-term care designed to assist older adults to remain in the setting of their choice.

Our advocacy occurs at many different levels, but begins locally. We will remain involved in: community task forces, multi-purpose collaborative bodies and associated subcommittees, the AAA Association of Michigan, and by strengthening the AAA Advisory Committee. We will also continue to strengthen our relationship with the local Disability Network to develop collaborative advocacy messages, continue partnership building in our local Aging and Disability Resource Consortium, and work together on long term care issues.

The following list includes the taskforces & committees we are currently involved with and will continue involvement with over the coming fiscal year:

- ~ Branch County Improving the Lives of Seniors Committee
- ~ St. Joseph County Human Services Commission
- ~ St. Joseph County Adult Services Network
- ~ Caregiver related workgroups and planning committees (each county)
- ~ Emergency preparedness workgroups (each county)
- ~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
- ~ Elder abuse prevention workgroups (each county)
- ~ Housing taskforce/homelessness workgroups (each county)
- ~ Access to Healthcare (St. Joseph County)

Advocacy includes identifying local unmet needs and service gaps, seeking and strengthening additional resources, and further developing a coordinated system of services and programs. Through the AAA Advisory Committee and Policy Board, we coordinate advocacy efforts. The Older Michigianians Day event shall be our annual advocacy day at the state capitol along with our state-wide colleagues in aging and disability networks. The event is very energetic and well attended, with each legislator in our area targeted for a dynamic discussion on the needs of older adults and family caregivers. The AAA Advisory Committee (Council) is an appointed committee of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health. As such, Committee is used in their title rather than Council. Advisory Committee membership consists of: Health care representatives, Human service agency representatives, AAA contracted providers, County

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Commissioners (appointed), and, ideally the majority being older adults. The Board of Health serves as the formal AAA Policy Board. County Commissioners from each county in the district are appointed to the Board of Health to set policy and provide oversight to the CHA and AAA operations. Each of these entities (Advisory Committee & Policy Board) play a key role in assisting the AAA in identifying issues related to older adults and directly involves them in advocacy efforts as key issues arise.

The following trends and issues will remain important to recognize as efforts are put forth for thought and action:

1. Health care – Maintaining adequate and affordable, quality health care is very important, including the topics of Medicare, Medicaid, and insurance/prescription medication. Furthermore, this includes working with community partners (hospitals, home health, hospice, and other related entities) to emphasize the importance of home and community- based care to allow older adults to remain in the setting of their choice to receive services.
2. Expansion of Services and Providers of Services – The AAA must advocate to maintain local determination of funding. As well as making sure there are adequate services for the projected growth in the senior population. As stated above, maintaining involvement with local task forces, collaborative initiatives, and with our elected officials, we can remain strong advocates for those who are affected by decisions at the federal, state, and local level. We will continue to monitor key changes in legislation on the local, state and federal levels to be able to respond and provide up-to-date information for our communities.

These advocacy efforts both within the region, and at the state-level improve the quality of life for older adults through engagement, education, and involvement! As a core function of an area agency, we take advocacy to heart - in everything we do.

### Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

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

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's Act (OAA) funding that we receive are granted to local service agencies/organizations to provide for an array of services and programs to support older adults and their families. We partner & collaborate with local Commission on Aging agencies, health care organizations, public health, mental health, Community Action, and our local Center for Independent Living (Disability Network of Southwest Michigan).

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, counseling, 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 and their County Board of Commissioners 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 .4908 mill for total COA operational costs and generates approximately \$673,000 annually for the period 2015 – 2019 with 2020-2024 already approved to go into effect. 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. Millage funds are incorporated into each of their services, including: home care assistance, chore, respite, case coordination & support, caregiver services, disease prevention/health promotion, MMAP, and transportation. The Branch COA also administers a building millage at .25 mill which generates approximately \$323,000 annually for the period 2011-2020.

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 2018-2023. St. Joseph County also seeks special grant opportunities and participates in fundraising activities, as well as partners with multiple community partners to expand and enhance existing programming and services.

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The local Commission on Aging offices receive the majority of these federal funds to support some of the associated operational costs of offering the valuable service to beneficiaries. MMAP services are highly sought and utilized in the region. Over the next 3 years (FY2020-FY2022) AAA staff will continue to work directly to build capacity and a broader group of volunteers/agency partners to serve as MMAP counselors and continue in our role as Regional Coordinator designee.

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...

**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.**

Region 3C intends to build upon the successes of the existing evidence-based prevention programming currently active in each county. These programs are outlined in the FY2020 Evidence Based Programs document.

We do intend to continue seeking leaders and master trainers for the PATH, Diabetes PATH, Chronic Pain PATH and Matter of Balance programs if the need arises among our community partners. We remain hopeful that proposals may include these and other programs which meet the highest level criteria for our next contract cycle. We will continue our work on sustainability, as grant funds diminish and demand remains... In partnership with our community partners!

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**Community Focal Points**

**Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.**

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

The currently identified focal point agencies in Region 3C are the Branch County Commission on Aging and the St. Joseph County Commission on Aging. Logistically they serve older adults in the most populated communities in each county. They are also able to coordinate services with other appropriate entities and health care providers in these larger communities. Furthermore, their experience in service delivery speak volumes to their effectiveness. Co-location of services also occurs at the COA offices and senior centers. Disease prevention programming, adult day services, fitness activities, art & craft classes, and community presentations are offered on a regular basis. Coordination with other community agencies and organizations including: community mental health, Department of Human Services, hospitals/home health agencies, and private practitioners (chiropractors, physical therapists, podiatrists, etc.) offer additional direct services and access to services and vital information. The public is also invited to use the centers for meetings and special events. In rural regions such as Region 3C, communities vary in size. They can be as large as a county or as small as a few block neighborhood. The AAA will use the following definition of community: A group of legally recognized townships, villages, or cities where there is a history of affiliation in the areas of health, human services, or education. Using this definition, the AAA identifies six such communities in the two-county region. In Branch County, there are three: Greater Coldwater, Greater Bronson, and Greater Union City. In St. Joseph County the communities identified are Greater Sturgis, Greater Three Rivers, and Greater Centreville. While other areas in the region meet the criteria listed, they tend to be fairly small and do not have access to a full range of services. The Commissions on Aging (COA) in each county maintain sites for senior activities, health & wellness activities, and nutrition services. As mentioned above, their historic role as centers for information and supportive services make them logical choices to be considered “Community Focal Points”. The COA's have consistently demonstrated the capacity to work with other organizations to serve older adults in the most meaningful, comprehensive manner possible. Each of them maintain contracts for the majority of contracted services in the region and as such, are monitored closely each fiscal year for their effectiveness and adherence to standards for service provision.

**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:	Branch County Commission on Aging/H.C. Burnside Center
Address:	65 Grahl Drive, Coldwater, MI 49036
Website:	www.burnsidecenter.com
Telephone Number:	517-279-6565
Contact Person:	Amy Duff, LMSW, Executive Director

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Service Boundaries: Branch County  
No. of persons within boundary: 43,705 (9,885 or 22.62% are 60 and older)  
Services Provided: Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination Support, InHome Respite, Senior Center activities, Transportation (within and outside county), Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming. Other services available (not directly provided by COA): Adult day services, legal services, health screenings, hearing vision screenings, computer classes, community events meetings.

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Name: St. Joseph County Commission on Aging  
Address: 103 S. Douglas Avenue, Three Rivers, MI 49093  
Website: [www.sjccoa.com](http://www.sjccoa.com)  
Telephone Number: 269-279-8083  
Contact Person: Tim Stoll, Executive Director  
Service Boundaries: St. Joseph County  
No. of persons within boundary: 61,020 (13,830 or 22.66% are 60 and older)  
Services Provided: Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination and Support, Counseling, Kinship Care/Support, InHome Respite, Senior Center activities, Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming, Home Delivered Meals, Congregate Meals (including restaurant voucher program), Home Repair. Other services available (not directly provided by COA): legal services, health screenings, hearing and vision screenings, computer classes, community events/meetings.

### Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your area agency is participating in with AASA and/or other partners. Grants and/or initiatives to be included in this section may include, but are not limited to:

- Tailored Caregiver Assessment and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Chronic Disease Self-Management Programs (CDSMPs) such as PATH
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Projects funded through the Michigan Health Endowment Fund (MHEF)

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

In the spring of 2018 Region 3C AAA competitively bid upon and was awarded a Victim of Crimes Act (VOCA) grant through the Michigan Department of Victim's Services for the "Services to Victims of Elder Abuse" (SVEA) grant. \$199,750 was awarded to Region 3C to directly serve victims of elder or dependent adult abuse, neglect, and/or exploitation across Branch and St. Joseph Counties. The grant is renewable for up to three years and we intend to be successful each year so that we may continue this valuable work in our communities. Our project builds upon the successful relationships our office has worked so diligently to foster over the past 10 years. Multiple agencies and departments such as: Community Mental Health, Probate Court, Prosecuting Attorneys, law enforcement (County Sheriffs, local department and MI State Police), domestic violence/sexual assault organizations, financial institutions, health care facilities/offices, Adult Protective Services and more have come together to address abuse, neglect and exploitation awareness and prevention in our community. In addition, we've worked to develop county-specific Vulnerable Adult Protocol documents, offer trainings and seminars, and now, with the VOCA grant - we are able to directly serve victims. The VOCA-SVEA grant mandated full time staff to be hired as "elder abuse victim specialists" to serve victims and support their recovery from their crime victimization. We have two staff who are dedicated to this role who were hired in October 2019. In addition to directly serving victims, they support each county's coalition/team focused on elder/vulnerable adult abuse prevention. Monthly meetings, Protocol revision/enhancement and training development are on the top of their "to-do list" for FY2019. In 2020, we will remain focused on these aforementioned activities as well as develop a volunteer base to support victims as well. Goals to serve 100 individuals each year is quite possible, even though we are only 6 months into the project at the time the MYP/AIP is being drafted. With the VOCA-SVEA grant funding our focus on elder/vulnerable adult abuse, neglect and exploitation can be more dedicated and dynamic. We look forward to sharing our outcomes as we reach our goals implementing the project across Branch and St. Joseph Counties.

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Another project AAA3C will be engaged in is the AAA Association of Michigan's "Connected2Care" (C2C) project. C2C was developed in response to the significantly changing environment of health care and home and community-based services. Special invitation funding was awarded to the AAA Association by the Michigan Health Endowment Fund in 2019 for the project and began in the late spring and will run into 2021. C2C will enhance technology platforms which the aging network uses (COMPASS) in order to provide real-time admission, discharge and/or transfer notices regarding shared participants/patients. The enhanced technology will also engage our network as a health information exchange partner, expanding the reach of communication to the home and community based network of providers. There is no cost, other than minimal staff time, to participate in the project as the MHEF funds are primarily paying for the development/enhancement costs of the technology. The AAA Association will serve as the fiduciary and staff support as well, in order to organize regular meetings and participation in learning collaborative groups to discuss how the technology is working in the field and with participants/patients.

Our office will remain actively involved in the Medicare/Medicaid Assistance Program and have a staff person serve in the Regional Coordinator role. As outlined throughout the Plans, MMAP is a highly prioritized service among older adults and key leaders in the PSA. As the go-to program for health insurance information, we will also remain actively trained and provide MiHealth Link outreach, education, and enrollment assistance. During program year 2018-2019 the Regional Coordinator provided 4 presentations across the PSA, and, served nearly 80 MiHealth Link enrollees understand coverage, provide options, and give enrollment assistance. In addition, the MMAP Regional Coordinator served over 120 "regular" MMAP clients understand their benefits, make changes they determined important to them and seek alternative options for coverage. Our sites also did an amazing job with counseling over 300 individuals in one-on-one counseling sessions. MMAP clients seek appointments in comfortable, local community/senior centers, and many times, return year after year, after year!

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

The Services to Victims of Elder Abuse has and will most definitely continue to improve the quality of life of older adults across the planning and service area. As a dedicated program serving as a resource to victims, people will have access to an advocate and direct assistance in recovery from their trauma. Our satisfaction surveys tabulated from November 2018 through May 2019 have all been complimentary of the program and its staff. Additional focus areas include community collaboration & outreach, and additional development & enhancement of Vulnerable Adult Protocols. We are also planning program outcome assessments in those areas to gauge our successes as well.

Connected2Care, though the main focus is technology enhancement, the results will be evident immediately. The improved communication among care coordinators within home & community based providers/agencies, health care facilities/hospitals, and speciality offices will result in better communication with older adults. Care plan adjustments can be made in a more timely fashion, with quicker informed decision-making, and fewer duplication of services across the continuum.. These anticipated results will absolutely enhance the quality of life of older adults within the PSA.

MMAP's mission is to educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions. The trained counselors in

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our area continuously seek training and provide high quality, unbiased information at accessible sites across the two-county planning and service area.

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

Provision of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them -- SVEA directly serves and honors victims' dignity by supporting and advocating alongside them through their experiences. Referrals to community supports and finding resources to support individuals care needs are a priority of the SVEA grant initiative. Coalition building and supporting/collaborating with community partners are also goals of the project. Connected2Care will support the technology-side of supporting individuals and families, especially family members who are out of town/area. With increased communication, supports can be changed and notifications made in a more timely manner to assist individuals and families. MMAP, again, will continue their mission of educating, counseling and empowering individuals to make informed health benefit decisions.

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### Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix. Note that older versions of these appendices will not be accepted and should not be uploaded as separate documents.

- Appendix A: Policy Board membership
- Appendix B: Advisory Council membership
- Appendix C: Proposal Selection Criteria
- Appendix D: Cash-in-lieu of Commodity Agreement
- Appendix E: Waiver of Minimum Percentage of a Priority Service Category
- Appendix F: Request to Transfer Funds

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**APPENDIX A**

**Board of Directors Membership**

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	2	2	6
Aged 60 and Over	0	0	0	0	2	1	5

Board Member Name	Geographic Area	Affiliation	Membership Status
Terri Norris	Branch County	County Commissioner	Elected Official
Don Vrablic	Branch County	County Commissioner	Elected Official
Mark Wiley	Hillsdale County	County Commissioner	Elected Official
Bruce Caswell	Hillsdale County	County Commissioner	Elected Official
Kathy Pangle	St. Joseph County	County Commissioner	Elected Official
Allen Balog	St. Joseph County	County Commissioner	Elected Official

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APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	0	1	4	9
Aged 60 and Over	0	0	0	0	1	0	4

Board Member Name	Geographic Area	Affiliation
Andrejs Rozentals	St. Joseph County	Community Advocate
Tim Stoll	St. Joseph County	Service Provider
Amy Duff	Branch County	Service Provider
Dennis Brieske	Branch County	Community Advocate
Marvin Merkle	Branch County	Community Advocate, Veterans Affairs
Alisha Carr	Branch County	Service Provider
Sandra Leslie	St. Joseph County	MDHHS - Adult Services
Michele Peterson	Branch County	MDHHS - Adult Services
Allen Balog	St. Joseph County	County Commissioner, appointment

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APPENDIX C  
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	10/01/1996
Outline new or changed criteria that will be used to select providers: No new changes.	

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APPENDIX F  
Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  0
2	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  50,000
<p>As in years past, in-home and other supportive services such as care management are in greater demand in PSA 3C than that of Congregate Meals. This request of transferred funds allows us to better fulfill needs in the planning and service area.</p> <p>As such, the \$50,000 transfer out of Title III-C1 shall be allocated as follows:</p> <p>C1 to 3B --- \$35,000</p> <p>C1 to C2 --- \$15,000</p>		
3	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