

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

program to agencies and medical clinics that may be able to identify caregivers and make referrals. Provide press release information to media of the county in which the program will be held. Screen referrals for appropriateness in class and register participants. An evaluation is conducted at the end of the class series. Maintain training credentials of AAA staff member.

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.

The AAA will contract out much of the funding for Creating Confident Caregiver classes, but will retain some funding for direct service provision, as well as training of a staff member. Some Councils/Commissions on Aging (COAs) have had difficulty in recruiting trainers and the AAA will be able to help cover counties with gaps by having a staff member who can provide the classes.

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

Northeast MI Community Services Agency, Inc

FY 2020

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.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

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FY 2020

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. Advocate for senior programs and engage in dialog with the aging network constituents and elected officials.

State Goal Match: 1

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Narrative

Advocating for older persons and persons with disabilities is essential to providing choices for independent living and achieving the mission of the Region 9 Area Agency on Aging. This is accomplished through myriad of avenues at the local, state and federal levels, but the AAA recognizes the need to put a local face on the issues. For that reason, the AAA will host a legislative town hall meeting, essentially bringing the legislators, or their representatives, to the constituents. The meetings will have a focus on senior issues, such as programs and funding. Annually, programs of great importance to seniors are in danger of having funding cuts or – in some cases – complete elimination from the budget. Although staff strongly advocates and provides information and statistics to the elected officials, it is more impactful when they can hear it directly from an older adult who is reliant on the offerings of the aging network. As the intent is to educate elected officials and provide advocacy for seniors and their needs, the meetings will be open to the public. With a quickly aging population, it is important for legislators to hear from these constituents.

Objectives

1. Host a legislative town hall-style meeting, annually, with state and federal elected officials
Timeline: 10/01/2019 to 09/30/2022

Activities

One or two tentative dates and locations will be established so that AAA staff may contact federal and state legislators of the corresponding areas to extend an invitation and assess the best date/time. Elected officials often have limited time to spend in their districts and schedule appointments well in advance, which will make it necessary to begin planning such a meeting early in the Fiscal Year. Once a date, location and time have been confirmed, staff will begin marketing the event. Details of the meeting will be put in the weekly newsletter, posted in social media and the agency website, provided to partners in the aging network, as well as press releases to the appropriate local media. It may be necessary for staff to maintain contact with legislators' offices to ensure the meeting remains a priority on their agendas.

Expected Outcome

As a result of the legislative town hall meetings, it is expected the elected officials will have a better understanding of the issues faced by the aging population in their respective districts and seniors will feel listened to and heard. With increased knowledge of the detrimental impact of funding cuts to senior programs, legislators will work within their means to safeguard current funding and seeking ways to provide for increases.

- B. Promote caregiver wellness and empowerment by providing education to enhance the caregiver experience.**

State Goal Match: 1

Northeast MI Community Services Agency, Inc

FY 2020

Narrative

Caregiver burnout is defined as a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude - from positive and caring to negative and unconcerned. When caregivers experience burnout, their loved ones are at a greater risk of being abused or neglected. Although caregiving may be one of the most important jobs a person will undertake, it is also a job for which they are the least prepared. Frequently, it is a role that spouses or other family members find themselves thrust into with minimal education or preparation. The wellbeing of caregivers is paramount to the wellbeing of the care recipient. For that reason, the Region 9 AAA maintains it is necessary to support caregivers by providing opportunities for education, self-reflection, and skill strengthening so they are able to sustain a positive caregiving experience.

Objectives

1. Hold a caregiver wellness and empowerment conference to provide a supportive and educational environment for learning and skill enhancement.
Timeline: 10/01/2019 to 09/30/2020

Activities

Determine budget and if additional funding needs to be sought. Secure a location and date for the conference (likely spring). Identify program topics and invite knowledgeable speakers. Promote conference with community partners for help in identifying unpaid, family caregivers as a focus for invitees, although it will be open to anyone. Following the conference, a review of evaluations will be necessary to determine areas for improvement.

Expected Outcome

Educated caregivers will be better prepared to handle the many stressors that can develop in a caregiving relationship. They will acquire new skills and learn of other available resources in their communities. By connecting caregivers with resources, as well as other people who may be in similar situations, the stress that often leads to burnout will be lessened and the caregiving experience will remain positive. Additionally, the care recipient will be able to remain living in the home longer, as there will be a reduced risk of premature institutionalization.

C. Increase capacity to provide non-emergency medical transportation within the PSA.

State Goal Match: 2

Northeast MI Community Services Agency, Inc

FY 2020

Narrative

The Region 9 PSA is more than 6,800 square miles and meets the definition of rural as stipulated by the U.S. Department of Agriculture, as well as that of the U.S. Census Bureau. With 29,070 residents, Alpena County has the largest population of all counties in the region. According to data provided by National Association of State Units on Aging and Disability (NASUAD), just over 28% of the county's total population is age 60 or older. Each time the AAA conducts a community needs assessment, transportation ranks at the top of the list for needs not being met. The most recent assessment had 93% of respondents saying transportation was important. Care Management and Waiver clients of the AAA frequently are in need of non-emergency medical transportation (NEMT) and it is one of the top requests received by the partner agencies. With the Retired and Senior Volunteer Program (RSVP) within the agency division of the AAA, a goal of increasing the number of volunteers who provide NEMT has been set. Volunteers serving through the RSVP may be eligible for some mileage reimbursement and this may aid in recruitment efforts.

Objectives

1. Increase the number of volunteer drivers for non-emergency medical transportation (NEMT) by five.
Timeline: 10/01/2019 to 09/30/2020

Activities

Increase outreach to recruit potential volunteers who will provide transportation to non-emergency medical appointments, such as dialysis. Outreach may include press releases, articles in newsletters of aging network partners, social media, and presentations. All potential drivers will be vetted through an application process, including a background check to ensure safety of those being transported. Arrangements for rides may be made with care management teams or through partner agencies. A paperwork process is in place to ensure that doctors sign off on a form to verify that the person was transported and attended his/her appointment.

Expected Outcome

Persons receiving rides from RSVP volunteers will be better able to self-manage their chronic illnesses by attending regularly scheduled medical appointments and not canceling due to lack of transportation. This may reduce relapses of illness, rehospitalizations, and the need for premature institutionalization; all of which will reduce insurance costs. Persons will be able to remain living independently in a setting of their choosing because of the support provided through non-emergency medical transportation.

D. Expand opportunities for seniors to participate in Evidence-Based Disease Prevention (EBDP) programs.

State Goal Match: 2

Northeast MI Community Services Agency, Inc

FY 2020

Narrative

The AAA supports effective mechanisms of health management and will seek additional opportunities with proven strategies. Those who participate in these programs further strengthen their abilities to take control of their health and improve their qualities of life. The skills learned are specific to the person taking the course and s/he chooses what will be most beneficial when incorporated into her/his lifestyle.

The AAA encourages partners to offer Evidence-Based Disease Prevention (EBDP) programs. In alignment with the Aging and Adult Services Agency, only programs rated as Level III will be funded by the AAA. Two staff are Master Trainers for the Personal Action Toward Health (PATH) (and its diabetes and pain components) and the Matter of Balance (MOB) programs. The AAA will provide leader trainings to grow the number of class offerings in the PSA. As the population continues to age and more people wish to remain living independently, the need for evidence-based disease prevention programs increases. When individuals take control of their health, improved health outcomes result from the efforts. Also, minimizing fall risks, results in older adults reporting fewer injuries and broken bones.

The Creating Confident Caregivers (CCC) program provides a setting for caregivers to gain a better understanding of dementia and learn skills to cope with the situation they face. Caregivers go through myriad changes emotionally as they take on the role of caring for a loved one with dementia. Caregiving is emotionally and physically draining; when a caregiver does not have the skills and knowledge to work with the disease's effects on his/her loved one, the situation can spiral quickly. Erratic behaviors and outbursts become difficult to deal with and the stress level continues to rise, sometimes leading to abuse. The CCC lessens the chance of abuse and the skills learned improve the health and well-being of the caregiver, assisting in the prevention of burnout.

For seniors living in the rural north, being able to attend EBDP classes can be a challenge; both, for seniors to attend within a reasonable driving distance, and also, to enable rural COAs to offer the classes. Some COAs may have only one trainer in the county and most EBDP programs require 2 trainers in order to hold class. EBDP programs are gaining popularity as the information resource for staying independent, preventing falls and managing health, pain and diabetes. By renewing trainer certifications in a timely manner and recruiting and training new leaders, EBDP classes will be readily available throughout the Region 9 PSA.

Objectives

1. Provide opportunities for seniors to participate in Evidence-Based Disease Prevention (EBDP) programs at local Councils/Commissions on Aging (COAs) and partner agencies by increasing the number of class trainers available to lead classes.

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

Activities

Assess the need for trainers of specific EBDP programs and counties in which they are needed and decide what leader trainings need to be offered. Schedule the trainer sessions and advertise to recruit trainers. Ensure those who are Master Trainers receive appropriate updates to maintain credentials by tracking expiration dates of certifications and seeking refreshers in a timely manner. Assist newly trained leaders in scheduling classes and maintain on ongoing, updated list of class offerings throughout the region.

Northeast MI Community Services Agency, Inc

FY 2020

Expected Outcome

As more volunteers become certified trainers, partner agencies will find it easier to schedule EBDP programs and more classes may be offered. Region 9 will have a pool of trainers to not only lead classes, but also cover classes in nearby counties. This will ensure more seniors will be able to participate in local EBDP classes that promote health, safety, and support their independence.

2. Increase by 10% the number of caregivers learning coping skills and understanding dementia by providing the Creating Confident Caregivers (CCC) class series and other caregiver resources
Timeline: 10/01/2019 to 09/30/2020

Activities

Recruit volunteers to be trained as lay leaders of the CCC program. Promote awareness of the CCC class through outreach to identify caregivers who will attend. Schedule and hold classes; offer respite for caregivers during class time through local COAs. Continue to promote available community resources and seek additional caregiver resources to share.

Expected Outcome

By assisting caregivers in gaining a better understanding of what their loved one with dementia is going through, their stress level will decrease. Program participants will learn coping skills, report less combative behavior, and greater familial harmony. This will further decrease the potential for premature institutionalization of seniors with dementia and allow the person to remain living in his/her home longer. Also, when caregivers are better able to handle the stress, it becomes less likely to result in an abusive situation due to caregiver burnout.

E. Promote independent living and self-choice in developing care programs by offering long-term supports and services.

State Goal Match: 2

Narrative

Person-centered thinking was developed around the philosophy that people will do better and be more engaged when they have the ability to make the choices and direct their own care. The AAA will build capacity for person-centered thinking and self-determination within its provider pool as part of its future planning options, particularly for individuals seeking long term care services and supports, but also in a manner that supports person-centered access for information in all aspects of the aging network. Training in person-centered awareness is required of all staff at subcontracting agencies. All employees of the AAA participate in the full, two-day person-centered thinking training. Access to these trainings will be made available as needed.

Objectives

1. Ensure all persons seeking services or information will be responded to in a person-centered manner by providing training to all new AAA staff and new staff of partner agencies.
Timeline: 10/01/2019 to 09/30/2020

Northeast MI Community Services Agency, Inc

FY 2020

Activities

All AAA staff will attend a two-day Person Centered Thinking (PCT) training. The training will be offered/provided to COA partners, such as in-home service providers, as well as Long Term Care Ombudsman volunteers. Person Centered Awareness trainings (a 2-hour class) will be made available, as well. Participants will work with case management teams who have received the training to develop their own PCT care plan. Supervisory reviews of participant case files will ensure utilization of PCT principles.

Expected Outcome

Persons seeking services will be more engaged in their care plans as a result of having the opportunity to work with their care management team to determine their own needs, supports, and services. As a result they will be able to remain living independently in a setting of their choosing. Staff will understand and apply PCT when working with program participants. Care plans will be developed with input and guidance from the participant, ensuring their self-identified needs will be met, as well as being treated with dignity and respect. Nursing home residents will have access to PCT-trained volunteers to assist in issue resolution.

F. Provide education on Medicare and Medicare Fraud awareness.

State Goal Match: 3

Narrative

Medicare is a complex system and is quite daunting for people new to receiving the benefits. With the different parts of Medicare providing coverage it gets confusing and people need assistance in understanding their rights and options, in order to ensure they have coverage appropriate for their needs. Equally important is the ability to identify possible fraudulent use of one's own Medicare number, how to protect one's identity, and avoid scams. The various types of Medicare fraud costs taxpayers more than \$60 billion each year. Seniors and persons with disabilities are not only targets of scammers wanting to steal their identities, but they become the front line defense for reporting it. Scam information needs to be updated just as often as new scams occur. Local police and other agencies often refer clients to aging network partners for help with scams. Seniors and persons with disabilities need to know how to review their Medicare Summary Notices, how to recognize scams/Medicare fraud, how to protect their identity, and what to do and how to report an incident. Providing the education to engage beneficiaries in actively playing a part in the identification and reporting of fraud and scams is the first step in ending the costly threat to Medicare.

Objectives

1. Provide opportunity for a minimum of 120 seniors and/or persons with disabilities to increase their knowledge and awareness about "Medicare Benefits and Fraud" through public education events to be held throughout the Region 9 service area.
 Timeline: 10/01/2019 to 09/30/2020

Northeast MI Community Services Agency, Inc

FY 2020

Activities

A presentation on Medicare benefits and preventive services, including Medicare fraud and scams, will be developed. This will be used for public education in counties throughout the PSA. Additional materials such as flyers and brochures may be developed and used as needed. Medicare Medicaid Assistance Program team members of Region 9 will be able to use the presentation and materials to do outreach in their own counties. Once a determination of when and where a presentation will be held, marketing of the event may be done via social media, press releases, agency newsletters, and free community bulletin boards.

Expected Outcome

Beneficiaries who are educated on the parts of Medicare, the different enrollment periods, and preventive services will be able to make appropriate choices for healthcare coverage, as well as improve and/or maintain their current health and well-being. They will be proactive participants in identifying Medicare fraud by being able to discern the difference between legitimate benefits and attempts to cheat them. The presentations will pass on a level of resistance to this type of fraudulent activity and seniors will know how to properly report such occurrences.

G. Increase public awareness of signs of abuse, neglect and financial exploitation among senior populations

State Goal Match: 3

Narrative

As an agency providing services to seniors, the AAA must play an integral role in educating the public on elder abuse issues and promoting the prevention of such through awareness and educational events. By conducting outreach and providing educational opportunities for colleagues and the public, the AAA increases awareness and further impedes the continued spread of abuse and exploitation of vulnerable adults.

There is a lack of reporting of elder abuse, as well as an uncertainty about how and where it should be reported. Often times, elders are afraid to report abusive situations for fear of being removed from their homes, losing control over their decisions, or being separated from loved ones. Law enforcement agencies often do not track elder abuse as such, but rather classify it as domestic violence/situation. The lack of data relating to elder abuse, neglect and exploitation speaks to the need for better education in local communities. Situations of elder abuse, neglect and exploitation exist, but there is no uniform system for reporting and tracking; therefore, there is no clear picture of the prevalence of the issue. It can be surmised that the lack of reporting has a direct correlation to the lack of education on elder abuse in general.

Objectives

1. Improve collaboration with area law enforcement, emergency personnel, and Adult Protective Services workers in identifying and reporting suspected elder abuse.

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

Northeast MI Community Services Agency, Inc

FY 2020

Activities

The AAA will work to strengthen the relationships with local law enforcement, emergency personnel, and APS staff for increased visibility at senior-attended events and locations such as senior centers, health fairs, and senior housing. This partnership will create a venue for educational presentations among service organizations, congregate meal sites and senior living complexes. The AAA will continue to support its COA partners in establishing these relationships and with ongoing support of Safe, Sound and Secure events. Should funding be available through the PREVNT competitive bid process for FY 2020, the AAA intends to submit a proposal that will provide all area law enforcement agencies and emergency personnel the opportunities to attend training specific to dementia and elder abuse.

Expected Outcome

Enhanced collaborative relationships with APS, law enforcement, emergency personnel, and the aging network will result in improved communication and an increase in the reporting of elder abuse and exploitation instances. Seniors will be empowered to protect themselves or their friends by identifying and reporting suspected abuse.

2. Increase the number of people who become more aware of the effects of elder abuse, neglect and exploitation, as well as how to identify it and report.

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

Activities

Conduct educational presentations for COAs, at congregate meal sites, health fairs, nursing homes, senior living complexes and faith based organizations, as well as trainings for in-home providers and nursing home staff. Provide brochures and appropriate literature to foster community awareness; explore the possibility of developing a toolkit that can be distributed region-wide. Host an elder abuse prevention and awareness conference for the faith-based community and interested persons.

Expected Outcome

The intended outcome is to raise awareness of elder abuse, provide information on identifying signs of abuse, and offer preventive solutions. Seniors will be safer in their home environments as improved awareness of signs of abuse, neglect, and financial exploitation will result in identification and reporting of behaviors, which will lessen the criminal victimization of this population. As people are educated on how to identify the signs of abuse, early intervention will take place.

H. Foster development of new collaborations and enhance current partnerships to build the aging continuum.

State Goal Match: 4

Narrative

The Region 9 Area Agency on Aging would not be able to serve the needs of older adults and persons with disabilities throughout the PSA without the commitment of its partners. By working together a greater number of persons are able to be served. This effort is enhanced through the technical support provided by the AAA to the subcontracting agencies and COA partners. The AAA works to identify new partners and bring them into the fold of the aging continuum to further strengthen the region's commitment to serving older adults.

Northeast MI Community Services Agency, Inc

FY 2020

Objectives

1. Provide training and technical assistance to all local aging network partners.
Timeline: 10/01/2019 to 09/30/2020

Activities

The AAA is in the process of building a data base that will enable contracted service providers to enter their agency's NAPIS reporting data. Once the AAA verifies the accuracy of the data, it will be uploaded to the state system, which feeds into the federal data base. Quarterly meetings, known as Region 9ers, will be arranged for COA and aging partners in the PSA. An annual pre-bidders conference will be offered to all potential contractors. At this meeting, the competitive bid process is reviewed and questions are answered. Trainings on grant writing and strategic planning are available from AAA staff, as well as one-on-one meetings to go over proposals submitted during the competitive bid process (once awards have been finalized). This provides bidders an opportunity to identify strengths of their proposals and areas for improvement in the next round. The AAA policy manual will be reviewed and updates to it, as well as to AASA policy, will be provided to partner agencies. AAA staff are available to attend COA board meetings or speak on a variety of program topics, as requested. On-site assessments will be conducted annually. Additionally, a board of directors training module is available to be presented by AAA staff upon request.

Expected Outcome

Increased efficiency will be the result of COAs having the ability to enter their own data into the new data base, once it is complete. Referrals to additional services may increase due to the real-time entry of data and readily available information on program participants. The local aging network will be strengthened by direct support of the AAA through program assessment/monitoring for compliance, explanation/interpretation of AASA standards, and increased or enhanced provision of programs. Training opportunities will allow partner agencies to access free education for staff to build on their professional development. With limited budgets, this is an important consideration.

- 1. Improve the quality and effectiveness of services provided through the regional aging network and Region 9 Area Agency on Aging partners.**

State Goal Match: 4

Narrative

Integral to the improved quality of life for someone wishing to remain in his/her home and avoid premature institutionalization is the opportunity to receive quality care from educated and skilled workers. Community partners face limited budgets and - while they recognize the need to provide additional training - it may be difficult to provide a wide range of educational opportunities. With the AAA providing the opportunities for education it is ensuring access to partner agencies and building a workforce able to provide elders and persons with disabilities high quality services.

Objectives

Northeast MI Community Services Agency, Inc

FY 2020

1. Increase the number of direct-care service providers and ensure they have access to affordable continuing education opportunities by providing at least two trainings each year enabling them to develop, improve, and maintain a high quality level of service to seniors.

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

Activities

Area high schools, Head Start parent meetings, and other groups and venues where adults may socialize will be targeted for outreach to promote the field of direct-care with the aging population as a career opportunity. Recruitment of potential direct-care employees will be essential to stem the impact of the impending shortage of workers. Ensure appropriate training to build a workforce of professional direct-care workers capable of providing care and services to older adults and persons with disabilities. Continue participation in the IMPART Alliance and support continued training with the Building Training, Building Quality series, as well as researching the feasibility of offering a credentialed direct-care worker training program through local community colleges.

Expected Outcome

As a result of targeted outreach, an increase in the number of people choosing a career in direct-care services is expected. Due to professional training, program participants will experience an increased level of quality care from direct-care service providers who have broadened their knowledge of caregiving through participation in appropriate educational opportunities. The increase in quality care will lead to greater client satisfaction. There will be lower turn-over for staff that are well-trained and performing competently.

Northeast MI Community Services Agency, Inc

FY 2020

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.

Advocating for older persons and persons with disabilities is essential to providing choices for independent living and achieving the mission of the Region 9 Area Agency on Aging. This is accomplished through myriad avenues at the local, state and federal levels. The AAA encourages its regional advisory council, policy board, and community partners to engage in advocacy efforts to ensure issues important to seniors are kept in the forefront and that legislative decisions are not made without fully knowing the potential positive and negative impacts on seniors. Thus, national and state legislation is monitored by the Michigan Senior Advocates Council, as well as AAA staff, who maintain communications with legislative offices. The Northeast Michigan Regional Council on Aging (Regional Advisory Council) acts as a review and advocacy body to the NEMCSA Board of Directors, the agency policy board.

In the past a consumer advisory council held quarterly meetings; however, it has been a struggle to maintain active participation. An effort is underway to recruit participants who will be willing to serve and contribute to the advocacy of the AAA. In addition to advocating on legislative issues, the council will provide input and guidance for ensuring a person-centered focus is delivered through the AAA supports and services to individuals in need of long-term care. This group has had success in providing input on the client satisfaction survey from the perspective of a client. As a result, the annual survey was adjusted to better accommodate the needs of the clients completing it, as well as maintain the integrity of the tool to ensure relevancy of the data collected.

In addition to the Regional Advisory Council and the consumer advisory council, there are three other advisory councils that provide input and guidance to programs of the AAA. The Retired and Senior Volunteer Program (RSVP), and the Foster Grandparent and Senior Companion programs each have advisory councils that meet to provide guidance to project directors within the required guidelines of the Corporation for National & Community Service, which funds all three programs.

The AAA continues to work with local entities in an effort to coordinate all stakeholders, service networks, local government and older persons for the purpose of achieving a coordinated system of information, referral and access to services. The implementation of a 2-1-1 telephone information and assistance system in northeast Michigan has moved the area one step closer in achieving a single point of entry for long-term care services and supports, as well as other community resources and programs. The 2-1-1 referral number is functional throughout the PSA.

The Medicare Medicaid Assistance Program and the Long Term Care Ombudsman Program continue to be important pieces of the AAA's advocacy strategy. The heart of both programs is dedicated staff and a strong

Northeast MI Community Services Agency, Inc

FY 2020

commitment from community volunteers, as well as the local Councils/Commissions on Aging. MMAP volunteers are well-trained in the intricacies of Medicare, Medicaid, prescription drug plans and other public benefits. They assist persons with questions or problems and help provide outreach for other Veteran's benefits, and low-income subsidies. The Long Term Care Ombudsman volunteers are instrumental in helping to maintain a visible presence and access to nursing home residents and staff for the purpose of ensuring residents' rights and resolution of complaints. The AAA will continue to support and recruit volunteers for both of these programs. In an effort to ensure the safety and well-being of those served by the volunteers the agency continues to assess its risk policies and volunteer recruitment procedures. Anyone representing these programs and the agency must be above reproach to minimize potential conflicts of interest and risk of client violation.

The AAA recognizes the importance of being involved in organizations that have an impact on the lives of older persons. Therefore, the AAA staff members will continue their memberships and positions on boards including the following organizations: Greater Michigan Chapter Alzheimer's Association; Alzheimer's Foundation of America; Michigan Association of Nutrition and Aging Services Program; American Dietetic Association; Michigan Adult Day Services Association; National Association of Area Agencies on Aging; Area Agencies on Aging Association of Michigan, Michigan Senior Advocates; Northeast Coalition for the Prevention of Homelessness and Hunger; Alpena Human Services Coordinating Council; Cheboygan Area Senior Advocates; American Health Information Management Association (AHIMA); Otsego Crawford Oscoda DHS Elder Abuse Care Group; Medicare Medicaid Assistance Program Board of Directors and its Coordinators Advisory Council; Arenac County Vulnerable Adult Collaborative Response Team; Chronic Disease Coordinating Network; Iosco Cares; National Committee to Protect Social Security; Presque Isle Human Services Collaborating Council; Michigan Association of Retired and Senior Volunteer Program Directors (and its Advocacy Committee); Michigan Association of Senior Companion Program Directors; and the Michigan Association of Foster Grandparent Program Directors.

Advocacy efforts will continue to support community-based care programs. Many studies have demonstrated the cost effectiveness and preferred option of person-centered, community based care services and supports; however, public policy and funding have not always followed suit and programs are often operating in underfunded and under-supported modes. The AAA will continue to work with partners to develop creative strategies to ensure individuals are provided the most appropriate and desired level of care in the individual's setting of choice. The AAA will support the continued efforts of long-term care rebalancing on a statewide basis.

In its commitment to such, the AAA has actively participated in advocacy efforts and in providing opportunities for elected officials to fully understand the impact a loss of program funding will have on the state's seniors. The AAA has actively participated in advocacy efforts and in providing opportunities for elected officials to fully understand the impact a loss of program funding will have on the state's seniors. Staff members meet one-on-one and correspond with legislators to share stories of the programs' impact on people served, including U.S. Rep. Jack Bergman, 1st Congressional District; Rep. John Moolenaar, 4th Congressional District; and Rep. Dan Kildee, 5th Congressional District; U.S. Sen. Gary Peters and Sen. Debbie Stabenow. In Michigan, legislators include Sen. Curt VanderWall, 35th District; Sen. Jim Stamas, 36th District; and Sen. Wayne Schmidt, 37th District; Rep. Jason Wentworth, 97th District; Rep. Daire Rendon, 103rd District; Rep. Triston Cole, 105th District; Rep. Sue Allor, 106th District; and Rep. Lee Chatfield, 107th District.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

During the current fiscal year, the director of the AAA and project directors of senior volunteer programs met with U.S. Rep. Jack Bergman and provided information and infographics on the State Health Insurance Assistance Program and Senior Corps programs, as well as their importance to the senior population. Meetings have also been held with Michigan Rep. Sue Allor; Rep. Triston Cole; Rep. Daire Rendon; and Sen. Wayne Schmidt. At one point or another, discussions have taken place whether in person or on the phone with all state and federal legislators or their staffs. Some of the topics that have been in the forefront recently include the direct care worker shortage, auto insurance reform, and the need to expand and enhance programs for seniors, the quickest growing segment of the region's population. The aging Baby Boomers, combined with the increasing longevity of the population, will continue to create an increased need for services and plans to address this need to be developed.

Knowing the importance of legislators hearing from the people directly impacted – the seniors and program participants – the AAA is planning a town-hall meeting in its service area in Fiscal Year 2020. This will provide an opportunity for older adults to address law-makers first-hand on the issues they face and the importance of aging services to their independent living. While the meeting will be arranged for by the AAA, the seniors will be able to have the floor to ask questions and share their stories.

Statistical data reinforcing the message that aging programs save the state money by enabling elders to remain in their own homes and out of skilled nursing facilities is often presented to legislators. By educating public officials through advocacy efforts, the AAA plays a role in maintaining funding levels and ensuring services are available to those in need. Without these advocacy efforts, the ability of all seniors and persons with disabilities to remain living independently and with dignity may be compromised. Staff of the AAA also participate in advocacy efforts for other programs that contribute to the array of senior services. Project directors for Senior Corps programs offer testimony to the House and Senate appropriations subcommittees in Lansing as to the importance of senior volunteer opportunities and the work that is being accomplished. They also serve on their respective state association advocacy committees and are involved with advocacy efforts on a state level.

The Region 9 representatives for the Michigan Senior Advocates Council (MSAC) remain active and participate in monthly visits to legislative offices in Lansing. While there, they advocate for seniors and the many issues of which they face today. Reports are given on a regular basis at regional advisory council meetings to update others on progress being made and upcoming issues for which to watch. The MSAC representatives will lead the Region 9 contingent that will travel to Lansing for Older Michiganians Day on May 15, 2019. The contingent will be made up of other regional representatives from Commissions/Councils on Aging (COAs), senior citizens, and AAA staff.

Though advocacy efforts may vary, the common objective is to improve the lives of older persons and persons with disabilities. This is accomplished by creating opportunities for self-determination, whereas the participants become stakeholders in their care and have a voice in how their needs will be met. People are able to remain in their homes or the setting of their choosing and receive the supports necessary to maintain independent living. Additionally, caregivers and family members undergo less stress by having the support of agency programs.

Northeast MI Community Services Agency, Inc

FY 2020

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

As a division of the Northeast Michigan Community Service Agency, Inc. (NEMCSA), which is a Community Action Agency, the Region 9 AAA staff has the knowledge and ability to identify and suggest additional services for which a client may qualify. It is not uncommon for intradepartmental referrals to be made within the agency, allowing staff to approach presenting client issues in a holistic manner. Services such as Medicare benefits counseling, Senior Companions, weatherization, housing assistance, food assistance programs, and emergency service programs are often accessible to senior program participants. Although many of these programs have eligibility guidelines, they are services that complement the mission of the AAA, which is to provide choices and supports that enable seniors to live independently in a setting of their choosing.

Region 9 Area Agency on Aging has been fortunate to have committed partners serving the common mission of bringing needed services to the elderly in the region. Each area focal point has been successful in garnering community support for a senior millage. Millage monies have been critical to the effort of serving seniors in need and have helped provide funding for some innovative programming within individual communities. Without the additional millage dollars, wait lists would be much larger and seniors needing in-home services, in particular, would have to wait longer to be served, placing them at a higher risk of premature institutionalization.

Local county millage dollars also fund a variety of activities including Access funds to provide information and assistance, transportation and outreach. During FY 2018, the 12 COA subcontractors provided a combined \$795,736 in funds that supported services. By category, the breakdown is:

- Outreach - \$114,943
- Transportation - \$285,492
- Information & Assistance - \$395,301

The AAA will continue to build upon the network of senior centers as the focal points for services. Some centers have housed health resource centers and many provide exercise and wellness classes, including evidence-based disease prevention offerings, for aging adults. Doing so has enabled the centers to be more visible and useful in the community as a provider of health and wellness activities and not solely an in-home service provider or a place to meet for a nutritious meal.

The AAA provides financial support to individual caregivers through the National Family Caregiver Support

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Program. Other community partnerships have enabled the AAA to broaden its resource base with such entities as other senior service providers, schools, health care providers and court systems. The AAA's active involvement with this resource base has helped eliminate duplication of effort and has accelerated access to available supports and services.

For several years the AAA has partnered with District Health Department (DHD) No. 4, in financially supporting its Adult Day Center, the Caring Place. Additionally, the AAA offers the Creating Confident Caregivers series to the caregivers of clients. The health department is a resource often utilized by AAA staff, as well as making mutual referrals. DHD No. 4 provides services to residents of the counties of Alpena, Cheboygan, Montmorency and Presque Isle. While no formal partnerships have been forged, the AAA does utilize as resources/referral sources the DHD No. 2 (Alcona, Iosco, Ogemaw and Oscoda counties); DHD No. 10 (Crawford County); Central Michigan DHD (Roscommon and Arenac counties); and Health Department of Northwest Michigan (Otsego County).

The disability networks that are located within the Region 9 PSA continue to work with the AAA and provide cross referrals. The partnerships have been particularly helpful in cases when a person with disabilities is below the age of 60, but does not qualify for Medicaid. Another partnership that has been established is with the AuSable Valley Community Mental Health agency through the IMPART Alliance. This is notable because it builds on previous efforts with the Building Training, Building Quality (BTBQ) program and will address, in part, some of the concerns of the shortage of direct care workers. The program provides the training for direct care workers and two COA partners have had staff attend the classes, while a third has expressed interest in the training for FY 2020.

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.

Over the years, the Region 9 AAA has developed a solid foundation on which to build its Evidence-Based Disease Prevention (EBDP) programs. The agency has on staff one person who is a Master Trainer for the Personal Action Toward Health (PATH), its counterparts of Diabetes PATH (D-PATH) and Chronic Pain PATH (CP-PATH), and two staff members who are Master Trainers for the Matter of Balance (MOB) programs. Additionally, a former staff member is a Master Trainer for the Creating Confident Caregivers (CCC) program, and continues to provide leader trainings, as well as lead classes as needed. There are two staff who are trained to lead CCC classes. The CCC program has been well received throughout the region and has several lay leaders. In FY2018 there were 35 EBDP classes (two PATH; seven D-PATH; one CP-PATH; 19 MOB; and six CCC) offered to the public by the AAA and its COA partners. Of the 357 enrollees, there were 265 completers.

The agency participated in the Great at Any Age program through funding from the Michigan Health Endowment Fund received by the Association of Area Agencies on Aging of Michigan. The project helped build sustainability for PATH and MOB programs by enabling a greater number of leaders to be trained and class offerings increased creating more opportunities to promote the PATH and MOB programs. Through participation in this grant the AAA has been able to increase the number of people trained to lead the classes, which has resulted in a higher number of program series being held. The AAA received the American Association of Diabetes Educators accreditation that would allow for Medicare billing and reimbursement of Diabetes PATH classes; however, Medicare requirements include offering a second billable service and at

Northeast MI Community Services Agency, Inc

FY 2020

this time the AAA does not have the capacity to do so. Other entities, such as hospitals, are able to bill because they provide one-on-one counseling with a registered dietician. The AAA has a dietetic technician on staff, but does not have a registered dietician.

Sustainability for the program will exist through the continued training and retention of lay leaders. Currently, there are 55 trained leaders for a variety of classes; however, it should be noted that 55 leaders does not equate to 55 people as some leaders are trained in more than one program. There are 23 leaders trained in MOB; four for PATH, 19 for D-PATH, and four CP- PATH; five for CCC; and five for Powerful Tools for Caregivers (PTC). The PTC classes were not offered in FY2018, but are in FY2019. Many of the AAA partners have volunteers and/or staff who have been trained in the different classes and are able to offer them in-house. The difficulty has been in getting seats filled and some sessions have had to be canceled due to lack of participation.

Through the annual competitive bid process, the AAA accepts proposals for funding requests to support EBDP programs throughout the PSA. All entities that seek funding for FY2020 must select proposed offerings from approved Level III EBDP programs.

Northeast MI Community Services Agency, Inc

FY 2020

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.

Given the rural nature of the Region 9 service area, community is defined in terms of "population areas." In many cases these areas are not formally designated cities or villages, but represent areas where people choose to live within a given county. The PSA is over 6,800 square miles and has a total estimated population of 220,340, with 73,095 (about 33%) of that number representing people 60 and over. (Population figures provided by Aging and Adult Services Agency of the Michigan Department of Health and Human Services, 2011-2015.)

Although pockets of population are spread out over the region, the numbers would indicate about 9 seniors per square mile. Taking into account the smaller population and greater geographic areas served in this region, a community can often be defined as encompassing the entire county in terms of available services and resources. Such is the case with Alpena County. Upon designation as an Area Agency on Aging, the AAA developed county Councils/Commissions on Aging (COAs) to establish a comprehensive, coordinated network to serve as focal points in each geographical county boundary. It is for this reason that the COAs continue to be designated as focal points. The Area Agency on Aging, Care Management Program and county Councils/Commissions on Aging, and other designated focal points in each county, are familiar with the need to coordinate services across greater distance in order to provide referral and resources to the aging population.

Community focal points were selected with two primary priorities in mind: providing service to the largest numbers of seniors in each county and the service area as a whole, and recognizing those areas having seniors with the greatest financial and social need. In order to maintain an effective conduit for senior services, identified focal points are the Area Agency on Aging, the Region 9 Care Management Program, Adult Day Care Centers and the County Council/Commission on Aging Senior Centers operating in each of the region's 12 counties. The AAA and Care Management programs maintain satellite offices throughout the service area and offices are accessible by a toll-free number. Each senior center is centrally located within its community, has extremely high recognition among its service population and has a lengthy history of collaborative effort with Region 9, as well as a well-defined knowledge of available AAA services and locally available resources. Additionally, senior centers provide easy access to individuals who have limited or no available transportation. The adult day care initiatives provide an array of services to a specialized population.

The AAA evaluates the effectiveness of the focal points in a variety of ways including an annual programmatic and limited scope financial review. Each COA participated with the AAA to conduct a needs assessment in March and April of 2019. The needs assessment includes surveying seniors and community partners hosting input sessions, community forums, etc.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

In determining focal point designations, the AAA reviews the input and plans developed by the COAs prior to incorporating them into its overall planning process. The AAA plan and designations are reviewed by the Northeast Michigan Regional Council on Aging as well as the NEMCSA Policy Board. The plan is additionally submitted and approval requested by local County Boards of Commissioners.

Evaluation of the COAs' service effectiveness is gauged by client satisfaction surveys of which most conduct annually. These are conducted by each COA, the AAA for active Care Management clients, and also a survey completed by NEMCSA every five years.

Region 9 Area Agency on Aging uniformly funds the following services through funding to the focal points: Homemaker, Personal Care, Respite, Congregate Meals, Home Delivered Meals, National Family Caregiver Support, and Disease Prevention Health Promotion. Additionally, Alpena, Arenac, Cheboygan, Ogemaw, Otsego, and Roscommon counties receive The Merit Award funding to provide Adult Day Services.

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:	AAA Care Management
Address:	2569 US-23 S., Alpena, MI 49707
Website:	www.nemcsa.org
Telephone Number:	800-219-2273
Contact Person:	Elise Gapczynski, Intake Specialist
Service Boundaries:	Alcona, Alpena, Montmorency, Oscoda City and Presque Isle Counties
No. of persons within boundary:	60+ population = 21,519
Services Provided:	Person-Centered Support, Services and Coordination

Name:	Alcona County Commission on Aging
Address:	207 Church Street, Lincoln, MI 48742
Website:	www.alconaseniors.org
Telephone Number:	800-818-7898
Contact Person:	Suzan Krey, Director
Service Boundaries:	Alcona County
No. of persons within boundary:	60+ population = 4,658
Services Provided:	Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Name: Alpena Area Senior Citizens Council
Address: 501 River Street, Alpena, MI 49707
Website: www.alpenaseniors.com
Telephone Number: 888-251-1082
Contact Person: Andrea Hepburn, Director
Service Boundaries: Alpena County
No. of persons within boundary: 60+ population = 8,227
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Roscommon County Commission on Aging
Address: 1015 Short Drive, Suite A, Prudenville, MI 48651
Website: www.rccoa.net
Telephone Number: (989) 366-0205
Contact Person: Tom Pettit, Director
Service Boundaries: Roscommon County
No. of persons within boundary: 9,412
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Sand Castles Adult Day Services
Address: 1531 Sand Road, Cheboygan, MI 49721
Website: www.3coa.com
Telephone Number: 231-597-8317
Contact Person: Gail Tinker, Director
Service Boundaries: Cheboygan County
No. of persons within boundary: 60+ population = 8,362
Services Provided: Adult Day Care Services

Name: Serenity Day Lodge
Address: 1015 Short Drive, Suite A, Prudenville, MI 48651
Website: www.rccoa.net
Telephone Number: (989) 366-0205
Contact Person: Tom Pettit, Director
Service Boundaries: Roscommon County
No. of persons within boundary: 9,412
Services Provided: Adult Day Services

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Name: Cheboygan County - Wolverine Senior Center
Address: 6270 Wolverine Road, Wolverine, MI 49799
Website: www.3coa.com
Telephone Number: 231-525-8969
Contact Person: Brian Turbin, Site Manager
Service Boundaries: Cheboygan County
No. of persons within boundary: 60+ population 8,362
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Cheboygan County Council on Aging
Address: 1531 Sand Road, Cheboygan, MI 49721
Website: www.3coa.com
Telephone Number: 231-627-7234
Contact Person: Gail Tinker, Director
Service Boundaries: Cheboygan County
No. of persons within boundary: 60+ population = 8,362
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support, Disease Prevention Health Promotion and Adult Day Services

Name: Crawford County Commission on Aging
Address: 308 Lawndale Street, Grayling, MI 49738
Website: www.crawfordcoa.org
Telephone Number: 989-348-7123
Contact Person: Alice Snyder, Director
Service Boundaries: Crawford County
No. of persons within boundary: 60+ population = 4,339
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Houghton Lake Senior Center
Address: 2625 Townline Road, Houghton Lake, MI 48629
Website: www.rccoa.net
Telephone Number: 989-366-0205
Contact Person: Tom Pettit, Director
Service Boundaries: Roscommon County
No. of persons within boundary: 60+ population = 9,412

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Iosco County - Hale Senior Center

Address: 310 N. Washington, Hale, MI 48739

Website: www.ioscocoa.org

Telephone Number: 989-728-4251

Contact Person: Denise Tefend, Center Manager

Service Boundaries: Iosco County

No. of persons within boundary: 60+ population = 9,202

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Iosco County - Oscoda Senior Center

Address: 653 State Street, Oscoda, MI 48750

Website: www.ioscocoa.org

Telephone Number: 989-739-3668

Contact Person: Vicki McGraw, Center Manager

Service Boundaries: Iosco County

No. of persons within boundary: 60+ population = 9,202

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Iosco County - Tawas Senior Center

Address: 312 Newman Street, East Tawas, MI 48730

Website: www.ioscocoa.org

Telephone Number: 989-362-6892

Contact Person: Catherine Warnez, Center Manager

Service Boundaries: Iosco County

No. of persons within boundary: 60+ population = 9,202

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Iosco County Commission on Aging

Address: P.O. Box 160, 413 E. Main St., Hale, MI 48739

Website: None

Telephone Number: 989-728-6484

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Contact Person: Dale Evilsizer, Director
Service Boundaries: Iosco County
No. of persons within boundary: 60+ population = 9,202
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Montmorency County - Atlanta Senior Center
Address: P.O. Box 565, 11780 M-33 N., Atlanta, MI 49709
Website: www.montmorencycoa.org
Telephone Number: 989-785-3932
Contact Person: Anna Rogers, Director
Service Boundaries: Montmorency County
No. of persons within boundary: 60+ population = 3,687
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Sunrise Side Senior Services
Address: 131 Clyde, Omer, MI 48749
Website: www.sunrisesideseniorservices.org
Telephone Number: 888-370-7184
Contact Person: Angela Weeks, Director
Service Boundaries: Arenac County
No. of persons within boundary: 60+ population = 4,672
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support, Disease Prevention Health Promotion and Adult Day Services

Name: The Caring Place Adult Day Services
Address: 100 Woods Circle, Alpena, MI 49707
Website: www.dhd4.org/tcpadc.htm
Telephone Number: 989-358-7928
Contact Person: Chauntele Wagner, Director
Service Boundaries: Alcona, Alpena, Montmorency and Presque Isle Counties
No. of persons within boundary: 60+ population = 21,519
Services Provided: Adult Day Care Services

Name: The Cottage Adult Day Services
Address: 1528 S. M-33, West Branch, MI 48661

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Website: www.ogemawcoa.org
Telephone Number: 989-345-3010
Contact Person: Deana Nichols, Coordinator
Service Boundaries: Ogemaw and surrounding counties
No. of persons within boundary: 60+ population = 6,772
Services Provided: Adult Day Care Services

Name: Montmorency County - Hillman Senior Center
Address: 431 Pineview Court, Hillman, MI 49746
Website: www.montmorencycoa.org
Telephone Number: 989-742-3013
Contact Person: Anna Rogers, Director
Service Boundaries: Montmorency County
No. of persons within boundary: 60+ population = 3,687
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Montmorency County - Lewiston Senior Center
Address: P.O. Box 552, 2811 Kneeland Street, Lewiston, MI 49756
Website: www.montmorencycoa.org
Telephone Number: 989-786-3124
Contact Person: Anna Rogers, Director
Service Boundaries: Montmorency County
No. of persons within boundary: 60+ population + 3,687
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Montmorency County Commission on Aging
Address: P.O. Box 788, 11463 McArthur Road, Atlanta, MI 49709
Website: www.mcco.info
Telephone Number: 989-785-2580
Contact Person: Anna Rogers, Director
Service Boundaries: Montmorency County
No. of persons within boundary: 60+ population = 3,687
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: NEMCSA - Region 9 Area Agency on Aging

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Address: 2375 Gordon Road
Website: www.nemcsa.org
Telephone Number: 989-356-3474
Contact Person: Laurie Sauer, Director
Service Boundaries: All 12 Counties in the PSA
No. of persons within boundary: 60+ population = 73,409
Services Provided: Person-Centered Support, Services and Coordination

Name: Ogemaw Commission on Aging
Address: 1528 S. M-33, West Branch, MI 48661
Website: www.ogemawcoa.org
Telephone Number: 989-345-5300
Contact Person: Carol Gillman, Director
Service Boundaries: Ogemaw County
No. of persons within boundary: 60+ population = 6,772
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Oscoda County Council on Aging
Address: 429 Mt. Tom Road
Website: None
Telephone Number: 989-826-3025
Contact Person: Merianne Tappan, Director
Service Boundaries: Oscoda County
No. of persons within boundary: 60+ population = 2,873
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Otsego County Commission on Aging
Address: 120 Grandview Boulevard, Gaylord, MI 49735
Website: www.otsegocountycoa.org
Telephone Number: 989-732-1122
Contact Person: Dona Wishart, Executive Director
Service Boundaries: Otsego County
No. of persons within boundary: 60+ population = 6,258

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support, Disease Prevention Health Promotion and Adult Day Services

Name: Otsego Haus Adult Day Services
Address: 95 Livingston Boulevard, Gaylord, MI 49735
Website: www.otsegocountycoa.org
Telephone Number: 989-732-1122
Contact Person: Dona Wishart, Executive Director
Service Boundaries: Otsego County
No. of persons within boundary: 60+ population = 6,258
Services Provided: Adult Day Care Services

Name: Pleasant Days Adult Day Services
Address: 131 Clyde, Omer, MI 48749
Website: www.sunrisesideseniorservices.org
Telephone Number: 888-370-7184
Contact Person: Angela Weeks, Director
Service Boundaries: Arenac County
No. of persons within boundary: 60+ population = 4,672
Services Provided: Adult Day Care Services

Name: Presque Isle County - Onaway Senior Center
Address: 4203 S. Lynn Street, Onaway, MI 49765
Website: www.piccoa.org
Telephone Number: 989-733-2559
Contact Person: Christine Losinski, Center Manager
Service Boundaries: Presque Isle County
No. of persons within boundary: 60+ population = 4,974
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Presque Isle County Council on Aging
Address: 6520 Darga Highway, Posen, MI 49776
Website: www.piccoa.org
Telephone Number: 989-766-8191
Contact Person: Denise Parrott, Director
Service Boundaries: Presque Isle County
No. of persons within boundary: 60+ population = 4,947

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Region 9 Area Agenc on Aging - NEMCSA
Address: 520 N. Main Street, Suite 305, Cheboygan, MI 49721
Website: www.nemcsa.org
Telephone Number: 800-219-2273
Contact Person: Miranda Whitehead, Intake Specialist
Service Boundaries: Cheboygan and Otsego Counties
No. of persons within boundary: 60+ population = 14,620
Services Provided: Person-Centered Support, Services and Coordination

Name: Region 9 Area Agency on Aging - NEMCSA
Address: 520 N. Main Street, Suite 305, Cheboygan, MI 49721
Website: www.nemcsa.org
Telephone Number: 800-219-2273
Contact Person: Miranda Whitehead, Intake Specialist
Service Boundaries: Cheboygan and Otsego Counties
No. of persons within boundary: 60+ population = 14,620
Services Provided: Person-Centered Support, Services and Coordination

Name: Roscommon COA - Roscommon Senior Center
Address: 510 South Street, Roscommon, MI 48653
Website: www.rccoa.net
Telephone Number: 989-275-8421
Contact Person: Johnna Ancel, Center Manager
Service Boundaries: Roscommon County
No. of persons within boundary: 60+ population = 9,412
Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Roscommon COA - St. Helen Senior Center
Address: 10493 East Airport Road, St. Helen, MI 48656
Website: www.rccoa.net
Telephone Number: 989-389-7551
Contact Person: Varlya Hanusik, Center Manager
Service Boundaries: Roscommon County
No. of persons within boundary: 60+ population = 9,412

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Name: Roscommon COA -Houghton Lake Senior Center

Address: 2625 Townline Road, Houghton Lake, MI 48629

Website: www.rccoa.net

Telephone Number: 989-366-0205

Contact Person: Tom Pettit, Director

Service Boundaries: Roscommon County

No. of persons within boundary: 60+ population = 9,412

Services Provided: Homemaker, Personal Care, Respite, Congregate and Home Delivered Meals, National Family Caregiver Support and Disease Prevention Health Promotion

Northeast MI Community Services Agency, Inc

FY 2020

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.

Tailored Caregiver Assessment and Referral (TCARE) -- The TCARE model is a more intense case management program in that an assessment is conducted from the caregiver perspective and is based upon his/her needs, as well as the needs of person for whom they provide care. The TCARE model recognizes that caregivers must go through a systematic process of identity change as they assume new roles and responsibilities in caring for family member. The intent of the program is to assist the caregiver in identifying needs, stressors and necessary supports. Although there are no sources of funding currently available to expand the TCARE model, Region 9 AAAA remains committed to maintaining the current level of service availability. The AAA has one staff member with active certification. The AAA will continue offer the TCARE service throughout the existing licensing period and will evaluate continuation options at that time.

Medicare Medicaid Assistance Program (MMAP) -- The MMAP offers free unbiased health care counseling to Medicare and dually eligible (Medicare and Medicaid) beneficiaries. Volunteers and paid in-kind staff from partnering agencies provide the service so that beneficiaries are able to understand their options and make informed decisions when selecting plans, applying for subsidies and disputing claims.

Senior Medicare Patrol -- The Senior Medicare Patrol (SMP) is part of the MMAP, but is funded separately. The purpose of this program is to provide education through one-on-one counseling and public outreach in regards to fraud, waste, and abuse in the Medicare and Medicaid systems. Trained SMP specialists are available to do presentations for groups or any interested parties.

Evidence-based Disease Prevention -- The AAA is involved in the provision of or facilitation of several evidence-based disease prevention (EBDP) programs, including, but not limited to the Stanford Chronic Disease Self- Management Program (PATH, PATH Diabetes, and Chronic Pain PATH), A Matter of Balance

Northeast MI Community Services Agency, Inc

FY 2020

(MOB) and exercise programs through the Arthritis Foundation. This past year the state office made a decision to no longer provide the funding needed for licensing rights to these programs. The Area Agency on Aging Association of Michigan decided to continue this work through a learning collaborative to enhance inter-network communication, facilitate the exchange of best practice information, and provide a forum to pose questions and receive feedback. While 4AM will act as the host for this learning collaborative, Region 9 AAA has committed the staff and resources to ensure class offerings continue throughout the region.

Powerful Tools for Caregivers -- The Powerful Tools for Caregivers Program (PTC) is an evidence-based workshop that helps individuals better care for themselves when caring for a loved one or friend. The course teaches participants how to decrease stress; increase self-care; management time, set goals and solve problems; better communicate feelings; locate local resources; and make tough decisions. The AAA now has three trained leaders and is offering the course throughout the region.

MI Café--Elder Law of Michigan (ELM), primarily through its MI Café Network, provides outreach and application assistance to seniors applying for Supplemental Nutrition Assistance Program (SNAP). ELM was awarded a grant through the Nation Council on Aging to provide innovative, targeted SNAP outreach to underserved populations in Michigan. For purposes of this grant, ELM is targeting older adults living in rural areas. Region 9 AAA has been identified as a key partner in reaching this target population. Region 9 will assist in targeted outreach, application assistance as well as development and distribution of program marketing materials.

Connected2Care Project -- The Area Agency on Aging Association of Michigan is the recipient of a Michigan Health Endowment grant that, which is a technology enhancement that will embed real-time basic health notifications into the Compass electronic record for program participants and will enable a network-wide learning forum for the implementation and use of such notifications. Region 9 AAA will join this effort to bring enhanced communications and interoperability to its Care Management and MI Choice Program operations.

Community Health Worker -- Region 9 AAA has signed a contract with McLaren Health Plan to provide community health worker services for its health plan members. This is a new venture that will build upon Region 9's vast experience with linking and coordinating services for older adults and vulnerable populations in rural, isolated areas.

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

TCARE -- Provides an outlet for caregivers to assess their own needs as they face the challenges of caring for a loved one allows for greater success for the family. The job of a caregiver is extremely stressful and many find the added responsibility over a period of time is too much and may lead to burn out and health problems. By not only assessing the client's needs, but assessing his or her caregiver's needs as well, enables the care management team to take a holistic approach in developing a care plan. The care management team is able to identify needs and suggest resources and other supports to assist the caregiver in making the care giving experience a positive one. When all factors are taken into consideration, this program raises the quality of life for the client and caregiver. The caregiver experiences less stress, feels more empowered and is less likely to become depressed with providing services and supports to their loved one ends.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

Medicare/Medicaid Assistance Program -- provides educational information that empowers a beneficiary to advocate on his/her own behalf. When one understands what options are available and knows how to seek additional information, one feels better equipped to make decisions.

Senior Medicare Patrol -- Although many think of Medicare/Medicaid fraud as a victimless crime, it directly impacts everyone through increased healthcare costs. By education beneficiaries on the importance of protecting their personal information and reading Medicare Summary Notices, they will be empowered to aid in the prevention of fraudulent activity.

Evidence-based Disease Prevention -- It has been proven that when individuals take control of their health, improved health outcomes result from their efforts. As the population continues to age and more people wish to remain in their own homes and live independently, the needs for evidence-based disease prevention program increases. Those who participate in these programs further strengthen their abilities to take control of their health and improve their quality of life. The skills learned are specific to the person taking the course and s/he chooses what will be most beneficial when incorporated into her/his lifestyle.

Powerful Tools for Caregivers -- According to the National Alliance for Caregiving, as the U.S. population is growing older, more Americans are finding themselves in a caregiver role than ever before. On average, caregivers of adults are 49 years old and those who provide more hours of care per week tend to be older at an average age of 52. Additionally, one in five of adults age 65 or older are caring for an aging adult. Family caregiving is often viewed as a labor of love, but it can take a serious toll on the caregiver physically, mentally and financially. The Powerful Tools for Caregivers Program will help caregivers be better prepared for this role, but also better prepared in knowing the importance of self-care, local resources, etc., ultimately enhancing one's ability to remain in their own home independently for as long as possible.

MI Cafe -- Proper nutrition is key to successful independent living; however, the prevalence of older adults living in poverty throughout the rural area of Region 9 AAA, puts many seniors at risk of choosing between obtaining prescription drugs key to their health or purchasing groceries. According to Elder Law of Michigan (ELM), only 50% of Michigan seniors who are eligible for SNAP benefits are utilizing them. Partnering with ELM to provide outreach and application assistance throughout Region 9 will increase awareness, provide assistance in applying for benefits, and enhance seniors' ability to improve nutritional intake.

Connected2Care -- This project will enhance the ability of Care Management staff in provided person-centered services and supports by providing timely communication of participants' hospital and nursing facility admissions and discharges. More timely adjustments to care plans will help to ensure levels of service provisions are in line with current needs and are based on changes in health status.

Community Health Worker -- Working with McLaren Health Plan will foster new collaborations and partnerships that will enhance the AAA's ability to provide service coordination across the aging continuum as well as increase the potential for other opportunities across the spectrum of healthcare.

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

TCARE -- the premise of the TCARE model is assisting the caregiver in identifying his/her needs for support.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Northeast MI Community Services Agency, Inc

FY 2020

This fits with the AAA commitment to person-centered thinking. The person-centered thinking philosophy is woven into each AAA service on some level.

Medicare/Medicaid Assistance Program -- The MMAP has a long history of providing person-centered programming that is focused on the needs of the beneficiary. Counselors guide the beneficiary through all the options available and provide enough explanation that enables them to make an informed decision for themselves.

Senior Medicare Patrol -- SMP provide yet another way that seniors can advocate on their own behalf. The AAA supports the elimination of healthcare fraud and abuse through the education of Medicare/Medicaid beneficiaries. Education will be tied in with the education and awareness of elder abuse, neglect and exploitation.

Evidence-based Disease Prevention -- The AAA remains committed to programs and services that enable and support choices in living and greater independence for older adults and persons with disabilities. Evidence-based disease prevention programs strengthen independence, health and well-being. The AAA encourages partners to subcontract and provide evidence-based programs on their own. Only Level III ACL-approved curricula will be funded as the AAA recognizes the value of proven programs.

Powerful Tools for Caregivers (PTC) -- Supporting caregiver wellness and empowerment is achieved by offering proven programming that enhances caregivers' ability to maintain self-care during the challenging and rewarding times of caregiving. By offering PTC workshops, the AAA provides quality education that enhances the caregiver experience.

MI Café -- Successful independent living is often predicated on one's ability to maintain good health. An important factor in maintaining good health is proper nutritional choices. Having a low income status or living in a food desert area inhibits one's ability to achieve good nutrition. Providing assistance in applying for the Supplemental Nutrition Assistance Program benefit will enhance isolated, rural seniors' access to better nutritional choices.

Connected2Care -- Participation in this project will improve care and service coordination by enhancing direct communication with healthcare providers and result in a more timely response to needed adjustments in care plans ultimately leading to improved ability for clients to live independently.

Community Health Worker -- Providing this service to health plan members will foster the AAAs ability to foster new collaborations and will enhance current partnerships to build, improve, and enhance the aging continuum.

