

**FY 2020 – 2022 DRAFT of the  
MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN  
REGION 9 AREA AGENCY ON AGING**



**Planning & Service Area:**

Alcona, Alpena, Arenac, Cheboygan,  
Crawford, Iosco, Montmorency, Ogemaw,  
Oscoda, Otsego, Presque Isle, Roscommon

**Northeast Michigan Community Service Agency, Inc.**

2375 Gordon Road

Alpena, MI 49707

989-356-3474 - 800-219-2273

989-358-6604 (fax)

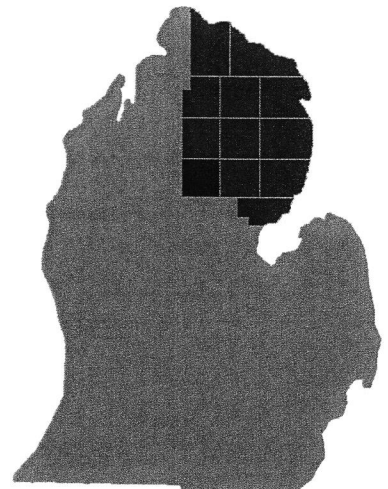
Laurie Sauer, Director

[www.nemcsa.org](http://www.nemcsa.org)

**Field Representative Dan Doezema**

[doezemad@michigan.gov](mailto:doezemad@michigan.gov)

231-929-2531



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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.**

As part of its effort to ensure all communities within the service area have an opportunity to comment on the Multi-Year Plan (MYP) for Fiscal Years 2020-2022, Region 9 Area Agency on Aging (AAA) will hold a public hearing in Alpena County on May 20, 2019, in conjunction with the monthly meeting of the Northeast Michigan Regional Council on Aging (known as the Regional Advisory Council or RAC). The Public Hearing will begin at 1:00 p.m. at the main office at 23 75 Gordon Road, Alpena, MI. A second public hearing will be held May 22, 2019, at the Oscoda County County Council on Aging, Mio, MI, at 1:00 p.m. Notices of the public hearings were submitted to all local newspapers in the 12-county service area on Monday, April 1, 2019, for publication the week of April 15.

A draft of the plan will be made available on the NEMCSA website on May 6, 2019. This provides an opportunity for all community and governmental entities, as well as private individuals, to learn about and comment on the plan. Written comment will be accepted through the close of business on June 10, 2019, and can be submitted through U.S. Postal Service or via email. In addition, all county Boards of Commissioners within the region will receive a copy of the plan and a request for review with action by the board in terms of approval or disapproval. A letter and copy of the proposed FY 2020-2022 MYP will be sent by registered mail to each entity for delivery the week of June 17, 2019, requesting Letters of Approval from each county no later than August 1, 2019, providing several weeks for review and approval. This practice accommodates the different monthly meeting schedules of each entity.

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Each county board has representation on the NEMCSA Policy Board and each local Council or Commission on Aging has representation on the Northeast Michigan Regional Council on Aging. This provides a broad range of involvement for each county in both the development and the comment phases of the process.

The Region 9 Area Agency on Aging provides minutes of Northeast Michigan Regional Council on Aging meetings to local county boards in the service area. The additional information is intended to increase awareness of the AAA's functions, activities and plans, as well as encourage support and involvement in all facets of the AAA planning and advocacy strategies.

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### 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.**

NEMCSA is a private, non-profit Community Action Agency and is part of a state and national network of Area Agencies on Aging (AAA). Northeast Michigan Community Service Agency (NEMCSA) is the applicant agency; the Region 9 Area Agency on Aging provides the services. The core service area of the agency consists of 6,300 square miles that includes 11 northeastern counties: Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego and Presque Isle. Region 9 also provides services in one additional county (Roscommon) bringing the total service area to more than 6,800 square miles. The central office is located in Alpena. The agency incorporated in the fall of 1968. Services for older adults began in 1973 with the offering of a congregate meal program. The following year, the agency was designated as an "Area Agency on Aging" and received \$1,500 per county to provide services. A required element to achieve the designation "AAA" was that the organization had to be a single unit within a multi-purpose agency. The multi-faceted divisions and programs of NEMCSA made it the perfect agency for such a designation. The designation must be renewed through board action every three years.

The mission of Northeast Michigan Community Service Agency (NEMCSA) is "to provide quality programs and services to strengthen and enhance the self-sufficiency of individuals, families and communities through the best use of human and financial resources, focusing on those who are experiencing an economic hardship." To carry out this mission, the agency brings together federal and state grant funds, as well as dollars from local, private and public sources. These resources are directed into programs that aid the poor and disadvantaged throughout the age spectrum, from infant to the elderly. The funds include targeted dollars aimed at specific problems as well as dollars that are more flexible in nature.

NEMCSA is divided into five programmatic divisions: 1) Client Services; 2) Early Childhood Education covering 21 counties (Head Start and Early Head Start); 3) Community Development; 4) School Success Partnership; and 5) Region 9 Area Agency on Aging (AAA). These divisions serve the region with a variety of programs that have different eligibility criteria and service areas. NEMCSA's central accounting, human resources, clerical, and information management staff support all program areas, including the AAA.

Established under the Older Americans Act of 1965, each Area Agency on Aging is charged with the responsibility of preparing a multi-year plan that fosters a comprehensive, coordinated system of service for older persons in its planning and service area (PSA). Region 9 Area Agency on Aging (AAA) is designated by the Aging and Adult Services Agency of the Michigan Department of Health and Human Services to serve the above mentioned counties. The mission of the Region 9 AAA is "to help older adults and persons with disabilities live with dignity and choices in their homes and communities for as long as possible."

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

Although the overall population of the Region 9's Plan Service Area (PSA) continues to decline by an average of

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3%, the subpopulation of residents over the age of 60 continues to grow exponentially. According to the Pew Research Center in findings from the 2010 Census, nationally "Baby Boomers" are turning 65 at a rate of 10,000 per day and continue to do so. The last of the "Baby Boomer" generation is projected to start Medicare in 2029. As northeastern Michigan's population continues to age, Michigan's network of aging services will continue to be in ever-growing demand.

According to the 2017 World Population Review, Michigan's average age is 39.8. The same source shows Region 9 AAA's median age is 48.6 years; which is 8.8 years higher than Michigan's median age. The U.S. Census Bureau estimates that 24 percent of Michigan's population will be 60 and older by the year 2030, an increase of 32 percent from 2012. Michigan reporter Charles Crumm supported this trend and wrote about a coming senior demographic increase in his Oakland Press article, "Young and Old: 65 years and older will soon out number the under 18 population" printed on April 6, 2018. All indicators point to the trend of a growing number of aging people over 65 that will continue to do so.

What is significant is not only the fact that people are living longer in Michigan and Region 9, but also because they are, they will need support services. As people live longer, their need for support services continues to multiply. Within the senior population exists subsets of aging adults: younger seniors (60-70), mid-range seniors (71-84) and elderly seniors (85+). The latter category is increasing throughout Region 9 as improvements in health and technology are enabling people to live longer. While the basic needs of aging adults are similar, the subpopulations express somewhat different requirements and desires. The younger seniors are more apt to participate in the Evidence-Based Disease Prevention (EBDP) programs, while the elderly seniors may be more in need of services related to dementia and respite. To date, the average age for caregiver participants attending Region 9 EBDP programs Creating Confident Caregivers is 65 years old and 66 years old for Powerful Tools for Caregivers. This trend of an increasing, aging population is expected to continue throughout northeast Lower Michigan for some time.

**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.**

Although a variety of services are provided through funding received and subcontracted to various partners (including the council/commissions on aging), the five programs receiving the most funding are: Personal Care, Homemaker, Respite, Congregate Meals and Home Delivered Meals. Subsequently, these core programs have the most impact in regards to the number of people served. These programs will continue to be supported, as well as many others that are equally as important in assisting the aged and persons with disabilities to remain in their own homes for as long as they chose.

Services to remain part of the FY 2020 plan include (FY 2018 data):

- \* Congregate Meals (151,714 meals; 4,533 clients)
- \* Home Delivered Meals (465,362 meals; 2,631 clients)
- \* In-Home Services (95,115 units; 2,303 clients)
  - Homemaking (69,511 units; 1,620 clients)
  - Personal Care (13,340 units; 464 clients)
  - Respite Care (12,263 units; 219 clients)

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- \* Adult Day Care Respite (15,091 units; 55 clients)
- \* Legal Services (431 units; 1,145 clients)
- \* Long Term Care Ombudsman (1,013 contacts; 12 complaint resolutions)
- \* Evidence Based Disease Prevention (357 enrollees; 265 completions, 35 classes held + 2 trainer classes)
  - PATH - 2 classes
  - Diabetes PATH - 7 classes
  - Chronic Pain PATH - 1 class
  - A Matter of Balance - 19 classes
  - Creating Confident Caregivers - 6 classes
- \* Care Management (2,010 units; 282 clients)
- \* Medicare Medicaid Assistance Program (5,800 served in the agency's fiscal year; not the contract year)
- \* Nursing Facility Transitions (39 clients transitioned to independent living)
- \* Person-Centered Thinking (1 direct; some agency partner staff and volunteers receive training online; all have the option for in-person training with AAA staff)
- \* Medication Management (1,388 units; 139 clients)

These supportive services are an integral component in achieving the outcome of allowing seniors and persons with disabilities to live in their own homes and communities for as long as possible. It is the intent of the AAA to contract out all funds for Elder Abuse Prevention and Education; however, the AAA will retain the option of keeping some funds in a "purchase of services" pool, should proposals not meet regional goals. The AAA hosted one elder abuse prevention conference on August 16, 2018, will host one in the current fiscal year, and expects to hold another in FY 2020.

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

The Aging and Adult Services Agency (AASA) of the Michigan Department of Health and Human Services has identified four goals. The goals set by the Region 9 Area Agency on Aging and subsequent program objectives that have been developed align with the state goals. Some goals have multiple objectives that are detailed in the Program Development Objectives section of the MYP, but a brief synopsis is provided here:

##### State Goal 1: Advocate, inform, and empower those we serve

Goal A: Advocate for senior programs and engage in dialog with the aging network constituents and elected officials

- Host a legislative town hall meeting with elected officials, aging network partners, and older adults

Goal B: Promote caregiver wellness and empowerment by providing education to enhance the caregiver experience

- Host a caregiver wellness and empowerment conference to provide a supportive and educational environment for learning and skill enhancement

##### State Goal 2: Help older adults maintain their health and independence at home and in their community

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

- Recruit volunteer drivers for non-emergency medical transportation (NEMT)

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

- Increase the number of classes and trained leaders of EBDP programs
- Increase the number of caregivers accessing dementia resources and the Creating Confident Caregivers (CCC) program

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

- Ensure a person-centered approach to all seeking services

**State Goal 3: Promote elder and vulnerable adults rights and justice**

Goal F: Provide education on Medicare and Medicare Fraud awareness

- Educate beneficiaries on Medicare benefits, rights, and increase Medicare fraud/scams awareness

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

- Improve collaboration with area law enforcement, emergency personnel, and Adult Protective Services workers in identifying and reporting suspected elder abuse
- Provide public education to increase awareness of elder abuse, neglect and exploitation

**State Goal 4: Conduct responsible, quality management and coordination of Michigan's aging network**

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

- Provide training and technical assistance to all local aging network partners

Goal I: Improve the quality and effectiveness of services provided through the regional aging network and Region 9 Area Agency on Aging partners

- Conduct targeted outreach to recruit direct-care service workers and provide affordable training to those individuals, as well as staff of partner agencies

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

The AAA will continue to strengthen relationships with traditional and non-traditional agencies by identifying opportunities for partnering and carrying out new program ventures. When feasible, Region 9 has partnered with Regions 7, 10 and 11 for other programs and other projects.

Region 9 AAA has built a relationship with each of its twelve COAs that supports them as true community focal points as front-line providers of aging services. Region 9 AAA continues to be at the forefront of supporting communities within its PSA to assess existing infrastructure and design to create a more elder-friendly and livable environment for all ages. Service providers continue to evaluate current offerings, accessibility and implement innovative practices that will help elders to live and remain in their communities, independently and as long as possible. The AAA supports the COAs through:

- technical assistance and training in relation to NAPIS electronic reporting
- training programs; seminars
- technical assistance with new staff
- identifying grant sources

The value and success of evidence-based disease prevention programs is well documented and the AAA will



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continue to support expansion of these services, focusing on the Tier 3 programming options. As new programs become available, staff will pursue additional information to determine if they are appropriate and needed for the region. One such program is the Powerful Tools for Caregivers. This program became a complement to the Creating Confident Caregivers series. Another resource for the Region 9 COA's are Scam & Fraud presentations produced by the regional Medicare Medicaid Assistance Program (MMAAP) to recognize and protect seniors from Medicare fraud and scams. A Powerpoint presentation with reference handouts would be produced for distribution to MMAAP counselors throughout Region 9. A demonstration and training would be held during a Region 9 MMAAP meeting held in Alpena.

During the current fiscal year, the AAA entered into a contract with McLaren Health Plan to provide community health worker services. While already in place, it is expected that this program will continue in the coming fiscal year. A staff member was hired and has been conducting outreach throughout the region to inform area residents about the available services. The outreach has been successful as it has resulted in referrals to the program. Alpena Community College and the Michigan Works! have a joint grant and are involved in an effort to provide certification for community health workers (CHW). The college offers a week-long program to train CHWs and the AAA will continue to provide support of these efforts.

**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.**

Increased efficiency in service delivery and program management is always a goal of the AAA. Through regular monitoring of contractors, the AAA is able to note areas for improved efficiency and often seeks options for greater resolution. In doing so, the AAA has revised reporting tools resulting in improved data collection and program compliance. As turn-over in subcontractor staff has increased marginally, it remains important to provide technical assistance in a one-on-one basis or a group setting. The agency will continue to facilitate quarterly meetings with AAA staff, COA directors and essential staff. Professional development opportunities for AAA staff, COA directors and in-home care providers will be held. Community outreach continues to be a focus in order to increase awareness of available services.

The AAA continues to maintain its accreditation through the National Committee for Quality Assurance (NCQA). NCQA recertification will take place in 2021. The AAA has met the requirements for accreditation from the American Association of Diabetes Educators; however, meeting required participation levels for the Diabetes Self-Management Education has been challenging. The AAA will continue its focus on recruiting participants and marketing the program during the next plan cycle.

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**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.**

With the ever-changing economic climate, it is imperative that the AAA consider development of resources to facilitate implementation of the plan and new services. While much of the work accomplished by the AAA is not conducive to performance by unpaid helpers, some services do rely on volunteers.

The MMAP, LTC Ombudsman, Senior Corps Volunteers, and evidence-based disease prevention programs all utilize volunteers in service delivery and to further the AAA's mission. The challenge in doing so is in recruiting the right people with the right experience, interest and skill set to fulfill each program's specific requirements. A review of recruiting practices and volunteer risk management policies has taken place. Recruitment and training are ongoing activities that ensure quality programming with increased funding.

Alternative sources of funding will be sought to enhance the training and support for volunteers. In an effort to recruit volunteers, the AAA will review opportunities to showcase services and advertise opportunities for volunteers to participate. This would include free media public service announcements, press releases, radio/television interview opportunities to highlight services and for volunteer involvement to enhance services in COA's area. This may be a joint effort with COA partners and other divisions of NEMCSA where volunteers are utilized.

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

The Region 9 Area Agency on Aging is the leading source for senior services in its 12 county service area. Services are administered directly through Region 9 AAA specialists or locally through the Concils/Commissions on Aging (COA). In an effort to gather as much input as possible during the planning process and development of the Multi-Year Plan, the AAA conducted two input sessions in the region. The first session was held on March 21 at the Onaway Senior Center in Presque Isle County. Staff presented information and answered questions and participated in discussions on services with those who were in attendance, such as COA staff and community members. The second input session was held March 22 at the Tawas Senior Center in Iosco County. Attendance was much higher at this venue. At both events participants were asked to complete a needs assessment survey that was developed by the AAA. The survey was made available online and promoted through the weekly newsletter distributed by the AAA. Additionally, COAs were encouraged to provide paper copies of the survey to program participants, which were then collected. Staff distributed surveys to 73 attendees at two inservice trainings held for Senior Companion and Foster Grandparent groups in Alpena (53) and Gaylord (20). Notice of the online survey was posted on the AAA's Facebook website, emailed to NEMCSA board, and to the members of the Regional Advisory Council. The online survey was posted to the senior services section of the NEMCSA.org website on March 6 and ended on April 26.

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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
05/20/2019	2375 Gordon Rd., Alpena, MI	01:00 PM	Yes	0
05/21/2019	429 Mt. Tom Rd., Mio, MI 486	01:00 PM	Yes	0

On Monday, April 1, 2019, the Notice of Public Hearing was submitted to area newspapers for publication during the week of April 15, in accordance with the required 30 day advance notice. The Multi-Year Plan (MYP) for Fiscal Years 2020-2022 was made available on the NEMCSA website on May 6, 2019. Constituents had the choice of receiving the plan via email or could review a copy in person by contacting the Region 9 Area Agency on Aging. The first public hearing will be held in Alpena County at the NEMCSA main office, 2375 Gordon Road, Alpena, MI, on May 20, 2019, in conjunction with the monthly meeting of the

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Northeast Michigan Regional Council at 1:00 p.m.; a second public hearing will be held May 22, 2019, at the Oscoda County Council on Aging, Mio, MI, at 1:00 p.m.

### 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.**

#### **Region 9 Population Density**

Located in the heart of the Great Lakes, Michigan is the eleventh largest state in the U.S. both in terms of land mass and population. Michigan is fairly densely populated and every square mile of Michigan territory has an average of 174 people. This is certainly not the case in all Michigan regions -- especially Region 9 AAA. Counties within the Region 9 service area are much less densely populated than the state average, such as Alcona and Oscoda counties (both having 15 people per square mile) and Montmorency County (17 people per square mile). Conversely, the most densely populated counties in the region include: Alpena County (50 people per square mile), Roscommon County (46 people per square mile) and Iosco County (46 people per square mile). Sparsely populated areas make senior services a challenge to deliver across rural areas of Region 9.

#### **The Senior Demographic Shift**

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The geographic boundaries of the Region 9 Area Agency on Aging Program Service Area (PSA) has not changed since the approved Multi-Year Plan (MYP) for Fiscal Years 2017-2019. The demographic make-up of the area has remained relatively unchanged as well. The most notable change is in the general population of the region as it continues to follow trends evident since the 2000 U.S. Decennial Census. According to data provided by the Aging and Adult Services Agency, the general population of the region declined by 1,113 people since the MYP 2017-2019; the subpopulation of those age 60 and over declined by 314. This is the first time in many years this subpopulation has declined; however, it's important to note the median age of the region continues to rise. Of the 12 counties in the PSA, all but two (Alpena, Otsego) have a median age of 50 or older, resulting in a regional median age of 52.8. (Based on population estimates of the U.S. Census Bureau, July 1, 2018.) Following the 2010 U.S. Decennial Census, there were eight counties in the state with a median age of 50 or more and five of them were in Region 9.

According to Michigan demographer Kurt Metzger, "Michigan is aging faster than the rest of the United States. In 2025, those "over the age of 65" will outnumber those under age 18 for the first time in many Michigan counties, just six years away." The rest of the U.S. will see the same demographic shift by 2035. A number of factors contribute to this shift: a lower replacement birth rate, a large Baby Boomer generation, extended life expectancy, and lower immigration levels. This senior population shift will present significant challenges for the future of senior services in Michigan, which already faces a lack of resources/funding to serve its rising senior demographic. It is estimated that every day nearly 1 million Michigan residents provide informal care to family members or friends who are older, have chronic illnesses or other conditions that prevent them from handling daily activities such as cooking, cleaning or bathing on their own. The 2019 MYP survey shows that 43% of Region 9 respondents live alone; 43% live with a spouse or partner; and another 12% live with family or a friend. Michigan's "family caregivers" make great sacrifices to help the person they are caring for continue to live at home. But, without additional support and access to information and services, there will be higher rates of institutional care. Greater support for Michigan families caring for seniors is key to meeting the future growing need for services.

**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.**

Many of the people seeking services will be age 60 or over and need assistance with acts of daily living (ADL), management of chronic illnesses, and caregiver support; however, there are many services available through the AAA that may be utilized by people who are not in need of assistance with ADLs. Most services provided have specific guidelines that must be followed as defined in the Older Americans Act and by the Aging and Adult Services Agency (AASA) of the Michigan Department of Health and Human Services. Participants of many programs must be at least 60 years of age, but other programs the age limit is 55. Some have income guidelines, while others do not. Also, persons with disabilities who are 18 or older may qualify for services through the Medicaid Home and Community Based Waiver program.

Caregivers and persons with chronic illnesses may benefit from participation in the Evidence-Based Disease Prevention (EBDP) programs. Of particular interest to caregivers would be TCARE® or the Creating Confident Caregivers and Powerful Tools for Caregivers series of classes. Other EBDP offerings that would be beneficial to those dealing with chronic illnesses include: A Matter of Balance (MOB), Personal Action

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Toward Health (PATH) and the Chronic Pain-PATH and Diabetes-PATH classes.

Grandparents raising grandchildren are eligible to receive financial assistance through the Kinship Care program if they meet the requirements. Referrals are made through the Councils/Commissions on Aging (COA) partner agencies. Often with this population grandparents are unprepared to have young children in the home and need assistance to purchase beds, clothing, or school supplies.

Due to the rural nature of the area, which encompasses more than 6,800 square miles, some program participants are socially isolated and live down two-track roads in heavily wooded areas. Ten percent of the 2016 senior population in the PSA (7,449) lived below 100% of the federal poverty level. (In 2016, 100% of FPL was \$11,880 for a household of one; \$16,020 for two.)

**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.**

The targeting strategy that will be used by the Region 9 AAA will be multi-faceted consisting of outreach presentations, flyers, and print media. For the past few months a staff member has been conducting outreach throughout the region. Presentations have been scheduled with service organizations and retiree groups and the result has been an increase in referrals, as reported by the intake specialists. Being a rural area, there are pockets of hard-to-reach populations such as those who are socially isolated and many who live in poverty. The outreach presentations currently being conducted may be to groups not normally targeted, but the delivery is approaching the subject in a manner that they are being asked to think of neighbors, people belonging to the same church, or family members who may benefit from the services of the AAA. Flyers and brochures have been created to be shared with audiences and this practice will continue. Press releases and other methods of free publicity will continue to be utilized. An effective mechanism for delivery to hard-to-reach populations is posting informational flyers in public places such as laundromats, grocery stores, gas stations and libraries. Once people are identified as needing services, as well as being eligible, those deemed to have the greatest social and economic needs will receive priority.

Region 9 has a relatively homogenous demographic make-up with slightly over 2 percent of the population over the age of 60 being of a minority race. No gaps in services to this population were identified. The need to expend additional effort in seeking out minority populations and ensuring access to services is recognized; however, there are few populations and it is difficult to identify minority or ethnic pockets of communities or ethnic activity. The AAA will continue its efforts to provide services to American Indians through both outreach and program development with members of the federally recognized Saginaw Chippewa Tribal Nation who reside in Arenac County.

The AAA has several contracts with service provider agencies that are owned by women, but not many with minority-owned businesses. This is indicative of the make-up of the region, as there are not many minorities in the area. It is the intent of the AAA to contract with women- and minority-owned businesses; however, just being owned by a woman or minority does not guarantee that a business will be utilized by the AAA. It is more important that its employees are above reproach and have the ability to provide appropriate services as needed. To ensure the safety of program participants, other factors to be considered include the business's reputation, willingness to partner, and cost-effectiveness. When a minority-owned or woman-owned business meets the criteria established, contracts may be entered into as needed. The AAA strives to purchase goods

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and services locally in an effort to support the struggling local economies in northeast Michigan. Many of the communities where services are provided have high unemployment, leading to increased instances of people living in poverty.

**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.**

Staff of the Region 9 AAA has completed the Dementia Capability Quality Assurance Assessment Tool and has determined the agency is providing many services and supports that are advantageous to dementia patients and their caregivers. Either directly or indirectly, through contracted services, the following programs and supports are provided to persons with dementia and/or their caregivers: Adult day care; Personal care, companion services, home health care; Information and referral/options counseling; Case management/care coordination/discharge planning; Support groups; Dementia education; Dementia consultations; Respite; and the evidence-based programs of Creating Confident Caregivers, Powerful Tools for Caregivers, and TCARE (Tailored Caregiver Assessment and Referral). Additionally, caregivers are provided training on communicating with a person who has dementia.

When a person is identified as possibly having dementia, there is a standard procedure that is followed. When intake specialists are screening potential participants for the Medicaid Waiver program, they also complete a dementia screening. If a person scores a three (3) or higher, the caregiver is made aware of an in-home dementia consultation service provided by the AAA. Participation is voluntary and consists of up to three in-home visits with a dementia consultant and is specific to the family needs. People with possible dementia or cognitive impairment who have not received a formal diagnosis are referred to a physician or clinic for an evaluation. It is also determined if the person lives alone and, if not, who the primary caregiver is. All persons scoring a three or higher receive a packet of information on services available and local resources, regardless of participating in any AAA provided services.

Formal assessments for persons with dementia or cognitive impairments are conducted using the iHC. This is done in an effort to determine specific needs and services to be provided. Assessments are shared with other service providers as appropriate and necessary to ensure the participant is getting the desired services. In cases where a definitive diagnosis has not been made and the care management team identifies possible dementia or cognitive impairment, the team recommends contacting a physician for intervention. Additionally, there is a care management team trained in TCARE and able to use that model for caregiver assessment, but program participants may choose to not participate. The Creating Confident Caregivers (CCC) and Powerful Tools for Caregivers programs are provided in counties throughout the PSA. Referrals are made to the program by care management teams and respite care is offered. All Region 9 Area Agency on Aging staff receive training on working with participants who suffer from dementia, as well as working with their caregivers.

Additionally, the staff dementia consultant conducts public brain health presentations throughout the PSA to provide education on risk factors associated with developing dementia and signs of cognitive problems.



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

Utilizing a person-centered planning approach, staff members take time to talk in-depth with program participants ( to determine what is needed to resolve the situation or need. Case managers are trained to seek information from consumers by asking specific questions that prompt thoughtful responses. The 2-1-1 referral system may be used to locate potential providers of services along with the NEMCSA Service Directory. If the desired service is not provided within a reasonable distance to the participant, staff will discuss other options that may not be exactly what was desired, but would be an appropriate alternative.

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

AAA staff continues to seek out new sources of funding to address areas of unmet need; however, new monies are not easily identified or available.

The greatest unmet need in the PSA of Region 9 continues to be transportation. This issue is continuously raised at public input sessions, on surveys and roundtable discussions with partner agencies. Not all counties have a public transportation system, and those that do operate on a limited geographical basis as well as hours and days of operation. The staff of the AAA continue to work with COAs to identify potential sources of funding for transportation; however, money for this issue is not readily available. Some COAs operate a transportation system for their participants, but on a limited basis. Due to the large geographic area of the PSA, transportation may always be an unmet need, but it does not preclude the AAA from working with communities to develop resolution.

Referrals may be made to other agency divisions such as NEMCSA's Weatherization program, which may be able to accommodate some home repairs, but – due to limited funding – the waiting list is three years long. In addition to this program, there have been opportunities to work with Habitat for Humanity affiliates in some communities that will provide the volunteer labor to install things such as bathroom grab bars or ramps for accessibility, if the client is able to provide the materials. The Michigan Assistive Technology Fund is available to assist persons with disabilities in obtaining items to aid in their independent living - this is a low interest loan program.

**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.**

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Wait lists for services within the PSA have been limited; however, if the demand for service were to be greater than program resources could handle a procedure is in place to determine priority. Several factors may be looked at, but the following factors would be used to determine priority: functional need, economic need and social need. Priority for services would be given to those presenting with greatest need. Program participants are also given the option to pay for services, as well.

**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.**

Throughout the year, the Regional Advisory Council is given opportunity to provide input on service needs and the priority in which area elders should be served. At each monthly meeting council members are given an opportunity to provide an update on issues their respective counties are facing. One that sometimes is voiced in more than one area is the need for non-emergency medical transportation, which has been added to the MYP as a program objective. Council members are invited to attend public input sessions during the MYP planning process and one public hearing is held in conjunction with the regular May monthly meeting.

**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.**

As the aging population continues to grow, it becomes increasingly important to provide information and educational opportunities to the public in an effort raise awareness of available services. The Evidence-Based Disease Prevention (EBDP) programs such as the Personal Action Toward Health (PATH) series and A Matter of Balance (MOB) both provide participants with valuable skills and information that allow them to take control of their own situations whether it be a chronic illness or risk of falling. By providing this information and leading participants through the development of action plans, the EBDP programs are a cost-effective way of helping people before their needs are so great the end result becomes placement in a skilled nursing facility or extended-care for rehabilitation.

One other way in which the AAA works to maximize resources is through community transition. The AAA has on staff a person who works to identify nursing home residents who may be able to return to independent community living if the appropriate supports are in place. This is a cost-effective solution to nursing home placement since the savings to the public tax payers can be several thousand dollars per month for each person who leaves the nursing facility. Community based care staff also coordinate with area hospice organizations to ensure program participants are receiving the appropriate care in a cost-effective manner.

Outreach is conducted to educate the public on available services and the alternative to placement in a skilled nursing facility. Current outreach practices are resulting in increased referrals to the Home and Community Based Care programs.

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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>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Outreach</li> </ul>		<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Creating Confident Caregivers</li> <li>• Caregiver Education, Support and Training</li> </ul>
<b>Contracted by Area Agency</b>		<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Dementia Adult Day Care</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Legal Assistance</li> <li>• Programs for Prevention of Elder Abuse, Neglect, and Exploitation</li> <li>• Creating Confident Caregivers</li> <li>• Kinship Support Services</li> </ul>
<b>Local Millage Funded</b>		<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Dementia Adult Day Care</li> <li>• Congregate Meals</li> </ul>

\* Not PSA-wide

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**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.**

All services funded under the AIP meet the identified needs of the region, as well as the guidelines of the Older Americans Act.

Public input was sought at two information sessions held at the Onaway Senior Center (March 21, 2019) and Tawas Senior Center (March 22, 2019) to assist with prioritizing desired senior services. These two events announced the online survey made available on the NEMCSA website and paper surveys were also distributed to all 12 COAs. The online survey continued from March 21 through April 24, with 530 responses gathered. All 12 counties responded with strong representation from Crawford, Alpena, Iosco and Roscommon. Of those responding, 20% indicated they were disabled; 86% were over age 60, with 24% in their 60s, 33% in their 70s, 22% in their 80s, and 7% in their 90s. Highest ranked services were: home delivered meals (92%), congregate meals (89%), in-home services (92%), snow removal/lawn care services (91%), and transportation (93%). Eighty-six percent indicated they intend to continue living in their current home for the next 5 to 10 years and 43% of those indicated that they live alone, making access to core services a very important factor for senior independence and remaining in their homes for as long as they choose.

Other survey results are as follows:

Fifty-three percent responded that they or someone they know has provided care for a person with dementia or Alzheimer's disease and 89% think that it is important to have adult day services available for persons who require 24 hour supervision; the "need for respite for the caregiver" was the most frequent comment in this section. Twenty-five percent of those responding said that they had either taken classes or had heard about the classes "Creating Confident Caregivers" and "Powerful Tools for Caregivers" that support caregivers and provide resources and information.

Fitness activities, health and wellness programs geared specifically for seniors were identified as very important by 91% of respondents. Evidence-Based Disease Prevention programs such as Personal Action Toward Health (PATH), Chronic Pain PATH, and Diabetes PATH are recognized programs for self-management, while programs such as A Matter of Balance, Walk with Ease, Arthritis Exercise, Arthritis Tai Chi, and Healthy Moves are specifically geared for strength, mobility, and decreased risk of falls. Not all mentioned programs have been offered in all counties each year and some of those mentioned have been provided by COA partners that received funding through the competitive Request For Proposal process. Class offerings depend upon availability of certified instructors to lead classes and the service priorities of each COA.

A possible trend found that is not as apparent by just reviewing the percent of "likes", were the notes handwritten in the margins on individual surveys by those in their eighties/nineties who responded "not important" to most services. These elderly were determined by the individual survey to also live with other family, friends or have a spouse. Notes indicated that services like shopping and going to medical appointments were performed by family members. If an elderly individual lives with and has a family member

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that cooks for them and drives the senior to/from medical appointments, then the COA services that provide those things aren't as important to that senior and to their ultimate independence. It may be found that caregivers providing services is a growing trend to maintain senior independence and future adjustments to the survey questions may be necessary to identify these cases.

Public input at past hearings and forums has indicated many needs in addition to those being funded under the AIP; however, the general consensus has been personal care and homemaking services are more important to a person's well-being than transportation or home repair. Not all communities are able to offer adult day centers, but those that do rely on a variety of funding, not just that from the AAA. Regardless of the service provided, funding primarily comes from the AAA, local millages and private pay.

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### 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.

Integral to meeting an agency's mission is the time and effort put into strategic planning and bringing together representatives from all 12 counties. A plan provides direction and guidance and strengthens efforts of sustainability, ensuring the future of the programs being offered and growth of new services. The Region 9 AAA, in the development of this Multi-Year Plan, has conducted two public input sessions, an online survey and, with the assistance of most Councils/Commissions on Aging partners, the online survey was made available as hardcopy at senior center sites throughout the region, as well as delivered to homebound seniors. Using this information, as well as the demographic information provided by the Aging and Adult Services Agency, a brief SWOT analysis, addressing the AAAs Strengths, Weaknesses, Opportunities and Threats, was conducted. A brief summary follows here:

#### Strengths

- \* Stability as a Community Action Agency – being a division of a larger Community Action Agency, the AAA has access to centralized fiscal services, human resources and IT services
- \* Fiscal Responsibility – the agency consistently has annual audits that demonstrate the AAA is a good financial steward
- \* AASA Compliance – compliance with AASA standards of operation is verified through:
  - programmatic and fiscal assessments of all subcontractors, if there are findings, a correction plan is put into place;
  - assessments of the AAA conducted by AASA, both fiscally and programmatically, if there are findings, a correction plan is developed and implemented
- \* Policy board oversight and regional advisory council – the advisory council studies the aging-related issues and makes recommendations to the policy board for action
- \* Councils/Commissions on Aging – the COA partners receive local millage moneys to provide additional support services and has allowed the region to remain virtually wait-list free
- \* Well-trained staff – many staff members have been long-term employees of the agency and bring with them historical and institutional knowledge, as well as years of hands-on experience; employees also are responsible for meeting continuing education requirements on an annual basis
- \* Sustainability for Evidence-Based Disease Prevention programs (EBDP) – Master Trainers for Personal Action Towards Health (PATH), Diabetes PATH, Chronic Pain PATH, Matter of Balance, Creating

Confident

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Caregivers programs ensures continued training for new class leaders

- \* Volunteers – the addition of volunteer programs, including Senior Companion Program (SCP), Foster Grandparent Program (FGP), and Retired Senior Volunteer Program (RSVP), has provided greater opportunity for outreach of all AAA programs to new audiences; other programs utilizing volunteers include the Long Term Care Ombudsman, the Evidence-Based Disease Prevention programs, and the Medicare Medicaid Assistance Program (MMAP); volunteers make the programs sustainable

**Weaknesses**

- \* Rural region – the 12-county PSA covers 6,800 square miles; high costs for employee mileage; the amount of windshield time takes away from other productive tasks; social isolation and transportation are issues for program participants
- \* Balance of funding – the amount of funding for administrative costs is not adequate for enhancement or growth, therefore employees carry heavy workloads
- \* Technology – due to the rural nature of the region there are many areas where cell service is not available; internet access has improved, but is not available in all areas of the region; this will be an ongoing issue if landlines are eliminated

**Opportunities**

- \* Marketing – develop a marketing plan that will increase awareness of available programs, as well as improved definition of the relationship between the AAA and COAs, and the role the AAA plays in the region
- \* Self-assessment – annual client satisfaction surveys and program evaluations provide continuous opportunities for improvement and enhancement of programs
- \* Advocacy – new representation to the MSAC for the region provides an opportunity to strengthen the regional advocacy committee through new leadership and recruitment of new members
- \* Volunteers – utilizing a greater number of volunteers will help the agency maintain sustainability even if budgets continue to shrink

**Threats**

- \* Wage/Benefit costs – the costs to employ a workforce increases exponentially due to high rates for insurances, but the amount of funding received does not grow with the increased need
- \* Staff cannot be funded with service money – it is difficult to recruit credentialed staff with the level of wages the AAA is able to offer; the result is turn-over of staff leaving for higher paying employment
- \* Increase in population – as the senior population increases so will the demand for services; additionally, as people continue to live longer there will be an increased need for services to ensure they are able to remain living independently in their communities
- \* For-profit entities - these agencies are increasingly entering the market space of non-profits, seeking to serve elders

**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.**

The AAA continues to support localized control for non-profit organizations in the provision of community-based care services, as they have been proven effective. Local community-based care has consistently produced positive outcomes for older adults and persons with disabilities. This has allowed individuals to avoid premature institutionalization and remain living independently in their communities, as

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well as save the state - and its taxpayers - money. With increased involvement of the Home and Community-Based Services Waiver by the AAA, more people would be able to receive services. Increasing the number of people receiving services would lead to fewer institutional placements. Region 9 remains committed to providing local, quality community-based care, as well as supporting long-term care rebalancing efforts, as always.

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

The Region 9 AAA closely monitors revenue and expenses throughout each fiscal year. Although a 10% reduction in funding would have a significant effect on the budget, staff would work to minimize its impact on participants and services. The agency would continue to prioritize client need by looking at factors such as economic, social and nutritional. Those determined to be exhibiting the greatest need would be served first. Historically, the AAA has had commitments from its COA partners who utilize county millage funds to support the services also funded with money from the Older Americans Act. The county funds have been used by the COAs most advantageously and can be evidenced by the lack of waiting lists in the region.

**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**

Accreditation through the National Committee for Quality Assurance was achieved in February 2018. The AAA began the process in Fiscal Year 21016 when it began with a feasibility study to determine if it would pursue accreditation. The designation will be valid for four years. This recognized accreditation may provide the agency an opportunity for selling the value of its services to potential partners and funders.

**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 Region 9 AAA strives to maintain adequate technology although sometimes it is hampered for reasons such as affordability and lack of internet access. Care management staff utilize notebooks when conducting assessments and are able to enter all pertinent data and case notes. Upon return to the office they are able to sync with the CIM, Inc. system. Internet access is generally not available in client homes and it is costly to purchase hot spots for care management teams. As many areas of the rural region lack a cellular signal, hot spots would not be useful all of the time. The IT department maintains the current technology in proper working order and is able to identify potential issues. Staff of this department are very helpful in determining needs and finding the most cost-effective ways to address them. Additional funding through technology grants may be pursued. If successful, it may be used to upgrade equipment as available and appropriate.



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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**

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

Service Category	Fund Source			Unit of Service
Access	Title III PartB	Title III PartD	Title III PartE	
In-Home	Title VII	State Alternative Care	State Access	
Community	State In-home	State Respite		
	Other _____			

**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	\$2,000.00	Total of State Dollars	\$461,789.00

Geographic area to be served  
 Region 9 PSA

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

**Specify the planned goals and activities that will be undertaken to provide the service. Maintain consistent level of care management services**

*Activities:* Conduct pre-screens, client assessments, and develop person-centered care plans for individuals in need of supportive in-home services.

**Increase awareness of program benefits**

*Activities:* Provide education and conduct outreach efforts with local hospitals, nursing homes, and community members.

**Maintain a staff of well-informed professionals**

*Activities:* Provide educational opportunities for program staff to enhance skills and knowledge bases of available community resources necessary for the provision of effective care management services.

**Provide assessment and referrals for caregivers with high stress levels**

*Activities:* One staff member has been trained in the Tailored Caregiver Assessment and Referral (TCARE) model as a component of the Care Management program and will continue its implementation as needed. Although offered, many participants elect not to participate, possibly because the current Care Management assessment used does an effective job of establishing caregiver needs through development of the care plan.

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Number of client pre-screenings:	Current Year:	800	Planned Next Year:	700
Number of initial client assessments:	Current Year:	500	Planned Next Year:	400
Number of initial client care plans:	Current Year:	200	Planned Next Year:	200
Total number of clients (carry over plus new):	Current Year:	250	Planned Next Year:	250
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:25	Planned Next Year:	1:25

**Information and Assistance**

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$5,000.00	Total of State Dollars	\$0.00

Geographic area to be served  
Region 9 PSA

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

**Build capacity for prompt referrals through use and analysis of data collected through NAPIS, the client information system tracking software**

*Activities:* Participants of all services (contracted and direct service) will be entered into the information system. Additional services for which a client may be eligible will be identified and staff will make the appropriate referrals.

**Outreach**

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$13,271.00	Total of State Dollars	\$0.00

Geographic area to be served  
Region 9 PSA

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

**Ease the financial burden of seniors raising related children through the continued distribution of Kinship Care funds**

*Activities:* Review Request for Proposal responses in which partners seek funding for the Kinship Care program and make awards as appropriate. Train COA staff to identify appropriate applicants for funding such as grandparents raising grandchildren (or other familial relationships) and complete paperwork requesting funds.

**Establish networks of support at councils/commissions on aging through group meetings for elders raising grandchildren or elders raising related children**

*Activities:* Review Request for Proposal responses in which partners seek funding to establish support groups

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for grandparents raising grandchildren and award as appropriate. Provide technical support and resource information for speakers and topics of interest.

**Raise awareness of programs and services availability for at-risk elders**

*Activities:* Establish a process to identify and contact isolated at-risk elders to raise awareness of available programs and services for which they may qualify. Distribute informational brochures and encourage participation in appropriate programs/services.

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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.

Disease Prevention/Health Promotion

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

Geographic Area Served     Region 9 PSA

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

**Ensure adequate opportunities exist within the region for public participation in Evidence-Based Disease Prevention programs lead by knowledgeable, certified trainers**

*Objective:* During FY 2020, two staff members of the AAA will maintain appropriate credentials as Master Trainers to provide leader training in Evidence-Based Disease Prevention programs such as Personal Action Toward Health (PATH) and it's variations for Diabetes (D-PATH) and Chronic Pain (CP-PATH), and Matter of Balance (MOB).

*Activity:* Staff members who are Master Trainers will identify and register for training opportunities, as necessary, to ensure their abilities to maintain certification to teach new leaders, as well as lead classes such as PATH, D-PATH, CP-PATH, MOB, and Powerful Tools for Caregivers (PTC).

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FY 2020

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 the Evidence-Based Disease Prevention programs, but will retain some funding for update training of staff and new leader training, as well as possible service provision as appropriate. Additionally, the AAA now shares the cost of the program licenses.

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

**Long Term Care Ombudsman**

Total of Federal Dollars     \$13,957.00                      Total of State Dollars     \$36.376.00

Geographic Area Served     Region 9 PSA

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

Ensure access to LTC Ombudsmen representatives and services in all skilled nursing facilities in the region

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**Objective:** During FY 2020, the LTC Ombudsman will recruit and train four ombudsman volunteers.

**Activities:** Develop and implement a recruiting campaign. Screen volunteers for appropriate program fit. Arrange for appropriate training of volunteers. Volunteers become active in problem resolution for nursing home residents and are educated on long term care issues.

**Maintain a visible presence in all skilled nursing facilities of the PSA, as well as other agencies in the region**

**Objective:** During FY 2020, the LTC Ombudsman will visit each of the 21 skilled nursing facilities in the region at least once per quarter, as well as provide relevant training opportunities for staff and aging network partners.

**Activities:** The LTC Ombudsman will schedule and make quarterly visits to all nursing homes in the PSA on a regular basis. Document visits and provide any follow-up as necessary. Ensure residents and nursing home staff have access to Ombudsman services on a continuing basis. Develop trainings appropriate to the program's mission and provide to nursing home staff, human service agency staff, county COAs, service organizations, faith-based agencies, and other relevant audiences. This will ensure that nursing home residents, their family members and the communities are educated on matters pertinent to those in long-term care facilities.

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The AAA proposes to continue providing the Long Term Care Ombudsman program. Given the service definition and the ongoing need for training, the funds are insufficient to distribute to 12 counties. Additionally,

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the AAA believes the PSA will be most responsive to an advocacy initiative from a credible, responsive, and locally accountable agency. The AAA Ombudsman program has been a visible presence throughout the region. The AAA will continue to provide office space, supportive services and training to the Long Term Care Ombudsman. The Long Term Care Ombudsman will continue to respond to nursing home resident complaints, provide technical assistance and training on long term care issues, and maintain a volunteer initiative to assist clients in each county with long term care issues. Historically, provision of this service has been most effective when offered in this manner. The agency's LTC Ombudsman has been instrumental in the Elder Abuse Prevention and Awareness conferences.

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

**Caregiver Education, Support and Training**

Total of Federal Dollars     \$27,000.00                      Total of State Dollars     \$0.00

Geographic Area Served     Region 9 PSA

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

**Provide information, guidance, and support to family caregivers of persons with dementia**

*Objective:* To identify family caregivers of persons with dementia and assist in the development of a dementia care plan specific to the needs of the caregiver and loved one. It is expected that 15 caregivers will receive support from the Dementia Care Consultation Program during FY 2020.

*Activities:* Intake Specialists screen for dementia when completing the routine Michigan Intake Guidelines (MIG) assessment for potential Home and Community Based Care Management and MI Choice Waiver participants. There are eight questions on the dementia screening form and a person scoring three or higher will be provided additional information on the Dementia Care Consultation Program. Those who are interested will be contacted by staff to schedule three in-home consultations. Using a Person-Centered approach, the consultant works with the caregiver to develop an action plan specific to his/her needs. This is done during the first visit and it is adjusted and refined on the subsequent visits. Also, on the third visit an evaluation of the program is conducted. All persons participating in the screening, even those who chose not to participate in the consultation program, will be mailed information on dementia, the program, and who to call should they change their mind about participating.



FY 2020 ANNUAL IMPLEMENTATION PLAN

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For three years the AAA has participated in the Developing Dementia Dexterity project and now, in the final year of funding, the program is gaining ground. As with any new program, there is a learning curve as well as a length of time for people to become aware of it. There was staff turnover in the first and second year of the grant and it is now stable. The AAA proposes continuing the program as it is a successful model and has already invested staff time and laid the groundwork for its continuation.

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

**Creating Confident Caregivers**

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

Geographic Area Served    Region 9 PSA

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

**Expand Creating Confident Caregiver classes to provide coverage in underserved areas**

*Objective:* During FY 2020, the AAA will hold two six-week Creating Confident Caregiver classes in counties where there are no certified leaders. (Additional classes may be held, dependent on funding.)

*Activities:* Identify the location for the six-week class series to be held. Enter contract with a trained leader (unless class is led by staff) to provide the class series in an underserved area. Promote the