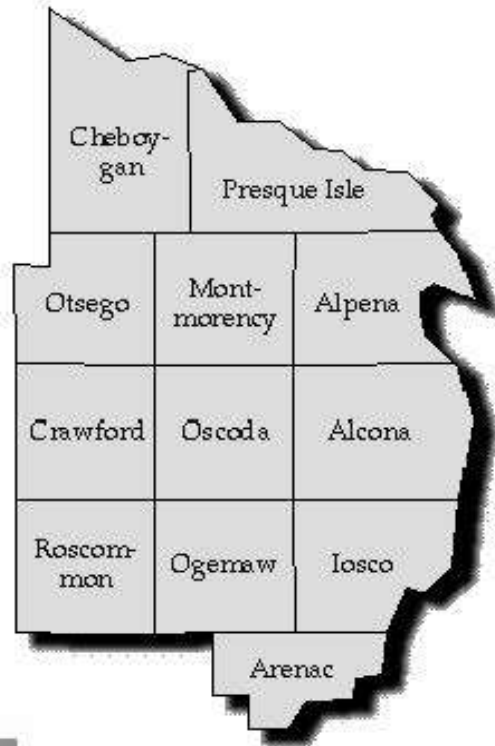


2023—2025 Multi Year Plan  
**FY 2023 ANNUAL IMPLEMENTATION PLAN**  
**REGION 9 AREA AGENCY ON AGING**



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**Planning and Service Area**

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

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

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### Executive Summary

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please include a summary of your agency that touches on each of the items listed below.

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.
2. A description of planned special projects and partnerships.
3. 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.
4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.
5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.
6. A description of the area agency's assessment of the needs of their service population. See *Operating Standard for AAAs C-2, 4.*

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.

The Northeast Michigan Community Service Agency (NEMCSA) is a private, non-profit Community Action Agency and is part of the state and national network of Agencies on Aging (AAA). 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 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. This designation must be renewed through board action every three years.

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The parent agency 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 different 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. In 2021, the NEMCSA central office relocated and joined the AAA, relocating to 2569 US 23 South, Alpena.

**Agency Mission:**

NEMCSA's mission is "Enhancing quality of life by empowering individuals and strengthening communities." In addition, the Area Agency on Aging upholds its mission "to promote lifelong independence and dignity for all individuals and to assist the aged and disabled in meeting that goal." 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 directed at specific problems as well as dollars that are more flexible in nature. NEMCSA's vision is "Every person is empowered to achieve their fullest potential."

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

The AAA is recognized by the local communities throughout Region 9 for providing services to persons with disabilities and older adults age 60 and above; it has centralized administration and a coordinated approach -- there is no unnecessary duplication of services throughout a large geographic area (6,800 sq. miles); its staff are highly qualified, highly experienced, knowledgeable, educated and equipped to address service needs. Region 9's rural communities are collaborative in nature - one of its greatest strengths. The biggest challenges are the large rural remote service area, an ever-increasing numbers of older adults, adequate funding to provide services, technology gaps, a declining employment pool of workers and not enough workers that choose the "aging" in-home care fields as a profession. To overcome these challenges, the AAA seeks opportunities for collaboration with other agencies and organizations. According to the 2020 Census, Michigan's average age is 39.8 years; however, all of Region 9's twelve counties exceed the state average (median age is 48.6 years). In addition, the 2020 U.S. Census shows that 17.7% of Michigan's population are adults 65 and older -- Region 9's average population of adults 65 and older is 28%. An ever-growing number of older adults mean that the AAA will continue to provide vital services to an aging population throughout the service area.

**Primary Focus for FY 2023-2025:**

Although a variety of services are provided through the funding received and subcontracted to various partners (including the councils/commissions on aging), the five programs identified as focus areas are: Personal Care, Homemaker, Respite, Congregate Meals and Home-Delivered Meals. Subsequently, these core programs have the most impact regarding the number of people served and attainment of the AAA 's mission. These



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programs will continue to be supported, as well as many others, including Friendly Reassurance, that are similarly important in assisting the aged and persons with disabilities to remain in their own homes for as long as they choose. These supportive services are an integral component in achieving the outcome of enabling older adults and persons with disabilities to live in their own homes and communities for as long as possible.

Services to remain part of the FY 2022 plan include:

- \* Congregate Meals
- \* Home Delivered Meals
- \* In-home Services
  - Homemaking
  - Personal Care
  - Respite Care
  - Friendly Reassurance (added in response to Covid)
- \* Adult Day Care Respite
- \* Legal Services
- \* Long Term Care Ombudsman
- \* Evidence Based Disease Prevention (EBDP)
  - PATH
  - Diabetes PATH (D-PATH)
  - Chronic Pain PATH (C-PATH)
  - A Matter of Balance (MOB)
  - Creating Confident Caregivers (CCC)
  - Powerful Tools for Caregivers (PTC)
- \* Care Management Program
- \* Medicare Medicaid Assistance Program (MMAP)
- \* Nursing Facility Transitions
- \* Person-Centered Thinking
- \* Diversity, Equity, Inclusion Training
- \* Medication Management

**3. 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.**

As part of the development phase of Region 9 AAA's MYP, a twelve county needs assessment was conducted using both paper copies and an online survey tool was posted on Facebook, on the AAA website. The survey was distributed in-person at two Public Input Sessions, through community partners, agency boards, and to existing program partnerships. 587 surveys were returned. Despite increased efforts to improve the AAA's visibility in the communities, the survey results showed awareness of the AAA was below expectations. This is a not necessarily a negative result. Over the years, the AAA has focused heavily on community partners being recognized as the focal points for aging services. That effort has proven effective. In addition, the AAA's umbrella agency, Northeast Michigan Community Service Agency (NEMCSA)—a community action agency, is well known and well-respected throughout the service area. Regardless, the AAA will continue to promote and increase visibility of aging services throughout the region in a culturally and linguistically appropriate manner to

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increase awareness of quality services where and when they are needed.

Additionally, the return of surveys from Black, Indigenous, People of Color and the LGBTQ+ communities confirmed that either we did not reach or did not obtain participation by minority populations. Only three of the total 587 MYP surveys returned (less than one-half percent) indicated they were LGBTQ+ and eight others identified as Hispanic, Native American, Black, Asian, Immigrant, or other minority. Although the survey identified eleven individuals from minority populations of individuals 60+ in northeast Michigan, it also indicates that more effective outreach and connections with minority communities must be established. As a result of this year's survey, 45 individuals gave their contact information to establish a Region 9 focus group for older adults (age 60+) who identify as minority, immigrant, or LGBTQ+. It is not known at this time, if the 45 interested persons really are Minority, Immigrant, or LGBTQ+ or if any part of the 45 are just interested community members/volunteers. Once the focus group is able to meet, the information provided will be extremely useful identifying members of minority communities, establishing services for those that need them, identifying translation services needed, and for future planning.

**4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.**

Initially, as the incidence of Covid-19 and its variants increased throughout Region 9, the AAA transitioned to a remote workforce to the extent possible. Alternatives were explored and agency staff participated in local, regional and statewide meetings remotely -- staff became very proficient in using meeting sites like Zoom, Web Ex and Teams. The AAA's parent organization (NEMCSA) created a policy that required proof of vaccination for all staff and made masks and testing available. Maintaining a robust workforce for services (especially In-home workers) continues to be the main challenge due to reduced numbers of workers choosing and seeking employment in "elder care" work and other competing job markets with higher wages. Currently, as Covid incidence numbers ebb and rise again with the new variants throughout the state, Region 9 and its partners also adjust their service response accordingly between in-person and remote when possible, and all are actively preparing for the overall end of the Public Health Emergency declared two years ago.

**5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.**

Enhanced priorities for this year's plan include: 1) improving access of aging services to Black, Indigenous, People of Color and LGBTQ+ older adults in northeast Michigan. This includes ongoing and mandatory DEI training for all AAA staff, partners and contractors; and developing a resource guide of translators within the Region 9; area and establishing a new focus group comprised from the minority individuals that volunteered on the survey. 2) Increased visibility of the AAA and its services including promotions and public awareness of aging network services through expanded outreach efforts; technology-based efforts such as podcasts and social media marketing; and mass marketing options such as postcard or flyer mailings to all older adults in the region as well as targeted efforts with faith-based organizations.

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**6. A description of the area agency's assessment of the needs of their service population.**

See *Operating Standard for AAAs C-2, 4.*

A complete review of service needs was conducted in an Annual Survey, with 587 returns and with all 12 counties participating - with the most surveys received by Crawford (112), Iosco (80) and Alpena (79) counties and the least received by Alcona (12) and Roscommon (11) counties. Ten surveys were from respondents living in another area.

**Questions to identify the respondents indicated:** 58% had previously requested AAA services for themselves, a family member or member of the community; 22% either worked for the AAA, COA or volunteered for other programs; and 33% had no experience with the AAA or its services. 89% were persons age 60 or above; 13% were a family caregiver; 15% were either an advocate or profession service provider and 30% of respondents were a person with a disability. There were very low numbers (1% or less) for each of the following categories: Grandparents raising grandchildren (6 surveys), those identifying as Hispanic, Native American, Black, Asian, Immigrant or other minority (8 surveys) and only 3 surveys identified the respondent as a member of the LGBTQ+ community. 72% were female; 23% were male; 3% preferred not to respond (18 surveys) and choices were also offered for nonbinary and fluid with no responses. 48% live alone/independent, 36% live with a spouse or partner, 11% live with a family member, 3% live with a roommate and 1 respondent indicated that they were homeless.

**Questions to rate services:** The survey asked to rate each service area from a range of Very Important - Somewhat Important - Neutral - Not Important.

Respondents gave congregate meals a 63% overall rating (very important plus somewhat important); home delivered meals (75%); in-home care services received 70%; adult day centers received 49% importance > 39% neutral;

How adequate is your health insurance indicated that 81% had Medicare, 25% had Medicaid, 41% had Supplemental coverage, 77% had prescription coverage, 13% had veterans coverage and 18% had employer coverage. 2% of Medicaid respondents and 3% of veterans respondents indicated that they needed assistance to apply and 1% of other categories needed assistance applying.

The survey asked if respondents had heard of the following Evidence Based Disease Prevention Programs: A Matter of Balance (29%), Walk with Ease (14%), Personal Action Toward Health (PATH - 10%), Diabetes PATH (13%), Chronic Pain PATH (12%), and those not familiar (62%). It is noted that these classes are usually all held in person and were held virtually.

The question asked how important is it to have: fitness activities/health and wellness programs geared for older adults - 84% indicated they were very or somewhat important; and 80% rated that resources, training programs and supports for caregivers were very or somewhat important.

51% of respondents indicated that they or someone they knew had taken care of a person with Dementia or Alzheimer's disease. Questions asking if you've ever heard of or participated in the following programs for caregivers include: Creating Confident Caregivers (23%), Powerful Tools for Caregivers (18%), Dementia Consultation (18%), Caregiver Newsletter (16%), Kinship Care (16%), Caregiver Webinar Series (16%), and Caregiver Empowerment and Wellness Conference (16%).

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97% of respondents indicate that it is important for them to remain in their own home. 86% of respondents indicate that snow removal and lawncare is important; 85% indicate that handyman and home repairs are important; 80% indicate that a list of vetted providers is important; 70% indicate that one-on-one assistance in finding and accessing healthcare and support services is important;

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**County/Local Unit of Government Review**

**Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP 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 July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:**

**Send a letter through the US Mail with delivery and signature confirmation or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP/AIP on the area agency's website. Instructions for how to view and print the document must be included. Offer to provide a printed copy of the MYP/AIP via US Mail or an electronic copy via email, if requested. Be available to discuss the MYP/AIP with local government officials, if requested. Request email notification from the local unit of government of their approval of the MYP/AIP, or their related concerns. Please describe the efforts, including the use of electronic communication, made to distribute the MYP/AIP and to gain support from the appropriate county and/or local units of government.**

To ensure that all Region 9 communities have the opportunity to make comment on the activities for the FY 2023-2025 Annual Implementation Plan (AIP), notice of the public hearing was submitted to all newspapers located in the Area Agency on Aging's (AAA) 12-county service area by April 1, 2022. The Region 9 Area Agency on Aging scheduled its first public hearing session at 1:00 p.m. on Wednesday, May 18, 2022, at the Sunrise Side Senior Services, 131 Clyde, Omer and a second session at 1:00 p.m. on Monday, May 23, 2022 at the NEMCSA office, 2569 US 23 South, Alpena in conjunction with the monthly meeting of the Northeast Michigan Regional Council on Aging; also known as the Regional Advisory Council (RAC).

The announcement of the hearing appeared in local newspapers throughout Region 9 during the week of April 18-22, 2022, providing broad notice to all citizens/cultural groups, and provided a minimum of 30-days notice prior to the hearings.. The draft of the FY 2023-2025 summary plan was made available to the public at the hearings and posted on the NEMCSA website and Facebook page. This provided opportunity for all interested community, government entities and private individuals to review and comment on the plan. Written comments will be accepted by U.S. Postal Service or by email up to 4:30 p.m. on Friday, June 10, 2022.

A letter and copy of the proposed FY 2023-2025 plan will be sent to each entity by registered mail following the NEMCSA Policy Board endorsement on June 3, 2022. All county Boards of Commissioners are to receive a copy of the plan to review, and to approve or disapprove with the action notice due to the AAA by

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Friday, July 6, 2022. If no response is received by the county Boards of Commissioners on or before July 8, the FY 2023-2025 MYP is deemed passively approved. The AAA must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the plan.

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**Public Hearings**

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with 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 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan’s Open Meetings Act and the requirements of the area agency’s governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP 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 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, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; 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. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

Complete the chart below regarding your public hearing(s). 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.

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

Date	Location	Time	Barrier Free?	No. of Attendees
05/18/2022	Sunrise Side Sr Service - Om	01:00 PM	Yes	6

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05/23/2022	NEMCSA Headquarters, Alper	01:00 PM	Yes	22
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Since Michigan has relaxed the restrictions for Covid-19 masking and social distancing, two Public Hearings were planned and held in person at 1:00 on Wednesday, May 18, 2022 at the Sunrise Side Senior Services Center in Omer, MI and a second Public Hearing session was held on Monday, May 23, 2022, at the NEMCSA Headquarters, 2569 US 23 South, Alpena, MI. No virtual option was offered. In addition to the two meetings, public comment was accepted by email or in writing to the NEMCSA Policy Board, 2569 US 23 South, Alpena, MI 49707 through 4:30 pm, Friday, June 10, 2022.,,

In compliance with the Open Meetings Act, notice of the meetings were sent to all newspapers in the PSA for notices to appear during the week of April 11-15, 2022.

The AAA also researched available local newspaper/media outlets specifically targeting minority and LGBTQ+ communities. An LGBTQ+ newsletter "Pride Source" was utilized as well as Native American publications, "Tribal Observer" and "Odawa Trails Newsletter." Outreach efforts were also made to the Hispanic and Asian communities, but we were unsuccessful in obtaining a newspaper outlet for these groups.

In addition, the notice of the Public Hearing was posted on the AAA's facebook page along with downloadable copies of the MYP plan. The Public Hearing was held in conjunction with the Regional Advisory Council meeting date to maximize attendance at the Public Hearing. Provided with the announcement was information for accommodations for persons with disabilities notifying them that the location was handicap-accessible and provided a call-in option alternative to all participants. No requests for accommodation were received.



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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, 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 In-Home Community	Title III PartB Title VII State In-home Other _____	Title III PartD State Alternative Care State Respite	Title III PartE State Access	

**Minimum Standards**

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**Access Services**

Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations. If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.

Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. 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 2023 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.

**Care Management**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$2,000.00	Total of State Dollars	\$454,962.00

Geographic area to be served

Region 9 PSA

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

**Maintain consistent level of Care Management Services**

Activities: Conduct pre-screenings, 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 and especially caregivers with high stress levels.**

The care management assessment does an effective job of establishing caregiver needs through development of the Person-Centered Care plan.

Number of client pre-screenings:	Current Year:	700	Planned Next Year:	700
Number of initial client assessments:	Current Year:	400	Planned Next Year:	400

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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:	1:30	Planned Next Year:	1:30

**Case Coordination and Support**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$0.00	Total of State Dollars	\$5,000.00
Geographic area to be served			
Region 9 PSA			

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

**Maintain continuity of care for program participants; especially should local service gaps exist.**

Activities: Maintain case files, conduct client assessments/reassessments, keep current notes on referral services in place, and update person-centered care plans for individuals.

**Information and Assistance**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
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.**

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

**Outreach**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$13,272.00	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 the request for proposal responses for partners seeking 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). Complete the paperwork requesting

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funds.

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

Activities: Review the request for proposal responses in which partners seek funding to establish support groups 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 available 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 might qualify. Distribute informational brochures and encourage participation in appropriate programs/services.

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**Direct Service Request**

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure 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 requesting approval to provide an in-home, community, 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 Provision Request for FY 2023-2025. 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 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

**Disease Prevention/Health Promotion**

Total of Federal Dollars      \$6,975.00                      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.**

**Goal: Make Evidence-Based Disease Prevention education available throughout the Region 9 PSA.**

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

**Activity:** Staff members who are Master Trainers will 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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**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 where coverage is needed. 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).**

At the May 18 Public Hearing at the Sunrise Side Senior Center in Omer, MI, an overview of programs was provided but no comments were received.

**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.**

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 where coverage is needed. Additionally, the AAA shares the cost of the program licenses.

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

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

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

The AAA proposes to continue providing the Long-Term Care program. Given the service definition and ongoing need for training, the funds are insufficient to distribute to twelve counties individually . Additionally, 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 is a visible presence throughout the region .

The AAA will continue to provide office space, supportive services, and training to the LTCO. The LTCO 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 LTCO has been instrumental in the planning for 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).**

N/A

**Caregiver Education, Support and Training**

Total of Federal Dollars     \$30,000.00

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.**

**Goal: To provide caregivers and persons with dementia with supportive education and resources allowing them to remain in their home for as long as possible.**

**Objective: To identify family caregivers of persons with dementia and assist in the development of a**

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dementia care resources and respite specific to the needs of the caregiver and loved one. It is expected that 15 caregivers will receive support from the Dementia Consultation Program during FY 2022-2023.

**Activities:** Persons interested in the program contact the Special Projects Coordinator to schedule in-home consultations. Using a Person-Centered approach, a certified dementia consultant works with the caregiver to develop an action plan specific to his/her needs. This is done during the first visit and 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.

**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.**

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

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

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

The Dementia Care Consultation Program provides one-on-one dementia educational discussions provide family caregivers with information, guidance, support, and strategies to better handle their unique care giver challenges and to help the caregiver live a happier, fuller life.

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

N/A

**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.**



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

**Objective:** The AAA will hold two six-week Creating Confident Caregiver classes in counties where there are no certified leaders.

**Activities:** Identify the location for the six-week class series to be held. Enter contract with a trained leader (unless the class is led by staff) to provide the class series in an underserved area. Promote the program to agencies and medical clinics that may be able to identify caregivers and make referrals. Provide press release information to the 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 the 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.**

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

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

The AAA will contract out much of the funding for Creating Confident Caregiver (CCC) 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 those counties with gaps by having a CCC trained staff member.

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

N/A

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**Regional Direct Service Request**

It is expected that regionally defined services will be provided under contracts with community-based service providers, but when appropriate, a provision to provide such regional services directly by the area agency may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure 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 requesting permission to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after a screen refresh. Select the link for the newly added regional service and enter the requested information pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2023-2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Since regional service definitions expire with the end of each multi-year plan period, please include any previously approved regional services the agency expects to continue providing directly, including COVID-19 policy-waiver-approved services. Address any discussion at the public hearing related to each regional direct service provision request.

Regional Direct Service Budget details for FY 2023-2025 are to be included under the Direct Service Budget tab and the Support Services Detail 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.

Please skip this section if the area agency is not planning on providing any regional services directly as of now.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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**Program Development Objectives**

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

**Diversity, Equity, and Inclusion Goal**

**Aging and Community Living Services Bureau (ACLS) *Operating Standards for Area Agencies on Aging* have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to *Operating Standards for Area Agencies on Aging* sections C-2 and C-4.**

**With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.**

**Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:**

- 1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.**
- 2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.**
- 3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.**

**Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

**The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau'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. Additional instructions on completing the Program Development section can be found in the Documents Library.**

**Area Agency on Aging Goal**

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**A. Regional Goal: Improve access of aging service to Black, Indigenous, People of Color and LGBTQ+ older adults in northeast Michigan.**

State Goal Match: 1

Narrative

As part of the development phase of Region 9 AAA's MYP, a twelve county needs assessment was conducted via a survey tool. The tool was distributed via Facebook and on the AAA website, in-person at two Public Input Sessions, through community partners, agency boards, and to existing program partnerships. Over 600 surveys were returned. Despite increased efforts to improve the AAA's visibility in the communities, the survey results showed awareness of the AAA was below expectations. This is a not necessarily a negative result. Over the years, the AAA has focused heavily on community partners being recognized as the focal points for aging services. That effort has proven effective. In addition, the AAA's umbrella agency, Northeast Michigan Community Service Agency (NEMCSA)—a community action agency, is well known and well-respected throughout the service area. Regardless, the AAA will continue to promote and increase visibility of aging services throughout the region in a culturally and linguistically appropriate manner to increase awareness of quality services where and when they are needed.

Additionally, the return of surveys from black, indigenous, people of color and the LGBTQ+ communities was low. Only 3 of the total 587 MYP surveys returned (less than one-half percent) indicated they were LGBTQ+. Although the MYP survey confirms the percentage of minority populations of individuals 60+ in northeast Michigan is low, it also indicates that outreach and connections must improve.

Objectives

1. Decrease evidence of implicit bias, racism, or lack of cultural sensitivity in AAA operations.

Timeline: 10/01/2022 to 09/30/2025

Activities

\* Conduct a full review of policies, procedures, and publications to ensure diversity, equity and inclusion are supported and evident throughout the agency's operation, including local policies provided to AAA subcontractors and purchase of service providers.

\* Request all subcontracts and purchase of service providers review their policies, procedures, and publications to ensure diversity, equity and inclusion are supported and evident.

\* Require all subcontractors to address diversity, equity, and inclusion efforts in their bids for contract agreements with the AAA.

- 1.

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Expected Outcome

\* A thorough review and update of the AAA policies, procedures, and publications will reflect and support DEI standards. This includes local policies regarding subcontractors and purchase of service providers.

\* Subcontractors will be asked to document and verify that have reviewed their policies and procedures for support of DEI standards.

\* All new contracts will require subcontractors to address DEI in their multi-year and annual bids with the AAA.

2. Increase awareness of aging services and service accessibility to Black, Indigenous, People of Color and the LGBTQ+ communities.

Timeline: 10/01/2022 to 09/30/2025

Activities

\* Facilitate a conversation with a volunteer-based focus group formed by persons identified on the Needs Assessment Survey as Black, Indigenous, Person of Color or LGBTQ+ and/or the caregivers of those communities.

\* With the focus group, create strategies to target ways to increase awareness of aging services in a culturally and linguistically appropriate manner.

\* Identify organizations, share information, and collaborate with agencies, nonprofits and other groups serving Black, Indigenous, People of Color and LGBTQ+ communities.

Expected Outcome

\* Facilitated community conversations with older adults or caregivers who are Black, Indigenous, Persons of Color as well as individuals from the LGBTQ+ community through a volunteer-based focus group. Through the Needs Assessment Survey, 45 individuals expressed interest in participating in the focus group. The focus group will facilitate discussion about how to best reach out and identify others in the PSA within these groups and how best to provide information about Region 9 service availability

\* As a result of the focus group, strategize a targeted approach to increase awareness of aging services in a culturally and linguistically appropriate manner.

- Evaluate the need for an awareness plan to highlight aging services in appropriate languages through flyers, etc.

- Use logos/symbols/short messaging recognizable by non-English speaking and LGBTQ+ individuals directing them where to go for information and assistance.

\* Collaborate with community organizations, agencies and organizations serving Black, Indigenous, People of Color and the LGBTQ+ communities to identify eligible persons and provide information about services.

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3. Increase the number of AAA staff, caregivers, subcontractors, purchase of service providers, and direct care workers trained in diversity, equity and inclusion (DEI).

Timeline: 10/01/2022 to 09/30/2025

Activities

- \* At a minimum, require annual training for AAA staff, subcontracted providers, and purchase of service providers.
- \* Explore potential training providers such SAGE Metro Detroit to provide educational sessions for staff and providers.
- \* Develop and offer a web-based resource and training hub for staff, providers, and caregivers that is always person-centered and accessible on a 24/7 basis.

1.

Expected Outcome

- \* All AAA staff, subcontractors and purchase of service providers will receive annual DEI training.
  - \* A Web-based training hub will be made available for staff, providers, and caregivers that is always person-centered and accessible.
  - \* AAA sponsored DEI training to all subcontractors and purchase of service providers.
4. Improve access to translation services and ensure all communications are culturally and linguistically appropriate.

Timeline: 10/01/2022 to 09/30/2025

Activities

- \* Identify and make available translation services for all AAA services, supports and materials.
- \* Provide referral-based access and resources to translation services for AAA staff and community partners.
- \* Share materials and resources to the extent possible.

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Expected Outcome

- \* All staff will know how to find and make available translation services for all AAA services .
  
  - \* Community partners will have referral-based access and resources to translation services and resources for older adults requiring communications help and linguistic assistance.
  
  - \* Materials and resources will be shared to the extent possible through the AAA website and resource directory.
5. Increase awareness of Aging network services throughout the AAA region .  
Timeline: 10/01/2022 to 09/30/2025

Activities

- 1.\* Bolster public awareness of aging network services through expanded outreach efforts such as health fairs, community events, and technology-based efforts such as podcasts and social media marketing.
- \* Explore mass marketing options such as postcard or flyer mailings to all older adults in the region as well as targeted efforts with faith-based organizations.
  
  - \* Increased submissions of public service announcements for all media outlets and participation in local television and radio programs.
  
  - \* Expanded public speaker campaigns to engage local community organizations and groups and enhance knowledge of aging programs and services.
  
  - \* Increased use of technology-based options to ensure an enhanced reach of information to those unable to access other avenues of information and assistance.
  
  - \* Maintain current partnerships and collaborations with local Councils/Commissions on Aging, the Medicare/Medicaid Assistance Program, Long Term Care Ombudsman Program, the Alzheimer's Association-Greater Michigan Chapter, MSU Extension, local health providers and other community organizations. All of which have proven invaluable in increasing and improving the delivery and variety of services throughout the region.



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Expected Outcome

1.- Attend outreach events such as health fairs and community events as they become available, and technology-based efforts such as virtual events, podcasts and social media marketing.

- Identify and participate with other organizations/businesses (such as faith-based organizations) that do mass mailings such as postcards or flyers to older adults in the region.
- Devise a media list and schedule regular public service announcement submissions and seek regular interviews with local television and radio programs.
- As part of the regular PSAs, create a AAA public speaker group to engage local community organizations and groups about aging programs and services.
- Make technology-based options available to ensure an enhanced reach of information to those unable to access other avenues of information and assistance.
- Maintain current partnerships and collaborations with local Councils/Commissions on Aging, the Medicare/Medicaid Assistance Program, Long Term Care Ombudsman Program, the Alzheimer's Association-Greater Michigan Chapter, MSU Extension, local health providers and other community organizations. All of which have proven invaluable in increasing and improving the delivery and variety of services throughout the region.

1.

**B. Reduce the impact of social isolation on older adults and improve access to information, assistance, and social outlets via a variety of means to improve their quality of life in northeast Michigan.**

State Goal Match: 2

Narrative

In Region 9, local Councils/Commissions on Aging are the focal point for delivering many aging programs and, in particular, daily nutrition services, which often provide the only daily social activity for older adults. This could mean a meal at the senior center with an opportunity to engage with other seniors, or the brief welfare check of a home-delivered meal driver two or three times a week. Many older adults are unable to participate in other in-person activities such as educational workshops, exercise classes, parties, health fairs, support groups wellness clinics, etc. Thus, alternative means for these activities can be a main factor for enabling older adults to remain connected to their community and provide opportunities for socialization for a better quality of life.

Objectives

1. Expand access to educational opportunities related to healthy living.

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Timeline: 10/01/2022 to 09/30/2025

Activities

1.- Continued support for evidence-based disease prevention, health promotion programs such as A Matter of Balance; Personal Action Toward Health (PATH); PATH-Diabetes; PATH-Chronic Pain; and other ACL-approved Tier 3 programs.

- Explore the potential of the evidence-based program: Aging Mastery.
- Collaborate with community and university partners to provide Healthy Living webinars and other health-related education opportunities geared toward older adults.
- Develop and implement programming geared toward healthy nutritional habits for older adults such as healthy cooking and recipes for one or two people.

Expected Outcome

- Offer workshops and leader trainings for evidence-based disease prevention, health promotion programs such as A Matter of Balance; Personal Action Toward Health (PATH); PATH-Diabetes; PATH-Chronic Pain; and other ACL-approved Tier 3 programs.
- Addition of the evidence-based program: Aging Mastery or other Tier III program.
- Healthy Living webinars and other health-related education opportunities geared toward older adults.
- Healthy nutrition education series for older adults such as healthy cooking and recipes for one or two people.

2. Increase efforts to reduce the incidence of elder abuse, neglect, and exploitation.

Timeline: 10/01/2022 to 09/30/2025

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Activities

1.- Ensure nursing home residents are aware of their rights as well as continued conflict resolution efforts with support of the Long-Term Care Ombudsman Program.

- Increase elder abuse, neglect, and exploitation educational opportunities and awareness.
- Develop resources and training for professionals, caregivers, and direct care workers to increase identification and prevention of elder abuse.
- Continue working with community partners to deliver caregiver education programs such as Creating Confident Caregivers, Powerful Tools for Caregivers, etc., to reduce the incidence of elder abuse, neglect and exploitation that can result from caregiver burnout.
- Support the partnership with the Medicare Medicaid Assistant Program (MMAP) to prevent scams and fraud by: 1) providing unbiased health insurance options and one-on-one counseling to Medicare beneficiaries to inform and counteract fraudulent attempts by scam callers; 2) support the MIPPA program efforts to reach out to low income Medicare beneficiaries and help them apply for subsidies to avoid the "helps" of unsolicited agents/callers, 3) provide information/education on how to recognize fraud and scams with monthly New to Medicare virtual webinars and the "Scam Alert" segment on Region 9's "Let's Talk Aging podcast," and 4) provide support to MMAP counselors that help Medicare beneficiaries deal with healthcare fraud with ongoing training updates and education.

1.

Expected Outcome

1.- Nursing home residents and their advocates will have opportunities to learn about their rights and be provided assistance with conflict resolution.

- Increased elder abuse, neglect and exploitation educational opportunities and awareness.
- Expand collaborations with law enforcement, legal services, probate courts, Adult Protective Services, and other entities to develop resources and training for professionals, caregivers, and direct care workers to increase identification and prevention of elder abuse.
- Increased availability of evidence-based caregiver education programs such as Creating Confident Caregivers, Powerful Tools for Caregivers, etc., to reduce the incidence of elder abuse, neglect and exploitation that can result from caregiver burnout.
- Increased fraud and scam awareness, education, and marketing to reduce the incidence of Medicare scams and fraud in the Region 9 PSA.

3. Improve access to transportation services.

Timeline: 10/01/2022 to 09/30/2025

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Activities

- 1.- Establish an online repository of transportation services and authorities available in the region.
  - Prospect the potential for supplying public transit vouchers or other payment options for older adults for accessing transportation services to shopping, medical services, and social opportunities to decrease the potential for social isolation.
  - Develop and implement a volunteer driver recruitment campaign to identify and increase transportation options in the region.
  - Collaborate with the RSVP and community partners to maximize accessibility of transportation services.

Expected Outcome

- A comprehensive repository of transportation services (including Uber Eats, Door Dash) and authorities available in the region.
- Improved access to transportation services to shopping, medical services, and social opportunities to decrease the potential for social isolation.
- Increase access to volunteer transportation options in the region.
- Improve collaborations with the RSVP and community partners to maximize accessibility of transportation services.

4. Improve access to housing assistance resources and community options.

Timeline: 10/01/2022 to 09/30/2025

Activities

- 1.- Improve access to housing assistance, resources and community options.
  - Jointly establish a referral and access system for collaborations with local service providers who can supply small scale home improvements, ramps, and accessibility options for older adults wishing to age in place.
  - Explore development of a web-based, vetted list of preferred providers for needed services such as home improvements, accessibility modifications, repairs, lawn and snow services, as well as heavy chore services for individuals with the ability to pay, but do not know whom to call.

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Expected Outcome

- Improved access to housing assistance and homeless prevention programs by having updated, intensive data online, and an electronic referral/application system.
- Access to local service providers who can supply small scale home improvements, ramps, and accessibility options for older adults wishing to age in place.
  
- A web-based, vetted list of preferred providers for needed services such as home improvements, accessibility modifications, repairs, lawn and snow services, as well as heavy chore services for individuals with the ability to pay, but do not know whom to call.

5. Improve and increase access to services, supports so that older adults have access to technology-based community connections and supportive services to live their best lives with a focus on rural communities and underserved populations.

Timeline: 10/01/2022 to 09/30/2025

Activities

- 1.- Explore and collaborate with community partners and funding sources to further develop expansion of technology options for older adults and caregivers in rural and impoverished communities.
- Collaborate with the RSVP and community partners to identify volunteers or staff that could provide phone calls or visits to older adults that would benefit from a Friendly Reassurance service.
  
  - Increase connectivity and partnership with medical and other service providers through efforts such as the Connected to Care Project, which provides admission, discharge and transfer information for hospital patients that are recipients of Care Management or MI Choice Program services.
  
  - Continued commitment to the provision of services and information through MMAP, MI Café, and other assistance in accessing public benefits.
  
  - Provide a venue of information sharing for programs of benefit to older adults through community partners, website content, social media, and traditional media outlets and in-person events.
  
  - Collaborate with local organizations, education centers and volunteers to provide technology training specifically for older adults in various stages of proficiency, e.g. Senior Tech Time.

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Expected Outcome

1.- Develop an information resource guide to direct older adults to free or low cost technology assistance with computer/telephone services and programs, including a telephone directory and transportation information for classes.

- Identify older adults that would benefit from a friendly reassurance call and connect them to the RSVP and /or staff and volunteers within each community organization providing the service .

- Increased connectivity, partnership, and interoperability with medical and other service providers through efforts such as the Connected to Care Project, which provides admission, discharge and transfer information for hospital patients that are recipients of Care Management or MI Choice Program services.

- Continued commitment to the provision of services, counseling, and information through MMAP, MI Café, and other assistance in accessing public benefits.

- Provide a venue of information sharing for programs of benefit to older adults through community partners, website content, social media, and traditional media outlets and in-person events.

- Local organizations, education centers, and volunteers provide technology training specifically for older adults in various stages of proficiency, e.g. Senior Tech Time.

**C. Ensure older adults have a robust, well-trained workforce to serve their needs.**

State Goal Match: 3

Narrative

Ensure older adults have a robust, well-trained workforce to serve their needs: The direct care worker shortage is a nationwide issue that has hit Michigan care providers hard. According to the Impart Alliance, in the U.S., “Twenty-five percent (25%) of the population will be age 60 or older by 2030.” In northeastern Michigan, most of the twelve counties average above 30% of the population being age 60 or older. This translates to a high demand for direct care workers who help with activities of daily living such as bathing and dressing. The workforce size, however, has not kept pace with demand. Low wages, lack of benefits, a need for training, little career trajectory, and a societal lack of value on the profession have contributed to recruitment and retention challenges. It is estimated that Michigan alone will need 34,000 more direct care workers. In Region 9, ninety-eight percent (98%) of survey respondents say it is important for them to remain in their homes. Some providers are reporting turnover rates of over 80%. Although, immediate and complete resolution are the essential long-term goals, a measured approach through advocacy, improved training, pay, benefits and value are some solutions that can be addressed now to slow the erosion of the workforce.

Objectives

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1. Increase the number of well-trained, qualified, multi-cultural direct care workers available to serve older adults throughout the region.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Work collaboratively with community partners, providers, employment professional, and direct care workers to identify specific areas of opportunity for improvement within the direct care workforce and strategize actions to improve recruitment and retention in the field.
  
- Engage community partners and service providers in discussions and potential pilot to explore alternative opportunities for recruitment of direct care workers such as migrant populations or other non-traditional alternatives.
  
- Continue advocacy efforts with state and federal legislators through efforts such as individual contacts , Town Hall events, Older Michigianians Day, Michigan Senior Advocacy Council.
  
- Support and engage with Impart Alliance to improve training , pay and value of the direct care workforce.
  
- Review and adjust, where feasible, contracting structures to support improved reimbursement rates to support the direct care workforce.
  
- Explore a variety of recruitment activities such as DCW Town Halls, social media marketing campaigns, etc.
  
- Continue to support the Senior Community Service Employment Program (SCSEP) and consider applicants to the program as potential direct care worker trainees, as appropriate.
  
- Promote the use of GetSetUp as a means for training opportunities for all older adults, caregivers and, potentially, direct care workers.

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Expected Outcome

- Identify specific areas of opportunity for improvement within the direct care workforce and actions to improve recruitment and retention in the field.
  
  - Pilot alternative opportunities for recruitment of direct care workers such as migrant populations or other non-traditional alternatives.
  
  - Increased efforts with state and federal legislators through efforts such as individual contacts , Town Hall events, Older Michigianians Day, Michigan Senior Action Council.
  
  - Support and engage with Impart Alliance to improve training, pay and value of the direct care workforce.
  
  - Adjusted rates where feasible and new contracting structures to support improved reimbursement rates that will support the direct care workforce.
  
  - Direct care worker recruitment activities such as Town Halls, social media, marketing campaigns, etc.
  
  - Utilize the Senior Community Service Employment Program (SCSEP) and consider one to two applicants as potential direct care worker trainees, as appropriate.
  
  - Increased the use of GetSetUp as a means for training opportunities for all older adults, caregivers and, potentially, direct care workers.
2. Improve direct care worker skill levels by providing continued opportunities for direct care worker education to ensure effective delivery of services and a confident workforce .  
Timeline: 10/01/2022 to 09/30/2025

Activities

- In collaboration with community partners, support and provide annual training to benefit direct care worker and other community partners' staff.
  
- Secure a bank of multi-cultural, and linguistically appropriate training to be placed in a web-based repository for ease of access and use by the direct care workforce and caregivers.

Expected Outcome

- An annual day of training to benefit direct care worker and other community partners' staff .
  
- A bank of multi-cultural, and linguistically appropriate training to be placed in a web-based repository for ease of access and use by the direct care workforce and caregivers.

**D. Ensure access to services and supports in a manner consistent with person-centered practices.**

State Goal Match: 4



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Narrative

Person-centered thinking (PCT) is the philosophy and the foundation for Region 9's service provision that supports client self-direction, choice, and ensures older adults have the opportunity to make their own service decisions. The AAA has implemented person-centered thinking training for all AAA staff and new hires, and has made PCT training opportunities available to COA staff and chore provider/caregiver staff. The use of person-centered thinking means that the client's independence is respected, preserved and recognized by their caretakers allowing them to stay in their home and age in place.

Objectives

1. Maintain service delivery following a person-centered philosophy.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Maintain service delivery following a person centered philosophy.
- Support, provide and seek to expand services and supports in accordance with expressed needs of older adults residing in the region as indicated via community needs assessment surveys and Public Input Sessions.
- Enhance understanding of individual rights and advance planning mechanisms by providing educational opportunities and tools for the aging network and public through partnerships with legal services, medical providers, Michigan Attorney General's office, Michigan Department of Health and Human Services Adult Protective Services Division, and legislative offices.
- Support a continued partnership with the Long-Term Care Ombudsman Program to ensure nursing home licensed facilities' residents understand their rights and access to conflict resolution/advocacy services through increased volunteer recruitment.

Expected Outcome

- AAA staff, subcontractors and purchase of service providers document completion of person-centered planning training.
- Older adults expressed needs are documented and incorporated into the goals as possible.
- Provide an educational event using aging partners to enhance older adults understanding of aging rights and advance planning (legal services, medical providers, Michigan Attorney General's office, Michigan Department of Health and Human Services Adult Protective Services Division, and legislative offices.
- The Long-Term Care Ombudsman will meet with nursing home licensed facilities' residents discuss and help them understand their rights and provide access to conflict resolution/advocacy services.

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2. Support the provision of community-based services with leveraged resources from community partners in the form of county senior millage funds.

Timeline: 10/01/2022 to 09/30/2025

Activities

1.- Continue to offer high-need core services as indicated on the Community Needs Assessment, which are: Congregate and Home Delivered Meals; Homemaking; Personal Care; Respite.

- Enhanced caregiver service needs through the of development of new and supporting existing adult day centers with adult day best practices.

- Increased kinship caregiver support through service referrals, access to supplemental resources, and educational opportunities.

Expected Outcome

- Using person-centered approach, older adults will choose the services that support their ability to remain in their home. High-need core services include: Congregate and Home Delivered Meals; Homemaking; Personal Care; Respite.

- Support and assist in the development of new and existing adult day centers - especially, in counties that don't have one available.

- Increased kinship caregiver support through service referrals, access to supplemental resources, and educational opportunities.

3. Increase caregiver awareness and utilization of supportive services and resources to prevent caregiver burnout.

Timeline: 10/01/2022 to 09/30/2025

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Activities

- 1.- Explore the opportunity to partner with university-based Master level students to provide counseling services to family caregivers of a person with dementia.
- Continue the provision of face-to-face dementia consultations for family caregivers with a certified dementia specialist.
- Enhance the AAA's existing online caregiver resource centers with additional service and support resources .
- Provide a quarterly newsletter via email to interested caregivers or mailed version if no technology access point exists.
- Continued support and provision on evidence-based programs such as Powerful Tools for Caregivers, Creating Confident Caregivers, and explore other potential options.
- Collaboration with subject matter experts to provide quarterly virtual educational offerings that are beneficial to community caregivers.

Expected Outcome

- 1.- Provision of counseling services to family caregivers of a person with dementia.
- Face-to-face or telephonic dementia consultations for family caregivers with a certified dementia specialist.
- Enhanced online caregiver resource center with additional service and support resources.
- A quarterly newsletter will be emailed to interested caregivers or mailed if the client has no access to technology.
- Evidence-based programs such as Powerful Tools for Caregivers, Creating Confident Caregivers, explore other potential options, and provide potential leader trainings.
- Collaboration with subject matter experts to provide quarterly virtual educational offerings that are beneficial to community caregivers such as the Caregiver Conference and/or webinar series.

### Scope of Services

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

Constantly changing service demand challenges make it 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.**

The geographic boundaries of the Region 9 Area Agency on Aging Program Service Area (PSA) have not changed since the prior Multi-Year Plan (MYP) for Fiscal Years 2019 - 2021. 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. Census.

### **SUMMARY OF MICHIGAN'S POPULATION PROJECTION AND THE PSA**

According to the State of Michigan, Bureau of Labor Market Information and Strategic Initiative, Michigan's population has yet to recover to its 2004 population peak of 10,055,315 residents. The state's population declined due to emigration/relocation following the economic downturns of the first decade of this century. However, migration into Michigan is expected to increase for the next decade as workers move to the state to fill job openings created by retiring baby boomers. As a result, Michigan's population should surpass its previous peak by around 2025. In the longer-term, Michigan's population is expected to rise to around 10.6

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million by about 2040 and then decrease through 2045 as the baby boomer generation shrinks. As with most projections, there is more confidence in the short-term during the 2020–2030 period. Even though Michigan will likely continue to gain residents in the near term, the relative contribution of natural change (births minus deaths) to population growth will continue its long-term decline. Counties decreasing in population are mostly in the Upper Peninsula, Northeastern Lower Peninsula (Region 9), and Thumb area. Alternatively, from 2020–2030, fifty-two counties are projected to gain residents: but it is projected to increase by less than 3 percent over the decade (about 0.3 percent annually), which is relatively minor expansion. Counties with the greatest projected population growth rates are mostly concentrated in the southern Lower Peninsula, particularly in the greater Detroit and Grand Rapids metro areas. Variation among counties in population growth rates is driven by differences in natural change and net migration. In 2020, deaths are expected to exceed births in 48 counties, including nearly all rural counties in the Thumb, Northern Lower Peninsula (Region 9), and Upper Peninsula.

Additionally, many of these same counties will continue to experience net migration that is either negative or insufficient to offset natural declines. One reason for this is that many rural counties experience substantial out-migration of young residents after completing high school, which has been occurring for decades. This out-migration of young people contributes to natural decline in two ways. First, it results in fewer residents in the most prime reproductive age classes (their 20's and 30's), reducing births. Second, these counties are experiencing an accelerating number of mortalities, relative to births, due to a larger percentage of residents over age 65, compared to the state average. As a result, natural change has turned negative sooner in many rural counties than in other areas of the state.

**The Region 9 PSA**

According to US Census data in the last two years, Region 9's general population declined by 4,601 people from the 2019 MYP through 2021 Census estimates; the subpopulation of those age 65 and over declined by 1,537. The subpopulation's decline may be due to many factors including an expected overall projected natural population decline but also may be due to the unexpected contributing factor of Covid-19 deaths in vulnerable elderly populations and delay in the initial vaccine release followed by vaccine hesitancy. The median age of the region (27.9%) continues to exceed the state average of 17.7% for adults age 65 and over. Of the 12 counties in the PSA, five have populations over 30% including: Alcona (36.1%), Roscommon (33.3%), Montmorency (32.8%), Presque Isle (32.5%), and Iosco (30.1%).

According to Michigan demographer Kurt Metzger, "Michigan is aging faster than the rest of the United States and it is expected in 2025 that those "over the age of 65" will outnumber those under age 18 for the first time in many Michigan counties, just a few 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 migration 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,

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have chronic illnesses or other conditions that prevent them from handling daily activities such as cooking, cleaning or bathing on their own. The 2022 Region 9 Needs Assessment Survey shows that 48% of Region 9 respondents live alone; 36% live with a spouse or partner; and another 14% 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 supports and services, there will be higher rates of institutional care. Greater support for Michigan families caring for older adults and the elderly 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.**

The characteristics of identified eligible aged adults are those persons living alone, widows/widowers, persons with disabilities, shut-ins with chronic health conditions, those without relative caregiver support, mobility-challenged older adults, a growing number of persons with dementia or Alzheimer's disease, a caregiver spouse and other eldercare situations that need respite support for an older adult to remain independent in their homes. Using the person-centered approach, elderly, frail and persons with disabilities are provided with service options and when needs are identified, referrals can be made. Many of the services listed below are provided through the funding received and subcontracted to various partners (including the councils/commissions on aging), the five programs identified as focus areas are: Personal Care, Homemaker, Respite, Congregate Meals Home-Delivered Meals. These core programs have the most impact regarding the number of people served and will continue to be supported, as well as many others that are an integral component in assisting aged adults and persons with disabilities to remain in their own homes for as long as possible.

FY 2022 plan services include:

- \* Congregate Meals
- \* Home Delivered Meals
- \* In-Home Services
  - Homemaking
  - Personal Care
  - Respite Care
  - Friendly Reassurance (added in response to Covid)
- \* Adult Day Care Respite
- \* Legal Services
- \* Long Term Care Ombudsman
- \* Evidence Based Disease Prevention (EBDP)
  - PATH
  - Diabetes PATH (D-PATH)
  - Chronic Pain PATH (C-PATH)
  - A Matter of Balance (MOB)
  - Creating Confident Caregivers (CCC)
  - Powerful Tools for Caregivers (PTC)
- \* Care Management Program
- \* Medicare Medicaid Assistance Program (MMAP)

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- \* Person-Centered Thinking
- \* Diversity, Equity, Inclusion Training
- \* Medication Management

**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.**

Persons requesting services are assessed for social, functional, and economic need and are prioritized using state standards - this includes low-income and minority individuals. Care management rarely has a wait list and COAs with a wait list follow state standards for prioritization as well.

**4. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.**

Two staff members of the AAA maintain appropriate credentials as Master Trainers to provide leader training Evidence-Based Disease Prevention programs such as Personal Action Toward Health (PATH) and its variations for Diabetes (D-PATH), Chronic Pain (CP-PATH), and a Matter of Balance (MOB). Activity: Staff members who are Master Trainers 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) to ensure that classes are made available throughout the PSA. In addition to the EBDP programs, the following educational programs are offered:

Creating Confident Caregivers  
Caregiver Empowerment and Wellness Conference  
Dementia Consultation  
Adult Day Centers and Respite services  
Powerful Tools for Caregivers  
Caregiver Newsletter  
Kinship Care (Relatives Raising Relative Children)  
Caregiver Webinar Series  
Dementia Webinar Series

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

When an older adult seeks services not otherwise funded under the MYP, the client is screened for program eligibility and alternative services are discussed such as Medicaid, Waiver, Veterans Administration, and others, as well as private fee-for-service alternatives. If appropriate, a referral is made and application assistance is provided (if appropriate).

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

The AAA's priorities for addressing identified needs from the current plan cycle are to seek alternative sources of revenue or community partnerships to provide services such as transportation, home repair or handyman services, snow removal, lawn care, and caregiver support services. Time and time again, it is these services that resonate as high priority needs, and except for caregiver support services, it is difficult to find not only

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additional funding, but providers of these services. The AAA had identified a potential for some new partners and will continue to build capacity in the coming MYP cycle.

**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.**

Where program resources are insufficient to meet the demand for services, persons seeking services are placed on wait lists that are reviewed and updated based on a person's social, functional, and economic need. Also, the person seeking service is screened for eligibility in other community agency programs, such as MI Choice Waiver, MDHHS, and Veterans Administration services.

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

As part of the Public Hearing process for the Multi Year Plan, two Public Hearings were held providing opportunity for community input to priorities and the Multi Year Plan. The first was held in Arenac County at 1:00 p.m. on May 18 at the Sunrise Side Senior Services Center, Omer, MI, and the Regional Advisory Council (RAC) will meet on May 23, 2022, at 1:00 p.m. at the NEMCSA office, 2569 US 23 South, Alpena, MI. A presentation is provided summarizing the Annual Survey results and to receive RAC recommendations and public comments. Additional written and/or email comments will be received up to 4:30 p.m. on June 10, 2022.

**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.**

Over the course of the current MYP cycle, the AAA has made strides in increasing access to information, healthy living initiatives, and caregiver resources that will, hopefully, better arm older adults and caregivers with the tools they need to better cope and respond to aging and caregiver demands. Examples of such efforts are a healthy living webinar series; elder abuse awareness and prevention webinar series; dementia consultations; evidence-based disease prevention/health promotion workshops; caregiver quarterly newsletter; caregiver webinar series; caregiver online resource center; Medicare & Your webinar series; Let's Talk Aging podcast; etc. Education is powerful and Region 9 believes these efforts provide aging adults and caregivers with the tools they need to set into motion healthy living practices to live their best independent lives as well as preserve precious resources for the most vulnerable.

**10. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

The following services provide significant supports to the most individuals throughout Region 9, allowing older adults to remain in their homes and age in place.

- \* Home Delivered Meals
- \* Congregate Meals
- \* In-Home Services
  - Homemaking
  - Personal Care
  - Respite Care



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**11. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?**

Region 9 began its DEI journey with initial training for all its staff in 2021. As part of its overall objective to decrease evidence of implicit bias, racism, or lack of cultural sensitivity throughout its operations, the AAA proposes to:

- A. Conduct a full review of policies, procedures, training, and publications to ensure diversity, equity and inclusion are supported and evident throughout the agency's operation, including local policies provided to AAA subcontractors and purchase of service providers.
- B. Request all subcontracts and purchase of service providers review their policies, procedures, and publications to ensure diversity, equity and inclusion are supported and evident. Subcontractors will be asked to document and verify that have reviewed their policies and procedures for support of DEI standards.
- C. Require all subcontractors to address diversity, equity, and inclusion efforts in their bids for contract agreements with the AAA. All new contracts will require subcontractors to address DEI in their multi-year and annual bids with the AAA.

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**Planned Service Array**

Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, 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</li> <li>• 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>	

\* 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/AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.**

**Instructions**

**Use the provided text box to present the Planned Service Array narrative.**

All services funded under the AIP meet the identified needs of the region and the guidelines of the Older Americans Act. Public input was sought at two information sessions that were held at the Cheboygan County Council on Aging (March 10, 2022) and at the Ogemaw Commission on Aging (March 11, 2022). These two events announced that the online survey was made available on the NEMCSA website and paper surveys were distributed to all twelve COAs. The deadline for the online survey was March 31, although paper surveys were accepted after that date from COAs. All twelve counties responded and 587 responses were received in total and with strong representation from Crawford, Iosco, and Alpena counties.

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### Strategic Planning

**Strategic planning is essential to the success of any area agency on aging 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 ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.**

**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.**

#### **1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.**

Integral to meeting the agency's mission is the time and effort put into strategic planning and bringing together representatives from all twelve counties within Region 9. The plan provides direction, guidance, and strengthens efforts of sustainability, ensuring the future of the programs being offered and the growth of new services. In the development of the Multi-Year Plan, Region 9 has conducted two public input sessions, an online survey, and with the assistance of the Councils/Commissions on Aging partners, the online survey was made available as hardcopy at senior center sites throughout the region, and delivered to homebound seniors. Using this information, and the demographic information provided by the 2021 Projected Census, a brief SWOT analysis addressing the AAA's strengths, weaknesses, opportunities and threats was projected.

#### **Strengths**

1. Stability as a Community Action Agency - as a division of a larger Community Action Agency, the AAA has access to centralized fiscal services, human resources, and IT services.
2. Fiscal Responsibility - the agency consistently has annual audits that demonstrate the AAA is a good financial steward.
3. BPHASA (formerly AASA) compliance:
  - programmatic and fiscal assessments of all subcontractors; if there are findings, a correction plan is put into place.
  - fiscal and programmatic assessments of the AAA conducted by BPHASA; if there are findings, a correction plan is developed and implemented.
4. Policy board oversight and regional advisory council input - the advisory council studies the aging-related issues and makes recommendations to the policy board for action.
5. Councils/Commissions on Aging - the COA partners receive local millage moneys to provide additional support services that has allowed the region to manage services wait lists.
6. 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.
7. Sustainability for Evidence-Based Disease Prevention programs (EBDP) - Master Trainers for Personal

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Action Towards Health (PATH), Diabetes PATH, Chronic Pain PATH, Matter of Balance, Creating Confident Caregivers ensures continued training for new class leaders.

8. 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**

1. 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.
2. Balance of funding - the amount of funding for administrative costs is not adequate for enhancement or growth, therefore employees carry heavy workloads.
3. 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**

1. 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.
2. Self-assessment - annual client satisfaction surveys and program evaluations provide continuous opportunities for improvement and enhancement of programs
3. 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
4. Volunteers - utilizing a greater number of volunteers will help the agency maintain sustainability even if budgets continue to shrink

**Threats**

1. 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.
2. 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.
3. 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.
4. For-profit entities - these agencies are increasingly entering the market space of non-profits, seeking to serve elders.

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**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 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.

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

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 2016 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.**

Region 9 has transitioned into mainly remote operations due to the impact of Covid-19. Care management staff conduct participant assessments virtually and all participant files have been transitioned to an online system through SharePoint that is accessible from anywhere and protected by various levels of approved access. 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.

**6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.**

Region 9 AAA has a designated Emergency Preparedness person as well as a back-up staff member to

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provide AASA real time updates in the event of State or locally declared emergency/disaster. The plan is reviewed annually and updates are noted. Care management staff have Individual Emergency Preparedness Plans (IEPP) for all participants. Participants are given a copy of the plans as well as family members when appropriate. COAs have emergency contacts for participants.

All COAs and Care Management staff will be in contact with participants during an emergency to check on their well-being. They will also assist to the best of their ability to help meet the needs of the seniors. All Care Management and COA homebound participants are given shelf-stable meals and instructions on when to use in an emergency. All the 12 COA's have a back-up plan to continue to deliver meals in emergency situations. For example during the Covid pandemic, COAs delivered meals to HDM participants. Drivers knocked on doors and left the meals following social distancing precautions. The drivers waited in their vehicles for participants to come to the door to get their meals. Some drivers continued to wait at the door to give the meals to participants. Drivers wore PPE.

All COAs have back-up plans for food preparations if their kitchens are unavailable. COAs have MOUs with other COAs, nursing homes, churches or other entities in the community with kitchens. If they have multiple centers, they will move food preparation to a center that is unaffected by the emergency. All COAs have made agreements with hospitals, long-term care facilities, other COAs and with volunteers (such as snow mobile clubs), that will assist with food preparation and delivery.

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**Advocacy Strategy**

**Describe the area agency’s comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency’s advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging* section C-6.**

**Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state. Enter your advocacy strategy in the dialogue box.**

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



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important pieces of the AAA's advocacy strategy. The heart of both programs is dedicated staff and a strong 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 OHS 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 have met one-on-one 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. Tristan Cole, 105th District; Rep. Sue Allor, 106th District; and Rep. Lee Chatfield, 107th District.

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During the current fiscal year, a virtual town hall with Michigan Rep. Sue Allor was held with Region 9 constituents and provided information and discussion about the importance to the senior population. 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 an annual town-hall meeting in its service area in Fiscal Year 2023. 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 .

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 representatives that traveled to Lansing for Older Michiganian's Day on May 11, 2022. 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.

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**Leveraged Partnerships**

**Describe the area agency's strategy for FY 2023-2025 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 total of \$854,811 broken as follows: •Outreach - \$136,555, •Transportation - \$341,721, •Information & Assistance - \$376,535

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 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

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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 (O-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.

**3. Describe the agency’s strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.**

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 FY2022 must select proposed offerings from approved Level III EBDP programs. Sustainability for the program will exist through the continued training and retention of lay leaders. 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.