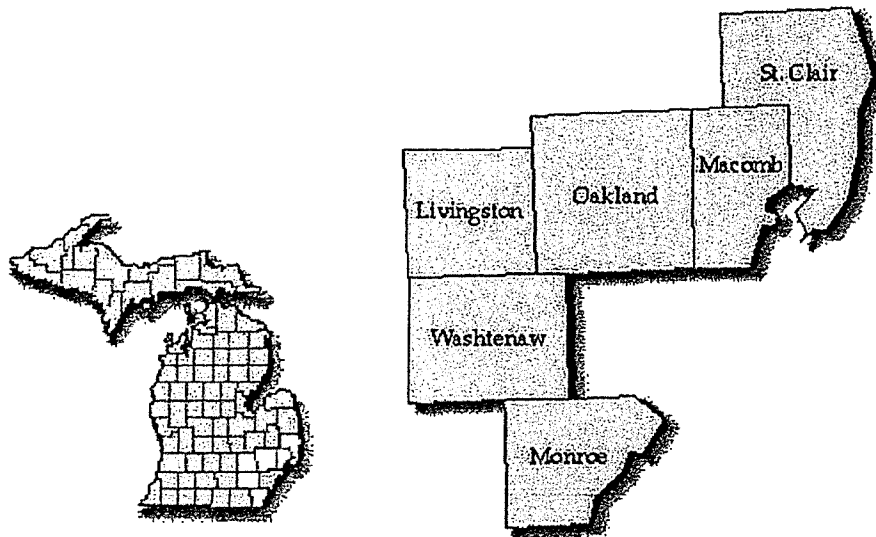


2017-2019 Multi Year Plan
FY 2019 ANNUAL IMPLEMENTATION PLAN
AREA AGENCY ON AGING 1-B



Planning and Service Area

Livingston, Macomb,
Monroe, Oakland,
St. Clair, Washtenaw

Area Agency on Aging 1-B

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County/Local Unit of Govt. Review

In April, the AAA 1-B contacts each Region 1-B county Board of Commissioners (BOC) to determine their July meeting date and deadlines for submission of materials. The AAA 1-B Advisory Council and Board of Directors approve the Annual Implementation Plan (AIP) during their June meetings. Upon Board approval, the AAA 1-B mails a copy of the AIP and a draft resolution to the chairperson of each county BOC, with a letter requesting approval by July 31. A copy of the materials is also emailed to each of the BOC's clerk/administrative assistant who is asked to ensure approval of the AIP is placed on the July meeting agenda. A county commissioner serving as the designated Board member of AAA 1-B and the AAA 1-B staff member attends each BOC's July meeting to answer any questions and encourage approval of the AIP. In the past all six county boards of commissioners have approved the plans. No action by a BOC is considered approval. The AAA 1-B notifies AASA by August 1 of the status of county level approval of the AIP.



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Approved Multi-Year Plan Highlights

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

The AAA 1-B is a non-profit organization that is responsible for planning and coordinating a network services to more than 32% of the state's adults who are older and/or disabled*. More than 660,000 persons age 60 and older and adults with disabilities residing in Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties. Our mission is to enhance the lives of older adults and adults with disabilities. We are dedicated to: 1) advocating on issues of concern; 2) allocating federal and state funds for social and nutrition services, 3) ensuring access to a network of long term care services, 4) developing new older adult and independent living services, 5) coordinating activities with other public and private organizations, and 6) assessing needs of older adults and adults with disabilities and linking them with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, and cultural/minority elders and adults with disabilities.

Over the past several years, AAA 1-B has experienced significant state and federal funding reductions while managing an increase in over 116,000 older adults, a 21% growth from 2010. (2010 census) We have also experienced a nearly 50% increase in the number of older adults living at 150% of poverty. Despite these hard facts, we have worked with our provider network to prioritize services, stretch dollars, create efficiencies, identify other sources of revenue, and keep our administrative costs at less than 5% to ensure our growing older adult population continues to have access to vital services. We provided leadership to the Silver Key Coalition, which resulted in significant increases in state funding to support our highest priority services: in-home care (aka Community Living Program Services) and home delivered meals.

*2010 US Census and SEMCOG 2040 Regional Forecast

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

AAA 1-B will continue to provide quality services despite the growth of the older adult population by improving administrative and delivery efficiencies and skill sets, developing targeted programs to serve special populations, and working with providers to leverage existing funding to secure partnerships and other sources of revenue.

3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

This Multi-Year Plan (MYP) proposes to support either financially or through program development efforts, the following array of home and community based/long term care social services:

- | | |
|-----------------------------------|------------------------------------|
| Adult Day Health Service | Assistive Devices & Technology |
| Care Management | Case Coordination & Support |
| Chore | Community Living Program Services |
| Congregate Meals | Elder Abuse Prevention |
| Evidence Based Disease Prevention | Grandparents Raising Grandchildren |



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Hearing Impaired & Deaf Services	Home Delivered Meals
Home Injury Control	Information & Assistance
Legal Assistance	Long Term Care Ombudsman
Medication Management	Public Education
Resource Advocacy	Transportation
Vision Services	Volunteer Caregiver

The five service categories which focus on priorities including reducing in-home service wait lists and receive the most funding are: Home Delivered Meals, Congregate Meals, Community Living Program (in-home) Services, Adult Day Health Services and Care Management. Funded services which touch the most number of lives are: Information and Assistance, Resource Advocacy Home Delivered Meals, and Long Term Care Ombudsman and Advocacy.

4. Highlights of planned Program Development Objectives.

This plan includes program development objectives designed to strengthen and increase capacity of existing agency assets. We plan to:

- 1) Increase delivery of health and wellness programs to members of the community at large and through referrals from hospitals and health care providers.
- 2) Increase outreach to the Hispanic/Latina population to learn about types of assistance the senior cohort may need, and how we may adjust our offerings to meet these needs.
- 3) Expand awareness of and services to Lesbian, Gay, Bisexual and Transgender (LGBT) older adult population.
- 4) Provide advocacy leadership within the region and state on public policy issues that impact old adults, adults with disabilities, and caregivers.
- 5) Develop a Training Center for Excellence to provide skills training to professionals who work with older adults.
- 6) Develop additional programming for caregivers, to improve their confidence and skills.
- 7) Continue emphasizing objectives related to increasing efficiencies and effectiveness of aging services, such as strategies focused on waitlist reduction, service response time, funding diversification, and tracking and analysis of outcomes for all funded services.

5. A description of planned special projects and partnerships.

AAA 1-B is involved in a variety of regional and local human service or aging-focused collaboratives that work to close the service gaps for those in need of assistance. Partnerships will help keep our Older Americans Act programs sufficiently funded to meet their growing demand. Over the next three years, we will strengthen these programs and partnerships: Service coordination work with American House Senior Living Communities, care transitions services with Detroit Medical Center's Huron Valley Hospital, network management and supports coordination with MI Health Link's integrated care organizations, and our investment in the private-pay market of home care services, SameAddress. Regional and state wide partnerships help to ensure the successful growth



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in areas of unmet needs, such as our Regional Elder Mobility Alliance to address transportation and mobility issues, and SAGE of Metro Detroit to raise awareness and understanding of the often isolated LGBT older adult. We are forming a variety of new partnerships to help expand our programs and skills in new arenas, such as mental health, physicians groups, and health plans.

6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.

We will continue to work with community partners, such as our Resource Advocates, to expand the reach of the Community Living Program; develop uniform outcomes for all AASA-funded services; and identify which funded services provide the most economic value relative to dollars invested. We will also work with the provider network to identify service delivery techniques to minimize waitlists and provide services within a 24-72 hour response period.

AAA 1-B recognizes the value of achieving relevant accreditations as we expand in the health care space:

- 1) AAA 1-B was the first Area Agency on Aging in the nation to achieve recognition through CARF, Commission on Accreditation of Rehabilitation Facilities, a designation which demonstrates our expertise as we market our services to the health care system.
- 2) In 2016 the AAA 1-B achieved AIRS Accreditation which assessed the ability of our Information & Assistance Service to demonstrate full compliance with the AIRS Standards for Professional Information and Referral. It is the primary quality assurance mechanism for affirming I&R excellence, and we are the first AAA in the state to achieve this agency wide accreditation.
- 3) We are participating at the invitation of NCQA in a Learning Collaborative to help them review and revise their Care Management certification standards to be a better fit with community based organizations such as AAAs. Once the standards are complete we will consider going through the accreditation process this summer, as an alternative to CARF. This accreditation is widely recognized by health care providers and organizations that wish to provide Medicare funded services.
- 4) In mid-2016, AAA 1-B will apply for accreditation of its Diabetes Self Management Training program by the American Association of Diabetes Educators. Accreditation is a requisite component of the DSMT to obtain Medicare reimbursement. We are doing this as part of a statewide AAA initiative to ensure all agencies have the ability to bill Medicare for this service.

7. A description of how the area agency's strategy for developing non-formula resources (including utilization of volunteers) will support implementation of the MYP and help address the increased service demand.

AAA 1-B will:

- 1) Secure grants or other external resources to support the myride2 mobility management program and expansion of wellness training programs.



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- 2) Explore public/private partnerships for programs, specifically congregate meals, Chore and Home Injury Control.
- 3) Work with the provider network to help them maximize and diversify funding, including coordination of grant writing workshops, sharing best practices for improving voluntary cost-share collection.
- 4) Expand our breadth of services delivered to the MI Health Link demonstration project in Macomb County, to include wellness training programs and additional long term supports and services. Expand delivery of our services to new geographic areas should expansion of the demonstration take place.
- 5) Continued advocacy and support of the development and/or expansion of local senior and alternative transportation millages.

8. Highlights of strategic planning activities.

Achieving our objectives over the next three years will require the dedication of the AAA 1-B staff, Board of Directors, Advisory Council, Aging Network service providers and consumers working collaboratively together. Our Fiscal Year 2017-2019 Strategic Plan aligns closely with the objectives described in this plan. Progress on MYP activities will be monitored quarterly and reported regularly to the agency's Board of Directors, Advisory Council, state office on aging and through annual updates provided to the public in the subsequent year's Area Plan.

The strategic planning process, which began in January, 2016, included focus group meetings among key stakeholders: consumers, Board members, AAA 1-B staff, and service providers. In addition, a web-based survey was distributed to stakeholders, including consumers, asking for comment on AAA 1-B funding and service priorities for the current and next three years. We received 284 responses, with aging services providers comprising the largest segment of respondents.

9. FY 2018 AIP Highlights: Description of any significant new priorities, plans or objectives.

The following list describes the changes or updates to the previously-submitted FY2017-2019 Multi-Year Plan.

1. Provision of vision services has been discontinued in the 2017 fiscal year and will not be funded in FY18. In prior years, the service had been rarely utilized. Requests for assistance with vision matters are now handled by the Information & Assistance resource specialists, who refer callers to 47 vision-related providers in its Resource Center database.
2. The care transitions program partnership with DMC/Huron Valley Hospital has ended due to a low volume of patient referrals to the program.
3. AAA 1-B has received accreditation from the American Association of Diabetes Educators for its diabetes self-management program, Take Charge of Diabetes. Accreditation allows the program to be included as a Medicare Part B benefit, and the agency is currently in discussions with private Medicare health plans to offer the program to plan members. The program includes a multi-week diabetes self-management workshop curriculum and before/during/after-workshop consultation with a registered dietitian.



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2019 AIP Highlights

Area Agency on Aging 1-B will continue to implement the programmatic objectives as defined in the FY2017-2019 Multi-Year Plan. Recognizing the need to plan for alternative funding in the event of reduced federal or state grants, we plan to expand private grant and philanthropic fundraising efforts in FY 2019. Such efforts may include fundraising events, planned giving campaigns, and donor recognition programs. AAA 1-B actively participated with other area agencies to drive these recent advocacy accomplishments:

- The Silver Key Coalition secured a \$3.6 million increase in funding for Aging and Adult Services Agency in-home services in the FY 2018 budget. This funding increase will be split between Home Delivered Meals (\$1.5 million) and other in-home services (\$2.1 million).

- The Michigan legislature increased appropriations for the MI Choice Program (\$25 million), Adult Protective Services (\$4.2 million), and the Program for All Inclusive Care for the Elderly (\$18.4 million). At the federal level, Congress increased appropriations for OAA Title III Supportive Services (\$2.5 million), Home Delivered Meals (\$1 million) and Congregate Meals (\$2 million) temporarily at the end of FY 2017.

- In 2017 Michigan launched a new, updated version of the Michigan Automated Prescription System after increased funding was dedicated by the MI Legislature. This new system will make it easier for physicians and pharmacists to monitor the use of opioid medications.

- Congress passed the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act which would require the Secretary of Health and Human Services to develop, maintain and update a strategy to recognize and support family caregivers.

- MI Senate Bill 184, which would provide an income tax credit to taxpayers who purchase a qualified residence or retrofit their home to improve accessibility for persons with disabilities, passed the Michigan Senate.

Our plan for FY2019 includes a variety of new and ongoing initiatives, including:

- Utilize the 1-B customized CLP Supports Coordination Service to maximize the number of individuals who receive in-home services with a lower wait time for enrollment.

- Provide outreach and education regarding the needs of the older adult population to newly elected legislators, including the Governor, serving region 1-B.

- Develop the AAA 1-B 2019-2020 Advocacy platform, which will highlight policy priorities for the new legislative session.

- Advocate for increased funding to support growing needs for senior in-home services, including Silver Key Coalition advocacy for AASA funding and federal Older Americans Act Title III-B funding.

- Continue efforts to rebalance Michigan Medicaid spending to support home and community based services.



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Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
05/04/2018	AAA 1-B, Southfield, MI	09:30 AM	Yes	23
06/19/2018	AAA 1-B, Southfield, MI	02:30 PM	Yes	7

Area Agency on Aging 1-B promoted the May 4 and June 19 public hearings in a variety of ways. Emails were sent to our network of providers, and it was advertised on the AAA 1-B website, the agency's Facebook page. Press releases were sent to area news media and the following media ran the announcement: Oakland Press, Macomb Daily, Daily Tribune and WHMI radio.

The May 4 public hearing presented the draft AIP document. The June 19 public hearing presented two new service proposals that were added to the AIP after the Advisory Council and Board of Directors approved the draft AIP document. These services are Nutrition Education and CLP Supports Coordination. Descriptions of these services are included in this final AIP document.



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Regional Service Definitions

Service Name/Definition
CLP Supports Coordination

Rationale (Explain why activities cannot be funded under an existing service definition.)
By 2030, AAA 1-B expects a 49% increase in the number of seniors age 75+, reaching over 220,000. Our wait list for in-home services continues to grow. CLP Supports Coordination utilizes a prioritization process to serve as many individuals as possible, triaged into the most appropriate level of service, telephonic or in-home, from a qualified supports coordinator or community health worker. This model is designed such that individuals are served at their level of need with little or no wait.

Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input checked="" type="checkbox"/> Title III PartE	One Hour
<input type="checkbox"/> In-Home	<input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input checked="" type="checkbox"/> State Access	
<input type="checkbox"/> Community	<input type="checkbox"/> State In-home <input type="checkbox"/> State Respite	
	<input checked="" type="checkbox"/> Other <u>State Aging Network Services</u>	

Minimum Standards

1. Intake may be conducted in person or over the telephone. All intake records will include:

- a. Individual's name, address and telephone number
- b. Individual's date of birth
- c. Emergency contact information
- d. Diagnosed medical problems
- e. Perceived support service needs as reported by the individual or his/her representatives
- f. Race (optional)
- g. Gender (optional)
- h. Self-reported income for intake and reporting purposes (optional)

2. If intake indicates single service need on a one-time or infrequent basis, the individual should be provided with information and assistance services. When intake suggests ongoing and/or multiple service needs, a consultation of need shall be performed. Initial and semi-annual consultations may be conducted in-person or by telephone based upon service level tier: Telephonic or In-Home, and each consultation should attempt to gather as much of the following information as possible:

- a. Basic Information
 - i. Individual's name, address, telephone number and alternative contact method if desired.
 - ii. Age, date of birth
 - iii. Gender
 - iv. Marital Status
 - v. Race/ethnicity
 - vi. Living arrangements
 - vii. Self-reported income and other financial resources by source



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viii. Social information including special interests and hobbies

b. Functional Status

- i. Vision
- ii. Hearing
- iii. Speech
- iv. Prosthesis
- v. Psychological functioning
- vi. Activities of Daily Living limitations (ADL/IADL)
- vii. History of chronic and acute illnesses
- viii. Eating patterns (diet history)

c. Supporting Resources

- i. Services currently receiving, or received in the past (including those funded through Medicaid)
- ii. Extent of family and informal support network including the identification of caregivers
- iii. Home safety equipment, assistive devices, and/or emergency response system utilized

d. Need Identification

- i. Client/family perceived
- ii. Consultor perceived and/or identified by referral source/professional community

Each participant shall receive a re-consultation at least every 6 months either by phone or in-person based upon the service tier, or as needed to determine the results of implementation of the supports plan. If re-consultation determines the client's identified needs have been adequately addressed, the case shall be closed.

3. A supports plan shall be developed for a person determined eligible and in need of Community Living Program Supports Coordination (CLPSC). The supports plan shall be developed in cooperation with and be approved by the participant, participant's legal guardian, or designated representative. Supports plan development shall have written policy and procedures to guide the development, implementation and management of support plans. The supports plan shall include at a minimum:

- a. Identification of service tier: Telephonic or In-Home. Participants will be made in-home if/when language barriers or other communication challenges prevent effective telephonic communication; at the request of the participant or participant's representative; or when clinical staff determine necessity. The In-Home tier of services provides quarterly contact and supports plan monitoring.
- b. Description of methods and/or approaches to be used in addressing needs.
- c. Identification of services and the respective time frames they are to be obtained/provided from other community agencies.

4. Comprehensive and complete electronic records will be maintained on all participants and will include at a minimum:

- a. Details of referral to CLPSC program.
- b. Intake records.
- c. Consultation/re-consultation records.
- d. Supports plan (with notation of any revisions)



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- e. Listing of all clinical contacts with the participant, dates and units of service to participant within 24 hours of contact.
 - f. Listing all service contacts with service providers on behalf of participants.
 - g. Case note documentation in response to all participant or family contacts (telephone or personal) within 24 hours of contact.
 - h. Comments verifying participants receipt of service from other providers and whether service adequately addressed the needs of the participant.
 - i. Record all release of information about the participant, signed release of information form, and all case files shall be kept confidential in controlled access files. Each program shall use a standardized release of information form which is time limited and specific as to the information being released.
5. Each case file must be assigned a status in one of the following categories:
- a. Open. From initial referral or reassessment of inactive case through current activity in implementing a service plan.
 - b. Closed. Participant decides to discontinue service, participant needs have been met, another program or agency has assumed responsibility for a participant, participant unable to be served and referral case is not possible, or participant's death.
6. A current listing of isolated older persons, with active case files, which can be made readily available to agencies providing emergency services in the event of a disaster.
7. All caseworkers will have a minimum of a bachelor's degree in a human services field, or who by training or experience have the ability to effectively determine an older person's needs and match those needs with appropriate services. Any caseworker without a bachelors degree will be supervised by degreed Social Workers and/or Registered Nurses.
8. Program staff shall receive in-service training at least four times per fiscal year which is specifically designed to increase their knowledge and understanding of the program and participants, and to improve their skills for tasks performed in the provision of service.
9. Monthly quality case note, intake and re-consultation audits are completed for all caseworkers with a minimum of two audits per type per caseworker. A goal of 90% accuracy on all audits is set for all caseworkers. Results of audits are reviewed monthly at individual coaching sessions with caseworkers.
10. Monthly telephonic supports coordination call monitoring and quality follow-up will be conducted for all caseworkers.



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Access Services

Care Management

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$0.00	Total of State Dollars	\$487,677.00

Geographic area to be served

Entire PSA

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

Objective 1: Work with AAA 1-B MI Choice staff to serve individuals who are on the MI Choice waiting list for services yet qualify for OAA-funded care management service. This will ensure those individuals receive service in a more timely manner. Once the individual is able to receive MI Choice services, he or she will be transferred from Care Management to the MI Choice program.

Expected Outcome: Serve 120 individuals.

Number of client pre-screenings:	Current Year:	100	Planned Next Year:	200
Number of initial client assessments:	Current Year:	60	Planned Next Year:	130
Number of initial client care plans:	Current Year:	50	Planned Next Year:	120
Total number of clients (carry over plus new):	Current Year:	50	Planned Next Year:	140
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:20	Planned Next Year:	1:20

Case Coordination and Support

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$100.00	Total of State Dollars	\$0.00

Geographic area to be served

Entire PSA

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

These Objectives apply to the requested Regional Service Definition: CLP Supports Coordination. Total Federal dollars: \$605,248. Total State dollars: \$654,053. This new definition will replace Case Coordination & Support. A \$100 placeholder has been added to Case Coordination & Support should the RSD request not be approved.

Objective 1: Prioritize requests for services to ensure the most functionally, economically, and socially at-risk older adults in the AAA 1-B planning and service area receive Case Coordination and Support with minimal to no wait.

Expected Outcome(s) 1: We expect to prevent or delay premature institutionalization. Participants will have a dedicated Supports Coordinator with a care team of Community Health Workers who provide case



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management support. Participants in this level of the program are contacted at least quarterly for case update and review.

Objective 2: Utilize a Care Team approach to increase the number of lives touched by the Community Living Program. Community Living Program Services include personal care, homemaking and respite

Expected Outcome(s) 2: . Increase lives touched by Case Coordination and Support by 10% in FY 18. This approach will also improve access for both program participants and contracted vendors.

Information and Assistance

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$560,003.00	Total of State Dollars	

Geographic area to be served
Entire PSA

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

Objective 1: Increase access to Information and Assistance services using non-traditional methods, including walk-in, website, email and fax inquiries.

Expected Outcome: Increase non-telephonic Information and Assistance provided by 10%.

Objective 2: Align with the agency strategic plan and focus on keeping our abandonment rate after 20 secs under 8%.

Expected Outcome: Increased number of individuals served with information and/or access to services.

Outreach

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$858,174.00	Total of State Dollars	\$178,323.00

Geographic area to be served
Entire PSA

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

Objective 1: Participate in events or conduct at least 10 presentations annually about AAA 1-B programs and services to underserved communities (low income or ethnic minority) in our service area. Expected Outcome: Annual increase in access and utilization of services by underserved populations.

Objective 2: Promote evidence-based wellness programs through earned media, social media, community events and presentations to increase awareness of the programs. Expected Outcome: Increased participation in evidence-based wellness programs by older adults and family caregivers.

Objective 3: Educate health care providers about agency programs and services.

Expected Outcome: Increase in the number of referrals to the agency's information and assistance service from health care providers.



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Direct Service Request

Nutrition Education

Total of Federal Dollars

Total of State Dollars

\$5,000.00

Geographic Area Served Oakland and Macomb Counties

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

Objective 1: Provide one-on-one medical nutrition therapy (MNT) to 10 individuals.

Expected Outcome: Participants will learn about how nutrition impacts their health and quality of life and make nutrition plan suitable for their health status, thereby lowering their risk of an adverse health event.

Objective 2: Provide 6 nutrition education presentations to individuals at community-based sites.

Expected Outcome: Participants will have increased knowledge about the connection between their food intake and their health condition.

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.

(A) (C) Current contract nutrition providers rely on the AAA 1-B staff registered dietitian (RD) for nutrition-based technical assistance, menu development, and professional nutrition guidance. With our RD as a resource, contractors can focus on delivering a high-quality meal program and reaching an ever-growing participant base. Our RD is a board certified geriatric dietitian as well as a certified diabetes educator. She has experience in providing nutrition education to members of a local PACE program, to individuals who sought service through ACCESS, an Arab-American organization, and to residents and family members of skilled nursing facilities.

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.

Area Agency on Aging 1-B has developed a collection of wellness programs, from multi-session evidence-based programming to one-time community education presentations. The agency would like to expand this collection with a formal nutrition education track, which will consist of one-one meetings (medical nutrition therapy-MNT) with individuals and nutrition-related community presentations. Healthcare



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professionals have long recognized the link between good nutrition and its health protective properties and conversely, the link between poor nutrition and morbid conditions such as heart disease and diabetes. In 2018, AAA 1-B has developed and will deliver the one-on-one nutrition education program offered to original Medicare beneficiaries as a Part B benefit. We would like to make this program also available to older adults who do not have access to this Medicare benefit. Such individuals may be aged 60-65 or members of a Medicare Advantage program which may not offer this benefit.

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

A public hearing will be held on June 19, 2018.



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Regional Direct Service Request

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.

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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Approved MYP Program Development Objectives

Area Agency on Aging Goal

- A. Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.**

State Goal Match: 1

Narrative

The Hispanic/Latino community typically supports its older adults through informal serving networks: family and friends provide care and services rather than utilizing professional service providers or unknown volunteers. In 2017-19, AAA 1-B will seek the counsel of community members to determine how we can best be of service to them.

Objectives

1. Increase utilization of services by Hispanic/Latino older adults.

Timeline: 10/01/2016 to 09/30/2019

Activities

Strengthen relationships with key community and cultural based organizations in the region to develop partners (2017-19); Conduct one or more focus groups of Hispanic/Latino older adults and advocates to identify services desired and the most appropriate ways to engage older adults and deliver the services they desire (2017)

Expected Outcome

The number of Hispanic or Latino older adults utilizing Older Americans Act services will triple by the end of the MYP cycle.

Progress

Work was not performed on this objective due to competing priorities.

- B. Ensure that an array of community-based long-term services and supports that promote independence and choice are available to older adults.**

State Goal Match: 2

Narrative

From 2017-2019, AAA 1-B plans to initiate or continue a variety of activities that ensure a full array of much needed services. We will do this by leveraging our existing skills and expertise: in fundraising, forming public/private partnerships, and wellness training.

Objectives

1. Assist providers in diversifying and maximizing state and federal funding.

Timeline: 10/01/2016 to 09/30/2017

Activities

Provide training on voluntary cost-sharing best practices (2018). Engage private sector sponsorship of AAA



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1-B-funded services (2017-19).

Expected Outcome

AAA 1-B and at least 50% of providers will report less reliance on state and federal funds by 9/30/19

Progress

Work was not performed on this objective due to competing priorities.

2. Increase access to dialysis services for older adults.

Timeline: 10/01/2016 to 09/30/2019

Activities

Develop and implement a pilot project in partnership with LETS – Livingston Essential Transportation Service, to transport dialysis patients to treatment in Brighton, Michigan (2017). The pilot will investigate funding mechanisms, patient and dialysis center acceptance, and operational capabilities of AAA 1-B and LETS.

Expected Outcome

Individuals needing regular dialysis treatment in Liv County will have access to public transportation that is coordinated with their appointment times.

Progress

Initial conversations have taken place with Livingston Essential Transportation Services (LETS) and National Kidney Foundation of Michigan to identify opportunities to improve access to dialysis services. AAA 1-B will provide staff support and mobility management guidance, and partners will provide root cause analyses, introductions to dialysis providers, and with LETS, some transportation services.

3. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.

Timeline: 10/01/2016 to 09/30/2019

Activities

Introduce delivery of Powerful Tools for Caregiver Training and REST caregiver training (2017). Expand provision of Creating Confident Caregivers through new private-pay partner organizations (2018). Partner with community organizations to deliver caregiver support groups, funded with private resources (2018), Develop program through the agency's Training Center for Excellence that provides skills training for Supports Coordinators to assist family caregivers (2018). Deliver caregiver training skills course to provider network through Training Center for Excellence (2019).

Expected Outcome

Caregivers will report lower stress and a reduction in the number of hours they spend on care giving activities. Utilization of Adult Day Health Service program will increase.

Progress

Delivery of two new programs, Powerful Tools for Caregivers and R.E.S.T (Respite, Education and Support Training) continues. We have added another caregiver program, Dementia Live® which is a high impact, dementia simulation experience that immerses participants into life with dementia, resulting in a deeper understanding of what it's like to live with cognitive impairment and sensory change. This complements another new program, Dementia Friends, which is a brief group presentation designed to inform and inspire individuals



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from all walks of life to advocate for making their communities friendly and comfortable for those suffering from dementia. The agency has decided to discontinue the delivery of Creating Confident Caregivers in FY2019, having replaced it with Powerful Tools for Caregivers.

C. Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.

State Goal Match: 3

Narrative

AAA 1-B has been growing Evidence Based wellness programs throughout the region since 2011, and will continue to expand programming in FY 2017-19 through expansion of our pool of trainers and introduction of several new programs.

Objectives

1. Expand wellness programming throughout Region 1-B, particularly to the private pay market.

Timeline: 10/01/2016 to 09/30/2019

Activities

Train and certify 6 trainers in these EB programs: Practical Tools for Care giving, Cancer PATH, Chronic Pain (2017). Contract with 6 corporate or municipal sponsors to support wellness programs (2018). Grow the pool of trained leaders who can deliver any program on the wellness programs menu. At a minimum, each program will have two certified trainers available on demand (2019). Contract with 2 organizations, one in Ypsilanti and one in Pontiac, to serve as sites for the DSMT program (2017).

Expected Outcome

Wellness training will be delivered to at least 500 older adults or care givers by 9/30/2019, earning a 20% profit margin from Medicare, private-pay consumers or sponsors.

Progress

A Medicare-reimbursable medical nutrition therapy program has been developed and is currently being promoted at an American House Senior Living Community. AAA 1-B delivered a presentation of elements of its Powerful Tools for Caregivers to Oakland County Department of Public Health Department and plans to assist the Department in pursuing its falls prevention initiative goals. American House Auburn Hills has contracted to pay AAA 1-B for one Powerful Tools for Caregivers program, with the possibility of purchasing more workshops. Three additional leaders have been trained to deliver Powerful Tools for Caregivers and six leaders have been trained to deliver Chronic Pain Path. Since the start of FY17, 531 individuals have received wellness program training from AAA 1-B, surpassing our FY17-19 goal of 500 participants.

D. Support elder rights through advocacy, information, training, and services.

State Goal Match: 4

Narrative

The agency is committed to data driven advocacy and policy development that is based on evidence of the cost effective approaches of aging programs and their preventive effect on negative quality of life, health outcomes, and avoidable health expenditures.



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Objectives

1. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.
Timeline: 10/01/2016 to 09/30/2019

Activities

Conduct analysis and produce reports on demographic studies; identification, quantification and root cause analysis of unmet needs; service demand projections; and economic impact/cost projections. Convene an annual Ad Hoc workgroup of Advisory Council members to study a topical issue and submit recommendations for action to the Board of Directors.

Expected Outcome

Data on aging program quality, cost effectiveness and impact will support the enactment of appropriations, policies and programs that address unmet needs of older adults, adults with disabilities, and their family care givers.

Progress

The AAA 1-B has produced a series of Issue Briefs for Region 1-B counties with significant Community Living Program wait lists, for distribution to elected officials and funding sources. The briefs describe the characteristics and needs of the wait list populations for each county.

2. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services.
Timeline: 10/01/2016 to 09/30/2016

Activities

Educate senior advocacy stakeholders about the needs and unmet needs of older adults and policy solutions, including the AAA 1-B Senior Advocacy Network, Michigan Senior Advocacy Council, Consumers, AAA 1-B Board Council and Staff members; produce and promote tools that support older adult advocacy efforts including monthly editions of The Advocate, the AAA 1-B Legislative Advocacy Platform, Legislative Analysis, and written Calls to Action; Engage in direct communications with elected officials about older adult issues through face to face contacts and written communications; support collaborative advocacy efforts with state and local partners, including support for Older Michigianians Day, the Senior Regional Collaborative local advocacy groups, and the Silver Key Coalition; and deliver testimony on legislative proposals affecting older adults.

Expected Outcome

Increased appropriations and new policies and programs will be realized, which enhance the lives of older adults, adults with disabilities and their family care givers

Progress

AAA 1-B developed the 2017 – 2018 Legislative Advocacy Platform in collaboration with the Advisory Council, which is used to guide public policy advocacy and priorities. Monthly issues of The Advocate were published. Testimony was provided in support for in-home service funding increases before the House and Senate Appropriations Subcommittee for the Department of Health and Human Services. In addition,

- The Silver Key Coalition secured a \$3.6 million increase in funding for Aging and Adult Services Agency



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in-home services in the FY 2018 budget. This funding increase will be split between Home Delivered Meals (\$1.5 million) and other in-home services (\$2.1 million).

- The Michigan legislature increased appropriations for the MI Choice Program (\$25 million), Adult Protective Services (\$4.2 million), and the Program for All Inclusive Care for the Elderly (\$18.4 million). At the federal level, Congress increased appropriations for OAA Title III Supportive Services (\$2.5 million), Home Delivered Meals (\$1 million) and Congregate Meals (\$2 million) temporarily at the end of FY 2017.
- In 2017 Michigan launched a new, updated version of the Michigan Automated Prescription System after increased funding was dedicated by the MI Legislature. This new system will make it easier for physicians and pharmacists to monitor the use of opioid medications.
- Congress passed the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act would requires the Secretary of Health and Human Services to develop, maintain and update a strategy to recognize and support family caregivers.
- MI Senate Bill 184, which would provide an income tax credit to taxpayers who purchase a qualified residence or retrofit their home to improve accessibility for persons with disabilities, passed the Michigan Senate.

E. Develop and enhance public/private partnerships to better serve older adults.

State Goal Match: 5

Narrative

The agency is committed to enhancing our partnerships and increasing the value of services provided to older adults through continued improvement of the knowledge, skills and resources available for LGBT older adults and by focusing on quality service indicators and outcomes in the provider network.

Objectives

1. Increase awareness and improve services for LGBT older adults and caregivers in the 1-B region and beyond.
Timeline: 10/01/2016 to 09/30/2019

Activities

Work with The Senior Alliance and Detroit Area Agency on Aging to increase outreach and services for LGBT caregivers via Kendall Charitable Trust grant (2017). Work with SAGE of Metro Detroit to expand and improve up on the Rainbow Resource Guide (2017). Review intake and assessment forms utilized by AAA 1-B to determine if LGBT inclusive language can be implemented or increased (2017). Ongoing: Serve on the Board of SAGE of Metro Detroit. Continue to track LGBT callers in the AAA 1-B call center data. Attend at least 1 LGBT specific outreach event per year.

Expected Outcome

The number of LGBT friendly resources in the AAA 1-B call center database will increase 20% from 2016 to 2019. The number of LGBT older adults and/or caregivers contacting AAA 1-B for assistance will increase by 20% from 2016 to 2019

Progress

An AAA 1-B staff person continues to serve as a mentor by SAGE to work with other AAAs in the state who wish to develop LGBT-friendly practices.

2. Track and analyze uniform outcomes for funded services in collaboration with the aging network.
Timeline: 10/01/2016 to 09/30/2017



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Activities

Measure and report annually on contractor outcomes for each services; Research national data on service outcomes for comparison/benchmark; Conduct at least one service specific outcome study annually, in collaboration with providers, and produce a report with findings and recommendations to refine services and document the services' value proposition.

Expected Outcome

1-B staff and providers will have aligned outcomes data to utilize for program improvement, advocacy purposes, and to garner additional funding.

Progress

AAA 1-B began work on outcome measurements for Washtenaw Coordinated Funders Aging Sector grantees to identify new outcome measurement tools for their Senior Crisis Intervention, System Navigation, and Social Isolation grantees. The tools include the creation of a Healthy Days Symptoms Module Assessment Tool, a Cash Equivalent Reporting Tool, and a Self-Sufficiency Outcomes Measurement Tool.

F. Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.

State Goal Match: 6

Narrative

AAA 1-B is a leader in the field of innovative services to meet the needs of the populations we serve. To build on this core value of innovation, we continually review the value and outcomes of the work we do. In FY2017-19, AAA 1-B will continue this practice by improving the analytical skills and capabilities of our staff.

Objectives

1. Develop a Training Center for Excellence for staff and professionals.

Timeline: 10/01/2016 to 09/30/2019

Activities

Create curriculum that provides agency staff, provider organization staff, and professionals in the aging network with the skills to deliver services that are of the highest quality and most in demand from older adults and adults with disabilities in the community (2017). Deliver and continuously improve curriculum based on participant feedback (2017). Offer curriculum to provider network (2018). Offer curriculum to other interested organizations (2018).

Expected Outcome

Region 1-B will have a steady flow of talent, ideas and potential leaders who are committed to the mission of serving older adults.

Progress

Preceptors have been assigned to new hires in clinical programs to assist with mentoring and training.

2. Engage in the development, testing, implementation, evaluation, and institution of new programs, program innovations, and operations that improve the efficiency and effectiveness of aging programs.

Timeline: 10/01/2016 to 09/30/2019

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Activities

Apply principles of Continuous Quality Improvement, PDSA (Plan-Do-Study-Act), and lean manufacturing to create or redesign programs; Identify, monitor, measure, evaluate and report on program effectiveness measures; and advocate for warranted systems change. Activities may include work on electronic care plans, predictive survey technologies, and utilization of community health workers to perform basic care coordination tasks, allowing for increased caseloads for clinical specialists.

Expected Outcome

Improved efficiency, quality and/or effectiveness in achieving program outcomes will result from creation of new program models, enhancements to existing program models, and the elimination of ineffective program components.

Progress

AAA 1-B received a grant award from the MI Health Fund to demonstrate the viability of adapting a technology solution that reduced expected hospitalizations for the Medicaid MI Choice population so it can be made more cost effective and integrated into the normal and ongoing operations of the MI Choice and MI Health Link program for the purpose of reducing avoidable participant hospitalizations.

- G. Communities for a Lifetime - More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a Community for a Lifetime.**
State Goal Match: 7

Narrative

AAA 1-B began assisting municipalities to become age-friendly years ago when we provided older adult census data analyses to individual city and county leaders. We strengthened our commitment to aging-in-place by partnering with several municipalities to gain recognition as a CFL. This work will continue in 2017-2019.

Objectives

- 1. Increase number of municipalities in PSA who are recognized as Community for a Lifetime (CFL)
Timeline: 10/01/2016 to 09/30/2019

Activities

Facilitate the administration of a CFL community assessment to 3 communities that would benefit from such an analysis. Assist 2 communities in meeting the qualifications for CFL certification. Through our work with Oakland County government, we will assist its municipalities with community assessments, provide senior survey results and demographic data to enhance the quality of their community assessment in such areas as; supportive community systems, health care access, transportation, disease prevention/health promotion, safety, home repair and other relevant areas.

Expected Outcome

Two Oakland County communities will receive a CFL or equivalent designation.

Progress

Aging related demographic data shared with the City of Royal Oak in support of their initiative to become a

EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging FY 2019 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2019 will address the element.

Area Agency on Aging	Area Agency on Aging 1-B
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).	
1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).	
The current Emergency Preparedness Plan for the Area Agency on Aging 1-B (AAA 1-B) has one primary designee, Director of Strategy & Communications, as the organization contact for communications with AASA staff on current status of emergency situations.	
2. Being prepared to identify and report on unmet needs of older individuals.	
Unmet needs are current collected by the AAA 1-B Resource Center. A report can be generated that identifies unmet needs of older adults that cannot be met by current programs and services available through the agency and community partners.	
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.	
The AAA 1-B generates a quarterly report of all high risk homebound individuals, sorted by county, who would need assistance through first responders and/or the AAA 1-B in the event of emergency situations.	
4. Being able to contact such affected older persons to determine their well-being.	
The AAA 1-B report above includes name, address, primary contact information of either the older adult or designated representative and indicates the service need level.	
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.	
All individuals on the AAA 1-B emergency preparedness committee are provided with laptops and car chargers for laptop to ensure the ability to charge the computer if there is a power outage. All emergency preparedness committee members also receive an electronic copy of the high risk individuals, and are required to copy this list to a secure flash drive. The information can then be sent to the state or other first responders, if needed, through a secure email.	

B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:

1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.

Also included in the emergency plan are:

-A backup plan for food preparation if usual kitchen facility is unavailable.

-Agreements in place with volunteer organizations, individual volunteers, hospitals, LTC facilities, and/or other nutrition providers

-Communications system to alert congregate and home delivered meals participants of changes in meal site/delivery

2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for home-delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines. (MI-CHOICE participants may receive two emergency meals that are billed to MI-CHOICE. Additional emergency meals may be billed to Title III-C2).

All nutrition providers send out emergency meals packs with a minimum of six shelf-stable meals and instructions on how to use such meals. They are replenished as necessary. Emergency meals are distributed to each new participant and are replaced as used within a reasonable time period. MI Choice participants receive emergency meals at the same time.

3. Backup plan for food preparation if usual kitchen facility is unavailable.

Nutrition Providers have agreements with different agencies and organizations to assist with meal prep and delivery in the event a kitchen facility becomes unavailable. They also utilize satellite kitchens within their organization to relocate HDM or congregate programs should the kitchen become unavailable

4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.

Nutrition Providers utilize these agreements should an emergency arise if usual kitchen facility is unavailable

5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.

Nutrition Providers alert participants of changes in meal site/delivery via television, radio, social media, and the organization's website. Macomb Community Action, which covers all of Macomb County also does robo calling to all meal recipients.

6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

Nutrition Providers are required to submit policies and procedures to the Nutrition Services Program Manager for review and approval

7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.

The plan is reviewed and updated as needed, and then is submitted electronically to AASA for review.

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2019

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Beginning October 1, 2017 (FY 2018), Title III-D funds can only be used on health promotion programs that meet the highest level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2018. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service."

Provider Name	Program Name	Anticipated No. of Participants	Funding Amount For This Service
National Kidney Foundation of Michigan, Macomb Community Action, AAA 1-B	A Matter of Balance	402	\$65,687
National Kidney Foundation of Michigan, AAA 1-B	Diabetes PATH	120	\$28,128
Macomb Community Action, AAA 1-B	PATH	128	\$20,039
National Kidney Foundation of Michigan, AAA 1-B	Chronic Pain PATH	70	\$14,064
National Kidney Foundation of Michigan	Cancer, Thriving and Surviving	20	\$5,544
National Kidney Foundation of Michigan	Building Better Caregivers	20	\$5,544
National Kidney Foundation of Michigan	Enhanced Fitness Diabetes Prevention Program	70 20	\$24,949

**AREA AGENCY ON AGING 1-B
AIP Public Hearing
Friday, May 4, 2018 9:30 a.m.
29100 Northwestern Highway, Suite 400, Southfield, MI 48034**

MINUTES

Staff Present: Angela Abass Michelle Atwell
 Amanda D'Angelo Michael Karson
 Ann Langford Jim McGuire
 Katie Wendel

| Attendees Present: Cindy Albrecht _____ Barbara Arrington
 Nicole Cannonier Karyn Curro
 Christie King Julia Kessler-Hellar
 Marsha Koet Christopher Levan
 Betty Merritt Lisa Rushlow
 Nicole Urban Marie Verheyen
 Paula Zimmer

Attendees (Phone): Elizabeth Fritz-Cottle Nicole Urban
 Marie Bristow

Call to Order

Ann Langford called the meeting to order at 9:31 a.m.

Ann Langford introduced Michael Karson and welcomed everyone to the public hearing and thanked everyone for attending the feedback of the proposed AAA 1-B Annual Implementation Plan FY 2019.

Annual Implementation Plan (AIP)

Ann Langford gave an overview and summary of the AIP and reported this is the third year of the three year plan which is very thin. Next year a more comprehensive plan will be generated.

Introductions

Ann Langford introduced Michael Karson, CEO and Cindy Albrecht, Field Representative from Michigan Aging and Adult Services Agency..

Michael Karson introduced himself and welcomed everyone to the public hearing and attendees introduced themselves.

Ann Langford reported that the Area Agency on Aging 1-B is responsible for planning, aiding, recording and providing financial support for older citizens for the counties of Livingston, Macomb Monroe, Oakland, St. Clair and Washtenaw.

Ann Langford explained instructions for today's hearing.

Annual Implementation Plan (AIP) Overview

Ann Langford reported the summary of services that Area Agency on Aging delivers and the draft budget for these services is \$18.5M of state and federal funding. Coupled with cost share and donations plus cash in-kind matches totals \$22.1M.

Ann Langford reported the Annual Implementation Plan (AIP) list for FY 2019:

- o Expanding capacity to get private dollars through grants and fundraising efforts
- o Continue to boost advocacy work
- o Increase Care Management Investment
- o Increase funding for nutrition education on a one on one basis
- o Report progress on program development
- o Working with Washtenaw service providers to develop measurement tools to expand throughout the region
- o Receive a grant from Michigan health fund

Comments from attendees:

Marie Verheyen / OLHSA (Oakland Livingston Human Services Agency) - Thanked the agency for long term partnership. Marie reported they received funding for two programs: Home Injury Control Program and Grandparents Raising Grandchildren program.

Jim McGuire thanked Marie for advocacy over the years.

Lisa Rushlow / The Medical Team - reported she appreciated partnership and not having to go into hire skilled nursing facilities.

Nicole Cannonier / The Medical Team - Works with 300 waiver clients and very appreciative of our program and the services that are provided.

Jim McGuire reported the MI Choice waiver program works great for the people who are in the program but there are about 1000 people on the waitlist. Michigan is a nursing home institutional state. Jim reported we spend more than 50% on home and community bases services. Only five states use less of a percent of their dollar on home based services than Michigan.

AREA AGENCY ON AGING 1-B
New Service Requests Public Hearing
Tuesday, June 19, 2018 2:30 p.m.
29100 Northwestern Highway, Suite 400, Southfield, MI 48034

MINUTES

Staff Present: Angela Abbass Ann Langford
 Katie Brennan Kristy Mattingly
 Emily DeMeester Laura Wilson

Attendees Present: Bridget Ajemian, Western Oakland Meals on Wheels
 Marti Lachapell, Washtenaw County

Call to Order

Ann Langford called the meeting to order at 2:42 p.m.

Ann Langford welcomed everyone to the public hearing and thanked everyone for attending the feedback of the proposed Nutrition Services and CLP Supports Coordination.

Introductions

Ann Langford introduced Angela Abbass, Nutrition Program Manager, Emily DeMeester, AASA Clinical Manager, Kristy Mattingly, AASA Clinical Manager and Laura Wilson, AASA Program Coordinator.

Nutrition Education service overview

Angela Abbass reported that the new Nutrition Education service is designed to provide nutrition information and counseling one-on-one in their home or at a community site.

Comments from attendees:

Bridget Ajemian asked how the participants are identified for this service.

Ann Langford mentioned that she will ask the network of providers for participants who may need Nutrition Education counseling. The program will be funded with federal Nutrition Education service dollars. It is also a Medicare benefit for Part B beneficiaries, so we may seek Medicare reimbursement in some cases. Financial tracking and management will clearly identify OAA vs Medicare funding utilization, and the two funding streams will not be comingled.

Marti Lachapell asked how many private meetings would be covered? Angela said three hours a year. Two 1.5 hour sessions would be provided the first year and two hours as needed in subsequent years.

Bridget asked what happens to participants who go through their three hours quickly and need more. Angela mentioned that Diabetes PATH is an option for participants who need more education and time.

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CLP Supports Coordination Overview

Emily DeMeester reported that CLP is currently serving 1200 participants and there are 1200 more on the waitlist. The proposal is to complete assessments either in person or telephonically. AAA 1-B is able to serve more individuals at their preferred level of service with the telephonic option.

Comments from attendees:

Marti Lapachell commented that doing more assessments telephonically would save a lot of time and more people would be helped.

Bridget Ajemian suggested that the CLP and Nutrition programs talk to each other to avoid duplicating assessments.

Ann Langford asked how often do they go out for assessments?
Bridget said annually. Marti said every six months.

Ann asked who's rule it is to go out every six months for assessments?
Bridget answered that OSA made the rule.

Ann asked if the attendees have access to dieticians.
Bridget answered that they use Angela Abbass.

Meeting adjourned at 3:06 p.m.

Julie Kessler / Jewish Family Services of Washtenaw County - Reported they are grateful they are one of the organizations that received funding for research advocacy. Julie reported they are aware that there are wonderful programs that exist only when the older adult is eligible and looks forward to working with Area Agency on Aging to help with this.

Karen Curro / Interfaith Volunteer Caregivers Program - Volunteers that provide home based services and respite care. Interfaith Volunteer Caregivers Program provides direct service to people who do not have a caregiver at home. Chore services were well received by community. Over 90% response rate and everyone reported just a little help is wonderful.

Marsha Koet / City of Farmington Hills - Reported the MMAP that funding is increasing. Legal aid came out last week and there were positive responses as to what they did. Great advocate for Meals on Wheels, Marsha expressed interest in satellite training for dementia care. Marsha reported that programs are increasing in size and we are great to work with.

Barbara Arrington / Heaven Sent Home Support Services – would love to be a member of AAA-1B. HSHS is a chore provider service to keep patients in their home as long as possible.

Christopher Levan – Thankful for the opportunity to come today and participate. Christopher reported employing qualitative and quantitative studies to better understand seniors. Doing their best to support and be mindful of how the population is growing and needs are growing.

Paula Zimmer / Lakeshore Legal Aide – Thanked AAA 1-B for their services. Today was a great opportunity to talk and network.

Nicole Urban/Macomb Community Action/Macomb County – Excited to see partners working more collaboratively in the AIP and sharing best practices.

Jim McGuire reported grant development training (not in AIP) in region or state wide – what are things in proposal in addressing older adult's needs? Bring funders and grant servicers together.

Marie Bristow / Macomb Community Action/Macomb County – Appreciation to AAA1-B and provide services to Macomb residence. Welcome opportunity to meet with providers to share ideas and best practices.

Elizabeth Fritz-Cottler / Alzheimer's Association – Greater Michigan - Thankful for the support of their day program in Southfield to stay united with families even as dementia progresses. They are always eager to partner with other providers to go after the right money at the right time for the right people.

Cindy Albrecht – Reported field rep for two years and learned a lot. Enjoys the way AAA 1-B thinks.

Marie Bristow – Noticing grandparents raising grandkids housing is not allowing grandkids to live there. PVM developing one of the properties to be a kindship property.

Jim McGuire - Asked what kind of messages to send to local elected officials that we would like to see them to do our job easier.

- Mobility management
- Transportation for the caretakers
- Increase the monthly amount that participants get for MI Choice
- Jim mentioned to add to advocacy agenda
- Older adults are volunteers and help out are definitely valid members society
- Funding for older adult programs meaningful
- Dementia concerns
- Help to learn of programs that do chore services for funding rather than finding individuals maintaining their properties
- Know the needs of the seniors
- Public service dollars underspend to use for other things

Christopher Levan advised it would be helpful if elected officials new how they are planning for the senior population increase. Planning done in a way to address transportation and isolation. Residents are terrified of what will happen because they are not making any more land. How officials plan on approaching these issues.

Jim McGuire– \$3 Million to provide enough funding to provide service to everyone on waitlist and the house does not have budget to increase funding. Once a funding committee is formed a message will be sent to the office. Katie Wendel will notify once that conference committee is named within the next two weeks.

Ann Langford adjourned the public hearing 10:42am.



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017-2019

Area Agency On Aging 1-B

FY 2019

APPENDIX D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:	2,187,058
--------------------------------------------------------------------------	------------------

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

FY 2019 AREA PLAN GRANT BUDGET

Agency: Area Agency on Aging 1-B

PSA: 1-B

Budget Period: 10/01/18 to 09/30/19

Date: 06/13/18

Rev. No.: 0

Rev. 1/2018

Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	2,547,977		2,547,977
2. Fed. Title III-C1 (Congregate)	3,299,359	3,299,359	3,299,359
3. State Congregate Nutrition	59,742	59,742	59,742
4. Federal Title III-C2 (HDM)	1,659,665	1,659,665	1,659,665
5. State Home Delivered Meals	2,986,687	2,986,687	2,986,687
8. Fed. Title III-D (Prev. Health)	197,029		197,029
9. Federal Title III-E (NFCSP)	1,197,614		1,197,614
10. Federal Title VII-A	27,308		27,308
10. Federal Title VII-EAP	40,665		40,665
11. State Access	178,323		178,323
12. State In-Home	2,547,617		2,547,617
13. State Alternative Care	702,522		702,522
14. State Care Management	863,653		863,653
16. St. ANS & St. NHO	351,112		351,112
17. Local Match			
a. Cash	67,100	59,700	126,800
b. In-Kind	933,826	828,797	1,762,623
18. State Respite Care (Escheat)	325,163		325,163
19. MATF & St. CG Support	840,686		840,686
20. TCM/Medicaid & MSO	27,308		27,308
21. NSJP		1,662,103	1,662,103
22. Program Income	1,049,147	2,282,591	3,331,738
TOTAL:	11,897,050	12,838,644	24,735,694

ADMINISTRATION			
Revenues	Local Cash	Local In-Kind	Total
Federal Administration	989,072	122,843	1,163,615
State Administration	170,598		170,598
MATF & St. CG Support Administration	80,000		80,000
Other Admin			
Total AIP Admin:	1,239,670	122,843	1,414,213

Expenditures	
	FTEs
1. Salaries/Wages	1,957,137
2. Fringe Benefits	52,20
3. Office Operations	710,880
Total:	3,247,626

Cash Match Detail		
Source	Amount	Amount
Interest Income	5,000	10,000
County Match	46,700	112,843
Total:	51,700	122,843

In-Kind Match Detail		
Source	Amount	Amount
Board/Advisory Council		10,000
Caregivers		112,843
Total:	51,700	122,843

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature _____

Title _____

Date _____

FY 2019 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL																			
Agency: Area Agency on Aging 1-B										Budget Period: 10/01/18 to 09/30/19		Rev. 1/2018							
Operating Standards For AAAs										Date: 06/13/18		page 2 of 3							
PSA: 1-B										Rev. No.: 0									
Op	Strd	SERVICE CATEGORY	Title III-B	Title III-D	Title III-E	Title VII A OMB	State Access	State In-Home	St. All. Care	State Care Mgmt	St. ANS SUNFO	St. Respite (Escheat)	MAIF & St. CG Sup	ICM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL	
A		Access Services																	
A-1		Care Management								209,600	278,077				5,000	3,600	50,567	546,864	
A-2		Case Coord/Supp	100															100	
A-3		Disaster Advocacy			169,500										8,000	4,200	58,024	630,227	
A-4		Information & Assis	390,503		461,439		178,323								9,652	7,700	106,912	1,160,761	
A-5		Outreach	396,735												820			41,820	
A-6		Transportation											41,000						
B		In-Home																	
B-1		Chore		638,104															815,085
B-2		Home Care Assis																	
B-3		Home Injury Chrtl		125,000	22,600														
B-4		Homemaking																	161,612
B-5		Home Health Aide						15,500											
B-7		Medication Mgt													310	100	1,623	17,533	
B-8		Personal Care																	
B-9		Assistive Device&Tech																	
B-10		Respite Care						200,000							4,000	1,500	20,723	226,223	
B-11		Friendly Reassurance											271,641		12,948	2,100	29,616	316,305	
C-10		Legal Assistance	205,386												8,500	1,500	21,321	236,707	
C		Community Services																	
C-1		Adult Day Care																	
C-2		Dementia ADC						285,437							800	300	4,872	45,972	
C-6		Disease Prevent		197,029											431,462	3,500	50,000	1,268,434	
C-7		Health Screening													7,646	1,500	20,393	226,568	
C-8		Assist to Deaf																	
C-9		Home Repair													368	300	4,700	50,368	
C-11		LTC Ombudsman	27,019			27,308									100	900	13,253	188,923	
C-12		Sr Ctr Operations																	
C-13		Sr Ctr Staffing																	
C-14		Vision Services																	
C-15		Elder Abuse Prevent	36,534			40,665									1,760	300	3,760	83,019	
C-16		Counseling																	
C-17		Creat.Cont.CG@CCC																	
C-18		Caregiver Supplmt																	
C-19		Kinship Support			50,750										1,175	400	5,239	57,564	
C-20		Caregiver E.S.T			121,173										900	900	12,231	134,304	
*C-8		Program Develop	450,500													3,400	46,656	500,556	
		Region Specific																	
		CLP Services			372,152							325,163			413,720	20,500	284,968	3,793,553	
		CLP Supports Coordination								651,063					25,316	9,400	130,535	1,424,552	
		d.																	
		e.																	
		7. CLP/ADRC Services																	
		8. MAIF & St CG Sup A																	
Sp Co		SUPPRT SERV TOTAL	2,547,977	197,029	1,197,614	67,973	178,323	2,547,617	702,522	863,653	351,112	325,163	920,686	27,308	1,049,147	67,100	933,826	80,000	11,977,050

FY 2019 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Agency: Area Agency on Aging 1-B Budget Period: 10/01/18 to 9/30/19 Rev. 1/2018
 PSA: 1-B Date: 06/13/18 Rev. Number 0 page 3 of 3

FY 2019 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	3,281,759		59,742		249,315	572,345	25,000	347,734	4,535,895
B-5	Home Delivered Meals	1,609,265			2,986,687	1,412,788	1,710,246	34,700	481,063	8,234,749
C-4	Nutrition Counseling									
C-5	Nutrition Education	5,000								5,000
	AAA RD/Nutritionist*	12,600	50,400							63,000
	Nutrition Services Total	3,299,359	1,659,665	59,742	2,986,687	1,662,103	2,282,591	59,700	828,797	12,838,644

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

FY 2019 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	27,019	27,308		73,035	27,308	100	900	13,253	168,923
C-15	Elder Abuse Prevention	36,534		40,665			1,760	300	3,760	83,019
	Region Specific									
	LTC Ombudsman Ser Total	63,553	27,308	40,665	73,035	27,308	1,860	1,200	17,013	251,942

FY 2019 AREA PLAN GRANT BUDGET - RESPITE SERVICE DETAIL

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									
B-4	Homemaking									
B-2	Home Care Assistance									
B-6	Home Health Aide									
B-10	Meal Preparation/HDM									
B-8	Personal Care									
	Respite Service Total									

FY 2019 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only						
C-18	Caregiver Sup. Services						
C-19	Kinship Support Services		50,750	1,175	400	5,239	57,564
C-20	Caregiver E,S,T						
	Kinship Services Total		50,750	1,175	400	5,239	57,564

