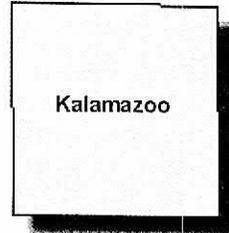


FY 2017 - 2019
MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN
REGION 3-A AREA AGENCY ON AGING

DRAFT



Planning and Service Area
Kalamazoo County

Region 3-A Area Agency on Aging
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County/Local Unit of Govt. Review

After the draft multiyear plan is reviewed by the County Board of Commissioners, notification is sent via U.S. Mail with a signature confirmation to the 24 municipalities in Kalamazoo County, informing them that the final draft is on the AAAIIIA website for their review and comment. The AAAIIIA also informs them that a hard copy of the plan may be mailed if requested and that staff is available if they would like a formal presentation of the plan. Instructions in the letter also review whom to contact with questions and how approval or disapproval of the plan can be provided.



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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 Kalamazoo County Health & Community Services Department has been the home for the Region IIIA Area Agency on Aging since 1996 and is one of the 16 Area Agencies on Aging in the State. We are also known as "Kalamazoo County Older Adult Services." Since we are in a department that includes such programs as Veterans Services, Community Action Agency, Immunizations, Emergency Preparedness, Environmental and Public Health, we coordinate well with much of what is happening in our community. The mission of AAA's is written in the Older Americans Act and is as follows: "The area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area, assuring that there is a comprehensive, coordinated community based system of services to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible, giving priority to those with greatest economic and social need." This plan covers a three year planning cycle, laying the groundwork for services and initiatives to meet the needs of the growing older adult population.

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

The population that the AAAIIIA primarily serves, which are adults 60 and over, is growing faster than the general population and is now at 19%. The 60+ population below poverty has increased to 16.6% or 7,961 people. The Elder Economic Security Index also points to a significant number of elders, 37%, who are economically insecure, not having the financial ability to meet all of their needs.

Survey data indicates that the top 3 greatest needs of persons 60+ are knowledge of available resources, need for in-home supportive services and help navigating complex systems to obtain resources or address problems. When asked what services we should be funding, respondents indicated their top 5 choices being adult day/dementia adult day services, home delivered meals, personal care, medication management and respite care. There was also a high need mentioned for escorted transportation to medical appointments. With regard to caregivers, the greatest need was knowledge of or access to respite care services.

Not surprisingly, 26% of the 60+ population lives alone, which can bring with it a potential risk for health problems caused by loneliness and isolation.

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.

The services intended to receive funding include Assistive Devices and Technology, Care Management, Case Coordination & Support, Congregate Meals, Caregiver Supplemental Services, Counseling, Creating Confident Caregivers, Dementia Adult Day Care, Disease Prevention Health Promotion, Gap-Filling, Homemaking, Home Delivered Meals, Home Injury Control, Information & Assistance, Legal ASsistance, Long-Term Care Ombudsman, Medication Management, Nutrition Education, Personal Care, Programs for Prevention of Elder Abuse, Respite Care, Senior Center Staffing, Transportation.

The five service categories receiving the most funds are Home Delivered Meals, Care Management, Congregate Meals, Homemaking, Information & Assistance. The five services with the anticipated greatest number of



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participants include Information & Assistance, Home Delivered Meals, Congregate Meals, Care Management, Legal Services.

4. Highlights of planned Program Development Objectives.

The program development objectives chosen for the planning cycle include important projects that will help assure quality of life and care for Kalamazoo County's 60+ population. The objectives include identifying and assisting one municipality or community to successfully apply for a Community for a Lifetime designation; continue to provide leadership for the Elder Abuse Prevention Coalition; work with the Kalamazoo Gay Lesbian Resource Center to continue training health care providers and encourage implementation of a "caring collaborative" model to address the need for informal supports. Additional objectives are to undertake a county-wide initiative that will work toward addressing ageist attitudes by engaging all populations to celebrate and understand elders and work on increasing the funding available for services via a senior millage.

5. A description of planned special projects and partnerships.

We have developed an important partnership with Western MI University's medical school which allows us to mentor first and second year students who are placed with us for an "Active Citizenship" rotation, as well as offer medical residents the opportunity to visit with clients and see firsthand what community dwelling older adults are dealing with, both medically and personally.

We have a lead role in the Veteran Community Partnership initiative, assisting to coordinate training and networking opportunities, and we represent the aging population on the Recovery Oriented System of Care coalition to better serve individuals with substance use disorders. The Hoarding Task Force is now facilitated by the AAIIIA and in partnership with a business, has brought in experts to help all aspects of the community deal with this difficult disorder. Likewise, we facilitate the Kalamazoo County Elder Abuse Prevention Coalition, working on projects that promote understanding, self-advocacy, and justice for victims.

The 2016 Senior and Caregiver Expo represents 20 successful years of being offered in the community, with both hospitals and a local newspaper major partners. The AAIIIA also has a role on the team that supports Professionals Focused on Aging monthly networking and informational meetings.

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 are looking forward to more efficient referrals and case management between hospital and provider systems with access to electronic records and will continue to work on quality improvement initiatives as they relate to more efficient assessments, both internally and externally.

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

Our major strategy will be to increase local resources in order to reduce waiting lists for critical services, and also be able to finally fund services and programs we have been unable to over the years, due not having a senior millage as the majority of other counties have accomplished.

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When we have the opportunity to offer WMU and Kalamazoo College students an internship, we will, which always enhances our ability to complete projects.

8. Highlights of strategic planning activities.

The AAAllIA undertook a Strengths, Weaknesses, Opportunities & Threats exercise and also coordinated an online and paper survey of needs. Both have pointed to a lack of awareness of aging services which we plan to address by increased community presentations and professional networking.



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Public Hearings

Date	Location	Time	Is Barrier Free	No. of Attendees
05/05/2016	Portage Senior Center	09:00 AM	Yes	6
05/11/2016	3299 Gull Road	03:30 PM	Yes	19

Narrative:

The public hearings were at the Portage Senior Center and the Health & Community Services Department and were advertised 30 days prior on MLive and the local newspaper, meeting all requirements. They were also advertised in the Portage Senior Center's newsletter; SPARK magazine and through emails to service providers in the aging network and announcements at provider meetings.

In attendance at the Portage hearing were two members of the Older Adult Services Advisory Council, two people from the senior center and two AAALIA staff. One person made comments about the public transportation system and that it needs to be expanded, such as more door-to-door service. She said it was difficult to schedule public transportation when you have a medical appointment. She observed bus drivers taking people down streets not on their route to get them closer to their home. Also need more line haul routes...where she lives line haul transportation is not available (on South Portage Road) and she and her husband would like to take the bus once in awhile and not have to drive their car.

The 2nd public hearing was at the Health & Community Services Department, just prior to the Older Adult Services Advisory Council's regular meeting. All Council members were in attendance, as were AAALIA staff and 2 service providers. One provider asked a question as to the difference between contracted and purchased services. Positive remarks by the other provider were via a letter.

Senior Services



Input to Annual and Multi-year Implementation Plan AAA IIIA

This document does a good job of identifying the current demographic trends of the Elder population in Kalamazoo County. It reflects the experience that Senior Services is facing in the on-going wait listing of vulnerable elders in need of home delivered meals and an increase in requests from elders and families for personal care, respite, and home repair. Senior Services is making appeals both public and private to address these needs and will look forward to working with the Area Agency on Aging to assist elders and families to secure information and resources to obtain needed services.

In particular the large increase in the 85+ population, which by their very chronological distinction will be in greater need of services to maintain their independence, is a concern to Senior Services. As a long term major provider of in-home, community and volunteer services to older adults in Kalamazoo County our hope is to work with the area agency on aging to increase the amount of service delivery directly to the homes of these elders.

We appreciate your sincere efforts to identify in the multi-year plan, important concepts and objectives to be addressed and look forward to increased coordination with the Area Agency and discussion of our mutual plans and goals for the betterment of quality of life for all older adults in Kalamazoo County.

A handwritten signature in black ink, appearing to read "Robert W. Littke".

Robert W. Littke, President and CEO



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Scope of Services

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

As was expected, the 60+ population in Kalamazoo County is increasing faster than the general population, as can be seen from the table below:

	2000	2010	Current	% Increased over 2010
Total population for all ages	238,603	250,331	254,870	1.8%
Total population for 60+	35,255	43,504	48,109	10.6%
Total population for 85+	3,596	4,795	5,088	6.1%

Below is data about Minority and low income populations 60+ from the U.S. Census Bureau, American Community Survey, 2009-2013:

Total 60+ below poverty level	7,971 or 16.6%
Total minority population	5,536 or 11.1%
African American	3,395 or 7.1%
Below poverty	430 or 12.7%
Asian	705 or 1.5%
Below poverty	80 or 11.3%
American Indian/Alaskan Native	129 or <1%
Below poverty	0
Hispanic	445 or <1%
Below poverty	105 or 23.6%
Other or more than 1 race	682 or 1.4%
Below poverty	50 or 7.3%

The Kalamazoo County 60+ population is now at nearly 19% of the total population, following trends across the country. One of the most significant figures is that the total 60+ population below poverty level is 16.6%. Looking at the minority population in poverty, the Hispanic population has the greatest percentage of elders in poverty, followed by African Americans and Asians. The work of Thomas Jankowski, Jason Booza and Carrie Leach in 2011 in their paper entitled "Invisible Poverty: New Measure Unveils Financial Hardship in Michigan's Older Adult Population," indicates that approximately 37% of older adults living in the community on a fixed income are economically insecure, meaning that they do not have the financial means to meet all of their needs. This information points to a potential of at least 17,800 people who might sometime need assistance from programs through the AAALIA and other community agencies, such as Loaves and Fishes

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who we regularly partner with to bring food to clients. Whether or not these individuals are able to receive our services, it is important that they are kept abreast of trends in healthy living and how to access community resources that have the capacity to assist them.

The estimate of the 65+ population with Alzheimer's, which is 12% or 5,773 in Kalamazoo County, is a significant number of individuals who might be living alone, or living with or near a caregiver who then benefits from respite care services such as adult day care or aides providing respite in their home, in addition to programs that assist caregivers to cope with the stress of their situation.

Health and well-being is a key component to aging well in the community. Diseases such as hypertension, stroke and diabetes can be managed with a combination of exercise, nutrition and education. The Kalamazoo County Health Data Book indicates that in 2009, 21% of older adults were diagnosed with high blood pressure; 68% were taking medication to control their hypertension. Risk factors include inactivity, obesity and diabetes.

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.

One method of gaining input into the needs of elders in Kalamazoo County was through a survey that was online and via paper copies placed throughout the county at community and senior centers and libraries. The survey included adults age 60 and over, veterans, service providers, caregivers, and elected officials, with 208 total responses. Areas covered included the greatest needs of adults 60+, greatest needs of caregivers and service providers, and the greatest needs of 60+ individuals who accessed public/private transportation options. Trends noted from the survey crossed each need area and included knowledge of available resources, affordability of services and training needs for caregivers and staff.

It wasn't surprising to learn that the 3 greatest needs of adults 60+ were: Knowledge of Available Resources, Need for Supportive In-Home Services, and Navigating Complex Systems to Obtain Resources or Address Problems.

The 3 greatest needs of caregivers were: Knowledge of or access to respite care service, Affordability of respite services, and Knowledge of or access to training to safely care for a senior in the home, followed by Knowledge of or access to caregiver support (a 1-point difference).

Even the response to the question about the greatest needs of adults 60+ who access public/private transportation indicated a high need for knowledge of navigating the system or of free or discounted transportation options, with the highest need being the availability of escorted transportation to medical appointments (escorted defined as the driver assists the adult into the medical office).

Survey participants were given a list of all the fundable services, along with their definitions and were asked to select 5 of the most important services. The results were: Adult day/dementia adult day services, home delivered meals, personal care, medication management and respite care.

Kalamazoo County adults age 65+ continue to struggle to meet their basic needs while navigating the requirement of a monthly Medicaid deductible. Because of not knowing from month to month if they have met

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their deductible, individuals in this situation struggle to budget their low income, and the result is very high levels of stress, having to choose between medications and food or incontinence supplies. This situation is further complicated, as eligibility for food assistance is directly related to the persons Medicaid status, and fluctuates accordingly. This issue places low-income seniors at a high risk and has a negative impact on their health.

With 26% of the county's 60+ population living alone, and of those over 4% below the poverty level, the potential for isolation and loneliness is high for a significant number of people. Outreach to this group, especially if they live in rural areas, is important.

The Administration for Community Living requires AAA's to allocate a minimum of 5% of their Title IIIIE funding to support kinship caregivers who are 55+, meaning grandparents and other relatives raising children under the age of 18. Demographic information indicates that there are 430 kinship caregivers 60 years of age or older, out of a total of 1358 representing all ages . We are currently looking at partnering with schools to assist in determining needs of kinship families.

Persons with disabilities reflected in demographic information are a large number, 12,470 or 25.9% of the 60+ population. We serve many people with disabilities through our funded programs, helping them to remain as independent as possible. We have been coordinating efforts with Disability Network Southwest Michigan for many years. A significant program that we refer to in the community to help with short-term needs is Lending Hands, a non-profit organization that provides free medical equipment. Adult day providers are an important part of the continuum for people with disabilities as well as PACE.

One national trend that concerns the well-being of people 80+ is that few are able to utilize social technology which would keep them connected, helping to fight the effects of loneliness. A 2015 study called "Rewiring Aging" showed how online social networking and similar technology-based activities affect the quality of life for this age group, demonstrating a potential for combating isolation. The group surveyed felt they needed assistance to become part of the digital world, in addition to help in keeping pace with new technology.

With the baby boomers coming of age in our eligible service population, it continues to be important that staff and providers are trained in person centered planning and care. The boomers grew up at a time of considerable advocacy and are quite independent, and will likely demand high quality services and attention to their wants and desires as they become more dependent on others for supports.

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

The AAA IIIA will continue to engage in a variety of efforts that target low income and minority elders, including participation in community and faith based health fairs and coordination of the annual Senior and Caregiver Expo, as well as connecting with groups such as ISSAC, NAACP, Hispanic American Council, Senior Housing Service Coordinators, Northside Ministerial Alliance, Neighborhood Associations, Senior & Community Centers, and via speaking engagements. Reaching out to the Family Health Center, Borgess and Bronson Hospitals, will also arm these referral sources with information they need to better serve their low income patients. Specific targeting questions are asked in the Request for Proposal for each service, based upon the

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operating standards. Provider contracts include targeting requirements and providers required to report on their targeting activities in the Quarterly narrative reports and also indicate the number of minority and low income clients served. Providers are expected to provide services to low income and minority clients in numbers greater than their relative percentage to the overall population.

4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/AoA "Dementia Capability Quality Assurance Assessment Tool" found in the Documents Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.

The Dementia Capability Quality Assurance Assessment Tool was helpful in advising us that although we utilize tools to identify persons with possible dementia and make referrals, we do not have a protocol to follow, which has become an objective for care management and case coordination & support. We are proud to continue offering the evidence based program of Creating Confident Caregivers and have a person on staff who is a certified Master Trainer. We also have on staff one person who is certified to provide TCARE, which means that we are using that tool if the caregiver agrees to the assessment.

There is a recognized need across the nation, as well as locally, for dementia competent health care providers, which includes direct care workers (DCW). Additionally, through strong relationships with local providers, the area agency is aware of the challenges of recruiting and retaining DCWs, especially those who are knowledgeable in dementia care. Working with our provider pool, the area agency will identify and engage providers, in best practices for dementia care. To affect a change in the community, the agency will leverage their partnerships with groups whose focus is on senior and dementia issues, such as the Alzheimer's Association, Professionals Focused on Aging, Veteran Community Partnership, and Kalamazoo County Advocates for Senior Issues, to explore dedicating resources to develop a synchronized approach to dementia competent care. Moreover, the area agency is aware that access to dementia competent medical assessment will decrease with the closing of the local geriatric assessment center, leaving an unmet need in the area.

One of our strengths is that through the active partnership with the Western Michigan University, Homer Stryker School of Medicine, the agency is mentoring medical students and orienting medical residents to the issues older adults experience and the complexity surrounding the care of persons with dementia.

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

When a customer identifies a need that is not available through AAA funded services, the AAA protocol is to work with community partners to procure the needed resource. If the service is not available through community partners, GAP filling funds may be utilized. If GAP filling funds are not available to procure the service, AAA staff will work with community resources/partners to explore options for development of the identified services.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.

Knowledge about services and resources, and assistance in navigating complex systems is our first priority as it continues to top the list of unmet needs. We will continue to fund the AAAIII's exceptional Information & Assistance service which is staffed by social workers. Situations are often complex and require the attention of trained social workers to ferret out some of the underlying problems in order to make good referrals and maximize resources. Continuing the access services of Care Management and Case Coordination and Support is equally as important as these programs provide the professional staff necessary to assess older adult and caregiver needs, bringing in the important services that support independence in one's home, including homemaking, personal care, medication management, adult day services, counseling, home delivered meals, respite care, assistive technology, home injury control and gap filling. With care management, case coordination and support, and home delivered meals programs having waiting lists, we have maximized as much funding as we can within our budgets for these programs, and we will be working on securing additional funding to address the waiting lists. One other need identified is for escorted transportation, which will be in the FY 17-19 request for proposals.

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.

Since we have waiting lists for home delivered meals, care management and case coordination and support programs, the highest priority area includes individuals at greatest risk of nursing home placement without supports, including individuals referred by adult protective services, MI Choice Waiver recipients no longer eligible for Medicaid, adults 90 years of age and older, and persons on hospice who need meals or additional supports.

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.

The Older Adult Services Advisory Council meets monthly, representing members in the categories of senior adult, service provider agencies, elder law attorney, nutrition program, caregivers, and general public. The meeting agenda consists of review, oversight, and analysis of the service population priorities and validates the proposed priorities and strategies recommended by staff. The survey instrument is a good example where the concept and instrument were reviewed by the OASAC before the process transpired. Major program modifications are presented for discussion and review.

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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.

The AAIIIA conducts a number of prevention activities throughout the year to minimize the number of those who could enter the service system. Through its information and assistance line, specialists inform older adults, their adult children and other family members, caregivers, and service providers about resources that are available in specific situations. A number of staff members also present in the community about the AAIIIA and its services as well as issues related to aging. Recently, staff has been working with the Osher Lifelong Learning Institute to provide courses on topics such as caregiving and understanding the continuum of care in our community.

AAIIIA and its programs also participate in annual health fairs to inform those who are not yet in the service system. For activities related to education and prevention, AAIIIA utilizes its healthy living programs: A Matter of Balance (MOB), Personal Action Towards Health (PATH), and Creating Confident Caregivers (CCC). These evidence based programs are proven to work and are held all across Kalamazoo County. Strategic effort has been made to provide workshops of these programs in a variety of areas to increase its accessibility to the eligible target population.



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Planned Service Array

	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Information and Assistance 		<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Creating Confident Caregivers
Participant Private Pay			<ul style="list-style-type: none"> • Home Repair
Funded by Other Sources	<ul style="list-style-type: none"> • Disaster Advocacy and Outreach Program • Transportation 	<ul style="list-style-type: none"> • Home Health Aide • Friendly Reassurance 	<ul style="list-style-type: none"> • Nutrition Counseling • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Vision Services
Contracted by Area Agency	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Home Injury Control • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Dementia Adult Day Care • Congregate Meals • Nutrition Education • Legal Assistance • Senior Center Operations • Senior Center Staffing • Counseling Services • Caregiver Supplemental Services

* Not PSA-wide



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Planned Service Array Narrative

The services chosen to be funded are primarily the services that provide access and assistance to help keep older adults as independent as possible in their home and community. It is obvious that we cannot fund every service that a person needs due to lack of funding, nor should we; especially if it's available through other resources. We are lucky in our community to have other resources filling the gaps, such as the Bureau of Services for Blind Persons; Constance Brown (for hearing services); hospitals that provide regular health screenings and nutrition counseling; volunteer programs that provide friendly reassurance and transportation; and the Red Cross that provides disaster advocacy services, not to mention our own public health department's role in disaster advocacy. Additionally, home repair is provided through a community development block grant, available in certain communities and is not PSA wide.



Strategic Planning

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

Strengths –Staff who are dedicated, honest, professional, experts at their work, leaders and visionaries; Directly provided programs that offer unbiased and quality services to county residents; Commitment to high standards and credibility as the designated leaders on aging issues with a supportive Advisory Council; Participation in many collaborative efforts to better the lives of older adults and caregivers, oftentimes leading them; housed in a health and community services department which promotes synergy and collaborative efforts on community health issues.

Weaknesses identified included issues of being in a public entity (i.e. grant application process), capacity to take on new initiatives or write grants due to limited staff size; lack of name recognition; services provided to elders limited due to no senior millage or no active campaign for donations.

Opportunities include developing partnerships with hospitals and insurance companies for reimbursement of services; securing a Medicare number; growing the Custom Care program; doing more public speaking; expanding work with the Veterans Service Office, Community Action Agency, and Health Equity office; having a senior millage; increasing communication with county commissioners, businesses, provider partners and the community at large; continuing the Celebrate Elderhood initiative.

Threats include the ageist attitudes that prevent funding of needed services and lack of young people going into the field; lack of home care aides and quality agencies; loss of institutional knowledge due to retirements; no senior millage; managed care; relatively flat federal and state funding.

2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.

Because this area agency on aging does not participate in the Waiver, we would not be impacted by any changes in that program other than longer waiting lists for our services. Similarly, because we don't have the waiver, we are not very involved in the integrated care program right now. We do stand ready to assist integrated care organizations in the delivery of services as well as our AAA colleagues who have contracts with the Integrated Care organizations.

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

We assume that means in all categories of services and programs, since some funding can only be spent on certain services (such as meals) and other funding can be broadly applied. We have made a commitment to prioritizing access services and to help people stay as independent as possible in their home, and would continue to do that. We would look at the potential of other resources to fund service categories before eliminating a service and we would make final decisions with transparency, involving the Older Adult Services Advisory Council and service providers.



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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 Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations and why.

The cost of accreditation is very expensive for an organization as small as we are. However, being in a Health & Community Services Department, we are part of their process currently going on to receive national accreditation through the Public Health Accreditation Board (PHAB). If it appears necessary to be accredited through other entities, we will determine the feasibility of seeking grants to cover the expense.

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.

We will work collaboratively with hospitals and/or primary care physicians to utilize their data systems to achieve efficiencies in referrals and case management. We would like our care consultants to have tablets that will be more efficient to utilize in client homes. We will explore utilizing the Harmony software as a potential referral tool for Adult Protective Service staff and other referral sources.



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Regional Service Definitions

Service Name/Definition

Gap Filling - A service and/or item that is required to meet a need essential to a client's independence and no other resources are available to meet the need.

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

There are not any existing service definitions that fit.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Based upon per item cost

Minimum Standards

All formal and informal supports and resources must be exhausted before directly purchasing items or services under the Gap-Filling definition, and approval given by the AAALIA Director. Items/services that may be purchased include:

- * Household appliances or supplies, including plumbing supplies
- * Medical transportation not available through community transportation systems, volunteer organizations, or other community supports.
- * Medications, excluding medications not found on the Medicaid formulary.
- * Assistive devices that are essential to the client's independence and safety, not covered by Medicare, Medicaid, insurance or other community resources.
- * Furniture to promote the highest level of independence.
- * Moving related expenses

The following services/items may not be purchased with Gap-Filling funds:

- * Prescription plan premiums
- * Cleaning above and beyond homemaking services.
- * Home repairs, including the installation of safety equipment, screens, storm windows or weather stripping, pest control.



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FY 2017

Access Services

Care Management

Starting Date 10/01/2016 Ending Date 09/30/2017
 Total of Federal Dollars \$173,447.00 Total of State Dollars \$433,886.00

Geographic area to be served
 Kalamazoo County

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

Goal 1. Improve access to dementia prepared direct care workers by developing a list of providers who have dementia specific certifications.

Activities:

1. Explore opportunities to partner with other area agencies to support dementia training for direct care workers within common service providers.
2. Investigate best practices and research certifications available in dementia care.
3. Survey providers to determine existing capacity of dementia specific trained staff and those with special dementia certification.

Goal 2. Meet AASA standards for providing care management.

Activities:

1. Bi-annual internal peer reviews on 10% of the cases.
2. External peer reviews will be completed once during the year on 10% of the case files.
3. Survey clients and caregivers annually to determine level of satisfaction with program and contracted service providers.
4. Develop a protocol that covers identifying and referring persons with possible dementia to appropriate resources.

Number of client pre-screenings:	Current Year:	180	Planned Next Year:	180
Number of initial client assessments:	Current Year:	55	Planned Next Year:	45
Number of initial client care plans:	Current Year:	50	Planned Next Year:	40
Total number of clients (carry over plus new):	Current Year:	200	Planned Next Year:	180
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:45	Planned Next Year:	1:45

Case Coordination and Support

Starting Date 10/01/2016 Ending Date 09/30/2017
 Total of Federal Dollars \$2,564.00 Total of State Dollars \$11,900.00

Geographic area to be served
 Kalamazoo County



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

Goal: Meet AASA standards for providing Case Coordination and Support

- Activities:
1. Bi-annual internal peer reviews on 10% of the cases.
 2. External peer reviews will be completed once during the year on 10% of the case files.
 3. Survey clients and caregivers annually to determine level of satisfaction with program and contracted service providers.

Information and Assistance

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$48,439.00	Total of State Dollars	\$0.00

Geographic area to be served

Kalamazoo County

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

Goal 1: Using Harmony Information Systems database, maintain confidential, accurate and up-do-date client records and current resource database listings.

Activities:

1. Continue Harmony database adjustments & improvements to personalize the system to best serve the community's and client needs.
2. Review and update database resource listings on an annual basis and as new information is provided or discovered.
3. Continue to streamline and adjust "reports" from the resource database to share with the public, to be easily read and understood.

Goal 3: Increase the awareness of the I&A service by marketing to referral sources, older adults and caregivers.

Activities:

1. Participate in at least 10 community events per year, such as senior expos and health fairs.
2. Write articles for local publications.
3. Network with referral sources at community and professional meetings.

Goal 3: Assure quality in service provision through client satisfaction with the service.

Activities:

1. Randomly survey 10% of I&A callers as to their satisfaction with the service.
2. Follow up with callers surveyed who have unresolved issues or additional needs within 3 working days.



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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$12,120.00 Total of State Dollars \$0.00

Geographic Area Served Kalamazoo County

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

Goal 1: Continue program fidelity to Matter of Balance (MOB) and Personal Action Toward Health (PATH) to include PATH, Chronic Pain PATH and Diabetes PATH.

Activities: Conduct meetings to reinforce the elements of these evidence based workshops to include course contents and facilitation methods. Conduct field observation, as needed to align lay leaders with program fidelity. Participate, as Master Trainers, in activities of the MOB and PATH networks to include conference calls, webinars, meetings and required training.

Goal 2: Focus and develop workshop sites to reach target population of seniors: low income, minority and rural residents of the county.

Activities: Market to and meet with community partners to promote the benefits of workshops and evidence based outcomes pertinent to their service recipients. Provide stipends to community sites that provide program marketing, registration, reminder of start dates and healthy snacks for workshops.

Goal 3: Seek reimbursement from health care systems.

Activities: Market to and meet with physicians and health care systems using packets distributed to key health providers. Develop method for referral mechanism wherein providers complete referral and receive, where permitted, notice of participant enrollment and/ or completion. Continue to determine best methods for reimbursement of programs from health plans, Medicare, or other systems of care.

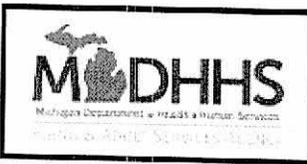
Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the services provision request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

The AAIIIA will provide the Matter of Balance and PATH programs directly for the reason in 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 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 AAALIA has been the point of coordinating the Matter of Balance (MOB) and three Personal Action Toward Health (PATH) Programs (Diabetes PATH, Chronic Pain PATH and regular PATH) since 2012. We have 2 Master Trainers on staff whose goals are to offer the programs primarily to low income, minority and rural residents in partnership with many community organizations. We have developed our program such that unpaid volunteers receive a small stipend for their work and the community organizations the classes are taught at also can receive a stipend for their assistance with marketing the program and providing snacks. Funding for these activities go beyond what is available through Title IID and we have been lucky to have had the support of our local United Way and as being a part of the Michigan Health Endowment Fund grant to the Area Agencies on Aging Association of Michigan.

It is important to assure that all areas of the county and all populations receive equitable training opportunities. Since it is the AAA's mission to cover the entire county, it is the right place to coordinate evidence based trainings. We have encouraged organizations to have master trainers in order to help with the efficacy of the programs and provide more classes, and recently both Borgess and Bronson hospitals have had a staff person receive their MOB certification. In FY 16 one of the hospitals's physician groups had 2 staff train as a lay leaders for Diabetes PATH and will be offering programs for their patients.

In a partnership with Western MI University Medical School's first year students, we worked hard to offer Diabetes PATH at the Federally Qualified Health Center. This was very difficult and time consuming work, resulting in many hours of phone calls to encourage patients to attend the program, and offering them on a Saturday as well as later in the work day. The individuals we were trying to reach had extremely high A1C numbers, so it was important to give them every chance to attend a program that could improve the quality of their life with diabetes. Such time consuming efforts would likely not be appreciated by another healthcare organization offering the program, but it is something that AAA's are prepared to do with adequate staffing.

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

Long Term Care Ombudsman

Total of Federal Dollars \$6,774.00 Total of State Dollars \$43,485.00

Geographic Area Served AAA regions 3A,3B,3C

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

Goal: The ombudsman will maintain effective relationships with long-term care stakeholders in order to successfully advocate for consumers.



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Activities:

1. Nursing homes in the 5 county area are visited at least quarterly.
2. 60% of Resident Councils in the 5 county area are visited at least once during the fiscal year.
3. Health fairs, senior expos, and Area Agency Advisory Council meetings in the 5 county area are attended at least once during the year.
4. Semi-annual reports are provided to partner AAA's.

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 services 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.**

The AAALIA provides the Long Term Care Ombudsman Program for the reason in C, "Such services can be provided more economically and with comparable quality by the Area Agency."

Provide a detailed justification for the 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 Long Term Care Ombudsman Program, serving Barry, Branch, Calhoun, Kalamazoo and St. Joseph counties has been operated out of the AAALIA since 1997. These counties cover three Area Agency on Aging regions, and the funding covers one full-time ombudsman. There are restrictions on who can house the ombudsman so there is no conflict of interest or interference with the work of the ombudsman. There is not enough funding for this program to have an ombudsman in all three AAA regions, and the Area Agencies on Aging involved pool their allocation and contract with the AAALIA to provide coverage.

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

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$8,638.00 Total of State Dollars \$0.00

Geographic Area Served AAA Regions 3A, 3B, 3C

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

Goal: Advocate for the development of resources to address vulnerable adult abuse and neglect complex cases, unmet needs, and scams.



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FY 2017

Activities:

1. The ombudsman will participate as needed in Region IIIA, 3B, and IIIC Elder Abuse Prevention Coalition meetings and trainings.
2. The ombudsman will establish relationships and work closely with Adult Protective Service workers, courts, community mental health, and others to resolve difficult cases.

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 services 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.

The AAIIIA will directly provide the service of Prevention of Elder Abuse, Neglect and Exploitation for the reason in C, "Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the 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.

This service was always a part of the ombudsman program in order to have enough funding for a full time ombudsman. The Area Agencies on Aging pool their allocation for this service and contract with the AAIIIA for coverage. The Long Term Care Ombudsman has worked in all counties on elder abuse protocols; training opportunities; dissemination of information at expos and health fairs; and works directly on elder abuse cases. It continues to be important to pool resources in order to maintain the program's viability.

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

Creating Confident Caregivers

<u>Total of Federal Dollars</u>	\$1,890.00	<u>Total of State Dollars</u>	\$0.00
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Geographic Area Served Kalamazoo County

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

Goal: Conduct two Creating Confident Caregiver classes during the fiscal year.

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Activities:

1. Determine locations and time of day for the two classes.
2. Increase marketing efforts to assure the maximum number of participants in each class.

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 services 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.

The basis for providing Creating Confident Caregivers directly by the AAALIA is covered in A, "Provision of such services by the Area Agency is necessary to assure an adequate supply of such services" and C. "Such services can be provided more economically and with comparable quality by the Area Agency."

Provide a detailed justification for the 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 AAALIA has a master trainer on staff for Creating Confident Caregivers. Funding for this evidence based program is quite limited, but we have arranged to provide CCC two times per year, having at least one program at the Health & Community Services Department and also seek out churches and libraries to reach low income and rural areas in order to make the program more accessible. We had hoped that the person from the Alzheimer's Association could assist in providing an additional workshop, but we discovered that she did not keep up her master training requirements and we would need additional funding to pay for her time. Coordination for programs like these are a natural outgrowth of the AAA's responsibility to reach out to the entire area. Our master trainer receives rave reviews from program participants

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



Program Development Objectives

Area Agency on Aging Goal

- A. More communities in the Planning and Service Area will conduct an aging-friendly community assessment and apply for recognition to AASA as a Community for a Lifetime.

State Goal Match: 1

NARRATIVE

Communities for a Lifetime (CFL) has been on the radar of AAIIIA for several years. Themes and ideas within CFL such as walkability and connectivity are apparent in the partnership that AAIIIA has with Disability Network Southwest Michigan and the Friends of Transit group that advocates for these themes and more in Kalamazoo County. Recently, a Special Interest Group on Alternative Housing & Aging in Community associated with the Osher Lifelong Learning Institute at Western MI University expressed interest in possibly assisting with the CFL initiative. As a priority in this MYP cycle, AAIIIA and partners will determine what communities may be ready to undertake the CFL survey, with the goal of having a community start the application process by the 3rd year of the MYP cycle.

OBJECTIVES

- 1. One new community in Kalamazoo County will receive recognition as a CFL by 9/30/19.

Timeline: 10/03/2016 to 09/30/2019

Activities

- 1.1. Assess what communities could be ready to implement CFL.
- 2. Reach out to potentially interested communities to give presentations and/or meet to discuss details and logistics, assisting with locating volunteers to assist with the survey tool.
- 3. Have one community ready to submit recognition application by 3rd year of MYP (FY2019)

Expected Outcome

Increased quality of life for those living within the Community for A Lifetime area.

- B. Provide advocacy, information, training and services to support the rights of older adults to live free from abuse, neglect and exploitation.

State Goal Match: 4

NARRATIVE

The Elder Abuse Prevention Coalition, which has been facilitated by the AAIIIA Director since March 2013, has identified formalizing multi-disciplinary teams and continuing with educational opportunities as important efforts to work on. The Coalition has strong support from the County Prosecutor, County Sheriff, County Clerk, Probate Court, Department of Health and Human Services, elder law attorneys, Western Michigan

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University Center for Gerontology, Alzheimer's Association, Community Mental Health, advocates, service providers, and financial institutions, Long Term Care Ombudsman, Life EMS Ambulance and MMAP Coordinator. The activities listed represent a continued effort to address educational needs and gaps in the service system in order to prevent elder abuse, including financial exploitation, and bring justice to victims.

OBJECTIVES

1. Provide leadership for the Kalamazoo County Elder Abuse Prevention Coalition.

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

Activities

- 1.1. Provide administrative coordination with regard to meeting notices, notes, and public relations
2. Coordinate conferences and trainings for seniors, professionals, and other community members on what elder abuse is and how to report it, including the prevention of scams, as funding allows.
3. Continue efforts toward the creation of a multidisciplinary team with a designated coordinator that will work collaboratively on difficult and complex cases, especially those related to financial exploitation.
4. Working with the Kalamazoo County Hoarding Task Force, assess the potential of adding a Hoarding component to the multi-disciplinary team.
5. Working with the Medical examiner's office and WMed students, determine the need for and potential composition of an elder death review team.

Expected Outcome

Increased awareness, reporting and effective handling of elder abuse, exploitation, and suspicious deaths in Kalamazoo County will lead to justice for victims.

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

State Goal Match: 6

NARRATIVE

The AAAIIIA and Kalamazoo Gay Lesbian Resource Center (KGLRC) partnered in 2013 for the first showing of Gen Silent and the release of the first edition of the "Guide to Long-Term Care Planning, Resources and Services for the LGBTQ Community." To date only a handful of providers took us up on free training, so the need for continuing the conversation is evident.

We are committed to assuring that in our community of providers there is a culture of respect for diversity. Aging services have historically been rather hostile to the aging LGBTQ community, resulting in fear and avoidance of aging services. We believe that showing a documentary such as Gen Silent helps attendees understand the issue better, resulting in follow-up training being scheduled. It should be mentioned that a 2nd edition of the Resource Guide was produced last year, with several more organizations taking the equality survey and being recognized in the Resource Guide.

Informal communities are an untapped resource for many of the challenges confronting an aging society. This is especially needed in the LGBTQ community where many do not have the family support others might have. The Caring Collaborative Model provides a way to harness the potential of neighbors, religious and social groups, or people who live in senior housing so that they can support their peers who want to age with quality in their lives, in their community, with adequate supports. It can include a type of time banking

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approach, which is appealing to people who don't want to be a burden on others but might ask for assistance if they knew they could "pay it back."

OBJECTIVES

1. Increase the understanding of health care professionals, especially direct care workers as to the care needs of LGBTQ elders.

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

Activities

- 1.1. Show the documentary film Gen Silent at which affirming provider partners are also recognized in order to re-energize provider interest in receiving LGBTQ training.
2. Schedule 3 provider trainings per year.

Expected Outcome

Quality care and services are received by LGBTQ elders no matter where they live.

2. In collaboration with the KGLRC assist older adults to develop a "Caring Collaborative" model in order to address the need for informal supports as their community ages.

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

Activities

1. Provide information about developing a caring collaborative to the KGLRC's "Outgoing" group.
2. Provide technical assistance to the Outgoing group when needed during the implementation process.

Expected Outcome

LGBTQ elders are able to stay safely in their community with the supports they need to maintain their independence.

- D. 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

Like other communities, we are dealing with "ageism," defined as a combination of prejudicial attitudes toward older people, old age, and aging itself. Ageism is seen in how we fund or don't fund programs and services, which we continue to experience locally (no senior millage) and at the state and federal levels (i.e. the lack of funding for adult protective services).

Celebrate Elderhood was conceived as a way to begin changing the perceptions, actions and discourse about aging, with the goal of transforming Kalamazoo County into a place where it's great for all ages to grow up in and grow old in.

OBJECTIVES

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1. Undertake a county-wide initiative entitled "Celebrate Elderhood!" that will engage all populations leading up to the main celebration in May of 2017. 2. Determine the feasibility of continuing the initiative past the initial year and plan appropriately.

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

Activities

- 1.1. Led by representatives of the Older Adult Services Advisory Council and AAALIA staff, engage a cadre of volunteers to work on committees.
2. Develop criteria to recognize quality services, best practices and innovations provided by businesses, service providers and faith communities.
3. Encourage younger people to pursue careers in the aging field through scholarships and create the criteria for them.
4. Promote healthy aging in our community to include events and opportunities that cover "health" as defined as physical, mental, emotional and social.
5. Promote positive views of aging and elderhood in all generations through grade school papers, video-taping reactions to "age" questions, honoring Senior Olympians, people 100+, the oldest veteran, etc.

Expected Outcome

Kalamazoo County residents will better understand and appreciate elders, their needs and contributions such that funding for programs will increase and the county is more livable for its aging population.

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

State Goal Match: 5

NARRATIVE

Kalamazoo County is one of only 10 counties in the state, out of 83, that does not have a senior citizen millage, despite the fact that there has been a waiting list for in-home services since 2005. In 2014 the County Board finally recognized this and appropriated an additional allocation for 2015 and 2016 to assist with the waiting list. However, with the growth of the senior population, we now are seeing a waiting list for home delivered meals as well as the need for increased funding in other areas that a millage could assist with, such as adult day services, installation of safety devices and ramps, continuation of evidence based healthy living programs, coordination of elder abuse multi-disciplinary teams, and more.

OBJECTIVES

1. Increase local funding available for services to assist in keeping elders as independent as possible with needed in-home, access and community services.

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

Activities

- 1.1. With the Older Adult Services Advisory Council and community partners, encourage the County Board to put a senior millage on the ballot in 2017.
2. Educate the community as to senior needs and how a millage can improve not only the quality of the elder's life, but the quality of life for everyone in the community.



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Expected Outcome

Waiting lists for services are reduced and more elders are able to access the services they need to stay in their home and/or receive quality of care wherever they live.



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Advocacy Strategy

Kalamazoo County continues to have a strong advocacy group called the Kalamazoo County Advocates for Senior Issues (KCASI), a non partisan, 501c3 organization. The AAIIIA assists the organization with its monthly programs and distributes information about key issues to its members and the larger community. AAIIIA also works with KCASI's legislative committee to develop their platform of issues to follow that covers local, state, and national concerns, such as: increased funding for services, Social Security, Medicare, and Medicaid. KCASI has an active role in meeting with legislators on a regular basis to educate them about aging issues. KCASI is also a member of the Silver Key coalition, a group in Michigan that is working to increase state funding for in-home services. Additionally, KCASI takes a leadership role in chartering a bus and recruiting participants for Older Michiganian's Day, held in Lansing in the Spring.

The Older Adult Services Advisory Council are also advocates, communicating with state and federal legislators on issues it determines to be important to advocate on. This group also has appointed two representatives to the MI Senior Advocates Council, a statewide group that reviews legislation and meets with state legislators on a monthly basis and is poised to advocate for a countywide senior millage.

Contracted Service Providers receive information about advocacy issues via the AAIIIA bi-monthly newsletter, The Advisor; Professionals Focused on Aging meetings and other community meetings; and email blasts for time sensitive advocacy opportunities. The AAIIIA regularly attends Friends of Transit meetings and participates in efforts to promote accessible and flexible transportation options and the renewal of public transit millages.

AAIIIA will continue to do work on elder abuse and financial exploitation issues that need advocacy in Kalamazoo County. Efforts to increase awareness and education of elder abuse and exploitation are a significant priority. The issue of ageism and the desire to change the narrative and perceptions about aging in our community is a newly defined area that initially is being undertaken through the Celebrate Elderhood initiative, noted elsewhere in the plan. Advocacy is a required activity of all Area Agencies on Aging across the country. Through advocacy, a voice is given to elders who are unable to speak up for themselves. We are able to empower others to assist in assuring that our communities have affordable, accessible, and comprehensive systems of care and services to help older adults remain as independent as possible. This includes advocating for age-friendly communities through the Communities for A Lifetime initiative.

Leveraged Partnerships

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

1. Commissions, Councils and Departments on Aging: Because the AAIIIA is within the county government, it is considered a county department on aging (called Older Adult Services). We do not have commissions or councils on aging in Kalamazoo.

Health Care Organizations/Systems: The AAIIIA primarily works with health care organizations via the falls prevention (Matter of Balance) and chronic disease self management programs (PATH) in terms of hosting classes and training staff to become lay leaders and coaches of the programs. We continue to reach out to hospital discharge planners and primary care organizations with care coordinators to facilitate referrals to our programs that can benefit their patients.

Public Health: The AAIIIA is fortunate to be housed within the county public health department, and the AAIIIA director sits on its Leadership Team. Staff participates in the Pandemic Flu committee; collaborates on disseminating information to the community on how to best serve elders at risk when emergencies occur; have access to the epidemiologist with regard to current data reflecting the health of the population; and see many opportunities for cross-referrals including the dental, immunization and STD/AIDS clinics.

Mental Health: The AAIIIA works closely with mental health organizations to help clients and callers navigate the Community Mental Health network to access services.

Community Action Agencies: The CAA is part of the county department that the AAIIIA is housed in and we are on the same floor. We cross-refer to each other when working with individuals in need of each other's services. In FY 2016 the CAA prioritized some of their CDBG funding for home delivered meals and in-home services.

Centers for Independent Living: The local CIL (Disability Network Southwest Michigan) and the AAIIIA have been collaborating for years in a variety of ways, including yearly cross training of information and assistance staff, referrals for nursing home transitions, and working together on advocacy issues, especially transit and livable communities.

Other – Because we are not a home & community based waiver provider, we must work closely with the waiver agents in our area, Region IIIB and Senior Services Southwest Michigan, regarding both referring to the waiver agents and prioritizing referrals from them.

The Kalamazoo County Veterans Service Office is on the same floor as the AAIIIA, allowing for efficient referrals between the two organizations. AAIIIA staff meetings are also open to the veteran's staff, assisting

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them to keep up with the resources and services available in the community.

The PACE program in Kalamazoo County is another program that we suggest for callers or clients who appear to qualify for their services.

2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.

The main partners to provide Information and Assistance and options counseling according to ADRC standards are the AAALIA and Disability Network. We continue to keep each other informed of new or revised services and resources and regularly refer callers to each other. The larger group of partners who came together with the original ADRC initiative remain on our Advisor newsletter list, which provides updates on resources and they are also encouraged to contact us if they have questions or to refer callers.

3. 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 past two years, we have been fortunate to have the support of the local United Way and a grant from the MI Health Endowment Fund to assist us in not only building capacity to provide PATH and MOB programs, but also to delve into sustainability efforts, such as applying for a Medicare number and initiating conversations with health plans. We have developed an outstanding network of volunteers who are from faith based organizations, service providers, hospitals, and the general public who are passionate about the results these programs offer to participants.

With the loss of funding from the United Way due to their focus on the health of young people and families, and the MHEF Grant ending October 31, 2016, just at the time that we have made major inroads into meeting our goals for bringing these programs to low income, minority and rural residents, and starting to develop referral mechanisms from medical providers, our only hope to continue the programs without interruption is to find local resources. While it is our full intention to be successful and to continue the programs at the level they are currently being provided, this plan reflects only the funding we currently know we will have as of October 1, 2016 and the number of people we can serve with the funding.

Community Focal Points

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

By the Multi-Year Plan definition, a "focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the Planning and Service Area (PSA)." The Area Agency on Aging IIIA continues to define "community" as a group of people within a larger society, bound together by common characteristics and interests, located within a nearby geographic area. Our community focal points are required to provide the following in order to maintain the designation: congregate meal site (on premises or dining out program in area), evidence based disease prevention programs, volunteer opportunities, information and referral to AAIIIA, and classes or programs providing information on health, safety and services available to older adults. We have required each focal point to have trained MMAP staff or have access to volunteers trained as MMAP counselors available for appointments. Considering areas with the greatest number of older persons with economic and/or social need the existing service delivery system and the location of multi-purpose senior centers, the AAIIIA has named five community focal points.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name:	Comstock Community Center
Address:	6330 Kings Highway, Comstock, MI 49041
Website:	https://comstockcc.com/
Telephone Number:	269-345-8556
Contact Person:	Lorie Peterson
Service Boundaries:	Comstock Township, City of Galesburg, Charleston, Ross Township
No. of persons within boundary:	8,479 age 60+
Services Provided:	senior center activities, youth development programs, volunteer opportunities, on-site lunch.

Name:	Coover Center (Senior Services)
Address:	918 Jasper, Kalamazoo, MI 49001
Website:	www.seniorservices1.org
Telephone Number:	(269) 382-0515
Contact Person:	Jennifer Austin
Service Boundaries:	Kalamazoo City minus census tracts 1-5
No. of persons within boundary:	9,284 60+
Services Provided:	Senior center activities, congregate meals, exercise, transportation

Name:	Ecumenical Senior Center
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ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

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Region 3-A Area Agency on Aging

FY 2017

Address: 702 N. Burdick, Kalamazoo, MI 49007
Website: <http://www.ecumenicalsc.com/>
Telephone Number: 269-381-9750
Contact Person: Dr. Denise Washington
Service Boundaries: Kalamazoo City census tract 1-5
No. of persons within boundary: 1,951 age 60+
Services Provided: Congregate meals, senior center activities, transportation

Name: Portage Senior Center
Address: 320 Library Lane
Website: www.portage.mi.gov/living/senior_center.asp
Telephone Number: 269-329-4555
Contact Person: Kim Phillips
Service Boundaries: City of Portage and Texas Township
No. of persons within boundary: 11,680 60+
Services Provided: On-site meals, senior center activities, health and wellness programs, volunteer programs, transportation

Name: South County Community Services
Address: 105 S Kalamazoo Ave., Vicksburg, MI 49097
Website: www.southcountycs.us/
Telephone Number: 269-649-2901
Contact Person: Danna Downing
Service Boundaries: Brady, Climax, Pavilion, Schoolcraft, Prairie Ronde, Wakeshma Township
No. of persons within boundary: 9,870 60+
Services Provided: Emergency assistance, health and wellness programs, restaurant dining program, and ride assistance

Other Grants and Initiatives

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

The AAAIIIA is committed to providing the evidence based programs of TCARE (a program for caregivers that assists them to better understand their situation and set goals to improve it); Creating Confident Caregivers (a program for caregivers of people with dementia); Chronic Disease Self-Management Programs via PATH (Personal Action Toward Health), which includes regular PATH, Diabetes PATH and Chronic Pain PATH, and Matter of Balance, a falls prevention program.

The Medicare Medicaid Assistance Program (MMAP) is administered by the AAAIIIA and sub-contracted to Senior Services Southwest Michigan for daily operations. Senior Services employs the MMAP Coordinator who utilizes a network of volunteers to assist adults with their insurance and fraud questions. A MMAP counselor is also on staff at the AAAIIIA.

Although MI Health Link is operating in the AAAIIIA region, our role is evolving slowly.

In the past we have collaborated with entities involved in the Building Training, Building Quality program as well as the PREVNT Grant. We hope to be able to continue these collaborations as they become available.

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

Evidence based programs are very meaningful to older adults as they are programs that have been proven to work. Improvement in the quality of participant lives has been shown, including: Less pain, less fear of falling, improved outlook on life in general and an ability to better manage one's caregiving and long-term health conditions. Providing coordinated services to the dually eligible population is thought to reduce costs and improve the quality of services. The Medicare Medicaid Assistance Program is invaluable to beneficiaries who are confused about the many different prescription drug plans and need help to determine what is the best plan for them, in addition to other responsibilities that include educating the public about Medicare fraud and enrolling people in subsidy programs. Programs that address vulnerable adult abuse and exploitation, as are those funded through PREVNT Grants, directly impact the quality of an older adult's life.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

The program development goals that relate to providing leadership for the Kalamazoo County Elder Abuse Prevention Coalition and encouraging municipalities to seek Communities For A Lifetime recognition most closely align with the programs described above.



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017-2019

Region 3-A Area Agency on Aging

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Appendices



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Region 3-A Area Agency on Aging

FY 2017

APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	0	2	11
Aged 60 and Over	0	0	0	0	0	0	5

Board Member Name	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
John H. Gisler	Prairie Ronde, Schoolcraft, Brady, & Pavilion Twps	District 8	Yes		
M. Jeff Heppler	Richland, Cooper, & Ross Twps	District 6	Yes		
Scott McGraw	Portage	District 11	Yes		
Stephanie L. Moore	Kalamazoo	District 1	Yes		
Larry Provancher	Portage	District 10	Yes		
Julie Rogers	Oshtemo & Alamo Twps	District 5	Yes		
Michael Seals	Kalamazoo	District 4	Yes		
Dale Shugars	Texas Twp	District 9	Yes		
John Patrick Taylor, Chr.	Kalamazoo	District 3	Yes		
Roger Tuinier	Comstock, Climax, Charleston & Wakeshma Twps	District 7	Yes		
Kevin Wordelman	Kalamazoo	District 2	Yes		



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

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Region 3-A Area Agency on Aging

FY 2017

APPENDIX B Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	0	7	12
Aged 60 and Over	0	1	0	0	0	5	7

Board Member Name	Geographic Area	Affiliation
Donald Ryan, Chr.	Kalamazoo County	Senior Adult
John Hilliard, V. Chr.	Kalamazoo County	Senior Adult
Thomas L. Danielson	Kalamazoo County	Financial Institution
Kathy Grueter	Kalamazoo County	Senior Adult
Deb Josephson	Kalamazoo County	Emergency Nutrition Service/Senior Adult
Clinton Lewis	Kalamazoo County	DHHS
Kimberly Middleton	Kalamazoo County	Emergency Medical Services
Beulah Price	Kalamazoo County	Senior Adult
Larry Provancher	Kalamazoo County	County Commissioner/Senior Adult
Kelly Quardokus	Kalamazoo County	Elder Law Attorney
Rosamond Robbert	Kalamazoo County	Senior Adult
Beverly Solik	Kalamazoo County	Senior Adult



APPENDIX C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board: 05/11/2016

Outline new or changed criteria that will be used to select providers:

Region IIIA Area Agency on Aging
Proposal Selection Criteria
Fiscal Years 2017-2019

Each proposed service will be evaluated separately with a possible total score of 100 according to the following sections:

1. Program Proposal (50 points)

Each service has a different set of program questions which pertain to that service and its standards specifically.

2. Budget Proposal (30 points)

This section identifies staffing costs, sources of support including local match, projected program income, other resources, and a program budget which is evaluated using the following criteria:

- 10 points – Appropriateness of budget line items
- 15 points – Comparative analysis of cost per unit
- 5 points - Clarity and completeness of budget

3. Organizational Capability (10 points)

5 points – Experience in managing programs relative to the service proposed
5 points – Contractor performance relative to meeting targeting goals, results of assessments, timeliness of reports (if a new contractor, need another question to make the points “equal.”)

4. Application Feasibility and Completeness (10 points)

10 points – Extent to which all the requested materials and points of the RFP were addressed and/or provided.



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017-2019

Region 3-A Area Agency on Aging

FY 2017

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:

7,000

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.

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2017

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, 2016 (FY 2017), 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 2017.

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount
Creating Confident Caregivers	Area Agency on Aging IIIA	20	3,584
Matter of Balance	Area Agency on Aging IIIA	96	17,311
Personal Action Toward Health (Diabetes PATH; Chronic Pain PATH; PATH)	Area Agency on Aging IIIA	80	34,422

DUAL SERVICE COORDINATION CONTINUUM Community-Based Aging and Health Care System

The Dual Service Coordination Continuum serves as a way to graphically represent two service coordination continuums. The upper continuum represents health care services and the lower continuum represents community-based services. Together they show the entire range of service coordination options available to the consumer. Area agency-related options are primarily reflected on the community-based continuum. Boxes 2-5 are to describe service coordination program options. Box 1, Education and Prevention, describes early-on options that can help avoid premature use of more costly service coordination options.

Enter specific information in the continuum boxes provided to show the coordination of service program options available in the planning and service area. If you cannot fit all area programs in the space provided, list only the primary ones. Upload your completed continuum under the Budget and Other Documents tab. (For technical assistance, see completed sample in the Documents Library.)

Planning & Service Area	IIIA				
Type of Continuum	Education and Prevention	Access I&A	Options Counseling	Case Coordination & Support	Care Management
<p style="text-align: center;">Healthcare and Medical Continuum</p>	<p>Hospital based fitness centers; wellness classes; diabetes self-management programs; patient medical homes; nutrition counseling and classes.</p>		<p>Hospital discharge planners Health plan care coordinators</p>	<p>Hospital based care transition intervention with nurse practitioners Primary care physician office care coordinators Medicare certified care coordination services</p>	<p>Health plans Private duty home health agencies</p>
<p style="text-align: center;">Community-Based Support Continuum</p>	<p>Best of Care Catalogue; LGBTQ Guide to Long-Term Care Planning & Resources; Personal Action Toward Health programs; Matter of Balance falls prevention program; YMCA falls prevention and diabetes programs; MSU extension programs.</p>	<p>AAAIIA Information and Assistance Service Disability Network Southwest Michigan Information and Referral 211 Senior and Community Centers ADRC partners.</p>	<p>Disability Network Southwest Michigan OC Service AAAIIA OC Service NFTI counselors</p>	<p>AAAIIA Care Coordination and Support Service</p>	<p>AAAIIA Care Management Service and Targeted Case Management AAA3B and Senior Services MI Choice Waiver PACE program Private Pay care management services</p>

FY 2017 AREA PLAN GRANT BUDGET

Rev. 4/2016

Budget Period: 10/01/16 to 09/30/17

Date: 04/25/16

Agency: Kalamazoo County Health & Community Services

PSA: 0

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	198,233		198,233
2. Fed. Title III-C1 (Congregate)		187,566	187,566
3. State Congregate Nutrition		5,007	5,007
4. Federal Title III-C2 (HDM)		191,396	191,396
5. State Home Delivered Meals		219,546	219,546
8. Fed. Title III-D (Prev. Health)	13,740		13,740
9. Federal Title III-E (NFCSP)	85,354		85,354
10. Federal Title VII-A	9,453		9,453
10. Federal Title VII-EAP	8,638		8,638
11. State Access	14,944		14,944
12. State In-Home	117,032		117,032
13. State Alternative Care	58,829		58,829
14. State Care Management	137,109		137,109
16. St. ANS & St. NHO	53,520		53,520
17. Local Match			
a. Cash	262,687	79,716	342,403
b. In-Kind	15,944		15,944
18. State Respite Care (Escheat)	50,583		50,583
19. MATF & St. CG Support	77,156		77,156
20. TCM/Medicaid & MSO	38,269		38,269
21. NSIP		110,000	110,000
22. Program Income	26,944	137,725	164,669
TOTAL:	1,168,435	930,956	2,099,391

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	75,143	13,606	88,749
State Administration	13,093		13,093
MATF & St. CG Support Administration	6,944		6,944
Other Admin	4,106		4,106
TOTAL AIP Admin:	99,286	13,606	112,892

Expenditures

	FTEs
1. Salaries/Wages	1.29
2. Fringe Benefits	25,933
3. Office Operations	22,910
Total:	119,892

Cash Match Detail

Source	Amount
General Fund	13,606
Total:	13,606

In-Kind Match Detail

Source	Amount
Total:	-

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

Dawn Dierker - Finance Manager
 Administration

Title

4/27/2016
 Date

FY 2017 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Kalamazoo County Health & Community Services
 PSA: _____
 Budget Period: 10/01/16 to 09/30/17
 Date: 04/25/16
 Rev. No.: _____
 Rev. 4/2016 page 2 of 3

SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	St. ANS St. NHO	St. Respite (Escheat)	MATF & St. CG Sup.	TCM-Medicad MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
1. Access																
a. Care Management	80,452		33,842		14,944			137,109	23,304			25,000		120,565		435,216
b. Case Coord/supp	2,564													286		2,850
c. Disaster Advocacy																
d. Information & Assis	10,465		37,974										25,894	13,397		87,730
e. Outreach														2,167		9,667
f. Transportation	7,500															
2. In-Home																
a. Chore																
b. Home Care Assis																
c. Home Injury Cntrl			3,000													
d. Homemaking	22,264					97,810	26,800							333	944	182,688
e. Home Health Aide														671		6,712
f. Medication Mgt	3,319					2,722								2,310		23,089
g. Personal Care	4,750					500	15,529							1,833		18,333
h. Assistive Device&Tech														1,778		70,190
i. Respite Care						16,000				22,255	30,157					
j. Friendly Reassure																
3. Legal Assistance	13,086															
4. Community Services																
a. Adult Day Care																
b. Dementia ADC																
c. Disease Prevent													250			68,633
d. Health Screening													800			51,733
e. Assist to Deaf																
f. Home Repair																
g. LTC Ombudsman	6,774			9,453					30,216					7,844		67,556
h. Sr Ctr Operations																
i. Sr Ctr Staffing	6,093													677		6,770
j. Vision Services																
k. Elder Abuse Prevnt																
l. Counseling	800		6,000	8,638										960		9,598
m. Creat.Conf.CC@CCC			270											756		7,556
n. Caregiver Support		1,620	4,268											1,294		3,184
o. Kinship Support														474		4,742
q. Caregiver E,S,T																
5. Program Develop	39,646															
6. Region Specific																
a. Gap	500															589
h.																
7. CLP/ADRC Services																
8. MATF & St CG Sup Adm																
SUPPRT SERV TOTAL	198,233	13,740	85,354	18,091	14,944	117,032	58,829	137,109	53,520	50,563	77,166	38,269	26,944	262,687	15,944	1,168,435

FY 2017 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 4/2016

Agency: Kalamazoo County Health & Cor Budget Period: 10/01/16 to 9/30/17
 PSA: 0 Date: 04/25/16 Rev. Number 0

page 3 of 3

FY 2017 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

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									
1. Congregate Meals	186,266		5,007		9,500	52,225	27,256		280,254
2. Home Delivered Meals		191,096		219,546	100,500	85,500	52,282		648,924
3. Nutrition Counseling									-
4. Nutrition Education	1,000							111	1,111
5. AAA RD/Nutritionist*	300	300						67	667
Nutrition Services Total	187,566	191,396	5,007	219,546	110,000	137,725	79,716	-	930,956

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

FY 2017 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

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 Services									
1. LTC Ombudsman	6,774	9,453		30,216	13,269	-	7,844	-	67,556
2. Elder Abuse Prevention	-		8,638			-	960	-	9,598
3. Region Specific	-	-	-	-		-	-	-	-
LTC Ombudsman Ser. Total	6,774	9,453	8,638	30,216	13,269	-	8,804	-	77,154

FY 2017 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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
1. Chore	-	-	-	-	-	-	-	-	-
2. Homemaking	-	-	-	-	-	-	-	-	-
3. Home Care Assistance	-	-	-	-	-	-	-	-	-
4. Home Health Aide	-	-	-	-	-	-	-	-	-
5. Meal Preparation/HDM	-	-	-	-	-	-	-	-	-
6. Personal Care	-	-	-	-	-	-	-	-	-
Respite Service Total	-	-	-	-	-	-	-	-	-

FY 2017 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only						
1. Caregiver Sup. Services	-	4,268	-	474	-	4,742
2. Kinship Support Services	-	-	-	-	-	-
3. Caregiver E,S,T	-	-	-	-	-	-
4.	-	-	-	-	-	-
Kinship Services Total	-	4,268	-	474	-	4,742

Planned Services Summary Page for FY 2017

PSA: 0

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 435,216	20.73%			X
Case Coordination & Support	\$ 2,850	0.14%			X
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 87,730	4.18%			X
Outreach	\$ -	0.00%			
Transportation	\$ 9,667	0.46%	X	X	
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ 3,333	0.16%		X	
Homemaking	\$ 182,688	8.70%	X		
Home Delivered Meals	\$ 648,924	30.91%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 6,712	0.32%	X		
Personal Care	\$ 23,089	1.10%	X		
Personal Emergency Response System	\$ 18,333	0.87%	X		
Respite Care	\$ 70,190	3.34%	X		
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ -	0.00%			
Dementia Adult Day Care	\$ 68,633	3.27%	X	X	
Congregate Meals	\$ 280,254	13.35%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ 1,111	0.05%		X	
Disease Prevention/Health Promotion	\$ 51,733	2.46%			X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 57,269	2.73%		X	
Long Term Care Ombudsman/Advocacy	\$ 67,556	3.22%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ 6,770	0.32%		X	
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 9,598	0.46%			X
Counseling Services	\$ 7,556	0.36%	X	X	
Creating Confident Caregivers® (CCC)	\$ 3,184	0.15%			X
Caregiver Supplemental Services	\$ 4,742	0.23%		X	
Kinship Support Services	\$ -	0.00%			
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ 667	0.03%	X		
PROGRAM DEVELOPMENT	\$ 44,053	2.10%			X
REGION-SPECIFIC					
a. Gap	\$ 589	0.03%	X		
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
MATF & ST CG ADMINISTRATION	\$ 6,944	0.33%			X
TOTAL PERCENT		100.00%	17.35%	48.89%	33.77%
TOTAL FUNDING	\$ 2,099,391		\$364,091	\$1,026,436	\$708,864

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

AREA AGENCY ON AGING--OPERATING BUDGET

PSA: Region IIIA

Date of Budget: 04/27/15

Agency: Health & Community Services

Rev. No.: 0

to: 09/30/17

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REVENUES		Program Services/Activities										TOTAL
Admin	Develop	Operations		LTC Ombudsman & EAP	EBDP	Information & Assistance	Care Management	Case Coordination & Support	Support Services	Nutrition Services	Creating Conf Caregivers	TOTAL
		Program	Develop									
75143	39646			24865	12120	48439	173447	2564	37447	488962	1890	904523
20037				43485			433886	11900	10227	224553		744088
13606	4407			8804	38813	13397	166289	587	33223	79716	1294	360136
							-	944	15000	0		15944
11106				4437	800	25894			250	137975	400	180862
119892	44053			81591	51733	87730	773622	15995	96147	931206	3594	2205553

EXPENDITURES		Program Services/Activities										TOTAL
Admin	Develop	Operations		LTC Ombudsman & EAP	EBDP	Information & Assistance	Care Management	Case Coordination & Support	Support Services	Nutrition Services	Creating Conf Caregivers	TOTAL
		Program	Develop									
71049	26106			50352	30397	57128	311170	1968	0	0	1042	996853
25933	9529			18,379	11,094	20852	113577	719			381	323082
								944	15000			549212
												200464
												15944
												0
												0
												0
5,540	2035			3,354	2,044	4031	12252	79			57	29392
												0
												0
												0
												0
1645	605			900	900	2200	4700				533	11483
907	333			500	1,230	200	1000				450	4620
402	148			50	100	200	500				100	1500
960	353			1,056	768	1299	5487	39			57	10019
2267	833			2,800	500	70	5504	46			165	12185
2194	806			1,600	300	200	1700				109	6909
4607	1693			-		100	300					6700
												0
2633	967			2,600	600	1300	8500	300	474	12826	300	30500
1755	645				3,800	150	250				90	6690
119892	44053			81591	51733	87730	464940	4095	15474	12826	3284	885618

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Kalamazoo County Health & Community Services

FISCAL YEAR: FY 2017

SERVICE: Long Term Care Ombudsman/Elder Abuse Prevention

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds Title VII EAP	State Funds	Flow Thru Fed Funds	Match		Other Fed funds Title VII A/OMB	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	4,181	5,331	26,835	2,738	5,433		5,834	50,352
Fringe Benefits	1,525	1,946	9,795	1,000	1,984		2,129	18,379
Travel	233	296	1,492	153	302		324	2,800
Training	134	169	853	87	172		185	1,600
Supplies	120	154	773	79	156		168	1,450
Occupancy	278	355	1,788	182	362		389	3,354
Communications	88	112	563	57	114		122	1,056
Equipment								0
Other:								0
Service Costs	215	275	1,386	141	281		302	2,600
Purchased Services								0
Totals	6,774	8,638	43,485	4,437	8,804	0	9,453	81,591

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

If yes, please describe:

___ Yes ___ X ___ No

SCHEDULE OF MATCH & OTHER RESOURCES #2

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	Cash	In-Kind	Cash	In-Kind
General Funds	8,804			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Kalamazoo County Health & Community Services

FISCAL YEAR: FY 2017

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	76,493	16,732	106,652		111,293			311,170
Fringe Benefits	27,920	6,107	38,927		40,623			113,577
Travel	1,353	296	1,886		1,969			5,504
Training	418	91	584		607			1,700
Supplies	1,523	333	2,127		2,217			6,200
Occupancy	3,012	659	4,198		4,383			12,262
Communications	1,349	295	1,881		1,962			5,487
Equipment								0
Other:	134	30	189		197			550
Service Costs	2,092	457	2,913		3,038			8,500
Purchased Services	34,153		274,529					308,682
Totals	148,447	25,000	433,886	0	166,289	0	0	773,622

SERVICE AREA:

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

If yes, please describe:

Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	Cash	In-Kind	Cash	In-Kind
Local Funds	166,289			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: Kalamazoo County Health & Community Services

FISCAL YEAR: FY 2017

SERVICE: Creating Confident Caregivers

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	514			127	401			1,042
Fringe Benefits	188			46	147			381
Travel	81			20	64			165
Training	54			13	42			109
Supplies	579			143	451			1,173
Occupancy	28			7	22			57
Communications	28			7	22			57
Equipment								0
Other:								0
Service Costs	148			37	115			300
Purchased Services	270				30			300
Totals	1,890	0	0	400	1,294	0	0	3,584

SERVICE AREA: _____
(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe: _____ Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #4 FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	Cash	In-Kind	Cash	In-Kind
General Funds	1,294			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Kalamazoo County Health & Community Services

FISCAL YEAR: FY 2017

SERVICE: Disease Prevention

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	7,122			469	17,226		5,580	30,397
Fringe Benefits	2,599			172	6,286		2,037	11,094
Travel	117			8	283		92	500
Training	479			32	1,158		375	2,044
Supplies	522			34	1,264		410	2,230
Occupancy	23			2	57		18	100
Communications	180			12	435		141	768
Equipment								0
Other: Stipends & Marketing	937			62	2,267		734	4,000
Service Costs	141			9	340		110	600
Purchased Services								0
Totals	12,120	0	0	800	29,316	0	9,497	51,733

SERVICE AREA: _____
(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe: _____ Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #3 **FY 2017**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	Cash	In-Kind	Cash	In-Kind
Local funds	29,316			
MHEF	3,980			
United Way	5,517			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #5**

FISCAL YEAR: FY 2017

AAA: Kalamazoo County Health & Community Services

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	31,541			16,862	8,725			57,128
Fringe Benefits	11,513			6,155	3,184			20,852
Travel	39			20	11			70
Training	110			59	31			200
Supplies	1,436			767	397			2,600
Occupancy	2,226			1,190	615			4,031
Communications	718			383	198			1,299
Equipment								0
Other:	138			74	38			250
Service Costs	718			384	198			1,300
Purchased Services								0
Totals	48,439	0	0	25,894	13,397	0	0	87,730

SERVICE AREA: _____
(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #5 FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	Cash	In-Kind	Cash	In-Kind
General Funds	13,397			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: Kalamazoo County Health & Community Services

FISCAL YEAR: FY 2017

SERVICE: Case Coordination and Support

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	1,602				366			1,968
Fringe Benefits	585				134			719
Travel	37				9			46
Training								0
Supplies								0
Occupancy	64				15			79
Communications	32				7			39
Equipment								0
Other:							944	944
Service Costs	244				56			300
Purchased Services			11,900					11,900
Totals	2,564	0	11,900	0	587	944	0	15,995

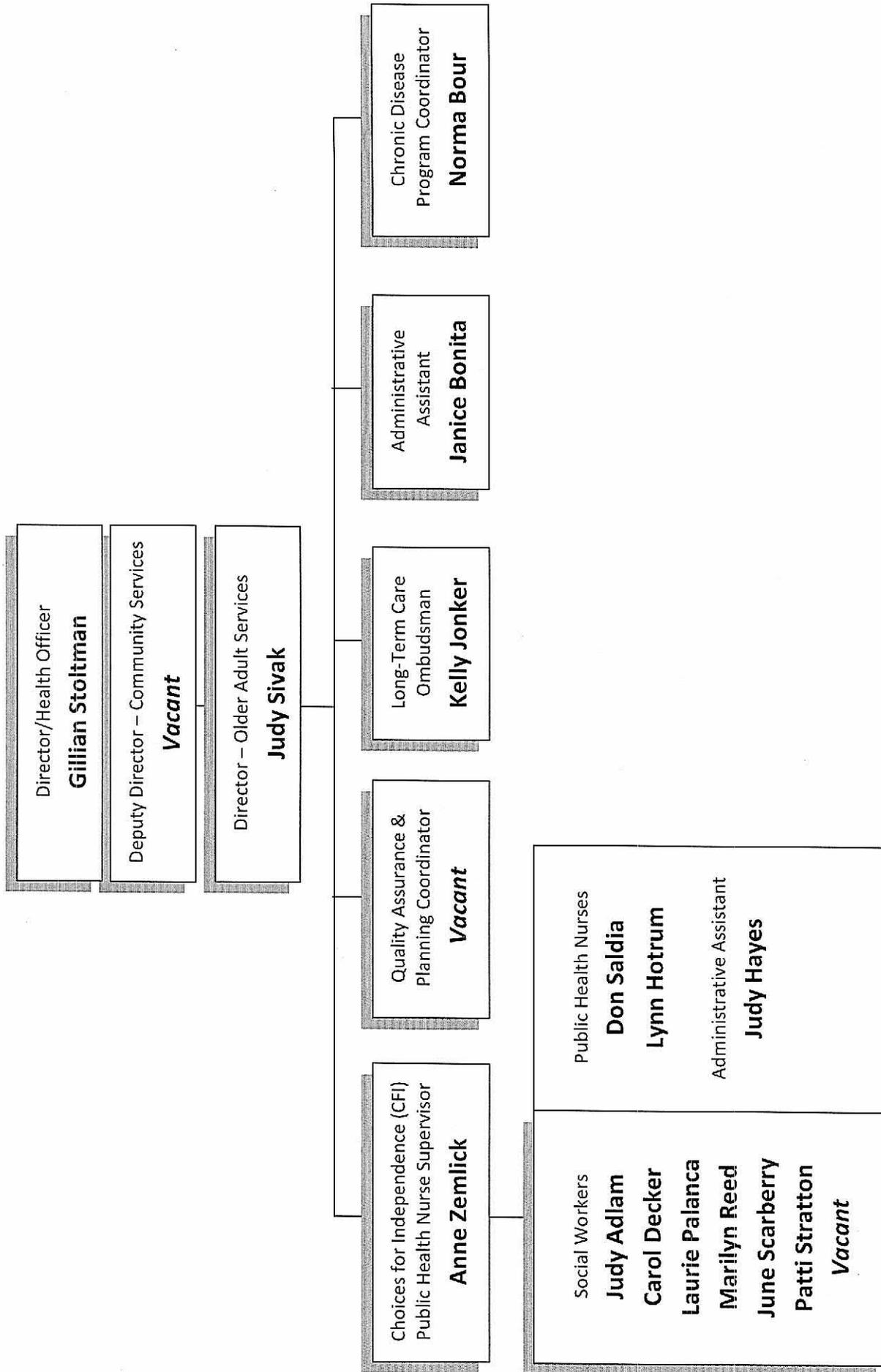
SERVICE AREA: _____
(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?
If yes, please describe: _____ Yes No

SCHEDULE OF MATCH & OTHER RESOURCES #6 **FY 2017**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	Cash	In-Kind	Cash	In-Kind
General Funds	587			
Administrative Costs		944		

Community Services - Area Agency on Agency IIIA



ASSURANCES AND CERTIFICATIONS

The undersigned agency, designated by the Michigan Commission on Services to the Aging to act as the Area Agency on Aging within a given planning and service area, agrees to the following:

1. That the Annual Implementation Plan shall cover the current Fiscal Year.
2. To administer its Annual Implementation Plan in accordance with the Older Americans Act, the Older Michiganians Act, federal and state rules, and policies of the Michigan Commission on Services to the Aging as set forth in publications and policy directives issued by the Michigan Aging and Adult Services.
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from the Michigan Aging and Adult Services.
4. That any proposed revisions to the Annual Implementation Plan initiated by the Area Agency on Aging will be made in accordance with procedures established by the Michigan Aging and Adult Services.
5. That funds received from the Michigan Aging and Adult Services will only be used to administer and fund programs outlined in the Annual Implementation Plan approved by the Michigan Commission on Services to the Aging.
6. That the Area Agency on Aging will undertake the duties and perform the project responsibilities described in the Annual Implementation Plan in a manner that provides service to older persons in a consistent manner over the entire length of the Annual Implementation Plan and to all parts of the planning and service area.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved Area Implementation Plan.
8. That all services provided under the Annual Implementation Plan are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the Michigan Commission on Services to the Aging and issued by the Michigan Aging and Adult Services, including Care Management.
9. That the Area Agency on Aging will comply with all conditions and terms contained in the Statement of Grant Award issued by the Michigan Aging and Adult Services.
10. That the Area Agency on Aging may appeal actions taken by the Commission on Services to the Aging with regard to the Annual Implementation Plan, or related matters, in accordance with procedures issued by the Michigan Aging and Adult Services in compliance with the requirements of the Older Michiganians Act and Administrative Rules.
11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.

13. That the AAA will send copies of the Annual Implementation Plan to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the Area Agency on Aging Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.
15. That the Area Agency on Aging will comply with Federal Regulation 2 CFR, part 180 and certifies to the best of its knowledge and belief that its employees and subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department.
16. That the Area Agency on Aging will comply with all conditions and terms of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975. The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.
17. That the Area Agency on Aging will comply with all conditions and terms of The Elliot Larsen Civil Rights Act, PA 453 of 1976 and the Persons With Disabilities Civil Rights Act, PA 220 of 1976. The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Aging and Adult Services.
18. That the Area Agency on Aging identifies itself as a subrecipient (versus a vendor) of the Aging and Adult Services Agency, Michigan Department of Health and Human Services.
19. That the Area Agency on Aging certifies to the best of its knowledge and belief that reports submitted to the Aging and Adult Services Agency are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. That the Area Agency on Aging is aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject the agency, and its personnel, to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-38120).
20. The signatory on the Signature Page indicates that the Area Agency on Aging is submitting the current Fiscal Year Annual Implementation Plan or Multi-Year Implementation Plan that describes the initiatives and activities which will be undertaken on behalf of older persons within the planning and service area. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

Assurance of Compliance

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

**Assurance of Compliance
With The
Elliot Larsen Civil Rights Act**

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT, PA 453 OF 1976 AND THE PERSONS WITH DISABILITIES CIVIL RIGHTS ACT, PA 220 OF 1976.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Aging and Adult Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting here from, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting here from will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017 - 2019

SIGNATURES

This document covers Fiscal Year 2017. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Signature of Chairperson, Board of Directors	Date
Print Name	
Signature of Area Agency on Aging Director	Date
Print Name	
Area Agency on Aging	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none"> ▪ FY 2017 Area Plan Grant Budget ▪ FY 2017 Direct Service Budgets ▪ Request to Transfer Funds ▪ Waiver for Direct Service Provision ▪ Assurance and Certifications ▪ Assurance of Compliance With Title VI of Civil Rights Act of 1964 ▪ Regional Service Definitions ▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly ▪ Waiver of Minimum Percentage for a Priority Service Category 	