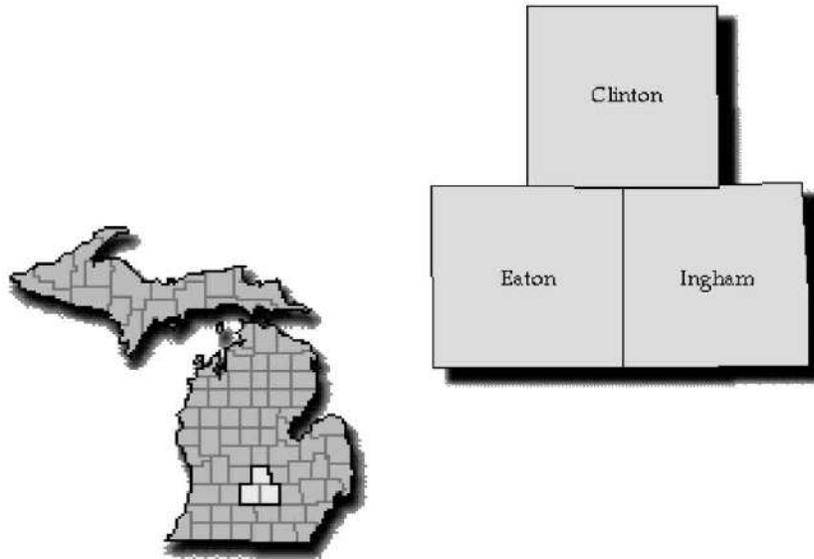


2023-2025 Multi Year Plan
FY 2023 ANNUAL IMPLEMENTATION PLAN
TRI-COUNTY OFFICE ON AGING 6



Planning and Service Area

Clinton, Eaton, Ingham

Tri-County Office on Aging

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BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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Executive Summary

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

Agency and PSA Description

The Tri-County Office on Aging (TCOA) is the Area Agency on Aging for Region 6 serving Clinton, Eaton, and Ingham Counties. TCOA was established as a Consortium of Clinton, Eaton, and Ingham Counties and the Cities of Lansing and East Lansing in 1974 through a regional cooperative agreement under the Michigan Urban Cooperation Act of 1967. TCOA was designated the Area Agency on Aging through the Michigan Bureau of Aging, Community Living, and Supports (formerly Bureau of Aging, Community Living, and Supports) as a response to the 1973 amendments of the federal Older Americans Act. TCOA's mission is to promote and preserve the independence and dignity of the aging population. This mission is at the core of all programs and services the agency provides in its service area and the foundation of the agency's area plans .

Between the 2016 and the 2020 American Community Surveys, the three counties that make up TCOA's service area have seen an estimated 12% increase in the 60 and older population. The older adult population represents 22% of the total tri-county population as of 2020. TCOA has continued prioritizing services to focus on serving individuals considered high risk and needing the most assistance. In the TCOA service area, an estimated 80% of residents are White, 9% Black, 5% Asian, less than 1% Alaska Native, less than 1% Native Hawaiian/Pacific Islander, and 1% identified as some other race, not specified. Additionally, 7% of the total PSA are Hispanic or Latino (of any race).

Agency Strengths, Challenges, and Opportunities

TCOA has provided nearly 50 years of service delivery to both Medicaid and non-Medicaid eligible participants. Agency strengths include being a leader in advocacy for older adults and caregivers at the local and state/regional levels, participating as a pilot for new programs, and maintaining low administrative costs. TCOA prides itself on person-centered service delivery being embedded in the fabric of our culture with deeply rooted relationships in the community. Additionally, TCOA has been approved for renewal of accreditation through the National Committee for Quality Assurance (NCQA). TCOA's 3-year accreditation was renewed in 2022. The process involves reviewing the latest evidence-based best practices and updating policies and procedures to reflect the most relevant processes.

Areas for improvement include enhancing reach to underserved populations, including non- English speaking, black, indigenous, and people of color, LGBTQ+, and homeless populations, expanded caregiver supports, and strengthening relationships with health systems and physician groups. The existence of wait lists for specific programs are also a concern that will continue to receive agency attention. TCOA will also continue to work to prepare for local, state, national, and global natural disasters, personal safety, and health emergencies for effective response.

Agency opportunities include exploration and possible creation of Caregiver Specialist and Housing Specialist positions, improving outcome reports, and continuing to support Senior Millage committees, as able and appropriate.

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Agency Focus Areas

TCOA will continuously prioritize and reprioritize efforts throughout the year around current events and the needs of the community being served. In the coming fiscal years, TCOA will focus on expanding access, eliminating wait lists, quality improvement, advocacy, improving communication and strengthening partnerships, transportation, and caregiving.

Expanding access to programs and services that support people to live independently, strengthening partnerships with organizations that serve or work with the local homeless population, continued examination of social determinants of health, and continued efforts relating to diversity, equity, and inclusion with the internal staff-led committee will inform agency efforts to assist the previously mentioned underserved populations gain access to services.

TCOA will advocate along with the Area Agencies on Aging Association of Michigan and community partners to urge policymakers to expand access to affordable, reliable high-speed Internet for all. Efforts will include exploring technology and support options with focus on rural and low-income communities to increase access to supports and healthcare and combat the effects of loneliness.

Research shows that seniors who are on a waiting list for in-home services are five times more likely to require a higher level of care than those who receive care in the home due to the delay in supports. TCOA plans to advocate for increased funding and explore additional options to reduce and eliminate wait lists for home and community-based services.

TCOA will also focus on quality improvement efforts and explore ways to accurately measure quality and report outcomes.

To assist with increased communication and effective service delivery efforts, TCOA would like to explore the formation of multi-disciplinary workgroups (i.e., law enforcement, first responders, social workers, nurses, Adult Protective Services, legal services, homeless shelter staff, etc.) to review and discuss individual at-risk cases for more effective community-based support.

TCOA would also like to investigate options for increased usability and access to local transportation through improved transportation partnerships focusing on TCOA's consumer demographic needs and advocating for the continuation of public transportation options for cross-county/regional travel.

Supporting formal and informal caregivers in the community, including the direct care workforce remains a priority. Plans include working with community partners to promote and advance evidence-based workshops and information sharing, exploring the model of Caregiver Resource Centers with Area Agencies on Aging throughout the state, empowering the direct care workforce by advocating for equitable wages, training, and career advancement with consistent professional standards, and promoting the availability of the online learning platform Trualta to improve caregiver confidence, reduce stress, and prevent burnout.

2. A description of planned special projects and partnerships.

Medicare/Medicaid Assistance Program – Continue to partner with Capital Area Community Services and Disability Network Capital Area to provide Medicare Medicaid Assistance Program (MMAP) services in the tri-county area.

Evidence-based programs – Strengthen partnerships with health plans, physician groups, and community organizations to expand implementation of evidence-based programs.

Friendly Reassurance – Continue to provide and contract with community partner Retired Senior Volunteer Program (RSVP) to organize calls that serve as a check-in to help combat social isolation among older adults and can serve as a bridge to additional resources.

Food and Friendship Connections – Nutritional and peer support for individuals living with HIV.

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Reaching the Underserved - Strengthen partnerships with organizations that serve or work with the local homeless population.

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

TCOA is continually searching out methods to improve efficiencies and save money. Some ways the agency is working on improving include:

- Implementing an emergency preparedness communication tool (Everbridge)
- Researching technology upgrades
- Developing a process and schedule for electronic file maintenance and software training
- Exploring more comprehensive and integrated software, database, and reporting options (including Information & Assistance, Finance, etc.)

Accreditation Status

The National Committee for Quality Assurance (NCQA) has awarded TCOA's MI Choice Program its highest accreditation of Case Management Accreditation for 3 years for service and quality that demonstrates strong performance of NCQA's rigorous requirements for case management. Accreditation demonstrates the agency's dedication to quality and that specific minimum standards have already been met.

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

While TCOA had to close its office to the public per the Governor's Executive Order on March 13, 2020, staff began working remotely, maintaining regular contact with clients, and performing eligibility assessments, case management appointments, Medicare Medicaid Assistance Program calls, evidence-based programs when allowable, and other services through online platforms or more often via telephone. TCOA coordinated delivery and pickup of Personal Protective Equipment (PPE) to providers for direct care workers as well as clients. TCOA Meals on Wheels home-delivered meals decreased the delivery schedule to one day a week in order to minimize contact between volunteers and participants, as well as kitchen staff. However, participants continued to get up to a week's worth of meals. In-person dining at Congregate Senior Dining sites was stopped and meal pickups were offered at 24 different locations across the tri-county area instead. Special projects to increase access to food and PPE, reduce social isolation, and reduce loneliness were possible through grants from community partners and the Bureau of Aging, Community Living, and Supports (formerly Aging & Adult Services Agency) of the MI Department of Health and Human Services. TCOA also launched Friendly Reassurance Calls to assist with combatting loneliness, as well as informal weekly calls on Tuesdays for Nutrition program participants with the Community Nutrition Manager. TCOA contracted a previous employee to assist with vaccine appointment scheduling and navigation as well as transportation arrangements as needed. Additionally, as opportunities presented, TCOA offered informational materials about the COVID-19 vaccines and vaccination site locations.

As mandates were lifted TCOA continued to pivot to meet the needs of older adults, adults with disabilities, and their caregivers. Staff continuously monitored current guidelines and took all measures to return programs and services safely and slowly to current status. The office is open to the public, though appointments help to ensure staff availability as hybrid and full-time telecommute schedules continue for some staff. Home Delivered Meals is transitioning back to Monday-Friday delivery with the continued option to receive meals just once a week. As

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of April 2022, 14 of the 21 Congregate Dining Sites are open for in-person dining or to-go meals. In-home services continue with TCOA Supports Coordinators conducting a hybrid assessment where most is done virtually or over the phone, while the environmental assessment occurs in-person in the home. Evidence-based programs remain virtual with a mailed toolkit and weekly phone option for Diabetes Personal Action Toward Health (PATH) and Chronic Pain PATH. TCOA continues to assist older adults with vaccine and booster access. Postcards were mailed to a list of older adults in our area with the invitation to contact TCOA if they need assistance scheduling or getting to a vaccine or booster appointment.

Challenges include vaccine access for clients unable to leave the home, continued hesitancy, direct care worker shortages, and the unknown of how safe clients are as we progress. TCOA is continuously balancing safety with the ever-changing rules serving the most vulnerable population in the pandemic. Mandate changes that may be acceptable for the general population may also put the older adult population at a heightened risk of exposure and infection.

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

Existing efforts continue with no significant new priorities, plans or objectives for the use of OAA and state funding during the MYP outside of the ACLS Bureau required goal.

6. A description of the area agency's assessment of the needs of their service population. See Operating Standard for AAAs C-2, #4.

The Tri-County Office on Aging needs assessment to inform the Fiscal Years 23-25 Multi-Year Plan (MYP) included in-person and virtual community forums (8 total), phone and online/paper surveys (935 responses received), staff discussion, and service data review. Thousands of hard copy surveys were shared and even more had access to the survey online or over the phone.

Request for input was published in local media outlets through a press release and email blasts were sent to providers, community partners, and many organizations and groups that serve or work with Black, Indigenous, People of Color (BIPOC), the LGBTQ+ community, and other disadvantaged groups. The surveys and information on how to participate in the needs assessment and provide input was also shared with local dining sites, senior centers, faith-based organizations, clients, staff, shared at external community meetings and via social media. The agency hired Mitchell Research to conduct a local phone survey of Clinton, Eaton, and Ingham Counties. The phone survey resulted in 490 older adult and caregiver respondents in the TCOA service area. The agency sent out an almost identical survey to thousands of older adults, adults with disabilities, caregivers, providers, community partners, and groups and organizations that represent and/or advocate for underserved and marginalized populations with approximately 445 community surveys returned to the agency, with an additional 41 provider and community partner specific surveys. The TCOA planner also visited senior apartment complexes and dining sites throughout the service area to facilitate discussion on unmet needs, barriers, or identified programs and services that could be explored in our area, as well as additional virtual forums for the same purpose. Service data, especially from Information and Assistance and the Community Resource Navigators was also considered.

Survey findings show that the biggest unmet needs identified by respondents were food or nutritious food options, affordable housing, door to door transportation, home maintenance and chore services, personal care assistance, and transportation. The biggest health concerns selected the most include a fear of falling, losing independence, not being able to do the things they enjoy, coping with pain, and managing a chronic condition.

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Also, when looking for information on help needed, most respondents said they go to the Internet, friend/neighbor or relative, or 211 or another information and referral service.

Discussions at the forums, both in-person and virtual, included topics such as older adult and tenant rights/legal help, affordable health care, access to nutritious foods, how getting groceries can be challenging, light housekeeping tasks, and health and wellness class interest.

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County/Local Unit of Government Review

The Tri-County Office on Aging Administrative Board (Tri-County Aging Consortium) is made up of representatives from five local units of government: Clinton, Eaton & Ingham Counties, and the Cities of Lansing & East Lansing. TCOA Advisory Council older adult members are appointed by their respective local units of government. Both the Advisory Council and Board review, recommend approval of or changes to the Multi-Year Plan (MYP).

TCOA sent a request to local units of government via email with signature confirmation by June 24, 2022, to review and approve the MYP no later than July 12, 2022, advising of the attached electronic copy of the plan, as well as the availability of the MYP on the area agency's website or by request, with instructions for how to view and print the document. The request stated that if a response is not received by July 14, 2022, the MYP will then be considered passively approved by that unit of government. The area agency will notify the appropriate Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022 whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP.

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Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
05/09/2022	Tri-County Office on Aging	11:00 AM	Yes	1
05/10/2022	Briggs District Library	02:00 PM	Yes	2
05/10/2022	ALIVE	04:30 PM	Yes	2
05/11/2022	Kiwanis Village of Mason	04:30 PM	Yes	0
05/12/2022	Microsoft Teams	01:00 PM	Yes	30

The Tri-County Aging Consortium held five public hearings throughout the service area to solicit input on its Fiscal Year 2023-2025 Multi-Year Plan. A total of 35 individuals participated in the public hearings. Public comments are attached. E-mail and written testimony on the MYP/AIP were accepted for 30 days after April 24, the date when the summary of the MYP was made available. In general, individuals were supportive of the area plan and the agency. Comment topics included the need for minor home repairs (or funding for this service), individual identity, community resources and opportunities, need for increased attendance at forums and hearings, increased involvement with Senior Centers, and various supportive comments. TCOA Public Hearings complied with the Open Meetings Act, including that all in-person hearings were at accessible locations.

The notice, including request for comment and participation, was published in local media outlets through paid notice in the Lansing State Journal and The New Citizen Press, and a press release to numerous local media partners. The public hearings notice was available on April 3, at least 30 days in advance of the first scheduled hearing. E-mail blasts with hearing information and how to submit a comment were sent to providers and community partners, (i.e. local dining sites, senior centers, and faith-based organizations) and many organizations and groups that serve or work with Black, Indigenous, People of Color (BIPOC), the LGBTQ+ community, and other underserved groups. The information was shared with TCOA's Advisory Council and Administrative Board. Notice was also posted on TCOA's website, Facebook page, and shared in the agency e-newsletter.

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Regional Service Definitions

Service Name/Definition
Crisis Services for the Elderly - Assistance paying for such things as a utility bill, prescription medications and emergency shelter with a maximum of \$300 spent per unduplicated client each fiscal year.

Rationale (Explain why activities cannot be funded under an existing service definition.)
This program is designed to assist individuals in facing non-medical emergencies, usually prescription costs, emergency shelter and utility crises. Assistance is limited to a maximum \$300 per person per fiscal year and individuals never directly receive money. This program serves as a vital role in helping to keep individuals living in the community and does not fit with any current ACLS Bureau service definitions .

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input checked="" 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 checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input checked="" type="checkbox"/> Other Fundraising	One unit equals one individual served.

Minimum Standards

1. This service will provide assistance to individuals sixty years of age and older living in Clinton, Eaton or Ingham counties.
2. Program staff shall assess each request for assistance through the Crisis Services for the Elderly process by obtaining name, address, phone number, utility bill information and other resources the individual has approached for assistance.
3. The program shall maintain linkages with Information and Assistance programs, utility companies, local Department of Human Services and other local agencies that provide assistance for utilities.
4. The program shall develop a network of community resources to refer individuals to when other needs are identified.
5. Program staff shall be knowledgeable of community resources and have the ability to share information in a manner which empowers individuals and/or their family.

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Service Name/Definition				
Community Living Services (CLS) - CLS facilitate an individual's independence and promote reasonable participation in the community. CLS can be provided in the participant's residence or in community settings as necessary in order to meet support and services needed sufficient to meet nursing facility level of care needs.				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
This service provision will facilitate the seamless delivery of supports and services to clients regardless of the payment source being used.				
Service Category	Fund Source			Unit of Service
<input checked="" type="checkbox"/> Access	<input type="checkbox"/> Title III PartB	<input type="checkbox"/> Title III PartD	<input checked="" type="checkbox"/> Title III PartE	Comprehensive Community Support per 15 minutes
<input type="checkbox"/> In-Home	<input type="checkbox"/> Title VII	<input type="checkbox"/> State Alternative Care	<input type="checkbox"/> State Access	
<input type="checkbox"/> Community	<input type="checkbox"/> State In-home	<input type="checkbox"/> State Respite		
	<input checked="" type="checkbox"/> Other _____			

Minimum Standards

Traditional Service:

1. Each direct service provider must have written policies & procedures compatible with General Operating Standards for Waiver Agents & Contracted Direct Service Providers, & minimally, Section A of General Operating Standards for MI Choice Waiver Service Providers.
2. Community Living Services (CLS) include:
 - a. Assisting, reminding, cueing, observing, guiding &/or training in the following activities:
 - (i) meal prep; (ii) laundry; (iii) routine, seasonal, & heavy household care & maintenance; (iv) activities of daily living such as bathing, eating, dressing & personal hygiene &, (v) shopping for food & other necessities of daily living.
 - b. Assistance, support, &/or guidance with: (i) money management; (ii) non-medical care (not requiring nursing/physician intervention); (iii) social participation, relationship maintenance, & building community networks to reduce personal isolation; (iv) transportation (excluding to & from medical appointments) to & from participant's residence & community activities; (v) participation in regular community activities incidental to meeting individual's community living preferences; (vi) attendance at medical appointments, (vii) procuring goods & services necessary for home & community living.
 - c. Reminding, cuing, observing &/or monitoring of medication administration.
 - d. Staff assistance with preserving the health & safety of the individual in order that he/she may reside & be supported in the most integrated independent community setting.
3. When transportation incidental to provision of CLS is included, the Area Agency on Aging (AAA) shall not also authorize it as a separate service for participant. The Medicaid state plan covers transportation to medical appointments through Department of Health and Human Services & AAA shall not authorize the same as a component of CLS.
4. CLS excludes costs associated with room & board.
5. AAA shall authorize CLS when necessary to prevent institutionalization of participant served.
6. AAA cannot provide CLS where service duplicates services available under Medicaid state plan, through MI Choice waiver, or elsewhere. When more than one service is included in participant's plan of care, AAA must clearly distinguish services by unique hours & units approved.

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7. Individuals providing CLS must be at least 18 years of age, have the ability to communicate effectively both orally & in writing & follow instructions.
8. Members of a participant's family, excluding participant's spouse, may provide CLS to participant.
9. Family members who provide CLS must meet same standards as providers who are unrelated to individual.
10. AAA &/or provider agency must train each worker to properly perform each task required for each participant before service delivery. Supervisor must assure each worker can competently & confidently perform every task assigned for each participant served.
11. When CLS services provided to participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, individual furnishing CLS must have previous relevant experience or training & skills in housekeeping, household management, good health practices, observation, reporting, & recording information. Also, skills, knowledge, &/or experience with food prep, safe food handling procedures, & reporting & identifying abuse & neglect are highly desirable.
12. When CLS services provided to participant include tasks specified in 2.a.iv, 2.b.ii, 2.c & 2.d above, direct service providers furnishing CLS must also:
 - a. Be supervised by a registered nurse (RN) licensed to practice nursing in the State of Michigan. At the state's discretion, other qualified individuals may supervise CLS providers. Supervisor shall be available to direct care worker at all times worker is furnishing CLS services.
 - b. Develop in-service training plans & assure all workers providing CLS services are confident & competent in the following areas before delivering CLS services to program participants, as applicable to needs of that participant: safety, body mechanics, & food prep including safe & sanitary food handling procedures.
 - c. Provide an RN to individually train & supervise CLS workers who perform high-level, non-invasive tasks such as maintenance of catheters, feeding tubes, minor dressing changes, & wound care for each participant who requires such care. Supervising RN must assure each workers confidence & competence in performance of each task required.
 - d. Be trained in first aid & cardio-pulmonary resuscitation.
 - e. It is strongly recommended that each worker delivering CLS services complete a certified nursing assistance training course.
13. Each direct service provider who chooses to allow staff to assist participants with self- medication, as described in 2.c above, shall establish written procedures governing assistance given. These procedures shall be reviewed by a consulting pharmacist, physician, or RN & shall include, at a minimum:
 - a. The staff authorized to assist participant & under what conditions such assistance may take place. This must include a review of the type of medication participant takes & its impact upon participant.
 - b. Verification of prescription medications & their dosages. Participant shall maintain all medications in their original, labeled containers.
 - c. Instructions for entering medication information in participant files.
 - d. A clear statement of participant's & participant's family's responsibility regarding medications taken by participant & the provision for informing participant & participant's family for provider's procedures & responsibilities regarding assisted self-administration of medications.
14. When CLS services provided to participant include transportation described in 2.b.iv & 3 above, following standards apply:
 - a. AAA may not use funding to purchase or lease vehicles for providing transportation services to participants.

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- b. Vehicle and driver must be appropriately licensed by Secretary of State. Provider must cover all vehicles used with liability insurance.
- c. All paid drivers for transportation providers supported entirely or in part by CLS funds shall be physically capable & willing to assist persons requiring help to & from & to get in & out of vehicles. Provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.
- d. Provider shall train all paid drivers for transportation programs supported entirely or in part by CLS funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.
- e. Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

Self-Determination:

1. When authorizing CLS for participants choosing self-determination option, AAA's must comply with items 2-6 of Minimum Standards for Traditional Service Delivery specified above.
2. Each chosen provider must minimally comply with Section C of General Operating Standards for MI Choice Waiver Service Providers.
3. Each chosen provider furnishing transportation as a component of this service must have a valid Michigan driver's license.
4. When CLS services provided to participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, worker furnishing CLS must have previous relevant experience or training & skills in housekeeping, household management, good health practices observation, reporting, & recording information. Also, skills knowledge, &/or experience with food prep, safe food handling procedures, & reporting & identifying abuse & neglect are highly desirable.
5. When CLS services provided to participant include tasks specified in 2.a.iv, 2.b.ii, 2.c & 2.d above, worker furnishing CLS must also be trained in CPR. This training may be waived when providing services to a participant with a Do Not Resuscitate order.

Service Name/Definition		
Enhanced Adult Day Care Service: Adult Day Care centers will provide well-being contacts with their participants in lieu of in-person center programming.		
Rationale (Explain why activities cannot be funded under an existing service definition.)		
This expanded definition allows service partners to continue providing expanded and modified services, as defined, during and beyond the state of emergency. The well-being conversations are crucial to provide socialization necessary to prevent feelings of isolation and support to caregivers, all while protecting the health and safety of the participants.		
Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input checked="" 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 _____	15 minutes

Minimum Standards

Minimum Standards set for Adult Day Services apply to this expanded definition.

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Access Services

Care Management

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars		Total of State Dollars	\$215,913.00

Geographic area to be served
Clinton, Eaton, and Ingham counties

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

Provide Care Management services to a minimum of 80 clients in Region 6 (Clinton, Eaton and Ingham Counties).
Conduct a minimum of 400 initial assessments. Develop a minimum of 80 care plans.
Conduct a 90-day assessment, then assess annually; Person Centered Service Plan review conducted every 180 days.
Arrange and monitor services as needed.
Transition eligible Care Management clients to the MI Choice program as funding allows. Comply with all minimum standards and quality assurances.

Expected Outcome:

A minimum of 80 individuals will be able to remain in their own home. Individuals not eligible for Home and Community Based Waiver (MI Choice) will have services to assist them in remaining in the community, if funding allows. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices.

Number of client pre-screenings:	Current Year:	417	Planned Next Year:	438
Number of initial client assessments:	Current Year:	400	Planned Next Year:	420
Number of initial client care plans:	Current Year:	72	Planned Next Year:	80
Total number of clients (carry over plus new):	Current Year:	72	Planned Next Year:	80
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:35	Planned Next Year:	1:35

Case Coordination and Support

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$5,000.00	Total of State Dollars	\$15,637.00

Geographic area to be served
Clinton, Eaton, and Ingham counties

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

Provide Case Coordination and Support services to 100 clients in Region 6.
Conduct assessments for all new clients and reassessments every 6 months. Secure and monitor appropriate

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in- home services.

Refer clients to other services as needed. Adhere to all minimum standards.

Expected Outcome:

Individuals not eligible for Home and Community Based Waiver (MI Choice) will have services to assist them in remaining in the community, if funding allows. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices supports and services.

Disaster Advocacy & Outreach

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
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Total of Federal Dollars	\$100.00	Total of State Dollars	
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Geographic area to be served

Clinton, Eaton, and Ingham counties

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

Work to prepare for and effectively respond to local, state, national, and global natural disasters, personal safety, and health emergencies.

Strategize and build capacity during noncrisis periods to collect and disseminate relevant information, gauge the situation, plan for contingencies, and stock necessary supplies.

Actively collect and distribute educational materials of accurate and relevant response and recovery efforts to staff, clients, and community members.

Have staff attend or arrange relevant trainings and meetings.

Review and update the Emergency Preparedness and Response Plan as needed, building on lessons learned relating to the pandemic.

Strengthen and maintain relationships with the local Health Departments and other community partners essential to response efforts at the local level.

Participate in a minimum of 10 planning meetings regarding disaster preparedness.

Expected Outcome:

TCOA staff will act swiftly and appropriately during times of local, state, national, and global natural disasters, personal safety, and health emergencies due to preparation for such events.

Information and Assistance

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
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Total of Federal Dollars	\$43,773.00	Total of State Dollars	\$27,953.00
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Geographic area to be served

Clinton, Eaton, and Ingham counties

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

Provide I&A services to a minimum of 5,000 older adults, family members or community members.

Secure signed contracts for general I&A services that were selected through a Request for Proposal process.

Monitor I&A contracts with service providers for compliance, including person-centered thinking, annually.

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Monitor the number of individuals assisted through I&A, including individuals who are considered minority, each quarter.

Provide Caregiver I&A services to a minimum of 850 caregivers.

Refer caregivers to identified services through a person-centered process. Adhere to all minimum standards.

Expected Outcome:

There will be a more informed population through Information and Assistance services available in Clinton, Eaton and Ingham counties.

Caregivers will seek needed assistance to reduce the stress associated with their caregiving role.

Outreach

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$45,000.00	Total of State Dollars	\$27,953.00

Geographic area to be served

Clinton, Eaton, and Ingham counties

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

Provide outreach services to a minimum of 25,000 individuals sixty years of age and older and family members/caregivers living in Clinton, Eaton, and Ingham counties.

Provide a minimum of 36 presentations to senior, caregiver, or community groups regarding agency services, averaging three per month.

Participate in a minimum of 6 health and information fairs in the community.

Expected Outcome:

Greater community awareness of TCOA resources for older adults, their family members and agencies that assist older adults and persons with disabilities. Older adults with utility or prescription crises will have access to assistance with paying utility bills by hearing about the Crisis Services for the Elderly program. Kinship caregivers will be better equipped to handle caregiving responsibilities because of access to self-care resources and information on avoiding burnout.

Options Counseling

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$7,500.00	Total of State Dollars	

Geographic area to be served

Clinton, Eaton, and Ingham counties

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

Provide Options Counseling services to a minimum of 50 participants, including family members and caregivers. Monitor the number of individuals assisted through Options Counseling, each quarter. Refer to appropriate services through a person-centered process.

Adhere to all minimum standards.

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Expected Outcome:

Options Counseling participants will be more informed and empowered to make choices about long-term supports and services.

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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$18,819.00

Total of State Dollars

Geographic Area Served Clinton, Eaton, and Ingham counties

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

Evidence-based programs include Diabetes PATH (Personal Action Toward Health), Chronic Pain PATH, A Matter of Balance: Managing Concerns about Falls (MOB), Powerful Tools for Caregivers (PTC), and Creating Confident Caregivers® (CCC). Diabetes PATH and Chronic Pain PATH are self-management programs originally developed by Stanford University. Both workshops provide the participants an opportunity to learn tools and techniques to better manage their health condition and improve self-efficacy. Content focuses on the day-to-day management of diabetes and chronic pain, respectively. MOB is a structured group intervention proven to help older adults reduce their risk of falling and assist in working to overcome the fear of falling. Content focuses on fall prevention strategies and exercise. PTC is a program designed to help non-professional caregivers take better care of themselves while caring for a family member or friend. Content focuses on self-care for the caregiver.

Goals:

- Continue to expand access to evidence-based disease prevention programs in the tri-county area.
- To help older adults and persons with disabilities function as independently as possible .
- To provide support to families assisting aging and disabled relatives .
- To increase awareness of diabetes self-management, chronic pain management, caregiver self-care and fall prevention strategies.
- To enable clients to take charge of their health and healthcare through interactive education , self-management coaching and empowerment.
- To provide current evidence-based education in an open and conducive environment. Planned Activities:
- Explore alternative and additional fund sources available to expand and sustain evidence-based programs.
- Seek out community partners and train new Coaches, Lay Leaders, and Master Trainers for these programs, as needed.
- Seek out community organizations that serve diverse and underserved populations as partners to offer these programs to otherwise overlooked individuals.
- Serve at least 50 people in the tri-county area per year providing Diabetes PATH workshops.
- Serve at least 60 people in the tri-county area per year providing Matter of Balance workshops.
- Serve at least 15 people in the tri-county area per year providing Chronic Pain PATH workshops.
- Serve at least 30 people in the tri-county area per year providing Powerful Tools for Caregiver workshops .
- Hold 6 D-PATH workshops a year.
- Hold 6 Matter of Balance workshops a year.
- Hold 2 Chronic Pain PATH workshops a year.
- Hold 4 Powerful Tools for Caregivers workshops a year.

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

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

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

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

Since the Michigan Health Endowment Fund grant ended, TCOA has taken steps to help continue these important offerings as community interest persists. Supplementary funding sources are continually explored and include local partners for specific class offerings. Additional efforts included a full time Registered Dietician to oversee the programs.

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

There was no discussion at the public hearings relating to Disease Prevention/Health Promotion, specifically.

Congregate Meals

<u>Total of Federal Dollars</u>	\$608,420.00	<u>Total of State Dollars</u>	\$9.365.00
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Geographic Area Served Clinton, Eaton, and Ingham counties

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

GOAL: Provide a minimum of 62,000 hot, nutritious meals to a minimum of 950 seniors at Senior Dining Sites.

EXPECTED OUTCOME: 950 older adults will be provided with 1/3 of their minimum daily nutritional requirements and have an opportunity to socialize with their peers.

Work plan including activities and expected outcome :

- Prepare meals from the Central Kitchen location and provide service at the Senior Dining Site locations
- Provide a minimum of 100 congregate meals through the Senior Dine Card program targeting low-income and rural older adults.
- Provide nutrition education monthly to participants at each dining site location
- Conduct a minimum of 3 nutrition council meetings.

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-Comply with all minimum standards.

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

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

Although all of the above provisions are applicable to some degree, provisions (A) and (C) are the most accurate and applicable to the Congregate Meals program.

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

Tri-County Office on Aging (TCOA) has actively sought other providers to administer the Congregate Nutrition Program by putting out a Request for Proposal for providing this service every three years and no one has answered the requests. Bureau of Aging, Community Living, and Supports asked TCOA to assume the Congregate Nutrition Program, therefore, TCOA has assumed the role. This provision is necessary to assure an adequate supply of congregate meals in Region 6.

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

There was no discussion at the public hearings relating to Congregate Meal service. There was acknowledgment of the service in a positive tone with gratitude for the offering.

Home Delivered Meals

<u>Total of Federal Dollars</u>	\$557,037.00	<u>Total of State Dollars</u>	\$467,017.00
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Geographic Area Served Clinton, Eaton, and Ingham counties

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

GOAL: Provide a minimum of 400,000 well balanced, nutritious meals to a minimum of 2,000 older adults who qualify for Meals on Wheels.

EXPECTED OUTCOME: Meals on Wheels participants will receive 1/3 of their daily nutritional minimum requirements and have at least a 75% satisfaction rate with the food.

Work plan including activities and expected outcome :

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- Assess/reassess Meals on Wheels participants to assure they qualify for Meals on Wheels and that they are receiving the meal options of their choice.
- Meal Plan options include
 - Hot meals delivered up to 5 days per week with an optional entrée and/or frozen meals for the weekend
 - A week's worth of Frozen meals delivered once per week
 - A week's worth of Cold meals delivered once per week
 - Liquid meals delivered once per week
- Recruit and maintain a volunteer pool adequate to deliver meals throughout the tri-county region. Provide monthly nutrition education materials
- Conduct annual satisfaction surveys
- Conduct a minimum of 4 Nutrition Council meetings each fiscal year.
- Comply with all minimum standards.

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

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

Although all of the above provisions are applicable to some degree, provisions (A) and (C) are the most accurate and applicable to the Home Delivered Meals program.

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

TCOA has been providing Home Delivered Meals since 1976, this includes extensive support from the TCOA Finance and Human Resources Departments as well as technical and supervisory supports. Home Delivered Meals receive local donations and other in-kind supports to help maintain this program. TCOA has actively sought out other providers by putting out a Request for Proposal for this program every three years and no one has answered the request. Michigan Bureau of Aging, Community Living, and Supports asked TCOA to assume the Home Delivered Meals program, therefore, TCOA has assumed the role. This provision is necessary to assure an adequate supply of home delivered meals in Region 6. The Ingham County Elder Services Millage provides significant support to the Nutrition Program to avoid wait lists for Home Delivered Meals and to expand congregate meals.

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

There was no discussion at the public hearings relating to Home Delivered Meals service. There was acknowledgment of the service in a positive tone with gratitude for the offering.

Creating Confident Caregivers

Total of Federal Dollars \$7,500.00

Total of State Dollars

Geographic Area Served Clinton, Eaton, and Ingham counties

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

GOALS: Recruit and train at least one additional trainer.

EXPECTED OUTCOME: Creating Confident Caregivers® (CCC) participants will be more informed and learn skills and attitudes to manage stress to effectively care for their person with dementia .

Work plan including activities:

- Communicate with local organizations to reach individuals who would be interested in becoming a CCC trainer.
- Provide at least 4 CCC classes to at least 30 caregivers.
- Attend local events and promote CCC program.
- Staff members will organize, publicize and teach the CCC classes to non-professional caregivers in the planning and service area.

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

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

(A) - This program meets the needs of a population of caregivers that no other evidence-based disease prevention program in the area does.

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

When the grant from the Michigan Office of Services to the Aging (now ACLS Bureau) to directly provide these

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classes expired, the demand for the program continued and TCOA received authorization to continue providing these classes directly. Currently the agency has one Master Trainers and an additional trainer for Creating Confident Caregivers® with the goal of increasing the number of trainers in the future.

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

There was no discussion at the public hearings relating to Creating Confident Caregivers®, specifically.

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

Provision of such services by the Area Agency is necessary to assure an adequate supply of such services. Crisis Services for the Elderly (CSE) is a twenty-four-hour hotline for seniors with non-medical emergencies and is designed to help older adults resolve problems in times of crisis. For this program, a crisis is defined as a situation an older adult encounters that needs an immediate response for which the client sees no clear or obvious resolution. CSE is available to older adults in the Greater Lansing area age sixty or older. There is also an energy assistance component to the Crisis program which serves seniors in all of Clinton, Eaton and Ingham counties who have received a utility shut-off notice, or who heat their homes with deliverable fuel and in a crisis situation. In Fiscal Year (FY) 2021, 34% of those who called Crisis Services for the Elderly received financial assistance. An approximately 31% of the individuals that reached out were minority. It is projected that this program will continue to grow and serve more seniors as the need grows. In order to assist the number of individuals with these urgent needs, the Area Agency needs to continue to provide this service.

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

There was no discussion at the public hearings relating to Crisis Services for the Elderly, specifically.

Community Living Services

Total of Federal Dollars \$52,000.00

Total of State Dollars

Geographic Area Served Clinton, Eaton, and Ingham counties

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

1. To assist appropriate individuals, preserving their health and safety in order that he/she may reside and be supported in the most integrated independent community setting of their choice.
2. Assist participants to and from community activities to allow client participation in regular community activities incidental to meeting the individual's community living preferences .
 - a. Waiver program staff to schedule appointments and fund non-emergency medical transportation for waiver clients.

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

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

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

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

Community Living Services (CLS) facilitate an individual's independence and promote reasonable participation in the community. CLS can be provided in the participant's residence or in community settings as necessary in order to meet support and service needs for clients who meet nursing facility level of care. This helps to ensure that older adults and persons with disabilities are able to stay in their own homes, should they choose, instead of residing in nursing facilities. This saves the state money and improves the quality of life for the individuals served.

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

There was no discussion at the public hearings relating to CLS, specifically.

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Enhanced Adult Day Care Service

Total of Federal Dollars \$200.00

Total of State Dollars

Geographic Area Served Clinton, Eaton, and Ingham Counties

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

Goals include lowering the risk of infection among the older adult population served and mitigating social isolation and loneliness among participants.

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

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

(B) Such services are directly related to the Area Agency's administrative functions.

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

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

Due to the ongoing development of COVID-19 variants and the fact that older adults are at higher risk of infection and death, Adult Day Care centers may offer well-being contacts with their participants in lieu of in-person center programming. Some participants are still not comfortable with in-person programming but desire to feel connected. Allowing providers to offer well-being checks also increases person-centered service provision, when allowable, and helps mitigate social isolation and loneliness among participants.

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

Enhanced Adult Day Center Services were not specifically discussed at the public hearings.

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Program Development Objectives

Area Agency on Aging Goal

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

State Goal Match: 1, 4

Narrative

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, TCOA strives to identify and provide toward the increasing service needs to black, indigenous and people of color as well as LGBTQ+ adults over age 60. All older adults deserve to age with dignity and respect.

Objectives

1. Increase services provided to Black, Indigenous and people of color and the LGBTQ+ communities.
Timeline: 10/01/2022 to 09/30/2023

Activities

- > Facilitate connections with culturally and/or linguistically specific organizations to reach more members of the listed communities.
- > Strategize a targeted approach to increase access to assistance with MMAP and other public benefits .
- > Connect with medical community, physician organizations, and health plans.
- > Connect with neighborhood organizations.

Expected Outcome

Connections with local organizations will increase and improve communication about local programs and services, and also assist with planning efforts as the agency learns from partners how to better serve and reach marginalized communities and underserved populations. Health outcomes in the community will improve.

2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
Timeline: 10/01/2022 to 09/30/2023

Activities

- > Offer diversity, equity, and inclusion in-service trainings to all staff at least twice a year.
- > Request all subcontractors perform and report on diversity, equity, and inclusion in-service trainings.
- > Share additional materials and resources, as necessary.

Expected Outcome

Community members will receive more complete and relevant care with respect and dignity due to staff and providers being more educated on implicit bias, cultural competencies, and root causes of racism. Health outcomes in the community will improve.

3. Increase availability of linguistic translation services and communications based on the cultural needs in the tri-county region.

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Timeline: 10/01/2022 to 09/30/2023

Activities

- > TCOA staff will review materials to ensure inclusive language is used and are available in languages other than English based on need.
- > Strengthen partnerships with minority, immigrant, and LGBTQ+ specific groups and councils to ensure an understanding of how to remain relevant and culturally sensitive.

Expected Outcome

Community members will feel more accepted and more willing to access services. Community members will be able to understand what services are available to them in their area. Connections with local organizations will increase and improve communication about local programs and services, and also assist with planning efforts as the agency learns from partners how to better serve and reach marginalized communities and underserved populations.

B. Ensure older adults have access to information, options counseling, and services to improve their ability to make informed decisions and support their independence.

State Goal Match: 4, 1, 2, 3

Narrative

TCOA holds the independence and dignity of the aging population to high regard and hopes to improve the ability for local residents to access information. Feedback from the needs assessments and community forums revealed that the biggest health concerns identified included losing independence and not being able to do the things they enjoy. Connecting individuals with supports, services, and resources will help individuals make informed decisions and remain integrated in the community.

Objectives

1. Explore options for increased usability and access to local transportation.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Improve transportation partnerships focusing on TCOA's consumer demographic needs.
- > Increase distribution of bus passes for non-waiver clients.
- > Advocate for the continuation of public transportation options for cross-county/regional travel.

Expected Outcome

Tri-county residents will have increased access to transportation options which will aid in the reduction of isolation and barriers that hinder the ability of participants to get to appointments and other activities and events in the community. Community integration and health outcomes will improve. Connections with local organizations will increase and improve communication about local programs and services, and also assist with planning efforts as the agency learns from partners how to better serve and reach marginalized communities and underserved populations.

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2. Increase access to kinship care services in the tri-county area.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Explore resources and supports available to kinship caregivers.
- > Explore idea of a Kinship Forum with MSU Kinship Resource Center.

Expected Outcome

Tri-county non-parent residents that care for a child 18 and younger will have access to respite services that benefit the caregiver and child(ren), and a structured opportunity to share thoughts and opinions.

3. Improve access to programs and services for under-served populations.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Explore technology and support options with focus on rural and low- income communities.
- > Strengthen partnerships with local library branches, Michigan Disability Rights Coalition, Disability Network Capital Area, and the Retired Senior Volunteer Program.
- > Facilitate connections with culturally and/or linguistically specific community-based organizations.
- > Provide access to assistance with MMAP and other public benefits.
- > Connect with medical community, physician groups, and health plans.
- > Connect with neighborhood organizations.
- > Promote cultural humility when working with underserved local seniors and persons with disabilities, including non-English speaking and Lesbian, Gay, Bisexual and Transgender individuals.
- > Explore and strengthen partnership with organizations that serve and advocate for the homeless population.

Expected Outcome

Participants will have reduced isolation and will receive more complete and relevant care with respect and dignity. Health outcomes in the community will improve.

Connections with local organizations will increase and improve communication about local programs and services, and also assist with planning efforts as the agency learns from partners how to better serve and reach marginalized communities and underserved populations.

4. Work to advance advocacy efforts in the tri-county area.

Timeline: 10/01/2022 to 09/30/2023

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Activities

- > Have local seniors represent the tri-county area on the Michigan Senior Advocates Council to advocate for older Michigianians.
- > Continue to have Tri-County Office on Aging staff and Advisory Council representation on the planning committee for Older Michigianians Day.
- > Encourage Advisory Council members and other local advocates to meet with local state legislators to advocate on issues impacting older adults and persons with disabilities as identified in the Older Michigianians Day Platform.
- > Support exploration and possible formation of a committee for county senior millage(s) in Eaton and Clinton counties.
- > Advocate with Silver Key Coalition, IMPART Alliance and other advocacy organizations to increase state and federal funding for in-home services and promote higher reimbursement rates, resulting in increased wages and training for direct care workers.
- > Advocate for broadband access to help reduce isolation, improve health outcomes, and help lower health care costs.

Expected Outcome

There will be increased partnerships and collaboration efforts that will benefit tri-county residents. Legislation and budgets will reflect efforts to increase access to home and community-based support options.

5. Work to advance community integration and outreach efforts.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Expand public awareness and education efforts, such as resource fairs or regular submissions to local media outlets.
- > Increase mailings and hard copy resources, including routine drop-off and review of materials at senior housing complexes.
- > Expand TCOA's Speaker's Bureau by recruiting and training volunteers.
- > Expand partnerships with doctors' offices, physician groups, health plans and community- and faith-based organizations, including those serving refugee populations.
- > Maintain the Long-Term Care Collaborative partnership.

Expected Outcome

Community members that were not previously reached will receive information about older adult programs and services available to them and their networks.

Connections with local organizations will increase and improve communication about local programs and services, and also assist with planning efforts as the agency learns from partners how to better serve and reach marginalized communities and underserved populations.

6. Expand housing assistance to increase access to community housing options.

Timeline: 10/01/2022 to 09/30/2023

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Activities

- > Maintain public directory of all senior housing, low income, and accessible housing options in the tri-county area.
- > Maintain and expand partnerships with housing related organizations, management companies, and private property owners.

Expected Outcome

Housing assistance will be expanded and access to community housing options will be increased which will aid in the reduction of barriers and homelessness, and community integration and health outcomes will improve.

7. Provide information and help people solve problems related to public health benefit programs and corresponding insurance products.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Continue to advocate for State Health Insurance Program funding and sustainability.
- > Continue to recruit and train new volunteer MMAP Counselors.
- > Use traditional/social media to share information and recruit volunteers.

Expected Outcome

Tri-county residents will make informed decisions about health benefit programs and insurance products available to them.

C. Expand access to health, wellness, and nutrition supports.

State Goal Match: 1, 4, 2

Narrative

The needs assessment respondents indicated a great deal of interest in nutrition and health and wellness classes in the tri-county area. Evidence-based disease prevention programs, as well as the TCOA Meals on Wheels program, will help to fill this local need. This may also assist in retaining and attracting residents so the communities can thrive across the lifespan.

Objectives

1. Continue to expand access to evidence-based disease prevention programs in the tri-county area.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Explore alternative and additional fund sources available to expand and sustain evidence-based programs.
- > Seek out community partners and train new Coaches, Lay Leaders, and Master Trainers for these programs, as needed.
- > Seek out community organizations that serve diverse and underserved populations as partners to offer these programs to otherwise overlooked individuals.
- > Work to provide oral health programs or resources to older adults in partnership with nutrition and dental organizations.

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Expected Outcome

Tri-county residents will have greater access to evidence-based disease prevention programs and the understanding of how to self-manage chronic conditions will improve. Health outcomes in the community will improve.

2. Provide access to healthy, affordable meals to nutritionally at-risk older adults.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Explore expansion of food preparation, storage, and distribution to improve participant choice and variety of frozen and other meals.
- > Explore additional funding sources and partnerships to prevent wait lists.

Expected Outcome

Tri-county residents who are older adults nutritionally at risk will have increased access to healthy and affordable meals.

3. Explore the opportunity to assist tri-county community members in securing a Senior Millage for vital unmet needs.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Support millage planning committee, including providing data and information to inform campaign.

Expected Outcome

Eaton and Clinton counties will each secure a Senior Millage for additional funding for vital unmet needs.

4. Explore care transition efforts to improve communication and consumer experience and reduce unnecessary admittance and re-admittance to hospitals and emergency rooms.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Work to expand reimbursement sources to Medicare Advantage Plans, Medicaid, and private insurances, including Medicare D-SNP.
- > Implement Connect 2 Care to improve communication and quality of care by sharing information with hospitals, physicians, and skilled nursing facilities.

Expected Outcome

Communication between providers will improve as well as the consumer experience, and unnecessary admittance and readmittance to hospitals and emergency rooms will be reduced.

D. Protect older adults from abuse and exploitation.

State Goal Match: 4, 1

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Narrative

TCOA's mission to "promote and preserve the independence and dignity of the aging population." Protecting the health and safety of older adults and persons with disabilities is of the highest importance to TCOA. This agency goal is directly tied to the agency's mission.

Objectives

1. Raise awareness of domestic abuse, physical and sexual abuse, fraud, and financial exploitation occurring in the older adult population and how to better respond to these situations.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Continue to participate in the Ingham County Coordinated Community Response team.
- > Continue to participate in Vulnerable Adult Networks (VANs) in the tri- county area.
- > Utilize social media and monthly e-newsletter to assist in publicizing information about current fraud occurrences that are reported locally.
- > Explore the formation of multi-disciplinary workgroups (i.e., law enforcement, first responders, social workers, nurses, Adult Protective Services, legal services, homeless shelter staff, etc.) to review and discuss individual at-risk cases.
- > Participate on the Elder Abuse Taskforce to offer experiences from the aging network perspective .
- > Disseminate information/educational materials on laws and/or policies.

Expected Outcome

Awareness of domestic abuse, physical abuse, sexual abuse and financial exploitation will be increased and tri-county residents will be better equipped to respond to and potentially prevent these situations.

E. Support formal and informal caregivers in the community, including direct care workforce.

State Goal Match: 3, 4, 1

Narrative

TCOA would like to work to expand access to programs and services in order to better serve non-professional caregivers who are caring for loved ones with dementia and related conditions. Reimbursement amounts are not sufficient to fairly compensate and train direct care workers, contributing to a shortage of workers. TCOA is planning to continue advocating along with the Silver Key Coalition and other advocacy organizations to continue to increase state and federal funding for in-home services.

Objectives

1. Work to expand access to programs and services addressing dementia .

Timeline: 10/01/2022 to 09/30/2023

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Activities

- > Expand Creating Confident Caregivers® training to reach more caregivers of minority populations.
- > Provide additional education and resources for professional and non-professional caregivers.
- > Maintain the Resource Directory for Caregivers with an emphasis on dementia supports in partnership with other community organizations.
- > Explore opportunities for persons with dementia and their families to receive customized assessments and supports, including Trualta.

Expected Outcome

There will be a decreased rate of caregiver burn-out in the tri-county area. Persons with dementia will have increased access to programs and services specific to their disease.

2. Continue to expand access to caregiver supports and education.

Timeline: 10/01/2022 to 09/30/2023

Activities

- > Explore options for an Adult Day Center to provide respite services in Clinton County .
- > Work with community partners to promote and advance workshops and information , including Creating Confident Caregivers® and Powerful Tools for Caregivers .
- > Work with IMPART Alliance to increase availability of Building Training Building Quality (BTBQ).
- > Continue partnering with MI Disability Rights Coalition on Living Well in Michigan initiative .
- > Explore the model of Caregiver Resource Centers with Area Agencies on Aging throughout the state .
- > Empower the direct care workforce by advocating for equitable wages, training, and career advancement with consistent professional standards.
- > Promote the availability of the online learning platform Trualta to improve caregiver confidence , reduce stress, and prevent burnout.

Expected Outcome

There will be a decreased rate of caregiver burn-out in the tri-county area. Direct care workers will gain knowledge, skills, and improved employment status and job satisfaction.

F. Work to prepare for and effectively respond to local, state, national, and global natural disasters, personal safety, and health emergencies.

State Goal Match: 1

Narrative

TCOA does have an existing response plan and committee , but wanted to prioritize reflection of response efforts during the pandemic and use lessons learned to move forward and prepare for various scenarios, especially those at the local level.

Objectives

1. Strategize and build capacity during non-crisis periods to collect and disseminate relevant information, gauge the situation, plan for contingencies, and stock necessary supplies.

Timeline: 10/01/2022 to 09/30/2023

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Activities

- > Actively collect and distribute educational materials of accurate and relevant response and recovery efforts to staff, clients, and community members.
- > Have staff attend or arrange relevant trainings and meetings.
- > Review and update the Emergency Preparedness and Response Plan as needed, building on lessons learned relating to the pandemic.
- > Strengthen and maintain relationships with the local Health Departments and other community partners essential to response efforts at the local level.

Expected Outcome

TCOA staff will act swiftly and appropriately during times of local, state, national, and global natural disasters, personal safety, and health emergencies due to preparation for such events.

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Supplemental Documents

SUPPLEMENTAL DOCUMENT A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	5	0	1	0	4	13
Aged 60 and Over	0	4	0	0	0	3	11

Board Member Name	Geographic Area	Affiliation	Membership Status
Brian Daniels	Lansing	Lansing City Council	Elected Official
Patricia Spitzley	Lansing	Lansing City Council	Elected Official
Lucianna Solis	Lansing	Lansing City Council	Appointed
Chris Swope	Lansing	Lansing City Council	Elected Official
Ron Bacon	East Lansing	Mayor	Elected Official
Mark Mudry	Eaton County	Commissioner	Elected Official
Blake Mulder	Eaton County	Commissioner	Elected Official
Jeanne Pearl-Wright	Eaton County	Commissioner	Elected Official
Irene Cahill	Ingham County	Commissioner	Elected Official
Randy Schafer	Ingham County	Commissioner	Elected Official
Bryan Crenshaw	Ingham County	Commissioner	Elected Official
Dwight Washington	Clinton County	Commissioner	Elected Official
Ken Mitchell	Clinton County	Commissioner	Elected Official

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SUPPLEMENTAL DOCUMENT B
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	3	1	2	2	18	23
Aged 60 and Over	0	2	0	1	1	10	14

Board Member Name	Geographic Area	Affiliation
Felix (Bud) Fliss	City of East Lansing	City of East Lansing
Anita Turner	City of Lansing	City of Lansing
Cheryl Mask	City of Lansing	City of Lansing
Madelyn "Archi" Tomczyk	Clinton County	Clinton County
Thomas Nobach	Clinton County	Clinton County
Barbara Smith	Eaton County	Eaton County
Joseph Gutiérrez	Eaton County	Eaton County
Susan Hoffman	Eaton County	Eaton County
Gloria Kovnot	Ingham County	Ingham County
Lucy Maillette, PhD	Ingham County	Ingham County
Susan Cockerill	Ingham County	Ingham County
Dawn Sargent	Tri-County	Community Mental Health Older Adult Services
Carla Lasater	Tri-County	Disability Network Capital Area
Kelly Neve	Tri-County	Ingham/Eaton County DHS
Nakita Hardin	Tri-County	Tri-County Nutrition Council
Robyn Ford	Tri-County	Security Administration
John Stauffer	Tri-County	Veteran Affairs
Meghan Pineda	Tri-County	Wind Beneath Your Wings
Raul Presas	Tri-County	Maplewood AFC
Zeenat K.-Karamchandani	Tri-County	MSU School of Planning, Design, Construction
Jessica Maas	Tri-County	Legal Services of South Central Michigan

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Heather Febres-Cordero	Tri-County	Hospice of Lansing
Emma Henry	Tri-County	Capital Area Housing Partnership

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SUPPLEMENTAL DOCUMENT 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:

76,000

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.

Scope of Services

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

Between the 2010 and the 2020 American Community Surveys, the three counties that make up TCOA's service area have seen a significant increase in the target populations. The tri-county population of adults age 60 and older saw an estimated 12% increase and represents an estimated 22% of the total tri-county population as of 2020. Comparatively, the total tri-county population increased by 2%. The population in the Region 6 PSA that do not identify as White alone/non- Hispanic/Latino has increased by 32% since the last Census.

Since the last MYP/AIP, although the rate of increase in the 60 plus population has slowed, the older adult population still continues to increase. The slow could be due to several factors, one of them being the COVID-19 pandemic. Despite this, the percent that the 60 plus population represents in the TCOA PSA has increased by 2% since the last MYP/AIP.

According to the U.S. Census Bureau, nearly 1 in 6 (16.5%), adults aged 55 and older are childless, and the levels of childlessness among older adults are expected to increase. Living alone is more common among older adults who were childless than their counterparts who were parents, and poverty rates are higher among childless older adults. The increasing trend of low-income older adults living alone further supports the need for increased in-home supports and services.

2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

There is a need for supports that specialize in serving disadvantaged and non-English speaking populations, with increased attention to Arabic and Spanish speaking individuals. From the 2010 Census to the 2020 Census, the population in the Region 6 PSA that do not identify as White alone/non-Hispanic/Latino has increased by 32%.

There is a need for more safe, accessible, and affordable housing options in the tri -county area. These could include Assisted Living Facilities, Independent Living Facilities including affordable housing that is non-subsidized, subsidized housing for those under 62 with disabilities and also for seniors, as well as retirement villages or communities. Cost and availability seem to be the common barriers in finding safe and affordable housing in the tri-county area. Per the Capital Area Community Services 2019 Community Assessment, within the state, almost a third of renters are considered to be extremely low income with over 70% being considered to be severely home cost- burdened (cost-burdened is defined as spending more than 30% or monthly income on housing). Included in the majority of these households are persons living with a disability or older adults. The amount of affordable and available homes has decreased for those with lower income as well.

There is a need for improved transportation services within the tri-county area. It was again identified that this

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is especially needed for individuals who are seeking door-to-door transportation as well as transportation that crosses the county borders and service rural areas.

Internet and technology access has created a unique barrier and gap in services. Part of the digital divide for the 60 and older population and caregivers stems from a lack of broadband infrastructure where they live, and part is due to a lack of know-how when it comes to using the Internet, computers, and smart devices. Those without reliable internet, a device to access the internet, or skills to use the device are hindered from accessing supports and services, staying connected, and combating loneliness. Efforts continue to include exploring technology and support options with a focus on rural and low-income communities.

Homelessness overlaps many populations and groups of people, including older adults. According to the Ending Homelessness in Michigan 2017 Annual Report, the average age of the older adult homeless population (55+) is 60 years of age with 74% being male and 53% of the older adult homeless population being Black or African American.

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.

In the Region 6 planning and service area (Clinton, Eaton, and Ingham counties) several populations have been identified as being underserved. These populations include those that are racial and ethnic minorities, non-English speaking individuals, LGBTQ+ individuals, caregivers caring for those with dementia, and those that are homeless.

TCOA continues to target potential BIPOC and LGBTQ+ community providers which would be able to best serve the diverse needs of our participants and the residents living in our service area. TCOA develops these targeting expectations for service contracts through networking with area service providers and collaborating with agency staff, volunteers, and administrative bodies (e.g. Advisory Council and Administrative Board) to identify area providers which are experienced in effectively managing and supporting those in disadvantaged groups with unmet needs and are able to help combat ongoing discriminatory practices in our community. In order to better serve racially disadvantaged and non-English speaking individuals, TCOA would like to facilitate connections with culturally and/or linguistically specific community-based organizations and further connect with the medical community, physician organizations, health plans, and neighborhood organizations with a targeted outreach plan. A targeted approach to increase access to assistance with MMAP and other public benefits will also be explored, as well as exploration of Census mapping to help target specific populations for Outreach and information sharing. TCOA also promotes cultural humility when working with underserved local seniors and persons with disabilities, including non-English speaking and LGBTQ+ individuals. Internally, a staff led Diversity, Equity, and Inclusion committee is drafting a plan to propose goals and activities within various focus areas to build upon current TCOA culture and service delivery practices .

Reaching the underserved older adult homeless population is a focus area of the agency for this multi-year plan cycle. Strengthening partnerships with organizations that serve or work with the local homeless population will be the priority.

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TCOA would like to work to expand access to programs and services in order to better serve non - professional caregivers who are caring for loved ones with dementia and related conditions.

Maintaining the Resource Directory for Caregivers remains a priority. TCOA is working to expand Creating Confident Caregivers® training to reach more caregivers of minority populations and provide additional education and resources. Additionally, TCOA would like to explore opportunities for persons living with dementia and their families to receive customized assessments and supports, including Trualta, an online learning platform to improve caregiver confidence, reduce stress, and prevent burnout. The model of Caregiver Resource Centers with Area Agencies on Aging throughout the state will also be researched .

TCOA conducts Quarterly Provider Meetings where contracted service providers (as well as any non-contracted providers who are interested in attending) are able to discuss issues on how to better serve current and future participants, including those who are in low income or underserved populations as well as those in the BIPOC and LGBTQ+ communities. Also, while conducting annual programmatic assessments and monitoring visits of contracted providers, TCOA staff specifically evaluates each providers' efforts to target these areas of unmet need in our community and reviews their recent achievements and future practices for outreach and effectively delivering these services .

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

Caregivers of those living with dementia are provided with information about the Creating Confident Caregivers® workshop and Powerful Tools for Caregivers workshop as well as the service of dementia consultation through options counseling. TCOA currently has one (1) Creating Confident Caregivers® Master Trainer and one additional trainer, as well as one (1) Master Trainer for Powerful Tools for Caregivers and five additional trainers. As the need for caregiver supports continues to grow, TCOA is open to implementing processes to help accommodate this ongoing need. As mentioned above, TCOA would like to work to expand access to programs and services in order to better serve non-professional caregivers who are caring for loved ones with dementia and related conditions. Maintaining the Resource Directory for Caregivers remains a priority. TCOA is working to expand Creating Confident Caregivers® training to reach more caregivers of minority populations and provide additional education and resources. Additionally, TCOA would like to explore opportunities for persons with dementia and their families to receive customized assessments and supports, including Trualta, an online learning platform to improve caregiver confidence, reduce stress, and prevent burnout. The model of Caregiver Resource Centers with Area Agencies on Aging throughout the state will also be researched.

Some areas for improvement would be providing ongoing dementia training for staff and creating a systematic process for informing staff/support coordinators of dementia resources/providers in the community.

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

Every request that is made to TCOA is addressed using a person-centered approach. Staff members listen to individuals and their expressed needs and wants and work to find a way to fulfill them. Not every service needed or requested can be funded or provided by TCOA. In order to better support individuals, TCOA has an active Information and Assistance program and Community Resource Directory that can help connect individuals with the programs and services requested.

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TCOA also employs two Community Resource Navigators who connect underserved communities with existing resources to assist clients in overcoming barriers to health and social services and to address social determinants of health. Additionally, TCOA staff work closely with other organizations and agencies to utilize resources and cross-refer between programs more efficiently throughout the community. Finally, when a person is looking for more in-depth assistance, TCOA employs an Options Counselor that is available to work with the individual, and the support persons of their choice, to create a person-centered plan.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2023-2025 MYP.

Strategic planning and prioritizing are essential in continuing to provide quality person-centered programs and services in an efficient and effective way. This means prioritizing services to the most vulnerable individuals who are at-risk of institutional placement. MDHHS requires the use of their priority system for individuals on the waiting list for MI-Choice services, which includes the Care Management program. For the Care Management program, potential clients are put on a waiting list by order in which they contacted the agency if they do not meet any of the criteria set forth in the MDHHS system. Individuals on the waiting list have the opportunity to have Personal Emergency Response Systems (PERS) provided to them. Other unmet needs include a waiting list for the Case Coordination program. Individuals on either waiting list for in-home services receive a call quarterly from TCOA staff to monitor changes in health status and needs. Referrals are made to the local PACE Program (Community Care of Michigan) and to DHHS Home Help Program, as appropriate.

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.

TCOA tries to focus on individuals who are most vulnerable. Some are at risk for nursing facility placement or may have a social or economic need. Some examples include those who are low- income or live in a rural area. Intake Specialists work with Information & Assistance (I&A) to assist those to be found ineligible for Care Management or Waiver. They offer I&A on community resources and alternatives to these programs. As with other I&A situations, individuals are referred to other programs and services and Options Counseling as appropriate. For those that may qualify for Case Coordination or would like to be put on the waiting list, individuals are prioritized on the list by levels 1 through 4. The level is determined by need through conversation and questions about their functional abilities or limitations. MDHHS requires the use of their priority system for individuals on the waiting list for MI-Choice services, which includes the Care Management program. For the Care Management program, potential clients are put on a waiting list by order in which they contacted the agency if they do not meet any of the eligibility criteria set forth in the MDHHS system.

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.

Advisory Council members are very supportive of current prioritization methods and service strategies as detailed above. There has been expressed desire and some action to update and facilitate contacts and connections with faith-based organizations in the community for expanded outreach efforts as well as involvement with the proposed Speaker's Bureau. Additionally, councilmembers provided comments on topics that included community resources and opportunities, personal experiences and thoughts, the need for

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increased attendance at forums and hearings, and increased involvement with Senior Centers.

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.

TCOA takes initiative in to share out in the community information, education, and prevention methods. Efforts include Options Counseling, Information and Assistance and Community Resource Navigators, Outreach, Medicare/Medicaid Assistance Program, and Evidence Based Programs.

Options Counseling offers older adults and their caregivers assistance in planning to meet long -term supports and service needs before or as they arise for individuals to remain in the community as they age. Information & Assistance staff provide information on topics related to older adults and persons with disabilities , such as in-home services, community resources, and housing information, and directs callers to appropriate agency programs. TCOA strives to provide access to information, options counseling, and services to improve one's ability to make informed decisions regarding independence and long-term care supports. TCOA also employs two Community Resource Navigators who connect underserved communities with existing resources to assist clients in overcoming barriers to health and social services and to address social determinants of health.

Outreach in the community is intended to inform individuals and organizations of available resources and supports through the area agency, as well as direct those with questions or specific needs to Information and Assistance staff or another appropriate program. Gaining information prior to an emergency or a decline in health can help one make more informed decisions in a time of need. TCOA would like to facilitate connections with culturally and/or linguistically specific community-based organizations and further connect with the medical community, physician organizations, health plans, and neighborhood organizations with a targeted outreach plan. A targeted approach to increase access to assistance with MMAP and other public benefits will also be explored, as well as exploration of Census mapping to help target specific populations for outreach and information sharing. Reaching the underserved older adult homeless population is also a focus area of the agency for this multi-year plan cycle. Strengthening partnerships with organizations that serve or work with the local homeless population will be the priority to help better understand .

Michigan Medicare/Medicaid Assistance Program counselors can help individuals understand Medicare & Medicaid, enroll in Medicare prescription drug coverage, review supplemental insurance needs, apply for Medicare Savings programs, identify, and report fraud and abuse or scams, and explore long term care insurance.

Evidence-based programs include Diabetes PATH (Personal Action Toward Health), Chronic Pain PATH, A Matter of Balance: Managing Concerns about Falls (MOB), Powerful Tools for Caregivers (PTC), and Creating Confident Caregivers® (CCC). Diabetes PATH and Chronic Pain PATH are self-management programs originally developed by Stanford University. Both workshops provide the participants an opportunity to learn tools and techniques to better manage their health condition and improve self-efficacy. Content focuses on the day-to-day management of diabetes and chronic pain, respectively. MOB is a structured group intervention proven to help older adults reduce their risk of falling and assist in working to overcome the fear of falling. Content focuses on fall prevention strategies and exercise. Powerful Tools for Caregivers is a program designed to help non- professional caregivers take better care of themselves while caring for a family member or friend. Content focuses on self-care for the caregiver. Creating Confident Caregivers® is a six-week educational workshop for non-professional caregivers of persons with dementia. Content focuses on

understanding the disease, and how to structure activities and support the person with dementia. Staff members and volunteers of TCOA are considered mandatory reporters and are required to report all instances of suspected abuse, neglect or exploitation to their immediate supervisor as well as the appropriate state agency, Adult Protective Services or Child Protective Services. Submitting a report may result in the cessation of continued or escalated abuse, neglect, or exploitation.

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

Anticipated Five Service Categories Receiving the Most Funds:

1. Home Delivered Meals (Meals on Wheels)
2. Homemaking
3. Congregate Meals (Senior Dining Sites)
4. Care Management
5. Information and Assistance

Five Service Categories with the Greatest Number of Anticipated Participants:

1. Outreach
2. Information and Assistance
3. Elder Abuse Prevention
4. Home Delivered Meals (Meals on Wheels)
5. Congregate Meals (Senior Dining Sites)

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

Internally, a staff led Diversity, Equity, and Inclusion committee is drafting a plan to propose goals and activities within various focus areas to build upon current TCOA culture and service delivery practices . To increase services provided to BIPOC and LGBTQ+ communities, TCOA plans to facilitate connections with culturally and/or linguistically specific organizations to reach more members of the listed communities, strategize a targeted approach to increase access to assistance with MMAP and other public benefits , and further connect with the medical community, physician organizations, health plans, and neighborhood organizations. To increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism, TCOA plans to offer diversity, equity, and inclusion in-service trainings to all staff at least twice a year, request all subcontractors perform and report on diversity, equity, and inclusion in-service trainings. To increase the availability of linguistic translation services and communications in the tri-county region, TCOA staff will review materials to ensure inclusive language is used and are available in languages other than English based on need, and will work to strengthen partnerships with minority, immigrant, and LGBTQ+ specific groups and councils to ensure an understanding of how to remain relevant and culturally sensitive.

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Planned Service Array

	Access	In-Home	Community
Local Millage Funded	<ul style="list-style-type: none"> • Case Coordination and Support * • Information and Assistance * • Transportation * 	<ul style="list-style-type: none"> • Chore * • Home Injury Control * • Homemaking * • Home Delivered Meals * • Personal Care * • Assistive Devices & Technologies * • Respite Care * 	<ul style="list-style-type: none"> • Congregate Meals * • Disease Prevention/Health Promotion * • Home Repair * • Legal Assistance * • Long-term Care Ombudsman/Advocacy * • Programs for Prevention of Elder Abuse, Neglect, and Exploitation * • Creating Confident Caregivers * • Crisis Services for the Elderly - Assistance paying for such things as a utility bill, prescription medications and emergency shelter with a maximum of \$300 spent per unduplicated client each fiscal year. *
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Disaster Advocacy and Outreach Program • Information and Assistance • Outreach • Options Counseling • Crisis Services for the Elderly - Assistance paying for such things as a utility bill, prescription medications and emergency shelter with a maximum of \$300 spent per unduplicated client each fiscal year. 	<ul style="list-style-type: none"> • Home Delivered Meals 	<ul style="list-style-type: none"> • Congregate Meals • Disease Prevention/Health Promotion • Creating Confident Caregivers • Kinship Support Services

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<p>Participant Private Pay</p>	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Nutrition Counseling • Nutrition Education • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services • Counseling Services
<p>Funded by Other Sources</p>	<ul style="list-style-type: none"> • Disaster Advocacy and Outreach Program 	<ul style="list-style-type: none"> • Home Delivered Meals 	<ul style="list-style-type: none"> • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Senior Center Operations • Senior Center Staffing • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Crisis Services for the Elderly - Assistance paying for such things as a utility bill, prescription medications and emergency shelter with a maximum of \$300 spent per unduplicated client each fiscal year.
<p>Contracted by Area Agency</p>	<ul style="list-style-type: none"> • Information and Assistance • Transportation • Community Living Services (CLS) - CLS facilitate an individual's independence and promote reasonable participation in the community. CLS can be provided in the participant's residence or in community settings as necessary in order to meet support and services needed sufficient to meet nursing facility level of care needs. 	<ul style="list-style-type: none"> • Chore • Homemaking • Personal Care • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services • Disease Prevention/Health Promotion • Legal Assistance • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Kinship Support Services

* Not PSA-wide

Planned Service Array Narrative

The Planned Service Array diagram serves as a snapshot of how programs and services will be provided in Region 6. Some programs or services are funded by a local millage, but only in one of the three counties in the TCOA PSA. Additionally, because TCOA is legally a consortium of three counties and two cities, each of these municipalities contribute consortium dues to the agency that help meet match requirements and cover some administration costs. Most programs and services are available areawide. Additionally, many of these programs are also available via private pay.

TCOA directly provides both Home Delivered Meals and Congregate Meals. No other organization has responded to the Request For Proposal process for these programs that occurs every three years. Due to this, the Michigan Office of Services to the Aging (now ACLS Bureau) asked TCOA to assume this role, and the agency has since 1976. However, TCOA does continue to solicit for proposals regularly to provide this service. The Ingham County Elder Services Millage provides significant support to the Nutrition Program to avoid wait lists for Home Delivered Meals and to expand Congregate Meals.

TCOA directly provides Creating Confident Caregivers® workshops in the service area. When the grant from the Michigan Office of Services to the Aging (now ACLS Bureau) expired, the demand for the program continued and TCOA received permission to continue providing workshops directly.

Responding to the pandemic, TCOA integrated existing disaster advocacy and outreach program tasks into the area plan to support ongoing efforts. TCOA will work to prepare for and effectively respond to natural disasters, personal safety matters, and health emergencies by strategizing and building capacity during noncrisis periods to collect and disseminate relevant information, gauge the situation, plan for contingencies, and stock necessary supplies, either directly or through contracted providers and grants.

There are several senior centers in the region. These programs are typically funded through sources outside of TCOA. More recently we have been working with new/emerging centers and those in the development stage.

In-home services that are being "Contracted by the Area Agency", including Personal Care, Homemaker and Respite are provided under the umbrella of Community Living Supports Services which is a regional service definition in this plan.

In response to community need during the pandemic, Friendly Reassurance phone calls began contractually and with volunteers to provide companionship and social interaction.

Crisis Services for the Elderly (CSE) is a twenty-four-hour hotline for seniors with non-medical emergencies designed to help older adults resolve problems in times of crisis. There is also an energy assistant component to the program which serves seniors in all of the service area who have received a utility shut-off notice, or who heat their homes with deliverable fuel and are in a crisis situation. Provision of such services by the Area Agency is necessary to assure an adequate supply of such services. The Ingham County Elder Services Millage provides some funding for crisis services for Ingham County residents aged 60 and over. This allows for more funds to be available for Eaton and Clinton County older adults.

Strategic Planning

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

Given the experience over the past two years with the pandemic, TCOA has regularly analyzed strengths and weaknesses in order to maintain the viability of and the quality of services to older adults. Strengths and weaknesses, although not specifically referred to as such, are discussed at leadership meetings and sometimes considered at other staff meetings. However, more of an attempt at including such analysis in a formal manner will be explored (e.g. structured process or planning document outside of the AIP). The pandemic, as with other challenges, stimulates much discussion on existing and emerging opportunities.

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

The roll of TCOA in the Home and Community Based Services Waiver has become more prominent, as there has been significant growth in Project Choices (MI Choice statewide). We continue to serve more individuals and have been able to fill the allotted client slots with additional slots requested and received for the past several years.

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

Strategic planning and prioritizing are essential in continuing to provide quality person-centered programs and services in an efficient and effective way. All strategies to reduce administrative/operational expenditures would be explored first in order to avoid possible reduction of services. A 10% reduction in funding from ACLS Bureau could result in shifting funds from one program to another, where allowable. Contingency plans are continually reviewed and revised as new challenges and opportunities arise throughout the year. TCOA hopes Senior Millages in Eaton and Clinton Counties are pursued regardless.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations

The National Committee for Quality Assurance (NCQA) has awarded TCOA's MI Choice Program its highest accreditation of Case Management Accreditation for 3 years for service and quality that demonstrates strong performance of NCQA's rigorous requirements for case management.

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.

TCOA recognizes the need for technological assimilations into programs, services, operations and client relations. TCOA is continually searching out methods to improve efficiencies and save money. Some ways the agency is working on improving include implementing an emergency preparedness communication tool

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(Everbridge), researching technology upgrades, developing a process and schedule for electronic file maintenance and software training, and exploring a more comprehensive and integrated software, database, and reporting options (including Information & Assistance, Finance, etc.).

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

An internal staff led committee oversees the planning efforts for emergency preparedness and response . On a routine and as needed basis, TCOA staff convene and review current planning documents and processes to ensure accuracy. Decisions made follow information and guidance provided by the CDC and Local Regulatory Authorities. TCOA contracts with a local Information Technology firm who manages agency back-up systems and continuously monitors for threats and vulnerabilities of the system for efficient response in the event of a disruption.

Advocacy Strategy

The Tri-County Office on Aging (TCOA) advocates for seniors and persons with disabilities to help assure that they can live as independently as possible. TCOA's mission is "to promote and preserve the independence and dignity of the aging population." Advocacy for adequate resources and sound public policy remains a priority for TCOA.

Advocacy is done on the national, state, and local levels. TCOA's membership in the Area Agencies on Aging Association of Michigan (4AM), USAging, and the Silver Key Coalition provides timely information on important issues and bills being discussed and voted on in the National and State Legislatures. Through 4AM and its advocacy committee, TCOA has participated in efforts to promote and increase funding for in-home services and MI Choice/Project Choices, which includes Care Management and Case Coordination, in Region 6 and state-wide. Many agencies, programs, and individuals in Region 6 are also on the statewide coalition in support of MI Choice.

The TCOA Advisory Council appoints three representatives to the Michigan Senior Advocates Council (MSAC). The MSAC representatives report to the Advisory Council at their monthly meetings on proposed legislation and issues being worked on. The Advisory Council's opinion is also sought and at times a resolution is passed in support of an issue. Typical concerns of this group are health coverage (Medicare & Medicaid), income (Social Security, Supplemental Security Income, and pension security) elder abuse and public utility costs and regulation. TCOA has three local representatives serving on the Michigan Senior Advisory Council. Two local representatives and an ex-officio member from a local agency also serve on the State Advisory Council on Aging and reports are provided to the TCOA Advisory Council. When the TCOA Advisory Council membership has a concern, they seek out more information and may support an issue through a resolution or write a letter expressing their opinion. This information is then shared with the appropriate individual(s) or organizations. Periodically, information on how to advocate as an individual is provided, this includes data on current topics, tips on advocacy, pertinent statistics and names and addresses of National and State elected officials. The Advisory Council members are encouraged to personally express their ideas and to encourage other groups they are involved with to do the same.

TCOA is actively involved in Senior Action Week and Older Michiganians Day at the state capital. Seniors are encouraged to let elected officials know their opinion on an issue with tips on advocacy and how to contact elected officials with names, e-mail addresses and phone numbers provided.

Partnerships with the disability community have also strengthened through collaboration with Disability Network Capital Area and the Michigan Disability Rights Coalition. Along with Disability Network Capital Area, the executive director of TCOA is a part of the Olmstead Coalition to advocate for seniors and persons with disabilities.

The Tri-County Aging Consortium Board is kept informed of national and state issues and also expresses their concern or support on issues. Because they are all elected officials or their appointees, these individuals are advocates at their respective unit of government in support of older adults.

TCOA will advocate with the Silver Key Coalition, IMPART Alliance, and other advocacy organizations to increase state and federal funding for in-home services and promote higher reimbursement rates, resulting in

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increased wages and training for direct care workers. Support for broadband access to help reduce isolation, improve health outcomes, and help lower health care costs also remains. The importance of providing information to help people solve problems related to public health benefit programs and corresponding insurance products drives advocacy efforts for State Health Insurance Program funding and sustainability .

TCOA supports the exploration and possible formation of a committee for county senior millage (s) in Clinton and Eaton Counties that could help address wait lists for in-home services.

The TCOA Executive Director serves on the Elder Abuse Taskforce , serves on the Michigan Medical Services (Medicaid) Advisory Committee, and is a member of the IMPART Alliance. The Elder Abuse Taskforce is an active group convened by the State Attorney General that launched in 2019 and consists of more than 55 different organizations in the public, private and nonprofit sectors working together to combat elder abuse. The Michigan Medical Services Advisory Committee provides input and feedback on Medicaid programs and services, including MI Choice, Home Help and new initiatives. The IMPART Alliance is a statewide advocacy coalition dedicated to building and strengthening the Direct Care Workforce within community-based long-term care and was instrumental in securing wage increases for in-home care workers.

Quality = Choice, Satisfaction, and Independence (CSI) is a consumer based advisory group that defines quality as perceived by the consumer for Project Choices and the Self-Determination Option in order to provide access and increase quality care.

The TCOA Long Term Care Collaborative (LTCC) is a group of public and private agencies involved in various aspects of providing long term care. Established in 1999 to address the long-term needs and preferences of older adults and persons with disabilities, the Collaborative has focused on improving the long-term care network through sharing of information, education presentations and supporting new initiatives effecting long term care. Members of the Collaborative work to increase choices for persons requiring long-term care and are dedicated to developing and maintaining the services and supports that people desire.

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**

TCOA convenes the local Long Term Care Collaborative (LTCC) and participates in numerous other partnerships and collaboratives to identify and address the needs and wants of community members. Multi-disciplinary groups include the human services coordinating councils for all three counties, the Capital Area Coalition for Care Transitions, Tri-County TRIAD (partnership among law enforcement agencies, fire personnel, senior citizens and community members) Healthy! Capital Counties/Community Health Improvement planning, and relationships with Capital Area Community Services (the local Community Action Agency), Clinton, Eaton and Ingham Community Mental Health, Disability Network Capital Area (the local Center for Independent Living), Michigan Disability Rights Coalition, Capital Area Housing Partnership, and RSVP of Ingham, Eaton, and Clinton Counties.

Identified opportunities include collaborating and strengthening relationships with physician groups, health systems and Medicare Advantage Plans and implementing Connect 2 Care for for sharing client admissions, discharges, and transition information for more efficient communication with community partners to improve access for underserved populations.

The involvement and support of the county boards of commissioners and local community members will be critical in the advancement of any potential millage initiative in the remaining two counties that lack one.

2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.

One of TCOA's goals is to improve access to health, wellness and nutrition supports by continuing to expand access to evidence-based disease prevention programs in the tri-county area. To help accomplish this goal, TCOA continues to explore alternative and additional fund sources available to develop, expand and sustain evidence-based programs. TCOA will also try to seek out community partners, such as hospitals and physician groups, and train new Coaches, Lay Leaders, and Master Trainers for these programs. Community organizations that serve BIPOC, LGBTQ+ individuals, and other underserved populations are also critical partners for building capacity and offering these programs to otherwise overlooked individuals.

Other evidence-based programs that the agency is interested in developing are oral health programs in partnership with nutrition and dental organizations. Additionally, TCOA plans to work to expand access to programs and services available for individuals with dementia who are residing in the community, as well as their formal and informal caregivers, by expanding Creating Confident Caregivers®. In order to accomplish

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this, the agency will continue to identify additional funding for evidence-based programs relating to dementia.

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

Last year, 1,500 individuals volunteered with TCOA and contributed 25,000 hours of service. These hours are the equivalent of 12 full time employees. TCOA's Meals on Wheels program could not execute service without the generosity of these volunteers. The local Medicare/ Medicaid Assistance Program also is a beneficiary of many of these service hours. Finally, TCOA supplements its state and local funding with grant writing and fundraising activities throughout the year. Fund development staff will build upon the success of previous years by continuing to identify and explore additional and creative funding opportunities. These activities help to pay for additional client services and office supplies and equipment that the agency could not otherwise afford .

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.

The Tri-County Office on Aging defines a community as a specific geographical location where persons live within a larger society and share a common interest; or a group of persons sharing a common cultural background or sexual orientation/identity (hereafter referred to as identity). In the tri- county area, those living in a designated geographical boundary within an area will be found as living in the same community. A cultural center in the community where persons of similar heritage or identity congregate and/or access services is also recognized as a focal point. The Tri-County Aging Consortium Administrative Board is made up of County Commissioners from Clinton (2 members), Eaton (3) and Ingham (3) Counties and Lansing (4) and East Lansing (1) City Council members or their designee. Also, the aforementioned local units of government appoint the senior members of the Advisory Council and this Board approves agency representatives. The Administrative Board is charged with the responsibility agency oversight and is responsible for all phases of the Area Plan. The Advisory Council reviews documents and makes recommendations to the Board. With the consensus of the Administrative Board, Advisory Council, senior citizens and Tri- County Office on Aging staff, community focal points are to be identified as the Information and Assistance/Referral Agencies/Organizations, senior centers in each county, and TCOA. The senior community identifies these focal points as a place to go to receive information and/or services for older adults and their caregivers, in their respective communities.

In addition, several senior/community centers are identified as focal points. The seniors in the community meet at senior/community centers for various reasons and identify them as a place to go if they need additional services and/or information about senior citizen resources. The agency is particularly sensitive to the needs of Black, Indigenous and people of color and the LGBTQ+ communities in the community and identified three centers where the majority of participants are from similar ethnic/cultural backgrounds or identities. For those focal points, the definition is an ethnic/cultural boundary where persons sharing similar cultural backgrounds gather or a boundary where persons identify as an LGBTQ+ individual.

The rationale used for defining a community is based on the input from staff and senior citizens in the region. In terms of identifying a community, staff has taken into consideration certain factors such as geographical area; where people go to buy groceries, shop for clothing, receive medical care and attend religious services; and where seniors go to ask for information and assistance. Also, community includes where seniors of a specific ethnic/cultural background or identity gather and/or go to receive information and assistance.

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:	Allen Neighborhood Center Senior Discovery Group
Address:	1619 E. Kalamazoo Lansing, MI 48912
Website:	www.allenneighborhoodcenter.org

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Telephone Number: (517)485-7630
 Contact Person: Joan Nelson
 Service Boundaries: Lansing Eastside neighborhoods
 No. of persons within boundary: unknown
 Services Provided: Neighborhood revitalization and activities that promote the health and well-being (i.e. farmers market, educational programs, senior group, business incubator)

Name: Bath Senior Center
 Address: 14480 Webster Rd Bath, MI 48808
 Website: bathtownship.us/departments-services/senior-center/
 Telephone Number: (517) 256-7438
 Contact Person: Jenna Surdenik
 Service Boundaries: Bath Township
 No. of persons within boundary: 3,000
 Services Provided: Socialization, meals, and programming

Name: Capital Area Community Services Clinton County Service Center
 Address: 1001 S. Oakland, St. Johns, MI 48879
 Website: www.cacs-inc.org
 Telephone Number: (989) 224-7998
 Contact Person: Pauline Baert
 Service Boundaries: Clinton County
 No. of persons within boundary: 79,000
 Services Provided: Information & assistance, weatherization programs, Commodity Food distribution, homeless prevention and services, energy assistance

Name: Capital Area Community Services Eaton County Service Center
 Address: 1370 N. Clinton, Charlotte, MI 48813
 Website: www.cacs-inc.org
 Telephone Number: (517) 543-5465
 Contact Person: Jeff Keener or Jewell Snipes
 Service Boundaries: Eaton County
 No. of persons within boundary: 110,000
 Services Provided: Information & assistance, weatherization programs, Commodity Food distribution, homeless prevention and services, energy assistance

Name: Capital Area Community Services Rural Ingham Service Center
 Address: 218 East Maple Street Mason, MI 48854
 Website: www.cacs-inc.org

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Telephone Number: 517-676-1081
 Contact Person: Marina Poroshin
 Service Boundaries: Ingham County
 No. of persons within boundary: 291,000
 Services Provided: Information & assistance, weatherization programs, Commodity Food distribution, homeless prevention and services, energy assistance

Name: Clinton County Senior Center
 Address: 201 E. Walker St. Johns, MI 48879
 Website: www.facebook.com/CCSeniorCenter/
 Telephone Number: (989) 224-4257
 Contact Person: Carrie Hartenburg
 Service Boundaries: Clinton County
 No. of persons within boundary: 18,500
 Services Provided: Socialization, meals, and programming

Name: Cristo Rey Comm. Center
 Address: 1717 N. High St. , Lansing, MI 48906
 Website: www.cristoreycommunity.org
 Telephone Number: (517) 372-4700
 Contact Person: Joe Garcia
 Service Boundaries: Tri-County Focal for Seniors of Hispanic Origin in Clinton, Eaton, Ingham Co.
 No. of persons within boundary: unknown
 Services Provided:

Name: Cristo Rey Parish Church
 Address: 201 W Miller Rd, Lansing, MI 48911
 Website: <https://www.cristoreychurch.org/#!>
 Telephone Number: (517) 394-4639
 Contact Person: Fr. Vincent Richardson
 Service Boundaries: Greater Lansing
 No. of persons within boundary: unknown
 Services Provided: Senior programming, meals

Name: Delta 39ers Senior Center
 Address: 4538 Elizabeth, Lansing, MI 48917
 Website: www.deltami.gov/parks/deltawaverly39sprogram.htm
 Telephone Number: (517) 484-5600

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Contact Person: Tammy Opdyke-Mejia
Service Boundaries: Delta Township
No. of persons within boundary: 9,500
Services Provided: Socialization, meals, and programming

Name: Delta Township Senior Council
Address: N/A
Website: <https://www.deltami.gov/index.php/services/delta-township-senior-council>
Telephone Number: 517-484-5600
Contact Person: Tammy Opdyke
Service Boundaries: Delta Township
No. of persons within boundary: 9,500
Services Provided: Programming, advocacy, and support for the Township's older adult population

Name: Disability Network Capital Area
Address: 901 E. Mt. Hope Ave. Lansing, MI 48910
Website: <http://www.dncap.org/>
Telephone Number: (517) 999-2760
Contact Person: Mark Pierce
Service Boundaries: Clinton, Ingham, Eaton, and Shiawassee Counties
No. of persons within boundary: 547,500
Services Provided: Center for Independent Living

Name: Eaton Area Senior Center
Address: 804 S. Cochran, Charlotte, MI 48813
Website: <https://www.facebook.com/eatonareaseniorcenter>
Telephone Number: (517) 541-2934
Contact Person: Cindy Miller
Service Boundaries: Eaton County
No. of persons within boundary: 28,000
Services Provided: Socialization, meals, and programming

Name: Eaton Rapids Senior Center
Address: 201 Grand, Eaton Rapids, MI 48827
Website: <https://www.facebook.com/EatonRapidsSeniorCenter/>
Telephone Number: (517) 663-2335
Contact Person: Deb Malewski
Service Boundaries: unknown

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No. of persons within boundary: unknown
Services Provided: Socialization, meals, and programming

Name: Lansing Area Veterans Coalition-LAVC
Address: 222 N Washington Sq. Lansing, MI 48933
Website: <https://www.facebook.com/LansingAreaVets/>
Telephone Number: (313) 883-9377
Contact Person: Adam Obanjoko
Service Boundaries: Ingham, Eaton, and Clinton Counties
No. of persons within boundary: 103,000
Services Provided: Fosters a collaborative network to identify and develop resources to serve the needs of Veterans and their families

Name: Letts Community Center
Address: 1220 W. Kalamazoo, Lansing, MI 48915
Website: www.lansingmi.gov/letts_community_center
Telephone Number: (517)483-4311
Contact Person: Jodi Ackerman
Service Boundaries: City of Lansing
No. of persons within boundary: 112,500
Services Provided: Socialization, meals, and programming

Name: Meridian Senior Center
Address: Chippewa Middle School, 4000 N. Okemos Rd. Okemos, MI 48864
Website: <http://meridianseniorcenter.weebly.com/>
Telephone Number: (517)706-5045
Contact Person: Cherie Wisdom
Service Boundaries: N: Ingham County Line, S: Jolly Rd., W: Abbott/Hagadorn/Timberland/College, e: Meridian Rd.
No. of persons within boundary: unknown
Services Provided: Socialization, meals, and programming

Name: Prime Time, East Lansing
Address: 819 Abbott Rd., E. Lansing, MI 48823
Website: www.elprimetime.org
Telephone Number: (517) 337-1113
Contact Person: Kelly Arndt
Service Boundaries: N: 2 Miles N. of Lake Lansing Rd., S: Mt. Hope/Forest/Bennett, W: US 127/Collins, E: Abbott/Hagadorn/College
No. of persons within boundary: unknown

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Services Provided: Socialization and programming

Name: Salus Center
 Address: 408 S Washington Square, Lansing, MI 48933
 Website: <http://www.saluscenter.org/>
 Telephone Number: (517) 580-4593
 Contact Person: Mercuri Rose
 Service Boundaries: Greater Lansing
 No. of persons within boundary: unknown
 Services Provided: LBGTQ advocacy, resources, programming and support

Name: Sam Corey Senior Center
 Address: 2108 N. Cedar, Holt, MI 48842
 Website: <https://delhitownship.com/218/Sam-Corey-Senior-Center>
 Telephone Number: (517) 268-0096
 Contact Person: Troy Stowell
 Service Boundaries: N: Jolly, Willoughby and I-96, S: Nichols Rd., W: Waverly Rd., E: College Rd.
 No. of persons within boundary: unknown
 Services Provided: Socialization, meals, and programming

Name: Schmidt Southside Community Center
 Address: 5825 Wise Rd Lansing, MI 48911
 Website: www.lansingmi.gov/Facilities/Facility/Details/Alfreda-Schmidt-Southside-Community-Cent-10
 Telephone Number: (517) 483-6685
 Contact Person: unknown
 Service Boundaries: City of Lansing
 No. of persons within boundary: 112,500
 Services Provided: Socialization, meals, and programming

Name: Tri-County Office on Aging
 Address: 5303 S. Cedar St., Lansing, MI 48911
 Website: www.tcoa.org
 Telephone Number: (517) 887-1440
 Contact Person: Information & Assistance
 Service Boundaries: Clinton, Eaton and Ingham Counties
 No. of persons within boundary: 479,500
 Services Provided: Information and assistance, utilities assistance

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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Name:	Williamston Senior Center
Address:	201 School St., Williamston, MI 48895
Website:	www.williamstonseniorcenter.com
Telephone Number:	(517) 655-5173
Contact Person:	Nancy Williams
Service Boundaries:	N: Milton Rd., W: Meridian Rd., E: Wallace Rd
No. of persons within boundary:	unknown
Services Provided:	Socialization, meals, and programming

Other Grants and Initiatives

1. Briefly describe other grants and/or initiatives the area agency is participating in with ACLS

Bureau or other partners.

TCOA has obtained funding to expand the availability of two specific evidence -based programs, Matter of Balance (MOB) and Diabetes-PATH (D-PATH,) from the Mason Area Community Fund, the Stockbridge Area Wellness Coalition, and from partnerships with local health care providers.

TCOA is partnering with ACLS on Food and Friendship Connections (aka Home Delivered Meals and Peer Support), which is designed to support nutrition needs and combat isolation among older adults living with HIV.

Successful Nutrition Programs Across the Life Span is a Michigan Health Endowment funded project through Michigan State University. The goal is to improve community engagement by piloting a roadmap designed to help identify gaps in services while also addressing access, education and awareness barriers. Multiple food access and education partners are involved, with TCOA participating in the multi-region steering committee. TCOA successfully secured funding through the Americorps program to support a staff member in the Nutrition Program to assist older adults in addressing food insecurity by increasing access through the Senior Proxy Program.

TCOA receives Ingham County Human Services grant funding for the Crisis Services Program, expanding the capacity to address emergent needs such as pending utility shut- off, prescription drug costs, or emergency housing situations.

In November 2018 the Area Agencies on Aging Association of Michigan was awarded a two -year grant from the Michigan Health Endowment Fund for the Connect 2 Care Project for the purpose of improving “interoperability” between hospital systems and AAAs (working to improve the ability of unconnected systems to exchange data and information about shared clients.)

Through a partnership with Capital Area Community Services, Michigan Medicare/Medicaid Assistance Program (MMAP) counselors can help to understand Medicare & Medicaid, enroll in Medicare prescription drug coverage, review supplemental insurance needs, apply for Medicare Savings programs, identify and report fraud and abuse or scams, and explore long term care insurance.

TCOA’s Executive Director is a member of the IMPART Alliance, a coalition of researchers, direct care workers (DCWs), clients, and agencies working together for solutions to develop a competent home care workforce, improve the lives of DCWs and the elders they serve, and be a model for the nation. The Executive Director also serves as a board member on the local PACE (Senior Community Care Of Michigan and also attends their Participant Advisory Council.

In 2021 TCOA obtained access to Trualta to provide Caregivers a free and easy to use platform for accessing information and resources.

TCOA will continue to explore supplementary funding sources in the next three fiscal years . Previous and potential funding sources include the Tri-County People’s Electric Fund, Capital Region Community Foundation, Lansing Rotary Foundation, Granger Foundation, RE Olds Foundation and others.

Supplemental funding as available will be utilized to expand access to shelf stable meals, Crisis Services for the Elderly, and Evidence-based workshops.

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

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Michigan Department of Health & Human Services
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Continuing to provide MOB and D-PATH will help to expand the number of older adults who will have increased knowledge of how to manage their fear of falling and/or diabetes self-management. Research has shown that individuals who complete the D-PATH course have a much higher success rate with managing their Type 2 Diabetes. Not only does this improve the quality of life for the individual and their loved ones, it also helps to keep a large number of seniors living independently which is beneficial to the community as a whole. Accidental falls among seniors are considered to be a major cause of injuries, hospitalizations and nursing facility institutionalization in the United States. Research has shown that MOB classes have a significant impact in reducing an individual's risk of falling along with the fear of falling. This can greatly improve the quality of life for class participants long after the course has been completed.

TCOA Nutrition Program/MOW makes a significant, positive difference and serves some of the area's most vulnerable individuals through home delivered meals and congregate dining sites. This now includes expanded access for older adults living with HIV who had not previously connected with TCOA program or services, as well as other marginalized or underserved populations who face barriers to accessing food and/or nutritional education or supports. Considering the weather and public health emergencies experienced in recent years, MOW clients have benefited greatly by receiving crucial shelf stable meals. By arranging to provide food in advance, TCOA ensures that the recipient will have food available to get them through the emergency, even without power or when staff or volunteers can't travel to their homes. The Senior Proxy Program was launched to minimize barriers older adults might face in accessing commodity food items they are eligible to receive. Barriers may include transportation or mobility/strength issues.

TCOA has recruited volunteers to serve as a "proxy" in picking up the food items from the authorized vendor and delivery them to the client's home.

Volunteers visit TCOA's identified partner vendors to pick up groceries from the client's grocery list. The volunteers then deliver the groceries to the client. Providing greater access to commodities and other food supports through the Senior Proxy Program and Bridge the Gap Programs addresses food insecurity issues for the eligible seniors.

Crisis Services for the Elderly (CSE) is a year-round 24-hour emergency response system that provides assistance to seniors experiencing a crisis impacting basic needs. An answering service and on-call staff are available outside of regular business hours. The caller is connected to other community resources or financial assistance if appropriate or available. Funds are utilized for the purchase of goods and/or services to assist crisis clients and resolve urgent needs such as financial assistance in filling prescription medications, food insecurity, utility shut-off, or other unsafe living conditions such as insect infestation, structural issues, or evidence of abuse or neglect.

Connect2Care will enhance technology and build capacity across the network for building real time health notifications into COMPASS, including admission, discharge and transfer information. This will improve communication between providers, improve coordination and reduce duplication of or gaps in services, and potentially reduce rehospitalizations.

The Medicare/Medicaid Assistance Program (MMAP) provides free health benefits counseling services to Medicare beneficiaries, those who are 65 years of age or older and those who are Medicare eligible due to a disability, and their families. MMAP provides timely, objective and accurate information as well as support to Michigan beneficiaries so they can make informed decisions about their health care. Information and assistance is provided in the areas of Medicare, Medicaid, Medicare Prescription Drug Coverage, Medicare Advantage plans (health plans), Medicare supplemental insurance, Medicare Savings Programs, identification

STATE OF MICHIGAN
Michigan Department of Health & Human Services
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and report of Medicare and Medicaid fraud/abuse and scams and exploration of long term care insurance options. MMAP Counselors are not connected with any insurance company and are not licensed to sell insurance. The MMAP program in the tri-county area continues to serve more people each year than the previous.

Participation in the IMPART Alliance allows TCOA to be directly involved in conversions and problem solving related to the direct care/personal care workforce. Coalition goals are: To develop Direct Care Worker (DCW) tasks as a profession with respected training; Promote a standardized program with universal training (i.e. Building Training...Building Quality™ (BTBQTM)); Increase respect and value for the PCA profession; and Provide avenues for information exchange among everyone committed to this goal and ways to mobilize rapidly to lobby legislators and raise public awareness. TCOA has already benefited with the availability of BTBQ workshops offered locally, which by extension benefits TCOA's clients and their families.

3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

Every activity undertaken by TCOA is designed with the organization's mission at the forefront. Whether through evidence-based programs, outreach and education, increased access to nutritional supports, and improved communication and coordination of care, a more diverse funding stream and enhanced partnerships will build capacity and increase the number of people served in the tri-county area.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING & ADULT SERVICES AGENCY

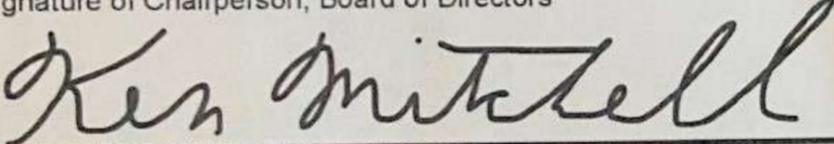
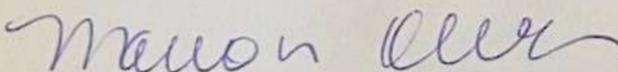
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SIGNATURES

This document covers Fiscal Year 2023. 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
	June 7, 2022
Print Name	
Ken Mitchell	
Signature of Area Agency on Aging Director	Date
	6/7/22
Print Name	
Marion Owen	
Area Agency on Aging	
Tri-County Office on Aging	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none"> ▪ FY 2023 Area Plan Grant Budget ▪ FY 2023 Direct Service Budgets ▪ Request to Transfer Funds ▪ Waiver for Direct Service Provision ▪ Assurances 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 	

FY 2023 AREA PLAN GRANT BUDGET

Rev. 10/8/21

Agency: Tri-County Office on Aging

Budget Period: 10/01/22 to 09/30/23

PSA: 6

Date: 04/29/22

Rev. No.: Original Page 1of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	410,113		410,113
2. Fed. Title III-C1 (Congregate)		541,589	541,589
3. State Congregate Nutrition		9,365	9,365
4. Federal Title III-C2 (HDM)		289,715	289,715
5. State Home Delivered Meals		467,017	467,017
8. Fed. Title III-D (Prev. Health)	30,867		30,867
9. Federal Title III-E (NFCSP)	195,042		195,042
10. Federal Title VII-A	7,760		7,760
10. Federal Title VII-EAP	6,375		6,375
11. State Access	27,953		27,953
12. State In-Home	498,375		498,375
13. State Alternative Care	109,851		109,851
14. State Care Management	215,913		215,913
15. St. ANS	43,590		43,590
16. St. Nursing Home Ombs (NHO)	18,678		18,678
17. Local Match			
a. Cash	23,990	-	23,990
b. In-Kind	170,030	132,500	302,530
18. State Respite Care (Escheat)	74,972		74,972
19. MATF	116,910		116,910
19. St. CG Support	15,851		15,851
20. TCM/Medicaid & MSO	9,485		9,485
21. NSIP		334,153	334,153
22. Program Income	3,950	120,000	123,950
TOTAL:	1,979,705	1,894,339	3,874,044

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	163,036	27,500	-	190,536
State Administration	28,180			28,180
MATF Administration	11,562	-	-	11,562
St. CG Support Administration	-	-	-	-
Other Admin				-
Total AIP Admin:	202,778	27,500	-	230,278

Expenditures		
	FTEs	
1. Salaries/Wages	2.50	156,241
2. Fringe Benefits		48,952
3. Office Operations		25,085
Total:		230,278

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Clinton County	4,095		
Eaton County	6,310		-
Ingham County	7,598		-
City of East Lansing	105		-
City of Lansing	9,392		-
	-		-
	-		-
Total:	27,500	Total:	-

BGP Allocation Amount	3,626,352
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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

Finance Director
Title

04/28/22
Date

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Tri-County Office on Aging
 PSA: 6

Budget Period: 10/01/22
 Date: 04/29/22

to 09/30/23
 Rev. No.: Original

Rev. 10/8/21
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Op	Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A EAP	Title VII A OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Supp	TCW-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A																					
Access Services																					
A-1		Care Management									215,913								23,990		239,903
A-2		Case Coord/supp	5,000										15,637							2,293	22,930
A-3		Disaster Advocacy & Outreach Program	100																	11	111
A-4		Information & Assis	82,000		43,773								27,953							17,081	170,807
A-5		Outreach			45,000			27,953												8,106	81,059
A-6		Transportation	4,750																	528	5,278
A-7		Options Counseling	7,500																	833	8,333
B																					
In-Home																					
B-1		Chore	100																	11	111
B-2		Home Care Assis																			-
B-3		Home Injury Cntrl																			-
B-4		Homemaking	71,931					468,375	109,851											72,240	722,397
B-6		Home Health Aide																			-
B-7		Medication Mgt																			-
B-8		Personal Care	61,000																	6,778	67,778
B-9		Assistive Device&Tech																			-
B-10		Respite Care			35,000									29,754	26,910			250		9,935	101,849
B-11		Friendly Reassurance	15,000																	1,667	16,667
C-10		Legal Assistance	31,450															1,250		2,244	34,944
C																					
Community Services																					
C-1		Adult Day Services												45,218	90,000	15,851		2,450		14,335	167,854
C-2		Dementia ADC																			-
C-6		Disease Prevent/Health Promion	9,550	30,867	9,269															5,521	55,207
C-7		Health Screening																			-
C-8		Assist to Hearing Impaired & Deaf Cmty																			-
C-9		Home Repair																			-
C-11		LTC Ombudsman	8,360			7,760						18,678					9,485			4,920	49,203
C-12		Sr Ctr Operations																			-
C-13		Sr Ctr Staffing																			-
C-14		Vision Services																			-
C-15		Prevnt of Elder Abuse,Neglect,Exploitation				6,375														708	7,083
C-16		Counseling Services																			-
C-17		Creat.Conf.CG@ CCC	7,500																	833	8,333
C-18		Caregiver Supplmt Services																			-
C-19		Kinship Support Services			10,000															1,111	11,111
C-20		Caregiver E,S,T																			-
*C-8		Program Develop	82,022																	9,114	91,136
Region Specific																					
		Crisis Services	17,500						30,000											5,278	52,778
		CLS			52,000															5,778	57,778
		Adult Day Services - Enhanced	200																	22	222
		N/A																			-
		7. CLP/ADRC Services	6,150																	683	6,833
Sp Co		8. MATF Adm												11,562							11,562
Sp Co		9. St CG Sup Adm																			-
SUPPRT SERV TOTAL			410,113	30,867	195,042	6,375	7,760	27,953	498,375	109,851	215,913	18,678	43,590	74,972	128,472	15,851	9,485	3,950	23,990	170,030	1,991,267

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 10/8/21

Agency: Tri-County Office on Aging Budget Period: 10/01/22 to 9/30/23
 PSA: 6 Date: 04/29/22 Rev. Number Original

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FY 2023 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	541,589		9,365		66,831	24,000		45,000	686,785
B-5	Home Delivered Meals		289,715		467,017	267,322	96,000		87,500	1,207,554
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	Nutrition Services Total	541,589	289,715	9,365	467,017	334,153	120,000	-	132,500	1,894,339

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

FY 2023 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	8,360	7,760	-	18,678	9,485	-	-	4,920	49,203
C-15	Elder Abuse Prevention	-		6,375			-	-	708	7,083
	Region Specific	-	-	-			-	-	-	-
	LTC Ombudsman Ser Total	8,360	7,760	6,375	18,678	9,485	-	-	5,628	56,286

FY 2023 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2023 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	10,000				-	-	1,111	11,111
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	-	10,000				-	-	1,111	11,111

Planned Services Summary Page for FY 2023			PSA: 6		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 239,903	6.17%			X
Case Coordination & Support	\$ 22,930	0.59%			X
Disaster Advocacy & Outreach Program	\$ 111	0.00%			X
Information & Assistance	\$ 170,807	4.40%		X	X
Outreach	\$ 81,059	2.09%			X
Transportation	\$ 5,278	0.14%		X	
Option Counseling	\$ 8,333	0.21%			X
IN-HOME SERVICES					
Chore	\$ 111	0.00%	X		
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 722,397	18.59%	X		
Home Delivered Meals	\$ 1,207,554	31.08%			X
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ 67,778	1.74%	X		
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 101,849	2.62%	X		
Friendly Reassurance	\$ 16,667	0.43%		X	
COMMUNITY SERVICES					
Adult Day Services	\$ 167,854	4.32%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 686,785	17.68%			X
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 55,207	1.42%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 34,944	0.90%		X	
Long Term Care Ombudsman/Advocacy	\$ 49,203	1.27%		X	
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 7,083	0.18%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 8,333	0.21%			X
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 11,111	0.29%		X	X
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 91,136	2.35%			
REGION-SPECIFIC					
Crisis Services	\$ 52,778	1.36%	X		
CLS	\$ 57,778	1.49%			X
Adult Day Services - Enhanced	\$ 222	0.01%		X	
N/A	\$ -	0.00%			
CLP/ADRC SERVICES	\$ 6,833	0.18%			X
SUBTOTAL SERVICES					
	\$ 3,874,044				
MATF & ST CG ADMINISTRATION					
	\$ 11,562	0.30%			X
TOTAL PERCENT			24.32%	10.42%	65.25%
TOTAL FUNDING		\$ 3,885,606	\$944,913	\$405,229	\$2,535,464

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.

FY 2023 BUDGET REVIEW SPREADSHEET

Rev. 10/8/21

Agency:	Tri-County Office	6		Fiscal Year:	FY 2023
Date of SGA:		SGA No.		Date Reviewed by AASA:	
Date of Budget:	04/29/22	Revision No.	Original	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 163,036		\$ 163,036		
State Administration	\$ 28,180		\$ 28,180		
Title III-B Services	\$ 410,113		\$ 410,113		
Title III-C-1 Services	\$ 541,589		\$ 541,589		
Title III-C-2 Services	\$ 289,715		\$ 289,715		
Federal Title III-D (Prev. Health)	\$ 30,867		\$ 30,867		
Title III-E Services (NFCSP)	\$ 195,042		\$ 195,042		
Title VII/A Services (LTC Ombuds)	\$ 7,760		\$ 7,760		
Title VII/EAP Services	\$ 6,375		\$ 6,375		
St. Access	\$ 27,953		\$ 27,953		
St. In Home	\$ 498,375		\$ 498,375		
St. Congregate Meals	\$ 9,365		\$ 9,365		
St. Home Delivered Meals	\$ 467,017		\$ 467,017		
St. Alternative Care	\$ 109,851		\$ 109,851		
St. Aging Network Srv. (St. ANS)	\$ 43,590		\$ 43,590		
St. Respite Care (Escheats)	\$ 74,972		\$ 74,972		
Merit Award Trust Fund (MATF)	\$ 128,472		\$ 128,472		
St. Caregiver Support (St. CG Sup.)	\$ 15,851		\$ 15,851		
St. Nursing Home Ombuds (NHO)	\$ 18,678		\$ 18,678		
MSO Fund-LTC Ombudsman	\$ 9,485		\$ 9,485		
St. Care Mgt.	\$ 215,913		\$ 215,913		
NSIP	\$ 334,153		\$ 334,153		
			\$ -		
SGA TOTALS:	\$ 3,626,352	\$ -	\$ 3,626,352		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE		
Federal Administration	\$ 163,036	\$ 163,036	\$ -	Minimum federal administration match amount	\$54,345
State Administration	\$ 28,180	\$ 28,180	\$ -	Administration match expended (State Adm. + Local Match)	\$55,680
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 191,216	\$ 191,216	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 11,562				
ST CG Supp	\$ -				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 27,500			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ -			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 27,500			Amount of MATF Funds budgeted on Adult Day Care	\$ 90,000
Other Admin	\$ -			Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 230,278	\$ 230,278	\$ -		
Title III-E Kinship Services Program Requirements					
SERVICES:	BUDGET	SGA	% BUDGETED		
Federal Title III-B Services	\$ 410,113	\$ 410,113	100.0000%	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 541,589	\$ 541,589	100.0000%		
State Congregate Nutrition	\$ 9,365	\$ 9,365	100.0000%	[note: see TL #369 & TL#2007-141]	
Federal C-2 (HDM)	\$ 289,715	\$ 289,715	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
State Home Delivered Meals	\$ 467,017	\$ 467,017	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
Federal Title III-D (Prev. Health)	\$ 30,867	\$ 30,867	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	\$8,360
Federal Title III-E (NFCSP)	\$ 195,042	\$ 195,042	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$8,360
St. Access	\$ 27,953	\$ 27,953	100.0000%	Is required maintenance of effort met?	Yes
St. In Home	\$ 498,375	\$ 498,375	100.0000%		
St. Alternative Care	\$ 109,851	\$ 109,851	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 215,913	\$ 215,913	100.0000%	Minimum service match amount required	\$320,220
State Nursing Home Ombs (NHO)	\$ 18,678	\$ 18,678	100.0000%	Service matched budgeted: (Local Cash + In-Kind)	\$326,520
St ANS	\$ 43,590	\$ 43,590	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 2,858,068	\$ 2,858,068	100.0000%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 23,990			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 302,530			Access:	\$99,350
				In-Home:	\$148,031
				Legal:	\$31,450
Sub-Total:	\$ 326,520			Total Budgeted for Priority Services:	\$278,831
Title VII/A Services (LTC Ombuds)	\$ 7,760	\$ 7,760	100.0000%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ 6,375	\$ 6,375	100.0000%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 334,153	\$ 334,153	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 74,972	\$ 74,972	100.0000%	(Actual % of Legal)	7.67%
MATF	\$ 116,910	\$ 116,910	100.0000%		
St. CG Support	\$ 15,851	\$ 15,851	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$410,113
MSO Fund-LTC Ombudsman	\$ 9,485	\$ 9,485	100.0000%	Amount budgeted for Program Development:	\$82,022
TCM-Medicaid / CM	\$ -			% of Title III-B Program Development (must be 20% or less):	19.0%
Program Income	\$ 123,950			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$30,867
Total Services:	\$ 3,874,044			Amount budgeted for EBDP Activities, per TL#2012-244:	\$30,867
Grand Total: Ser.+ Admin.	\$ 4,104,322			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$0
b. Case Coord/supp	\$5,000
c. Disaster Advocacy	\$100
d. Information & Assis	\$82,000
e. Outreach	\$0
f. Transportation	\$4,750
g. Options Counseling	\$7,500
Access Total:	\$99,350

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$100
b. Home Care Assis	\$0
c. Home Injury Cntrl	\$0
d. Homemaking	\$71,931
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$61,000
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassure	\$15,000
In Home Services Total:	\$148,031

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$10,000
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
Kinship Services Total:	\$10,000

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$410,113
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$410,113

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

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			111,455					111,455
Fringe Benefits			33,150					33,150
Travel			4,000					4,000
Training			300					300
Supplies			1,300					1,300
Occupancy			19,157					19,157
Communications			2,500					2,500
Equipment								0
Other:			9,025					9,025
Service Costs			11,146					11,146
Purchased Services (CM only)			23,880		23,990			47,870
								0
Totals	0	0	215,913	0	23,990	0	0	239,903

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time					
Local Resources	23,990				
Totals	23,990	0	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Crisis Services

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								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:	17,500		30,000			5,278		52,778
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	17,500	0	30,000	0	0	5,278	0	52,778

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? Yes No

If yes, please describe: _____

Explanation for Other Expenses: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		5,278			Emergency funds for client needs such as utility bills and
Totals	0	5,278	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

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	3,653		10,008			1,518		15,179
Fringe Benefits	1,347		5,629			775		7,751
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	5,000	0	15,637	0	0	2,293	0	22,930

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		2,293			
Totals	0	2,293	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Outreach

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	31,504		19,885			5,710		57,099
Fringe Benefits	13,496		8,068			2,396		23,960
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	45,000	0	27,953	0	0	8,106	0	81,059

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		8,106			
Totals	0	8,106	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

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	30,638		19,885			5,614		56,137
Fringe Benefits	13,135		8,068			2,356		23,559
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	43,773	0	27,953	0	0	7,970	0	79,696

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? Yes No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #5

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		7,970			
Totals	0	7,970	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Congregate Meals

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	338,662							338,662
Fringe Benefits	150,439							150,439
Travel	26,549							26,549
Training								0
Supplies	8,758							8,758
Occupancy						45,000		45,000
Communications								0
Equipment								0
Other: Food	17,181	66,831	9,365	24,000				117,377
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	541,589	66,831	9,365	24,000	0	45,000	0	686,785

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #6

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		45,000			
Totals	0	45,000	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #7**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Home Delivered Meals

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	199,827		264,194					464,021
Fringe Benefits	85,640		113,119					198,759
Travel						87,500		87,500
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other: Food	4,248	267,322	89,704	96,000				457,274
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	289,715	267,322	467,017	96,000	0	87,500	0	1,207,554

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Volunteer Time		87,500			
Local Resources					
Totals	0	87,500	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #8**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

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	5,252					584		5,836
Fringe Benefits	2,248					250		2,498
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	7,500	0	0	0	0	834	0	8,334

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? Yes No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		834			
Totals	0	834	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #9**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: CLP/ADRC Services

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	4,034					448		4,482
Fringe Benefits	2,116					235		2,351
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	6,150	0	0	0	0	683	0	6,833

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? Yes No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		683			
Totals	0	683	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #10**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Disease Prevention/Health Promotion

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	11,292					1,255		12,547
Fringe Benefits	7,527					836		8,363
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	18,819	0	0	0	0	2,091	0	20,910

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		2,091			
Totals	0	2,091	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #11**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Options Counseling

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	5,252					584		5,836
Fringe Benefits	2,248					250		2,498
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	7,500	0	0	0	0	834	0	8,334

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		834			
Totals	0	834	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #12**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: CLS

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	36,400					4,044		40,444
Fringe Benefits	15,600					1,733		17,333
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	52,000	0	0	0	0	5,777	0	57,777

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		5,777			
Totals	0	5,777	0	0	

Difference 0 0 0 0

OK OK OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #13**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: Disaster Advocacy & Outreach

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								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications	100						11	111
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	100	0	0	0	0	0	11	111

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? Yes X No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		11			
Totals	0	11	0	0	

Difference 0 -11 11
 OK OFF OFF

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #14**

AAA: Tri-County Office on Aging

FISCAL YEAR: FY 2023

SERVICE: _____

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								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	0	0	0	0	0	0	0	0

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? Yes No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	

Difference 0 0 0 0

OK OK OK

Fundable Services Matrix - Updated attachment to TL #2019-384

Attachment

ACCESS SERVICES

		Federal Funds				State Funds						
Op Std	Access Services	Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Access	St. Care Management	St. Respite Care (Escheats)	St. In- Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
A-1	Care Management	X		X		X	X					X
A-2	Case Coordination & Support	X		X		X	X					X
A-3	Disaster Advocacy & Outreach Program	X										
A-4	Information & Assistance	X		X		X						X
A-5	Outreach	X		X		X						X
A-6	Transportation (For MATF & St. CG Sup. only) - adult day service and respite related transport of service recipients including related medical and shopping assistance is allowed.	X		X						X	X	
A-7	Options Counseling	X		X		X	X					X

IN-HOME SERVICES

		Federal Funds				State Funds						
Op Std	In-Home Services	Title III-B	Title III-D **	Title III-E	Title VIIA ----- Title VII EAP	St. Access	St. Alternative Care	St. Respite Care (Escheats)	St. In- Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
B-1	Chore	X										
B-2	Home Care Assistance	X					X		X			X
B-3	Home Injury Control	X		X								
B-4	Homemaking	X					X		X			X
B-6	Home Health Aide	X					X		X			X
B-7	Medication Management	X					X		X			X
B-8	Personal Care	X					X		X			X
B-9	Assistive Devices & Technologies (PERS)	X		X			X		X			X
B-10	Respite Care (may also include chore, homemaking, home care assistance, home health aide, meal prep./HDM & personal care serv. as a form of respite care)	X		X			X	X	X	X	X	X
B-11	Friendly Reassurance	X										

COMMUNITY SERVICES

		Federal Funds				State Funds						
Op Std	Community Services	Title III-B	Title III-D **	Title III-E	Title VIIA	St. Nursing	St. Alternative	St. Respite Care	MI State Ombuds	St. Merit Award	St. Caregiver	St. Aging Network
C-1	Adult Day Service	X		X			X	X		X	X	X
C-2	Dementia Adult Day Care	X		X			X	X		X	X	X
C-6	Disease Prevention/Health Promotion	X	X	X								
C-7	Health Screening	X										
C-8	Assistance to Hearing Impaired & Deaf	X										
C-9	Home Repair	X										
C-10	Legal Assistance	X		X								
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X			
C-12	Senior Center Operations	X										
C-13	Senior Center Staffing	X										
C-14	Vision Services	X										
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP							
C-16	Counseling Services	X		X								
C-17	Creating Confident Caregivers® (CCC).	X	X	X								
C-18	Caregiver Supplemental Services	X		X								
C-19	Kinship Support Services	X		X								
C-20	Caregiver Education, Support & Training	X		X								

NUTRITION SERVICES

Op Std	Nutrition Service	Title III-C1 & State Congregate	Title III-C2 & State Home Delivered Meals	Title III-E	*NSIP
C-3	Congregate Meals	X			X
B-5	Home Delivered Meals		X	X	X
C-4	Nutrition Counseling	X	X	X	
C-5	Nutrition Education	X	X	X	

Requirements from AASA Transmittal letters that establish Fundable Service Categories
Replaces: TL 367, 2005-102 & 2007-142
See TL343 & TL2006-111 for guidance re St. MATF
See TL 2012-244 for guidance re Title D
See TL 2012-256 for guidance re St. ANS

*NSIP funds are designated for actual food costs for OIAA Title III eligible meals

** Note for Title III D – All funds have to be used for Evidence-Based programs.
 TL #2019-384 Fundable Services Matrix, revised 2/15/2019, replaces TL #2015-301

Full Program Title Name**Program Title on SGA**

Title III Administration	Federal	Title III Administration
State Administration	State	State Administration
Title IIIB Supportive Services	Federal	Title IIIB Supportive Services
Title IIIC-1 Services Congregate Meals	Federal	Title IIIC-1 Congregate Meals
Title IIIC-2 Services Home Delivered Meals	Federal	Title IIIC-2 Home Delivered Meals
Title IIID Services (Preventive Health)	Federal	Title IIID Preventive Health
Title IIIE Services (NFCSP) National Family Caregiver Support	Federal	Title IIIE Natl. Family Caregiver
Title VII/A Services (LTC Ombudsman)	Federal	Title VII/A LTC Ombudsman
Title VII/EAP Services Elder Abuse Prevention	Federal	Title VII/EAP Eld Abuse Prevention
State Access Services	State	State Access Services
State In-Home Services	State	State In-Home Services
State Congregate Meals	State	State Congregate Meals
State Home Delivered Meals	State	State Home Delivered Meals
State Alternative Care	State	State Alternative Care
State Aging Network Services (St. ANS)	State	State Aging Network Services (St. ANS)
State Caregiver Support	State	State Caregiver Support
State Respite Care	State	State Respite Care
State Merit Award Trust Fund (MATF)	State	State Merit Award
State Nursing Home Ombs	State	State Nursing Home Ombs
Michigan State Ombudsman (MSO)	State	Michigan State Ombudsman (MSO)
State Care Management	State	State Care Management
Nutrition Services Incentive Program (NSIP)	Federal	Nutrition Services Incentive Program (NSIP)

MATCHING REQUIREMENTS

Revision date 1/26/2016

Revision to Transmittal Letter #2016-320

FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%

STATE 15%^[2] (AASA)

LOCAL 10% (AAAs)

FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

Table 1 AAA Local Matching Requirement by Fund Source

Funding Source	Fund Source Name	AAA Local Match Requirement	Reference
Federal	Title III Administration	15% (a)	OAA of 1965 (d)
Federal	Title IIIB Supportive Services	10%	OAA of 1965
Federal	Title IIIC-1 Congregate Meals	10%	OAA of 1965
Federal	Title IIIC-2 Home Delivered Meals	10%	OAA of 1965
Federal	Title IIID Preventive Health	10%	OAA of 1965
Federal	Title IIIE Natl. Family Caregiver	10%	OAA of 1965
Federal	Title VII/EAP Eld Abuse Prevention	No Match Required	ACL CFDA
Federal	Title VII/A LTC Ombudsman	No Match Required	AoA Fiscal Guide (b)
Federal	Nutrition Services Incentive Program	No Match Required	AoA Fiscal Guide
State	State Administration	No Match Required	AASA
State	State Access Services	10%	AASA
State	State In-Home Services	10%	AASA
State	State Congregate Meals	10%	AASA
State	State Home Delivered Meals	10%	AASA
State	State Nursing Home Ombudsman	10%	AASA
State	State Alternative Care	10%	AASA
State	MI State Ombudsman Funds (MSO)	10%	AASA
State	State Merit Award Trust Fund	No Match Required	AASA TL #1006 (7/28/09)
State	State Caregiver Support	10%	AASA
State	State Respite Care	No Match Required	Public Act 171 of 1990
State	State Care Management	10%	AASA
State	State Aging Network Services	10%	AASA

(a) 15% is an approximate amount and may vary slightly after applying the state match amount.

(b) AoA is the acronym for the federal Administration on Aging

(c) Michigan Office of Long Term Care Supports and Services (OLTCSS)

(d) OAA is the acronym for the Older Americans Act

Per AoA requirements, if the required non-federal share is not provided by the completion date of the funded project period, to meet the match percentage, AoA will reduce the Federal dollars awarded when closing out the award, which may result in a requirement to return Federal funds. AASA verifies compliance with local matching requirements based upon a review of AAA FSRs.

[2] The exact percentage amount may vary slightly in order to meet the federal requirement.

AREA AGENCY ON AGING--OPERATING BUDGET

PSA: 6
Agency: nty Office on Aging

Budget Period: 10/01/22

to: 09/30/23

Date of Budget:

04/29/22

Rev. No.:

Original Page 1 of 2

	Operations		Program Services/Activities										TOTAL	
	Admin	Program Develop	Congregate Nutrition	Home-Delivered Nutrition	Care Mgmt	HCBS Waiver	Merit Award Trust Fund	Care Giver	CLP/ADRC	Outreach	Information & Assistance	Case Coordination		Other
REVENUES														
Federal Funds	163,036	82,022	608,420	557,037		26,500,000		17,100	42,529	67,262	150,724	5,000	130,417	28,323,547
State Funds	28,180		9,365	467,017	215,913		11,562			27,953	27,953	15,637		803,580
Local Cash	27,500			53,000										80,500
Local In-Kind		9,114	45,000	87,500				1,900	4,725	10,579	23,585	2,293	14,491	199,187
Interest Income	10,000													10,000
Fund Raising/Other	1,281,797		24,000	471,148	25,000	1,000,000					10,000	26,092	2,000,000	4,838,037
TOTAL	1,510,513	91,136	686,785	1,635,702	240,913	27,500,000	11,562	19,000	47,254	105,794	212,262	49,022	2,144,908	34,254,851

	Operations		Program Services/Activities										TOTAL	
	Admin	Program Develop	Congregate Nutrition	Home-Delivered Nutrition	Care Mgmt	HCBS Waiver	Merit Award Trust Fund	Care Giver	CLP/ADRC	Outreach	Information & Assistance	Case Coordination		Other
EXPENDITURES														
Contractual Services	500,000										82,000			582,000
Purchased Services					57,451	23,000,000							2,000,000	25,057,451
Wages and Salaries	496,573	57,642	194,850	565,073	110,599	2,927,847	11,562	13,571	33,753	75,567	93,044	35,016	103,506	4,718,603
Fringe Benefits	117,012	18,649	63,034	182,801	30,190	947,159		4,390	10,919	24,446	30,100	11,327	33,484	1,473,511
Payroll Taxes	37,988	4,410	14,906	43,228	8,461	223,980		1,039	2,582	5,781	7,118	2,679	7,918	360,089
Professional Services	7,500		5,000	10,000	5,460	75,000								102,960
Accounting & Audit Services	10,000		15,000	20,000	7,500	50,000								102,500
Legal Fees	30,750					2,250								33,000
Occupancy	44,500		9,995	50,000	6,052	101,575								212,122
Insurance	2,500	560	2,500	7,500		7,475								20,535
Office Equipment	10,000					15,000								25,000
Equip Maintenance & Repair	250		7,500	20,000										27,750
Office Supplies/Food Supplies	24,250	1,550	35,000	90,000	2,750	16,814								170,364
Printing & Publication	3,000	2,450		10,000		14,950								30,400
Postage	2,500	775	1,500	1,500		15,000								21,275
Telephone	6,250	1,050	5,000	10,600	5,500	60,000								88,400
Travel	200	1,000	25,000	25,000	1,700	25,000								77,900
Conferences	3,100	1,550			650	14,950								20,250
Dues & Subscriptions/Memberships	36,750	1,500				3,000								41,250
Miscellaneous/Reserve	177,390		7,500		4,600									189,490
Food			300,000	600,000										900,000
TOTAL	1,010,513	91,136	686,785	1,635,702	183,462	4,500,000	11,562	19,000	47,254	105,794	130,262	49,022	144,908	8,615,399

AREA AGENCY ON AGING--WAGES AND SALARIES

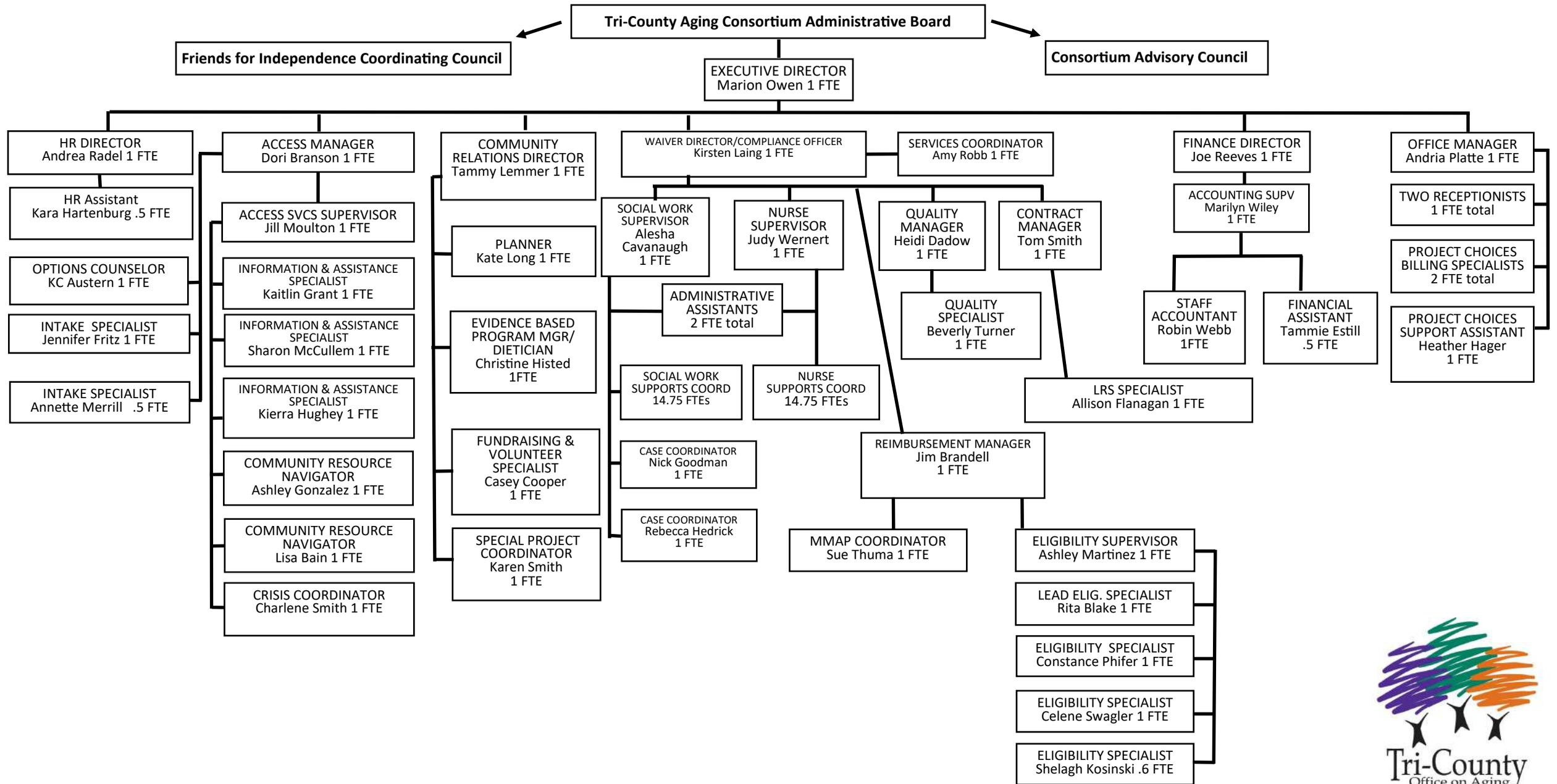
PSA: 6
 Agency: Tri-County Office on Aging

Budget Period: 10/01/22 to: 09/30/23

Date of Budget: 04/29/22
 Rev. No.: Original

JOB CLASSIFICATION	FTEs	Operations		Program Services/Activities											TOTAL		
		Admin	Program Develop	Congregate Nutrition	Home-Delivered Nutrition	Care Mgmt	HCBS Waiver	Merit Award Trust Fund	CG Support	CLP/ADRC	Outreach	Information & Assistance	Case Coordination	Other			
Executive Director	1.0000	47,539	14,046			1,081	45,378										108,044
Finance Director	1.0000	32,310					48,464										80,774
Waiver Director	1.0000					3,801	72,233										76,034
Nutrition Director	1.0000			12,442	49,768												62,210
Human Resources Director	1.0000	30,975					46,461										77,436
Community Relations Director	1.0000	26,726	33,272									6,815					66,813
Contract Manager	1.0000	29,193					29,193										58,386
Planner	1.0000	49,248					5,472										54,720
Nurse Supervisor	1.0000					3,195	60,696										63,891
Social Worker Supervisor	1.0000					3,195	60,696										63,891
Lead Nurse	1.0000					2,804	53,270										56,074
Lead Social Worker	1.0000					2,804	53,270										56,074
Care Manager RN	14.0000					38,603	733,465										772,068
Care Manager SW	13.7500					37,762	717,483										755,245
LRS Specialist	1.0000						25,787		13,571		5,882						45,240
Eligibility Supervisor	1.0000						54,440										54,440
Lead Eligibility Worker	1.0000						47,965										47,965
Eligibility Specialist	2.7250						115,512										115,512
I&A Specialist	3.0000						44,510					38,150			44,510		127,170
Waiver Accounts Payable Clerk	2.0000					3,671	69,745										73,416
Staff Accountant	1.0000	22,364					17,139	3,167									42,670
Finance Assistant	0.6250	5,829					11,284	1,651									18,764
Accounting Supervisor	1.0000	31,364					25,503	6,744									63,611
Office/Clerical	8.6250	12,176		28,678	114,660	7,677	145,872										309,063
Community Resource Navigator	2.0000						22,036				44,072	22,034					88,142
Access Manager	1.0000						61,930										61,930
Receptionist	1.0000	18,133					7,771										25,904
Food Manager/Food Production Supervisor/Ass't. Food Production Supervisor	3.0000			20,740	74,806										18,854		114,400
Senior Cook/Cook	1.5000			8,352	33,407												41,759
Porter/Stockperson/Dishwasher	2.2500			11,367	45,467										2,390		59,224
Van Driver Food Transportation	4.0000			23,569	94,277												117,846
Dining Site/Kitchen Coordinator	2.0500			51,582													51,582
MOW Supervisor	4.0000			30,568	122,274												152,842
Registered Dietician/Evidenced Based Program Manager	1.0000	55,114		584	2,338												58,036
Community Nutrition Manager	1.0000			6,968	28,076						5,207						40,251
Reimbursement Manager	1.0000	3,003				6,006	51,059										60,068
MMAP Coordinator	1.0000										13,591				37,752		51,343
Quality Specialist	1.0000						62,210										62,210
Fundraising & Volunteer Specialist	1.0000	41,299	10,324														51,623
Quality Assistant	1.0000						42,820										42,820
Case Coordinator	2.0000						57,131								35,016		92,147
Project Coordinator	1.0000	51,343															51,343
Crisis Coordinator	1.0000	39,957															39,957
Access Services Supervisor	1.0000						18,483					32,860					51,343
Options Counselor	1.0000						20,687			33,753							54,440
CM Services Coordinator	1.0000						39,957										39,957
Intake Specialist	1.5000						59,925										59,925
																	0
																	0
																	0
																	0
																	0
																	0
																	0
																	0
TOTAL	98.0250	496,573	57,642	194,850	565,073	110,599	2,927,847	11,562	13,571	33,753	75,567	93,044	35,016	103,506		4,718,603	

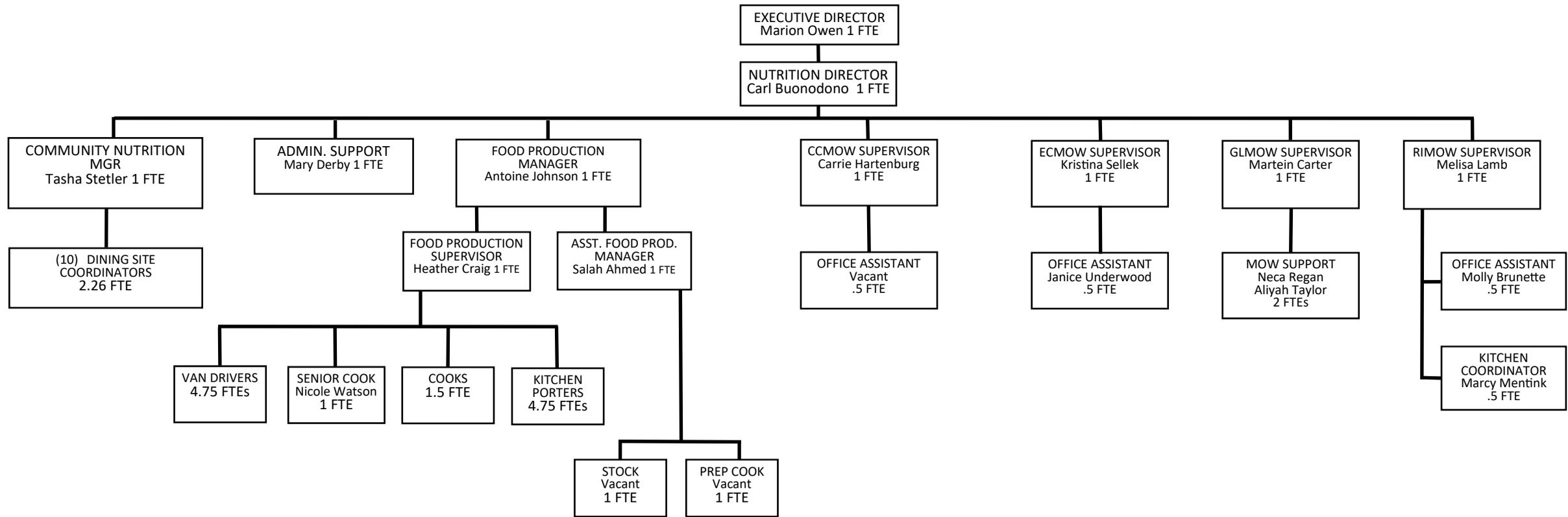
Tri-County Aging Consortium



See Nutrition Organization Chart for further detail on TCOA's Nutrition Program staffing



Tri-County Office on Aging—Nutrition Program



EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging FY 2023 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2023 will address the element.

Area Agency on Aging
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).
1. Does your agency have an Emergency Preparedness Plan? If so when was the latest update and was it sent HASA? If not, please sent to albrecht@michigan.gov
2. Does your agency work with local emergency management? If yes please provide a brief description of how you are working with them. If no Why.
3. HASA does have expectations during a State or locally declared emergency/disaster to have staff person (the area agency director or their designee) available for communication with HASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services). Please provide HASA with any updated contact information on staff listed as emergency contact. Including drills.
4. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency.
5. What barriers have you had with emergency/disaster drills or with man-made or natural disaster such as flooding, pandemic, flu, and extreme weather? What can HASA do to assist the AAAs with emergency/disasters? Can include funding, communication issues and PPE for example.

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

1. All the congregate meal sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.
2. Have agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups.
 - Agreements shall include plans for coordination of services related to food acquisition, meal preparation and delivery of meals. The agreements may include options for contracting meals that includes company name, types of meals, financial agreement, timeline for providing meal service and logistical information. [Options for Contracting Meals during COVID-19 \(acl.gov\)](#) *
3. Short, intermediate, and long-term plans for uninterrupted delivery of meals to home-delivered meals participants:
 - due to inclement weather, power outages, flooding, etc.
 - including, but not limited to use of families and friends, volunteers, shelf-stable meals, and informal support systems.
 - Backup plan for food preparation if usual kitchen facility is unavailable.
4. Provision of at least two, preferably more, shelf-stable meals and instructions on how to use for home delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.
5. A fluid system for shifting from congregate meal site service to alternative methods of delivery and/or pickup, including situations in which participants are unable to access congregate meals due to an emergency (e.g., Grab and Go, Curbside pickup, volunteer delivery, etc.).
6. A plan to ensure appropriate infection control measures, including contactless delivery, social distancing practices, use of personal protective equipment (PPE) and other appropriate measures.
7. Have provisions for an effective communications system to alert congregate and home-delivered meals participants of changes in meal sites/delivery.
8. Be reviewed and approved by the respective area agency and submitted electronically via the Secure File Drop, under Nutrition Emergency Plans. Enter date sent to HASA below.

Date: 5/5/22

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2023

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.

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 2025. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under “Funding Amount for This Service.”

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i>	<i>Example: List each provider offering programs on a single line as shown below.</i>	<i>Example: Total participants for all providers</i>	<i>Example: Funding total for all providers</i>
Arthritis Exercise Program	1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	80	\$14,000

TRI-COUNTY OFFICE ON AGING

FY 2023-2023 Multi Year Plan

FY 2023 Annual Implementation Plan

PUBLIC COMMENTS

From: [Rebecca Jones](#)
To: [Kate Long](#)
Subject: Senior needs
Date: Thursday, April 7, 2022 12:46:56 PM

I think we need a resource to assist with minor home repairs. I had this service in Barry County through COA.

They installed bath tub grab bars for me. They also fixed my dripping faucet. The charge was in line with my social security.

As of today's date I would hire someone to come level my refrigerator.

From: [Joseph Gutierrez](#)
To: [Kate Long](#)
Subject: "23-"25 NYP Draft plan
Date: Friday, May 6, 2022 12:51:22 AM

Observation: 1) fear of falling - balance training. Dr May, Momentum Health Centers, Mason MI, 517.676.7112 may be a source of information on balance training.

2) those born in America are Americans. Those who become naturalized citizens in the U.S. are Americans. Those who have provisional 'Green' cards are American citizens in training, as it were. I believe a focus on all as humans should be the goal. There is no need to define each as a separate group as though one is from a different subspecies. The book of Genesis states that one Race was created: Human. We as a Human Race are all one. Humankind divisions are Cultural, Custom, Language & Tradition, for example. We become an ethnicity by those markers. For example, in the British newspaper 'The Daily Mirror,' circa 1970, an article appeared about a transplant operation. A 'White' British male lost a hand in an industrial accident. Contemporaneously to the 'White' man's admittance, a 'Black' British male was admitted because of a heart-attack. The 'Black' man died. The hospital doctors took the opportunity to get consent from heart patient's next of kin to surgically remove the now deceased patient's hand & surgically attach it to the man who had lost his hand. According to surgeons the best after operation & therapy scenario was 10% recovery use. The doctors best educated guess was not correct. The patient recovered 90% of use. The news photo showed a distinct color line slightly above the wrist. So, just like the one time Volks Wagon Beetle, we humans have interchangeable parts regardless of nationality, ethnicity or color of skin [melanocyte].

3) Geriatric/elder Care

Partnerships between private & public agencies

Observation: example

At the community college level, using High School classrooms, if needed for more access, after classes let out & weekends, or local health Center, Senior Centers, a Health course of study to gain a Certificate in this field: [meat&patato] cursory medical knowledge, e.g., physiology, psychology, nutrition --- all in which OJT experience will fill, ergo no long hours of tedious study. Steps in a professional direction. This may allow for more worth to a care giver's esteem & allow in advancement & scales of economy, which will impact pay scale.

3a) loneliness compounded by lack of mobility. Many rural areas were intentionally bypassed & became islands of no public transit, or it was eliminated, because of the need for the auto industry to create a need for cars & trucks. One need only view some of the vast American fields crammed with discarded vehicle to understand the great waste of labor & material. Here in Charlotte, one of the city council members & a H.S. teacher began a series of talks concerning 'Charlotte 2025.' Sad, but the pandemic has slowed the progress. However, one of the items they introduced was a survey about the needs here. It was not a 'Do You Agree' survey. It was more an essay type. My suggestion concerned what an elderly friend at a local restaurant had mentioned --- loneliness among senior friend, because they lacked mobility. So, to the city councilman & teacher I proposed electric cart parks, e.g., golf-cart type vehicles, bicycle racks for two wheeled & 3-wheeled bicycles, activities. As a child, in the city of Chicago, neighborhoods held 'Block' parties. The first one I recall, at about 4, was looking out the 2nd story apartment window & watching men stringing up lights & flags of the many ethnic groups. Then came the food table set ups, the checkered table cloths, the candles with the empty wine bottle base, then the ladies bringing out their cuisine. The ambiance was very festive, the aroma of food lingered in the air, laughter, singing, children playing --- the very young, the teens, the 20, 30, 40, 50 somethings allowed the 60, 70, 80, & 90 somethings to recall their youth. Inplace dance & sing in place for some, others joined in. it took them back to their respective youth in whatever country they were from. They were one Race: Human. Neighbor new neighbor, neighbors knew whose children were whose. Moms could call any neighbor & ask: have you seen my child, if so tell him/her to get home, supper's ready. As I pointed out to the councilman & teacher loneliness for these wisdom keepers, these philosophers educated by life, historians these who have witnessed history or even made history, in battlefields, business, in commerce will be lost --- no they are allowed to sit in shadows of memories of what once was where ever they left a foot-print. As an adult, I still recall the elders' stories, faces, the names are starting to fade. RACE: HUMAN! Ethnicities, not sub labels; not divisions --- AMERICANS, as described earlier.

4) Hispanic or Latino

Hispanic is the overall classification, regardless of where in the world. Latino presupposes a birth in Latin [Spanish is one of the 7 Romantic languages derived from Latin] America. Observation: based on this, Italians & Romanians can be classified as Latins]. One time CEO Lee Iacocca, once pronounced the Ford Escort as the best car made in America [the Escort was a parts car assembled in Mexico] Yes, he received an argument. His response was that he was not ignorant of geography. Canada, U.S. & Mexico are the 3 countries that make up North America. Then comes Central America, then Latin America. The national language of Brazil may not be Spanish, however, Portuguese is Latin based. While stationed with Her Majesties soldiers [I was lent by the U.S. to serve with HMS, a U.S. military soldier who happen to be 'Black' approached a group of Jamaican soldiers in HMS. His conversation drifted to being Africans. The Jamaican soldiers promptly told him that they were not African, but Jamaican. So, unless one is born in Latin America, or is of parentage of those ethnic groups, the umbrella is Hispanic. Within the Hispanic classification one can have what ever genetic melanocyte was inherited from parents. So, even Hispanics are confused. Whether one is born into this ethnicity in Ireland, France or Africa one is Hispanic. Of course their nationality is of what ever country they are born in.

5) Senior Veterans

I was instrumental in getting CATA CEO to allow veterans with ID or orders. He & I had a conversation in his office. Now if Etran & Clinton Co. Blue bus could do same, veterans could traverse Clinton, Eaton & Ingham counties for medical appointments, or emergency needs.

Thank you,

Joseph Gutierrez, Charlotte resident

'Soldier For Life' & formerly a Software Developer & Internet web administrator.

'Cold' War/'Viet Nam Era' war veteran,

Final discharge endorsement: 'In Support of Desert Storm' [accredited with 24.6.15 years service]

Currently at 74-years old & holding

"I am appreciative of what you do. I'm getting older myself. I'm boldly going where I've never gone before. I've seen some of your services in action. The Meals on Wheels and the meals that are delivered to the Alfreda Schmidt Senior Center. Some others for fellowship and just checking in on each other. So, thank you."

-Bob Peña, Ingham County

"I just wanted to say that I attended the Public Hearing last night in Charlotte. I thought the presentation was great, everything is easy to read. My only regret is that there was no one else there but my husband, and I wish we had a way of getting more people there to hear what you have to say. But again, great job. I appreciate all your work on it."

-Barbara Smith, Eaton County

"What I'd like to talk about a little bit about are the senior centers. They are not mentioned in the Summary. They are instrumental in getting information out to our community on the great services and educational materials TCOA offers. The senior centers are committed to both advocacy and contributing to the health, enrichment, social and supportive services for the needs of our senior residents. The centers promote interaction and connectedness. Their members are a great place to recruit volunteers to help with TCOA's mission to focus on serving individuals needing the most assistance. The senior centers are the future of the 21st Senior Wellness Centers for all senior centers. They are great partners for TCOA and the document should reflect that. The pandemic, new Senior Center directors/coordinators (I know there were many), and time restraints of getting

information out to the senior centers as they were starting back to be in-person contribute to the centers' lack of input into the plan. It's a win-win when we all work together for the good of our community and I know you all feel the same way. I don't want the senior centers to be an afterthought. Cherie Wisdom and Kelly Arndt are working with the new senior centers and Cherie and Kelly are sharing their knowledge (they are the big senior centers in the community) to help the other ones. We have a little senior group getting together and we hope to work with everyone to make everyone live the best life they can under their circumstances. I know you all feel that way. It's been my privilege to work with you the second time around and I am the biggest ambassador for all of you and I want us all to kick it up a notch. Thank you!"

-Gloria Kovnot, Ingham County