AGENDA
Committee of the Whole
Monday, July 8, 2019 @ 5:30 p.m.
Tony Benavides Lansing City Council Chambers
City Hall 10th Floor

UPDATED 7/2/2019 2:30 p.m,

Council Member Wood, Chairperson
Council Member Spadafore, **Vice Chairperson**

1. **Call to Order**

2. **Roll Call**

3. **Minutes**
   - June 24, 2019

4. **Public Comment on Agenda Items (Up to 3 Minutes)**

5. **Presentation:**
   Tri County Office on Aging FY2020-22 Multi Year Plan Summary

6. **Discussion/Action:**
   A.) RESOLUTION – Tri County Office on Aging FY2020-22 Multi Year Plan Summary

   B.) RESOLUTION – Reappointments:
   - Karl Dorshimer, City Representative, Downtown Lansing, Term to Expire June 30, 2023
   - James Stajos, At Large Member, LEPFA; Term to Expire June 30, 2022
   - Joan M. Nelson, Member; Michigan Ave. Corridor Improvement Authority; Term to Expire June 30, 2022
   - Johnathan Lukco, Member; Saginaw Corridor Improvement Authority; Term to ExpireJune 30, 2023

7. **Other**
   - DISCUSSION UPDATE– Tree/Stump Removal Project in Colonial Village Neighborhood

8. **Adjourn**

The City of Lansing's Mission is to ensure quality of life by:

I. Promoting a vibrant, safe, healthy and inclusive community that provides opportunity for personal and economic growth for residents, businesses and visitors
II. Securing short and long term financial stability through prudent management of city resources.
III. Providing reliable, efficient and quality services that are responsive to the needs of residents and businesses.
IV. Adopting sustainable practices that protect and enhance our cultural, natural and historical resources.
V. Facilitating regional collaboration and connecting communities

PUBLIC COMMENT AND SIGN IN SHEET

COMMITTEE OF THE WHOLE 5:30 P.M. DATE July 8, 2019

Please print

NAME	ADDRESS	Purpose for Attending	Email Address	PHONE
Michael Morgesky	1366 Woodbine	Stump Removal		4879012
Anne Wilson	2929 Pleasant Grove	Tree Replacement		

MINUTES
Committee of the Whole
Monday, June 24, 2019 @ 5:30 p.m.
Tony Benavides Lansing City Council Chambers

CALL TO ORDER
Council Member Wood called the meeting called to order at 5:30 p.m.

PRESENT
Councilmember Kathie Dunbar
Councilmember Jeremy A. Garza
Councilmember Adam Hussain
Council Member Brian T. Jackson
Councilmember Peter Spadafore
Councilmember Patricia Spitzley
Councilmember Jody Washington-excused
Councilmember Carol Wood

OTHERS PRESENT
Sherrie Boak, Council Staff
Jim Smiertka, City Attorney
Samantha Harkins, Executive Staff, Mayor's Office
Joseph Abood, Chief Deputy City Attorney
Lisa Hagen, Assistant City Attorney
Angie Bennett, Finance Director
Eric Brewer, Council Internal Auditor
Joseph Graves
Calvin Jones, LBWL
Dick Peffley, LBWL General Manager
Heather Shawa – LBWL Chief Financial Officer
Elaine Eisehhoff
Carol Rall
Steve Rall
Nathan Jemison
Susanne Jemison
Pamela Baker
Anna Fisher
Peter Wood

Minutes

MOTION BY COUNCIL MEMBER SPADAFORE TO APPROVE THE MINUTES FROM JUNE 10, 2019 AS PRESENTED. MOTION CARRIED 7-0.

Public Comment on Agenda Items

Ms. Eisehhoff referenced the recent budget item for Chief Strategy Officer and asked Council to reconsider spending on a sustainability manager to create a climate action plan. Council President Wood stated to the public that the budget passed and they are past the time for reconsideration, so the only consideration Council would be to do is add it to Budget Priorities in October that they present to the Mayor for creating next year's budget.

Ms. Rall spoke in support of climate action and spoke in support of applicants for future BWL Board vacancies.

Mr. Rall spoke in support of climate action.

Ms. Fisher spoke on climate action plan and provided her opinion of a need for a sustainability position and then asked Council to vote no for the reappointment of Ken Ross to the BWL position.

Mr. Wood spoke in support of a climate action plan.

The representative from the IBEW spoke in support of Joseph Graves for appointment to the BWL as a 3rd Ward Member.

Mr. Jemison spoke in support of Council considering applicants for boards who have experience with sustainability.

Ms. Jemison spoke in support of climate action.

Council Member Spitzley asked for an overview of the process for filing any board vacancy and the process the Administration uses when making the recommendation for a BWL position.

Council President Wood first stated to the public that the Council does not approve the BWL budget, but the item on the agenda is informational only from BWL to Council. Their budget is voted on by their Commissioners and approved by that independent body per the Charter. As to appointments of BWL Commissioners, she stated those applications are given to the Mayor who then makes the recommendation to Council.

Council Member Dunbar stepped away from the meeting at 5:53 p.m.

Council President Wood continued explaining that the Mayor takes the applications and vets the and interviews them before proposing them to Council and then Council can vote yes or no, but during that time they cannot make a change for a different person. Ms. Harkins was then asked to speak to the appointments on the agenda tonight, and she stated the Mayor nominates and vets them before they are referred. Ms. Harkins continued by stating they support all the nominees on the agenda tonight.

Council Member Dunbar returned to the meeting at 5:55 p.m.

Council President Wood asked if the Mayor's office goes through all the applications and Ms. Harkins confirmed. Council Member Jackson asked who in the Administration reviews them and was told by Ms. Harkins it was Ms. Plummer and the Mayor, then they are vetted through the appropriate departments such as LPD and treasury.

PRESENTATION

LBWL FY 2020 Budget and Capital Improvement Plan

Mr. Peffley greeted Council and submitted their Budget per Charter.

Ms. Shawa went through the presentation in the packet highlighting forecast projections, operation expenses at $331 million and $63 million in operating. Ms. Shawa noted there is a 2.73 return on assets and this operating and forecast does project a rate increase of year 3 y of the 3 year rate increase. Council Member Jackson asked they were projecting electricity at for 2020. Ms. Shawa stated they are projecting it to stay flat, even though there is growth coming they see the demand to stay flat. Council Member Jackson then asked them what their efforts are to make it possible for a negative forecast. Mr. Peffley stated there is an energy program to save 1% annually and BWL has exceeded that expectation since the program started. In 2021 that program will be a State requirement but BWL would continue it either way. Ms. Shawa moved the presentation onto the consolidated cash flow and bond construction fund for the Delta Energy Park. The project had successful pricing and they broke ground and construction was underway as of June 3rd through June 2021. Council President Wood asked if Scott Garden was under budget or over budget. Mr. Peffley said the Central Sub-station project did exceed the budget for construction cost. That project is being closed out, the substation is supplying energy to the downtown and the remaining items are sod and sprinklers. As reported to the BWL Commission and approved by their Board, the project was over budget by $6 million. Council Member Jackson asked if BWL was aware of recent findings that natural gas is equally as bad as coal, and if that changes anything in their future. Mr. Peffley assured Council Members that BWL has an entire department that studies the environmental issues. They have a plan that as fast as they can build renewables they can scale down, and they have been trying to be more aggressive with wind farms and solar. The BWL is on track for 30% clean energy by 2020 and 40% by 2030. Ms. Shawa moved the presentation to the cash reserve policy, capital improvement plan, capital budget and the impact of the Delta Energy Park on the FY 2020 2021 budget. Council President Wood addressed the earlier statements from the public on their concerns with climate action and suggested the BWL create a citizen board similar to what they did in 2013 after the ice storm to look over facts and continue the climate action discussion. Mr. Peffley confirmed they had already started a public input program, started with industrial customers and are gathering input from all stake holders. This will then go into a strategic plan. Council President Wood again encouraged the creation of the group and quarterly meetings. Council Member Spitzley asked for an update on "smart meters" and Ms. Shawa confirmed they are just over 50% deployed, and the pilot programs are going well.

DISCUSSUION/ACTION

DISCUSSION – Tree/Stump Removal Project in Colonial Village Neighborhood

Council President Wood stated that the Administration informed Council they were working on a plan throughout the City with the City trees, but the work in Colonial Village was mentioned.

A Colonial Village Neighborhood Association representative stated they have a concern with the trees in the easement right of way area that were cut down and left as stumps, and they want the stumps ground up. Council President Wood confirmed that all Council Members have been approached by residents from all over the City, and the City does own a stump grinder, so she asked BWL to work with the City to resolve the issue at this time with Colonial Village. Mr. Peffley acknowledge the request and stated he looked forward to working with the

City on a City wide program. Council President Wood asked if they could have it resolved with Colonial Village by July 8th, and Ms. Harkins stated she was not sure if it will be done by then, but will working on, but however can provide an update. Council Member Dunbar asked what they were projecting for a cost to have each stump removed. Mr. Peffley confirmed that at this time they were not sure, because when the project started they only planned for trimming, but during that project they were asked by property owners to remove the tree instead of trimming, so they were not prepared for stump removal cost. He added that if BWL does stump removal in one area, they will have to do it City wide. The Colonial Village representative clarified that they are only requesting the need for stump removal in the right of way.

Council Member Spitzley stepped away from the meeting at 6:25 p.m.

The Administration was asked to report back in 10 days on the time line.

RESOLUTION – Appointment; Joseph Graves; Board of Water and Light; 3rd Ward Member; Term to Expire June 30, 2023

Council Member Spitzley returned to the meeting at 6:26 p.m.

Mr. Graves acknowledged Council for considering his appointment, introduced himself and provided details on his past experiences and what he believed he could bring to the BWL Board. He then stated his intention to serve on the BWL Board was to continue service to the citizens, and he was familiar with sustainability and the need to move towards that direction. Mr. Graves concluded that if he was appointed he would look at the BWL and moving quicker.

Council Member Garza stepped away from the meeting at 6:32 p.m.

Council Member Hussain spoke in support of Mr. Graves appointment. Council Member Jackson spoke on his concerns with the appointment.

Council Member Garza returned to the meeting at 6:35 p.m.

Council Member Jackson proposed to Mr. Graves that if he was appointed that he consider the citizen's concerns mentioned earlier and climate action. Council Member Dunbar asked Mr. Graves his vision moving forward with sustainability would be. Mr. Graves stated he would consider rate payers, a sustainable path, and what is ever brought to the Board. He admitted he would have to see material, talk to people, and did strongly support a community input discussion. Council President Wood asked Mr. Graves if he supported selling BWL, and was told he did not. She then asked if he would support a community citizen group, and he stated he would.

MOTION BY COUNCIL MEMBER SPADAFORE TO APPROVE THE RESOLUTION FOR THE APPOINTMENT OF JOSEPH GRAVES TO THE BOARD OF WATER AND LIGHT AS THE 3RD WARD MEMBER WITH A TERM TO EXPIRE JUNE 30, 2023. MOTION CARRIED 7-0.

RESOLUTION – Reappointments:
Ken Ross, At Large Member; LBWL; Term to Expire June 30, 2023
Wyatt Ludman; At Large Member; Fire Board; Term to Expire June 30, 2023
Sandra Thompson-Kowalk; 3rd Ward Member; Board of Police Commissioners; Term to Expire June 30, 2023

MOTION BY COUNCIL MEMBER SPADAFORE TO APPROVE THE RESOLUTION FOR THE REAPPOINTMENTS OF KEN ROSS, WYATT LUDMAN, SANDRA THOMPSON-KOWALK ON DESIGNATED BOARD WITH TERMS TO EXPIRE JUNE 30, 2023.

MOTION BY COUNCIL MEMBER JACKSON TO DIVIDE THE QUESTION.

Council Member Dunbar asked if when applications come in if the BWL is a more popular Board and Ms. Harkins confirmed. She then was asked if they look at the diversity of the skill sets, and was also told they do. Council Member Dunbar then asked if any applications are considered for a sustainability back ground. Ms. Harkins admitted that the applications are usually done by Ms. Plummer and then she reviews with the Mayor, and if someone does have the experience it would be a consideration. Council Member Spitzley also spoke on the need for the appointment process to consider all backgrounds and in this case any background with sustainability. Council Member Spadafore encouraged the Administration to review all backgrounds, but in this case he noted, that the reappointment itself has important credentials for serving again. Council Member Jackson spoke in opposition stating he wants someone on the BWL Board with background in emissions and sustainability, and will continue to speak in the future on appointments.

MOTION ON THE REAPPOINTMENT OF KEN ROSS TO THE LANSING BOARD OF WATER AND LIGHT. MOTION CARRIED 5-2

MOTION ON THE REAPPOINTMENT OF WYATT LUDMAN TO FIRE BOARD AND SANDRA THOMPSON-KOWALK TO THE BOARD OF POLICE COMMISSIONERS. MOTION CARRIED 7-0.

<u>RESOLUTION – Approval of Payment in Proposed Settlement as Full and Final Settlement in the case of Deanna Ray and all others similarly situated, a Certified Class v. City of Lansing, Ingham County Circuit Court Case NO. 13-1242-NZ.</u>
MOTION BY COUNCIL MEMBER SPADAFORE TO APPROVE THE RESOLUTION FOR THE SETTLEMENT IN THE INGHAM COUNTY CIRCUIT COURT CASE NO 13-1242-NZ; DEANNA RAY V. CITY OF LANSING.

Mr. Smiertka summarized that the resolution before the Committee was to approve a settlement on a six (6) year circuit court case, of a Class of 400 contingent on procedures set up by the court and how the claims are filed. Mr. Smiertka then went through the resolution which highlighted the breakdown of the payments, and concluded by recommending a settlement. It was noted that there is still pending litigation against the indemnity carrier, which is on hold pending this case, and lastly there has been a lawsuit filed against the 3rd party, Gallagher Bassett. Council Member Jackson asked if the settlement now all on the City of Lansing budget. Mr. Abood confirmed the insurance company denied, so the City filed litigation against them, but his settlement will be from the City. Council President Wood asked where the funds for the settlement would come from and was told by Ms. Bennett it would be Public Service with $16,000 from general claims related to storm water and $1,234,000 from the sewer fund. Council President Wood pointed out that the sewer funds are for paying for bonds for the sewer separation and if they are now paying for the settlement out of that the residents will get an increase. Ms. Bennett stated that there is already a 3% increase planned, and since this was a sewer sanitary related claim that is the funding source for the settlement. Council President Wood asked why the Administration was not looking at the funds still available from the sale of the Townsend Ramp. Ms. Bennett acknowledge they are not looking at that at this time. Council Member Spitzley asked why this was note something the City was insured for. Mr. Abood confirmed that the City did have insurance at the time. The insurance company, which is not unusual, denied the claim. They have offered a reason to deny, so now case is in stay, pending the outcome of this case and will become active if Council approves this settlement and the court approves the settlement for the Class. Then in the active litigation the City will pursue why their denial of coverage was inappropriate. Council Member Spitzley asked what would happen if the Council did not approve the

settlement, and Mr. Abood confirmed the City would then go to trial. Council Member Spitzley concluded by stating to the Administration that the Council was aware of the forth coming rate increase, but it is not supposed to be used for a settlement cost. Council Member Jackson and Dunbar both spoke on their concerns with the settlement and bringing the cost back on the citizens. Mr. Smiertka noted to the Council that the City did file actions against the insurance company and the third party, and the OCA was hoping for a good solution from the third party. He referred to the resolution and the part of the settlement that will be going towards the residents who can provide proof of their claim in the class action. Council President Wood noted that amount was $300,000 from the sewer fund that residents have already paid into, which is a fund that will allow them to get relief from. Mr. Abood added that the balance of $950,000 will go to the class action and the $300,000 will go into the sewer fund. The Court determined the City is not responsible for the footing drains that is the property owner's responsibility. Council President Wood then asked what the time line was on the settlement, and confirmed by Mr. Smiertka and Mr. Abood that it is a court order but there is no trial date set, but there is a court order and a class to see if the City will ratify. If not, then the court will bring in further litigation strategy. There still needs to be discovery done on the damages, so they could be looking at a year out before a jury trial. Council President Wood asked Ms. Bennett and Ms. Harkins if there are other sources of funds to be used. Ms. Bennett stated there are no other sources related to the sanitary sewer system. The 3% rate increase in the 2020 budget is for operations, and in a long term rate modeling, this can be absorbed by future. Council Member Dunbar acknowledged that the 3% will generate more than the settlement amount, but Ms. Bennett stated that the 3% is a long term strategy. Through the long term rate structure, this will be replenished, and in their opinion either option would affect the tax payers. Council President Wood again referred the Administration back to the funds available from the Townsend Ramp sale. Council Member Spadafore questioned why the resolution did not note the source for the payment, even though it appears it is a sewer issue and those funds will be used.

MOTION CARRIED 5-2.

RESOLUTION – FY2019 Budget Amendment

Ms. Bennett went through the amendment due to the vacancy factor, additional needs in LPD for front loading, additional expenses in the Clerk's office and an earlier in the year change due to the contract with Ignite and field conversions.

MOTION BY COUNCIL MEMBER SPADAFORE TO APPROVE THE RESOLUTION FOR THE FY2019 BUDGET AMENDMENTS.

Council President Wood asked Ms. Bennett why she was not proposing the appropriation of the balance of the vacancy factor, and Ms. Bennett stated there is no need for an additional budget amendment. Council President Wood referred to the funds going into the "rain-day" fund, and when that would occur. Ms. Bennett informed the Committee those numbers will be in the fall, mid October. Council President Wood pointed out that they just got the carry forwards from last FY in June 2019. Ms. Bennett disagreed and stated those were done in February. Mr. Brewer noted that they were approved earlier in the year, however the funds themselves were never applied to the appropriate accounts until June, 2019.

MOTION CARRIED 7-0.

DISCUSSION – Proposed Ordinance Amendments in Committees:

Ordinance to amend the Lansing Codified Ordinances by Amending Chapter 606, Section 606.03 to require signs or advertisements on sales and auctions to include contact information

No discussion, was stated that an overview will be provided at the Council meeting later on this date.

Ordinance Amendments to Chapter 664, Section 664.01; Conduct Breach of Peace; Municipal Infraction
No discussion, was stated that an overview will be provided at the Council meeting later on this date.

Ordinance Amendments to Chapter 658, Section 658.04; Clarification on Blocking, Crowding or Obstructing Passage
No discussion, was stated that an overview will be provided at the Council meeting later on this date.

Ordinance Amendments to Chapter 658, Section 658.05; Regulating Conduct of Telecommunications
No discussion, was stated that an overview will be provided at the Council meeting later on this date.

Other
No other topics were discussed.

ADJOURN
The meeting was adjourned at 7:33 p.m.
Respectfully Submitted by,
Sherrie Boak, Recording Secretary
Lansing City Council
Approved by the Committee on

Tri-County Office on Aging

A Consortium of Clinton, Eaton & Ingham Counties and the Cities of Lansing and East Lansing since 1974

June 18, 2019

Lansing City Council
Lansing City Hall
124 W Michigan Ave #10
Lansing, MI 48933

Dear Lansing City Council:

The Tri-County Office on Aging's (TCOA) Fiscal Year 2020-2022 Multi-Year Plan is available for review. This planning document is required under the Older Americans Act and Older Michiganians Act.

The Michigan Aging and Adult Services Agency (AASA) requires TCOA to ask major cities and county commissions to approve the plan. We are requesting that this plan be approved by August 1, 2019. A resolution endorsing the plan would be appreciated. If the Council does not respond by August 3, 2019, TCOA will consider this passive approval of the plan.

We have sent an electronic copy via email to Lansing City Council President Carol Wood, with a copy to TCOA Administrative Board Members Patricia Spitzley, Jody Washington, Joan Jackson Johnson and Chris Swope. You may also view the plan and its attachments on the TCOA website at www.tcoa.org/documents. Simply click the link referring to the Multi-Year Plan document.

The City of Lansing, along with Clinton, Eaton and Ingham counties and the City East of Lansing, is a member of the Tri-County Aging Consortium. The Consortium members appoint representatives to serve on TCOA's Administrative Board, which has the responsibilities of agency operations, and must endorse and recommend approval of the Plan to AASA. The Board endorsed the plan on July 17, 2019. Three older adults, with one additional vacancy, appointed by the City of Lansing serve on the Advisory Council that reviewed and recommended approval to the Consortium Administrative Board.

Please email the resolution to LemmerT@tcoa.org at your earliest convenience. If you have further questions, please feel free to contact me. I can be reached at 517-887-1348.

Thank you for your attention to this issue.

Sincerely,

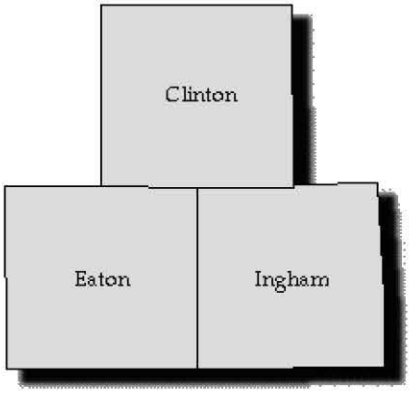
Tammy S. Lemmer
Community Relations and Grants Manager

5303 S. Cedar Street, Suite 1, Lansing, MI 48911-3800
Telephone 517.887.1440 • Toll Free 1.800.405.9141
Fax 517.887.8071 • www.tcoa.org

2020-2022 Multi Year Plan

FY 2020 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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Lansing, MI 48911-3800
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Tri-County Office on Aging **FY 2020**

County/Local Unit of Govt. 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 and approve the Multi-Year Plan (MYP).

TCOA will send a letter to local units of Government via certified mail and signature confirmation by July 1, 2019 requesting approval of the MYP no later than August 1, 2019 advising them an electronic copy of the plan was sent via email to specific parties, as well as the availability of the final draft MYP on the area agency's website, with instructions for how to view and print the document. The letter will state that if a response is not received by August 3, 2019, it will then be considered passively approved.

Tri-County Office on Aging **FY 2020**

Plan Highlights

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

Tri-County Office on Aging (TCOA) is the Area Agency on Aging for Region 6 serving Clinton, Eaton and Ingham Counties. The Consortium is a regional Administrative Board governing TCOA and consists of elected officials representing the three counties and the cities of Lansing and East Lansing. The Consortium was established 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 Aging and Adult Services Agency 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 2020-2022 Multi-Year Plan. This plan was created using the input of local seniors and persons with disabilities, caregivers, staff members and members of the agency's Advisory Council and Administrative Board.

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

In 2004, the Tri-Counting Aging Consortium Charter was amended to include adults with disabilities in addition to older adults as a target population. Although the funds through the Older Americans Act and the Older Michiganians Act are directed to persons over age 60, TCOA has administered the Michigan Medicaid Home and Community Based Services Waiver to the Aged and Disabled since 1992 and was one of the first three pioneer agencies for the Waiver. TCOA tries to focus on older individuals who are the most vulnerable in the community. Some are at risk of 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, minorities and non-English speaking populations, as well as individuals with middle and late stage Alzheimer's disease and dementia and their non-professional caregivers. The nutrition program targets those who are in need based on the completion of an "nutritionally at-risk" assessment conducted on all Meals on Wheels clients.

Between the 2010 National Census and the 2017 American Community Survey, the three counties that make up TCOA's service area have seen a significant increase in the 60 and older population. In 2010, the tri-county population of adults age 60 and older was 79,408. In 2017, this population was estimated to have grown to 94,495. That is a 19% increase and represents 20% of the total tri-county population in 2017. TCOA has continued prioritizing services to focus on serving individuals considered high risk and needing the most assistance.

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

Proposed services to be provided under the area plan include Supportive Services, Congregate Meals, Home Delivered Meals, Caregiver Supports, Preventative Health, Elder Abuse Prevention, Access Services, In-Home Services, Respite Care and Ombudsman Services in the tri-county area. The priorities identified in this Plan were developed with input from consumers, Board Members, Advisory Council and a team of staff members including directors from various departments. The Multi-Year Plan proposes to provide a blueprint for what TCOA intends to accomplish over the next three years.

Five Service Categories Receiving the Most Funds:
1. Home Delivered Meals (Meals on Wheels)
2. Congregate Meals (Senior Dining Sites)
3. Homemaking
4. Care Management
5. Adult Day Services

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)

4. Highlights of planned Program Development Objectives.

With the hopes that more communities will conduct an aging-friendly community assessment and apply for recognition to Aging and Adult Services Agency as a Communities For a Lifetime (CFL) by September 2020, TCOA will continue to explore or revisit CFL recognition with communities in the tri-county area that may be willing to align their efforts with the qualifications and requirements to become a CFL.

In order to ensure older adults have access to information and services to improve their ability to make informed decisions regarding their independence, TCOA looks forward to working with the Area Agencies on Aging Association of Michigan (4AM) on the development of the Management Services Organization (MSO) to prepare for the demands of managed care and multiple healthcare contractual opportunities. Additionally, TCOA hopes to improve access to programs and services for underserved populations, expand housing assistance to increase access to community housing options, provide information about benefits and help people solve problems with health benefit programs and related insurance products, improve transportation partnerships, focusing on TCOA's consumer demographic needs, increase access to kinship care services in the tri-county area and work to advance community integration, outreach and advocacy efforts.

By continuing to expand access to evidence-based disease prevention programs in the tri-county area, providing access to healthy and affordable meals to nutritionally at-risk older adults, expanding care transition efforts to improve communication and consumer experience, and reduce unnecessary admittance and readmittance to hospitals and emergency rooms, and exploring the opportunity to assist community members in securing a Senior Millage for vital unmet needs, TCOA is hoping to improve access to health, wellness and nutrition supports.

Raising awareness of domestic abuse, physical and sexual abuse and financial exploitation occurring in the older adult population and how to better respond to these situations will help the community and TCOA to protect older adults from abuse and exploitation.

With the hopes to better support formal and informal caregivers in the community, including the direct care workforce, TCOA would like to continue to expand access to caregiver supports and education, and programs and services addressing dementia.

5. 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 MMAP services in the tri-county area. Utilize traditional and social media to share information and recruit and train new MMAP volunteers to keep up with the growing demand from the ever-changing health care system.

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

*Advocacy - Advocate with Silver Key Coalition 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.
Support exploration and possible formation of a committee for county senior millage(s).

*Accreditation - TCOA recently obtained a 3-year accreditation through the National Committee for Quality Assurance (NCQA). NCQA uses the most up to date evidence based-practices to determine quality indicators. One benefit to accreditation is that potential entities that may want to partner with TCOA will recognize the agency's dedication to quality and know that specific minimum standards have already been met. Currently, TCOA is only accredited in relation to the MI Choice Waiver, though opportunities remain for the agency to bring multiple programs forward in the future, such as Care Management or Case Coordination.

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

TCOA is continually searching out methods to improve efficiency and save money. Some ways the agency is working on improving efficiency include:
- Implement emergency preparedness communication tool (Everbridge)
- Research technology upgrades
- Explore more comprehensive and integrated software, database and reporting options (including I&A, Finance, etc.)

The National Committee for Quality Assurance (NCQA) is a private, 501(c)(3) not-for-profit organization that develops standards and accreditation processes aimed at improving health care quality. The Long-Term Services and Supports (LTSS) accreditation targets community-based organizations (CBOs) that provide case management services and/or coordinate LTSS for participants. TCOA actively pursued accreditation during the 2018 and 2019 fiscal years and made great strides to align agency policies and processes with the most current evidence-based practices. TCOA recently received a 3-year accreditation in FY 2019. NCQA LTSS Accreditation would be a benefit to TCOA because NCQA is one of the largest, nationally recognized quality accrediting bodies and thus, uses the most up to date evidence based-practices to determine quality indicators. Accreditation through NCQA would further legitimize the TCOA Waiver program on a national level. The national accreditation seal would reiterate to potential entities that may want to partner with TCOA the agency's dedication to quality and that specific minimum standards have already been met. Currently, TCOA is only accredited in relation to the MI Choice Waiver program. However, this provides an opportunity for the agency to

bring multiple programs, such as Care Management or Case Coordination, forward in the future.

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

Last year, over 1,800 individuals volunteered with TCOA and contributed over 60,000 hours of service. These hours are the equivalent of over 31 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 on the success of FY 2019 by continuing to identify and explore additional funding opportunities. These activities help to pay for additional client services and office supplies and equipment that the agency could not otherwise afford.

8. Highlights of strategic planning activities.

Strategic planning and prioritizing is essential in continuing to provide quality person-centered programs and services in an efficient and effective way. Contingency plans are continually reviewed and revised as new challenges and opportunities arise throughout the year. TCOA conducts a SWOT analysis with each area plan cycle to review and identify its internal strengths and weaknesses, as well as its external opportunities and threats.

The possible statewide expansion of the Medicare/Medicaid integrated health system, MI Health Link, could potentially cause a huge reduction in services for the agency due to the loss of the Waiver. Health plans could theoretically buy services through the agency which would allow TCOA to develop a relationship with MI Health Link and contractors. The AAA association is working on enhancing collaboration and contractual arrangments with integrated care organizations, including efforts to form a statewide Managed Service Organization.

TCOA actively pursued accreditation through the National Committee for Quality Assurance's (NCQA) Long-Term Supports and Services (LTSS) designation in FY 2018 and FY 2019. TCOA recently received a 3-year accreditation status in FY 2019. As of right now, TCOA is only accredited in relation to the MI Choice Waiver program. However, this provides an opportunity for the agency to bring multiple programs forward, such as Care Management or Case Coordination, in the future.

TCOA is continually searching out methods to improve efficiency and save money. Some ways the agency is working on improving efficiency include implementing an emergency preparedness communication tool (Everbridge), researching technology upgrades, exploring more comprehensive and integrated software, database and reporting options (including I&A, Finance, etc.) and implement Connect 2 Care for interconnected communication for sharing information on client admissions, discharges and care transitions from one setting to another. The agency hopes to always be relevant and timely with technology upgrades and implementations.

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Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
05/06/2019	Charlotte Community Library, 1	01:00 PM	Yes	2
05/08/2019	Briggs District Library, 108 E F	01:00 PM	Yes	0
05/09/2019	Tri-County Office on Aging, 53	01:00 PM	Yes	19

TCOA initiated a needs assessment process in February, and through a series of community forums and surveys has gathered information on how the agency can better serve older adults in the community. Dates, times and locations of the community forums were communicated with community partners, dining site locations and other local organizations, as well as posted on our website and social media.

A needs assessment survey focusing on older adults, adults with disabilities, and caregivers was distributed during February and March of 2019. Over 130 responses to this survey were received. In addition to conducting two needs assessment surveys, 16 Community Forums were held across the tri-county area; 9 in Ingham County, including one in Spanish, 2 in Clinton County and 4 in Eaton County. .Reviewing the results of the Needs Assessment it was clear that the 2020-2022 Multi-Year Plan needed to focus on a few key areas. The data from the Needs Assessment Surveys and forum discussions showed respondents are most concerned about housing, in-home care, unbiased help with Medicare and Medicaid, nutrition, and community engagement. Barriers to programs and services as expressed by needs assessment participants included transportation, cost, wait lists and lack of information or not knowing where to find information.

The Tri-County Office on Aging also dedicated a significant portion of the needs assessment to caregiving. The organization understands that non-professional caregivers caring for family and friends play a very important role in keeping individuals safe and happy in the community. These individuals also can give a unique perspective on what they need to continue caregiving and what the person they are caring for needs. Thirty-two (32) caregivers completed the needs assessment survey. The data showed the vast majority of respondents are providing daily care. Caregivers were often responsible for shopping/errands, appointments, companionship/social activities, housekeeping, transportation and/or meal preparation. Respondents expressed the desire for housekeeping/homemaker services, chore services, access to information and resources, senior centers, home modification or repair, friendly visiting and/or respite services.

Finally, three public hearings were held to solicit input on the MYP draft objectives. The public hearings were announced at TCOA's Advisory Council and Administrative Board April meetings and posted on TCOA's website, Facebook page, shared in the agency e-newsletter. The notice was also posted in community newspapers in addition to a paid notice in the Lansing State Journal. Public Hearing dates, locations and attendee counts are listed above. Comments at the public hearings included questions and suggestions regarding a Senior Millage and whether it would be regional or by county. Additional discussion covered the topic of transportation, particularly the issue of cross-county transportation.

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No written comments were received.

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Scope of Services

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

According to the U.S. Census Bureau, in the 2030s, older adults are estimated to outnumber youth for the first time in U.S. History. Between the 2010 National Census and the 2017 American Community Survey, the three counties that make up TCOA's service area have seen a significant increase in the 60 and older population, as well as the non-white minority population. In 2010, the tri-county population of adults age 60 and older was 79,408. In 2017, this population was estimated to have grown to 94,495. That is a 19% increase and represents 20% of the total tri-county population in 2017. Additionally, the 60 and over population in the tri-county region has grown at a rate over 9 times that of the total tri-county population. From the 2010 Census to the 2017 American Community Survey, the non-white minority population in the Region 6 PSA as increased by 12%. TCOA has continued prioritizing services to focus on serving individuals considered high risk and needing the most assistance.

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 programs that specialize in serving minority and non-English speaking populations, with increased attention to Arabic and Spanish speaking individuals. From the 2010 Census to the 2017 American Community Survey, the non-white minority population in the Region 6 PSA as increased by 12%. The Greater Lansing area is a refugee development community, although the number of newly settled immigrants to the area is decreasing.

In March 2018, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their use of opioids for pain management, the education they received, how they disposed of unused medications, and perceptions of current and proposed policies related to opioid disposal and prescribing. While 90% of respondents said they talked with the prescribing health care provider about how often to take the pain medication, fewer said they talked about side effects (60%), when to reduce the amount of medication (59%), risk of addiction (48%), risk of overdose (43%), and what to do with leftover pills (37%). Locally in 2017, the Ingham County Medical Examiner reported 80% of the drug-related deaths in the county were due to opioids. TCOA continues to offer and is working to expand Chronic Pain PATH that was developed and rigorously tested by Stanford University to help people learn the techniques and strategies they need for the day-to-day management of pain. The hope is that the techniques and strategies learned will encourage community members to properly manage pain instead of abusing or misusing pain medications.

More people have access to healthcare now thanks to the Healthy Michigan Program (Medicaid Expansion). If the program were to discontinue, paid and unpaid caregivers, and those under 65 not eligible for Medicare would be affected and potentially unable to provide care due to a need to seek other forms of employment that would provide healthcare benefits. Increased cost of prescription medication creates a barrier to accessing medications and contributes to negative health outcomes, including those on Medicare Part D.

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. Comment provided for the Healthy Capital Counties Community Health Profile and Health Needs Assessment regarding ways to make the community a healthier place for older adults included suggestions on improving safety and physical health relating to financial support for making homes accessible and making the neighborhood environment safer.

There is a need for improved transportation services within the tri-county area. It was again identified that this is especially needed for individuals who are seeking transportation that crosses the county borders and live in rural areas. Feedback from the community, in addition to the needs assessment and community forum data, identifies that crossing the county lines to seek programs and services, including routine medical assistance, can be very cumbersome and time consuming to coordinate and individuals limit their activities due to this burden. Comment provided for the Healthy Capital Counties Community Health Profile and Health Needs Assessment regarding ways to make the community a healthier place for older adults included suggestions to improve public transit services for Eaton rural and Clinton County groups, specifically relating to scheduling and ease of access.

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 racial minorities, non-English speaking individuals, Lesbian, Gay, Bisexual and Transgender (LGBT) individuals and caregivers caring for those with dementia.

In order to better serve racial minorities and non-English speaking individuals, TCOA would like to facilitate connections with culturally and/or linguistically specific community based organizations. It is also the agency's desire to work to resolve cultural competency issues impacting underserved local seniors and persons with disabilities, including non-English speaking and LGBT individuals. In order to help improve access to health, wellness and nutrition supports, TCOA will seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals. Additionally, efforts will be focused on expanding SAVVY/Creating Confident Caregivers training and Diabetes Personal Action Toward Health to reach more caregivers of minority populations.

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. TCOA would like to maintain the Resource Packet for Caregivers with an emphasis on dementia supports in partnership with other community organizations. Opportunities for persons with dementia to receive personal art and music therapy will be explored as well as partnering with AASA and AAAAM to secure funding for evidence-based programs relating to dementia.

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

Although TCOA has no formal protocols, informal conversations held by the I&A Specialist and Options Counselor parallel many of the protocol topics in the ACL/AoA Dementia Capability Quality Assurance Assessment Tool and could be developed into formal protocols.

TCOA has piloted an assessment tool, AD-8, and there are hopes to implement this or a similar tool in the future. As part of the Developing Dementia Dexterity grant, TCOA I&A and Waiver Intake staff have been utilizing the AD-8 screening tool with all individuals requesting in home supports to promote early diagnosis. Individuals who trigger with this screen are encouraged to discuss cognitive issues with their physician and are provided dementia education materials. The results of the screen are included in the information given to staff who assess for the Medicaid Waiver for individuals who trigger as well.

Through the conversations previously mentioned, caregivers often self-identify. Caregivers of diagnosed individuals who trigger on the AD8 are provided with information about the Creating Confident Caregivers class as well as the service of dementia consultation through options counseling. TCOA currently has two (2) Creating Confident Caregivers Master Trainers and an additional trainer.

Three trainings have taken place during TCOA all-staff meetings: Brain Health, Dementia Information, and Activities for Persons with Dementia. The Dementia Knowledge Assessment Tool Version 2 (DAKT2) has been administered during two all-staff meetings.

Regarding component #8, letter e., in the Assessment Tool, TCOA does have dementia specific service providers; however, TCOA cannot endorse one provider over another. TCOA includes dementia specific service providers in the list of providers in the area.

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.

As the need for caregiver supports continues to grow, TCOA is open to implementing processes to help accommodate this ongoing need.

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 process. 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 I&A program and Community Resource Directory that can help connect individuals with the programs and services requested. Additionally, TCOA staff work closely with staff members in other organizations and agencies to more efficiently utilize resources and cross-refer between programs. 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 2020-2022 MYP.

Strategic planning and prioritizing is 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. The intake specialist works with Information & Assistance (I&A) to assist those to be found ineligible for Care Management or Case Coordination. They offer I&A on community resources and alternatives to these programs. As with other I&A situations the individuals are referred to other programs and services as appropriate and Options Counseling based on the approved ADRC standards. 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 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.

The Advisory Council is very supportive of current prioritization methods and service strategies as detailed above. There are no recommendations or concerns from the Advisory Council in regards to these matters at this time.

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 is proactive in reaching out in the community with information, education and prevention methods.

Efforts include Options Counseling, Information and Assistance, MMAP and Evidence Based Programs. Options Counseling offers older adults and their caregivers assistance in planning to meet their 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. This information can aid in the preparation of services for aging adults.

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 Personal Action Toward Health (PATH), Diabetes Personal Action Toward Health (D-PATH), Matter of Balance (MOB), Chronic Pain PATH, Powerful Tools for Caregivers (PTC), Creating Confident Caregivers (CCC), and Medical Nutrition Therapy (MNT). PATH is a self-management program for persons with chronic disease to help them take control of their own disease process using the Stanford Model. D-PATH is an accredited self-management program to help diabetic persons take control of their own disease process using the Stanford Model. 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. Chronic Pain PATH is Michigan's name for the Stanford Chronic Pain Self-Management Program (CPSMP). The program was developed and rigorously tested by Stanford University to help people learn the techniques and strategies they need for the day-to-day management of pain. Powerful Tools for Caregivers is an educational program designed to help non-professional family caregivers take better care of themselves while caring for a family member or friend. Creating Confident Caregivers is a six-week education series for non-professional caregivers of persons with dementia. Content focuses on understanding the disease, caregiver self-care to prevent burnout and providing structure and support for the person with dementia. Respite care is provided. MNT is defined as the use of specific nutrition services to treat an illness, injury, or condition and involves two phases: 1) assessment of the nutritional status of the client and 2) treatment, which includes nutrition therapy, counseling, and the use of specialized nutrition supplements. Evidence exists demonstrating that MNT can improve clinical outcomes while possibly decreasing the cost of managing diabetes to Medicare.

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Planned Service Array

	Access	In-Home	Community
Provided by Area Agency	• Care Management • Case Coordination and Support • Information and Assistance • Outreach • Transportation • 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 $200 spent per unduplicated client each fiscal year.	• Home Delivered Meals	• Congregate Meals • Disease Prevention/Health Promotion • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Creating Confident Caregivers • Kinship Support Services • Caregiver Education, Support and Training
Contracted by Area Agency	• Information and Assistance • Transportation	• Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance • Community Living Services (CLS) - CLS facilitate an individuals 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.	• Adult Day Services • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Kinship Support Services

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Participant Private Pay	• Transportation	• Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care	• Adult Day Services • Nutrition Counseling • Nutrition Education • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services • Counseling Services
Funded by Other Sources	• Disaster Advocacy and Outreach Program	• Friendly Reassurance	• 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

* Not PSA-wide

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Planned Service Array Narrative

The Planned Services Array diagram serves as a snapshot of how programs and services will be provided in Region 6. However, the array does not explain the reasoning for why programs and services are formatted in such a manner. There are several unique characteristics about TCOA's region that shape the way programs and services are made available. There are no programs or services funded by local millages because there are no senior millages in Clinton, Eaton or Ingham Counties at this time. Because TCOA is legally a consortium of the counties and the Cities of Lansing and East Lansing 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 in the service area via contracts to service providers. Additionally, many of these programs are also available via private pay to individuals who are able to afford accessing these services on their own.

TCOA directly provides both Home Delivered Meals and Congregate Meals. This is due to the fact that no 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 Aging and Adult Services Agency/AASA) asked TCOA to assume this role in 1976 and the agency has done so since this time. However, TCOA does continue to solicit for proposals regularly to provide this service.

TCOA directly provides Creating Confident Caregivers classes in the service area. Several years ago, TCOA had a grant from the Michigan Office of Services to the Aging (now AASA) to directly provide these classes. When the grant expired the demand for the program continued and TCOA received permission to continue providing these classes directly.

TCOA does not actively fund disaster advocacy and outreach programs in the service area because each county, as well as the City of Lansing, have active emergency management groups that receive funding from other sources and TCOA participates in.

There are several senior centers in the region, however, these programs are funded through sources outside of TCOA. 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.

TCOA hopes to contract Friendly Reassurance services in the years to come to assure the wellbeing and safety of participating older adults, and to provide companionship and social interaction.

Services funded under the multi-year plan are intended to help prevent or delay the onset of Nursing Home eligibility. Services funded by other resources are intended for those with higher levels of care, including those Nursing Home eligible. As always, TCOA strives to maintain access to services that allow PSA residents to remain as independent as possible.

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Strategic Planning

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

Strategic planning and prioritizing is essential in continuing to provide quality person-centered programs and services in an efficient and effective way.

Agency *strengths* include 45 years of providing a seamless system of service delivery to both Medicaid and non-Medicaid participants, person-centered supports, being a leader in advocacy at the local and state/regional levels, participating as a pilot for new programs (AASA and Medicaid), longevity of leadership, recognized as the Govenor's prosperity region due to regional cooperation and maintaining low administrative costs. TCOA also prides itself on person-centeredness being embedded in the fabric of our culture with deeply rooted relationships in the community, being fiscally responsible and secure, practicing effective advocacy, and providing a viable pension for employees. TCOA places great importance on clients feeling well-served due to TCOA's customer service, being able to talk to a live person instead of a recording, timely responses from staff and good follow-up. Additioanlly, TCOA recently received a 3-year accreditation through NCQA in FY 2019.

Agency *weaknesses* or areas for improvement include enhancing reach to underserved populations, including non-English speaking and LGBT populations, expanded caregiver supports/services, publicly sharing successes and outcomes and strenghtening relationships with health systems. Some community forum participants voiced they are unaware of services available through TCOA and community organizations in general. Although wait list numbers have decreased, the continued existence of wait lists for specific programs and services is a concern.

Agency *opportunities* that have been identified include creating a Community Health Worker/Resource Navigator position, collaboration and strengthened relationships with physician groups, health systems and Medicare Advantage Plans, implement Connect 2 Care for interconnected communication for sharing client admissions, discharges and transitions information, better connections with community partners to improve access for underserved populations, utilization of the LGBT Inclusivity Guide for AAAs, improve outcome reports, and explore the opportunity to support and assist community members in securing a Senior Millage for the tri-county area. Trends that have been identified include the continued increase in the number of older adults and adults with disabilities. TCOA has also recognized that seniors are aging in place and want to be more involved in Health and Wellness activities. Should it appear as though the private health plans will operate the Medicare and/or Medicaid funded long term supports and services programs, TCOA will be well positioned to contract with the health plans to provide Care Coordination and other tasks.

Agency *threats* or obstacles include lack of user-friendly, accessible and affordable transportation. The possible expansion of managed integrated care (MI Health Link) outside of the MI Choice Medicaid Waiver Program (locally known as Project Choices) threatens the viability of the program. Reimbursement amounts are not sufficient to fairly compensate and train direct care workers, contributing to a shortage of workers.

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 possible statewide expansion of the Medicare/Medicaid integrated health system, MI Health Link, could potentially cause a huge reduction in services for the agency due to the loss of the Waiver. Based on anecdotal feedback, this approach is a weakened, less effective and a far less person-centered version of MI Choice Waiver with a negative impact on community. This would include staff and client reductions while increasing the demand and output of services, such as Information and Assistance. Health plans could theoretically buy services through the agency which would allow TCOA to develop a relationship with MI Health Link and contractors. The AAA association is working on enhancing collaboration and contractual arrangments with integrated care organizations, including efforts to form a statewide Managed Service Organization.

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

Strategic planning and prioritizing is 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 AASA 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.

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

TCOA actively pursued accreditation through the National Committee for Quality Assurance's (NCQA) Long-Term Supports and Services (LTSS) designation in FY 2018 and FY 2019. NCQA, an independent non-profit organization, is the largest accrediting body in the nation. TCOA made great strides during FY 2018 to align agency policies and processes with the most current evidence-based practices. TCOA anticipates obtaining an accreditation status in FY 2019. Accreditation through NCQA would further legitimize the TCOA Waiver program on a national level and ensures that TCOA is responding proactively to a changing health care environment. The national accreditation seal would reiterate to potential entities that may want to partner with TCOA the agency's dedication to quality and that specific minimum standards have already been met. As of right now, TCOA is only choosing to pursue the accreditation in relation to the MI Choice Waiver program. However, this provides an opportunity for the agency to bring multiple programs forward, such as Care Management or Case Coordination, in the future.

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 efficiency and save money. Some ways the agency is working on improving efficiency include implementing an emergency preparedness

communication tool (Everbridge), researching technology upgrades, exploring more comprehensive and integrated software, database and reporting options (including I&A, Finance, etc.) and implement Connect 2 Care for interconnected communication for sharing information on client admissions, discharges and care transitions from one setting to another. Additional tasks TCOA will continue with and improve upon are offering the Quality Assurance and Quality Improvement surveys electronically and the use of electronic records and databases in the field allowing the agency to be more HIPAA compliant and efficient. The agency hopes to always be relevant and timely with technology upgrades and implementations.

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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 $200 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 $200 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 AASA service definitions.

Service Category	Fund Source	Unit of Service
☐ Access ☐ In-Home ☑ Community	☑ Title III PartB ☐ Title III PartD ☐ Title III PartE ☐ Title VII ☐ State Alternative Care ☐ State Access ☑ State In-home ☐ State Respite ☑ 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 individuals 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
☑ Access ☐ In-Home ☐ Community	☑ Title III PartB ☐ Title VII ☐ State In-home ☐ Other _____	☐ Title III PartD ☐ State Alternative Care ☐ State Respite	☐ Title III PartE ☐ State Access	Comprehensive Community Support Services per

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.
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.
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.

Tri-County Office on Aging **FY 2020**

Access Services

Care Management

Starting Date	10/01/2019	Ending Date	09/30/2020
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 55 clients in Region 6 (Clinton, Eaton and Ingham Counties).
Conduct a minimum of 400 initial assessments.
Develop a minimum of 55 care plans.
Conduct reassessments every 3 months on all active clients or every 6 months if a client is on maintenance.
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 55 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:	231	Planned Next Year:	233
Number of initial client assesments:	Current Year:	441	Planned Next Year:	450
Number of initial client care plans:	Current Year:	55	Planned Next Year:	55
Total number of clients (carry over plus new):	Current Year:	55	Planned Next Year:	55
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:37	Planned Next Year:	1:37

Case Coordination and Support

Starting Date	10/01/2019	Ending Date	09/30/2020
Total of Federal Dollars	$4,500.00	Total of State Dollars	$16,500.00

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 a minimum of 75 clients in Region 6.
Conduct assessments for all new clients and reassessments every 6 months for a minimum of 75 clients.
Secure and monitor appropriate 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.

Information and Assistance

Starting Date	10/01/2019	Ending Date	09/30/2020
Total of Federal Dollars	$122,500.00	Total of State Dollars	$27,090.00

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 I&A services to a minimum of 3,000 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.
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 400 caregivers.
Refer caregivers to identified services through a person centered process.
Adhere to all AASA 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

Starting Date	10/01/2019	Ending Date	09/30/2020
Total of Federal Dollars	$33,500.00	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 11,000 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 10 planning meetings regarding disaster preparedness.
Participate in a minimum of 10 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. TCOA will be more prepared to assist the community in case of emergency and/or disaster. 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

Tri-County Office on Aging **FY 2020**

Starting Date	10/01/2019	Ending Date	09/30/2020
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 75 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 AASA minimum standards.
Expected Outcome:
Options Counseling participants will feel more informed and empowered to make choices about long-term supports and services.

Tri-County Office on Aging **FY 2020**

Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars $68,273.00 Total of State Dollars

Geographic Area Served Ingham, Eaton and Clinton Counties

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

Diabetes Personal Action Toward Health (D-PATH) is an accredited self-management program to help diabetic persons take control of their own disease process using the Stanford Model. Matter of Balance (MOB) is a structured group intervention proven to help older adults reduce their risk of falling and assist in overcoming the fear of falling. D-PATH informs class participants through diabetes education and disease management strategies and MOB helps class participants to view falls as controllable, set realistic goals for increasing activity and increase balance through exercise in order to promote and preserve independence and dignity. Chronic Pain PATH was developed and rigorously tested by Stanford University to help people learn the techniques and strategies they need for the day-to-day management of pain. The hope is that the techniques and strategies learned will encourage community members to properly manage pain instead of abusing or misusing pain medications. Powerful Tools for Caregivers is an educational program designed to help non-professional family caregivers take better care of themselves while caring for a family member or friend. Medical Nutrition Therapy (MNT) is an in-depth assessment and discussion with a Registered Dietitian (RD) to create an individualized plan based on what the individual wants to learn about diabetes.

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:

- Work with the Area Agencies on Aging Association of Michigan as well as location providers to offer workshops in the tri-county area.
-Seek out community partners and train new Coaches, Lay Leaders and Master Trainers for these programs, as needed.
-Seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals.
-Serve at least 90 people in the tri-county area per year providing Diabetes PATH workshops.
-Serve at least 75 people in the tri-county area per year providing Matter of Balance workshops.
-Serve at least 50 people in the tri-county area per year providing Chronic Pain PATH workshops.
-Serve at least 20 people in the tri-county area per year providing Powerful Tools for Caregiver workshops.
-Hold 9 D-PATH workshops a year.

-Hold 9 Matter of Balance workshops a year.
-Hold 5 Chronic Pain PATH workshops a year.
-Hold 3 Powerful Tools for Caregivers workshops a year.
-Serve 2 people in the tri-county area per year providing Medical Nutrition Therapy

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.
Since the Michigan Health Endowment Fund grant ended, TCOA has taken steps to help continue these important offerings as community interest persists. The agency has a Medicare provider number and bills accordingly. 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 about Evidence Based Disease Prevention programs at the public hearings.

Congregate Meals

Total of Federal Dollars $581,978.00 Total of State Dollars $9.365.00

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, distribute, arrange and oversee the serving of Senior Dining Site meals.

-Provide a minimum of 100 congregate meals through the Senior Dine Card program targeting low-income and rural older adults.
-Conduct a minimum of 3 nutrition council meetings.
-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. Aging and Adult Services Agency 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 about the congregate meal program at the public hearings.

Home Delivered Meals

Total of Federal Dollars $512,058.00 Total of State Dollars $468.072.00

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:

-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.
-Prepare and offer a hot meal 5 days per week
-Prepare and offer frozen meals available 7 days per week for those who choose that option and qualify.
-Prepare and make available a cold sack evening meal available 5 days per week, for those who choose that option and qualify.
-Recruit and maintain a volunteer pool adequate to deliver meals throughout the tri-county region.
-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. 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 Aging and Adult Services Agency 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.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
There was no discussion about Home Delivered Meals at the public hearings.

Creating Confident Caregivers

Total of Federal Dollars $7,500.00 Total of State Dollars

Geographic Area Served Clinton, Eaton and Ingham Counties

Tri-County Office on Aging **FY 2020**

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.
GOAL: Recruit and train at least one additional trainer.
EXPECTED OUTCOME: CCC participants will be more informed and learn skills and attitudes to manage stress to effectivly care for their person with dementia.
Work plan including activities and expected outcome:
-Communicate with local organizations to reach individuals who would be interested in becoming a CCC trainer.
-Provide at least 4 Creating Confident Caregivers classes to at least 30 caregivers.
-Attend local events and promote CCC program.
-Staff members will organize, publicize and teach the Creating Confident Caregivers 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) The direct provision of this service is necessary to assure that there is an adequate supply of this program in Clinton, Eaton and Ingham counties. 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.
Several years ago, TCOA had a grant from the Michigan Office of Services to the Aging (now AASA) to directly provide these classes. When the grant expired the demand for the program continued and TCOA received authorization to continue providing these classes directly. Currently, the agency has two 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 about Creating Confident Caregivers at the public hearings.

Tri-County Office on Aging **FY 2020**

Regional Direct Service Request

Crisis Services for the Elderly

Total of Federal Dollars $21,500.00 Total of State Dollars $30,000.00

Geographic Area Served Region 6: Clinton, Eaton and Ingham

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

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. 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 (age 60 and older) in the planning and service area. 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. In the years to come, TCOA expects to see a continued increase in demand and hopes to serve over 600 seniors annually. In order to assist the number of individuals with these urgent needs, the Area Agency needs to continue to provide this service.

1. The goal is to continue to meet the demand for providing this non-medical emergency Clinton, Eaton and Ingham Counties assistance so that older adults can continue to live as independently as possible in the community.
a. Provide support for seniors facing utility shut-offs. One time support of up to $200 per client, per year.
b. Provide support for emergency prescription expenses of up to $200 per client, per year.
c. Provide support for miscellaneous expenses needed to maintain independence in the community.

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.

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

Tri-County Office on Aging **FY 2020**

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) 2018, 52% of those who called Crisis Services for the Elderly received financial assistance. An approximately 44% of the
individuals served in FY 2018 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).

Community Living Services

Total of Federal Dollars $53,353.00 Total of State Dollars

Geographic Area Served Region 6: Clinton, Eaton and Ingham

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.

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.

Tri-County Office on Aging **FY 2020**

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).

Tri-County Office on Aging **FY 2020**

Program Development Objectives

Area Agency on Aging Goal

A. At least one community in the Planning and Service Area will complete an aging-friendly community assessment and receive recognition as a Community For a Lifetime (CFL) by 9/30/2020.
State Goal Match: 2

Narrative
TCOA's mission to promote and preserve the independence and dignity of the aging population aligns with the desire to have at least one community in the PSA to receive recognition as a CFL. TCOA hopes to retain and attract residents, particularly seniors, to assist the communities to thrive and have access to goods, services and opportunities for quality living across the lifespan.

Objectives

1. Work to secure at least one community in the Region 6 PSA as a recognized CFL by September 2020.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Explore or revisit CFL recognition with communities in the tri-county area that may be willing to align their efforts with the qualifications and requirements to become a CFL.

Expected Outcome
Information relating to the Communities For a Lifetime recognition process will be shared with local communities in the hopes that at least one community in the Region 6 PSA as a recognized CFL by September 2020.

B. Ensure older adults have access to information and services to improve their ability to make informed decisions regarding their independence.
State Goal Match: 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 will help the agency get information about available programs and services to the target population and their families and caregivers through the preferred avenues expressed by the attendees of those events, as well as additional methods implemented by the agency.

Objectives

1. Work with Area Agencies on Aging Association of Michigan (4AM) on development of Management Services Organization (MSO) to prepare for the demands of managed care and multiple healthcare contractual opportunities.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Participate in Strategic Initiative Committee.
In partnership with 4AM, secure the services of a consultant with expertise in managed care.
Educate staff, board and stakeholders (including provider network and consumers) on the impact and benefits of the model and engage them in the process.

Expected Outcome
TCOA will secure contracts with health provider entities, including health plans, hospitals and physician groups.

2. Improve access to programs and services for under served populations.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Secure services of a Resource Navigator.
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 organizations, and health plans.
Connect with neighborhood organizations.
Promote cultural competency issues impacting underserved local seniors and persons with disabilities, including non-English speaking and Lesbian, Gay, Bisexual and Transgender individuals.Utilize the SAGE LGBT inclusivity guide to enhance service to the community.

Expected Outcome
Under served populations in the tri-county area will have improved access to programs and services.

3. Expand housing assistance to increase access to community housing options.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Create/distribute public directory of all senior housing, low income and accessible housing options in the tri-county area.
Schedule and convene meetings for Managers of Senior Complexes and Landlords.
Maintain information on Private Landlords.

Expected Outcome
Housing assistance will be expanded and access to community housing options will be increased.

4. Provide information about benefits and help people solve problems with health benefit programs and related insurance products.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Continue to advocate for funding.
Continue to recruit and train new MMAP volunteers.
Utilize traditional and social media to share information and obtain new volunteers.

Expected Outcome
Tri-county residents will be more informed about health benefit programs and insurance products.

5. Improve transportation partnerships focusing on TCOA's consumer demographic needs.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Maintain supply of bus passes on hand for non-waiver clients.
Explore options for increased usability of local transportation providers.
Explore ways to make on-demand transportation available and affordable when needed. (e.g. senior discounts expanded hours and routes, rural service)
Pursue ability to process CATA Spectran applications to certify riders.

Expected Outcome
Tri-county residents will have improved access to transportation options.

6. Increase access to kinship care services in the tri-county area.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Partner with/explore the idea of a forum on kinship with MSU Kinship Resource Center.

Expected Outcome
Tri-county non-parent residents that care for a child 18 and younger will have increased access to kinship care services and a structured opportunity to share thoughts and opinions.

7. Work to advance community integration and outreach efforts.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Expand public awareness and education efforts.
Maintain Long Term Care Collaborative/Aging and Disability Resource Center partnership.
Expand partnerships with doctors' offices, physician groups, health plans and community-based organizations.
Partner with MSU College of Human Medicine to implement the Caring for Patients with Chronic Conditions curriculum to educate Medical Residents on resources available through the aging network.

Expected Outcome
There will be increased community partnerships and collaboration efforts that will benefit tri-county residents.

8. Work to advance advocacy efforts in the tri-county area.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Have local seniors represent the tri-county area on the Michigan Senior Advocates Council to advocate for older Michiganians.
Continue to have Tri-County Office on Aging staff and Advisory Council representation on the planning committee for Older Michiganians 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 Michiganians Day Platform.
Support exploration and possible formation of a committee for county senior millage(s).
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.

Expected Outcome
Advocacy efforts will improve existing avenues and provide new opportunities for tri-county residents' opinions and concerns to be heard at the local, state and federal levels.

C. Improve access to health, wellness and nutrition supports.
State Goal Match: 2

Narrative
The needs assessments conducted in early 2019 indicated a great deal of interest in nutrition and heatlh 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: 10/01/2019 to 09/30/2022

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.
Seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals.
Maintain Medicare certification and explore the possibility of expanding to Medicaid and other health plans for reimbursement.
Work to provide oral health programs in partnership with nutrition and dental organizations.

Expected Outcome
Tri-county residents will have greater access to evidence-based disease prevention programs in the agency's PSA.

2. Provide access to healthy and affordable meals to nutritionally at-risk older adults.
   Timeline: 10/01/2019 to 09/30/2022

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. (e.g. Medicare Advantage)

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

3. Expand care transition efforts to improve communication and consumer experience and reduce unnecessary admittance and re-admittance to hospitals and emergency rooms.
   Timeline: 10/01/2019 to 09/30/2022

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.
Implement CAPABLE (Community Aging in Place, Advancing Better Living for Elders) project to improve participant physical function and underlying issues that impact abilities, like pain and depression, with the intent to reduce unplanned transitions. (e.g. Hospitalizations, Emergency Room visits, etc.)

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

4. Explore the opportunity to assist tri-county community members in securing a Senior Millage for vital unmet needs.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Support possible millage planning committee, including providing data and information to inform campaign.

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

D. Protect older adults from abuse and exploitation.
State Goal Match: 1, 2, 3

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 and financial exploitation occurring in the older adult population and how to better respond to these situations.
   Timeline: 10/01/2019 to 09/30/2022

Activities
Pursue the Prevent Elder and Vulnerable Adult Abuse, Exploitation, and Neglect TODAY (PREVNT) grant renewal and other funding sources.
Continue to strengthen partnerships in Clinton and Eaton counties.
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 to assist in publicizing information about current scams and fraud occurrences that are being reported locally.

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: 1, 4

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 increase state and federal funding for in-home services and promote higher reimbursement rates, resulting in increased wages and training for direct care workers.

Objectives

1. Continue to expand access to caregiver supports and education.
   Timeline: 10/01/2019 to 09/30/2022

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 SAVVY/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.

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.

2. Work to expand access to programs and services addressing dementia.
   Timeline: 10/01/2019 to 09/30/2022

Activities

Expand SAVVY/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 to receive personal music therapy.
Partner with AASA and AAAAM to secure funding for evidence-based programs relating to dementia.

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.

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. The second goal of TCOA's mission statement, "to promote and preserve the independence and dignity of the aging population," is to advocate for adequate resources and sound public policy.

Advocacy is done on the national, state and local levels. TCOA's membership in the Area Agencies on Aging Association of Michigan (4AM), the National Association of Area Agencies on Aging (N4A) 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. TCOA also participates in the Strategic Initiative Committee with 4AM which is developing the Managed Services Organization (MSO).

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 two local representatives serving on the Michigan Senior Advisory Council. Two local representatives serve on the State Advisory Council member attends the State Advisory Council meetings and reports 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 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. 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 continue to advocate with the Silver Key Coalition 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. Additionally, TCOA is planning to work with the IMPART Alliance to increase the availability of Building Training Building Quality (BTBQ) for direct care workers to gain knowledge, skills, and improved employment status and job satisfaction. In partnership with AASA, TCOA staff participate on the wait list workgroup and person-centered design team. TCOA has representatives from all three county transportation providers on its Advisory Council and has already started strengthening relations with CATA and the new Executive Director. Additionally, TCOA has participated in the Tri-County Regional Planning Commissions Transportation Improvement Plan forum, and plans to stay involved in future efforts. Findings from the TCOA Needs Assessment also supported the need to explore options for expanding transportation services beyond public transit.

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

The TCOA Executive Director serves on the Govenor appointed Medical Care Advisory Council (Medicaid) and MDHHS Stakeholders Council.

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 ADRC-Capital Area partnerships, 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 (partnership among law enforcement agencies, fire personnel, senior citizens and community members) 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, and Tri-County RSVP.

As part of the SWOT analysis, the agency identified opportunities that include collaborating and strengthening relationships with physician groups, health systems and Medicare Advantage Plans and implementing Connect 2 Care for interconnected communication for sharing client admissions, discharges and transitions information, better connections with community partners to improve access for underserved populations. Should it appear as though the private health plans will operate the Medicare and/or Medicaid funded long term supports and services programs, TCOA will be well positioned to contract with the health plans to provide Care Coordination and other tasks.

The involvement and support of our three county boards of commissioners and local community members will be critical in the advancement of any potential millage initiative.

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, maintain Medicare certification and explore the possibility of expanding to Medicaid and other health plans for reimbursement. 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 minorities and 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 SAVVY/Creating Confident Caregivers. In order to accomplish this, the agency will continue to identify additional funding for evidence-based programs relating to dementia.

Tri-County Office on Aging **FY 2020**

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. In the tri-county area, those living in a designated geographical boundary within an area will be identified as living in the same community. For example, an older person living within the geographical boundaries of St. Johns in Clinton County will share the same community and identify with the Information and Assistance (I&A) offices as well as the Clinton County Senior Citizens Drop-In Center in St. Johns. A cultural center in the community where persons of similar heritage congregate and/or access services is also identified as a focal point. The Tri-County Aging Consortium Administrative Board is made up of County Commissioners from Clinton (2), 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 of overseeing the functions of the Tri-County Office on Aging and is responsible for all phases of the Area Plan. This includes the identification of Community Focal Points in the region. 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 I&A Offices (senior citizens offices) senior centers in each county, and TCOA. The senior community identifies their local senior centers, senior citizens offices and/or community centers as a place to go to receive information and/or services for senior citizens in their respective communities.

In addition to the I&A Offices located in each county and Tri-County Office on Aging, 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 minorities in the community and identified three centers where the majority of participants are from minority ethnic/cultural backgrounds. For those focal points, the definition is an ethnic/cultural boundary where persons sharing similar cultural backgrounds gather.

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/assistance. Also, community includes where seniors of a specific ethnic/cultural background gather and/or go to receive information/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: 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:	3980
Services Provided:	

Name:	Allen Neighborhood Center Senior Discovery Group
Address:	1619 E. Kalamazoo Lansing, MI 48912
Website:	www.allenneighborhoodcenter.org
Telephone Number:	(517)485-7630
Contact Person:	
Service Boundaries:	
No. of persons within boundary:	
Services Provided:	

Name:	Bath Senior Center
Address:	14480 Webster Rd Bath, MI 48808
Website:	bathtownship.us/departments-services/senior-center/
Telephone Number:	(517) 641-6619
Contact Person:	
Service Boundaries:	
No. of persons within boundary:	2083
Services Provided:	

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:	N: Gratiot Rd., S: Sheridan Rd., W: Hubbardston Rd. (Lebanon Twp.) (Clintonia Rd., Dallas, Westphalia, Eagle Twpl.), E: Meridian Rd.
No. of persons within boundary:	7515
Services Provided:	

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:	N: Eaton Hwy., S: Baseline Hwy., W: Hager Rd., E: Waverly Rd.
No. of persons within boundary:	12667
Services Provided:	

Name:	Capital Area Community Services Rural Ingham Service Center
Address:	218 East Maple Street Mason, MI 48854
Website:	www.cacs-inc.org
Telephone Number:	517-676-1081
Contact Person:	Marina Poroshin
Service Boundaries:	S: Baseline Rd., St. State Rd., W: Waverly Rd., E: Herrington Rd./Locke Twp, Wallace/LeRoy Twp. Kane (White Oak and Stockbridge (twp)
No. of persons within boundary:	13773
Services Provided:	

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:	
Service Boundaries:	
No. of persons within boundary:	7887
Services Provided:	

Name:	Cristo Rey Parish Church
Address:	201 W Miller Rd, Lansing, MI 48911
Website:	
Telephone Number:	(517) 394-4639
Contact Person:	
Service Boundaries:	
No. of persons within boundary:	
Services Provided:	

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

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Service Boundaries:	N: Eaton Hwy, W: Royston Rd, E: Waverley Rd, S: Davis Hwy
No. of persons within boundary:	3949
Services Provided:	

Name:	Delta Township Senior Council
Address:	
Website:	https://www.deltami.gov/index.php/services/delta-township-senior-council/
Telephone Number:	517-484-5600
Contact Person:	Tammy Opdyke
Service Boundaries:	
No. of persons within boundary:	3949
Services Provided:	

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:	
Service Boundaries:	
No. of persons within boundary:	
Services Provided:	

Name:	Eaton Area Senior Center
Address:	804 S. Cochran, Charlotte, MI 48813
Website:	
Telephone Number:	(517) 541-2934
Contact Person:	Cindy Miller
Service Boundaries:	All of Eaton County
No. of persons within boundary:	23284
Services Provided:	

Name:	Eaton Rapids Senior Center
Address:	201 Grand, Eaton Rapids, MI 48827
Website:	
Telephone Number:	(517) 663-2335
Contact Person:	Deb Malewski
Service Boundaries:	N: Davis Hwy. /Kinsel Hwy, S. Baseline Hwy., W: Five Point-Curtis, E: Waverly Road
No. of persons within boundary:	4886

Services Provided:

Name:	Lansing Area Veterans Coalition-LAVC
Address:	
Website:	https://www.facebook.com/pg/LansingAreaVets/about/?ref=page_internal
Telephone Number:	(313) 883-9377
Contact Person:	
Service Boundaries:	
No. of persons within boundary:	
Services Provided:	

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:	18526
Services Provided:	

Name:	Meridian Senior Center
Address:	Chippewa Middle School, 4000 N. Okemos Rd. Okemos, MI 48864
Website:	
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:	4306
Services Provided:	

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:	3015
Services Provided:	

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Name:	Salus Center
Address:	408 S Washington Square, Lansing, MI 48933
Website:	http://www.saluscenter.org/
Telephone Number:	(517) 580-4593
Contact Person:	
Service Boundaries:	
No. of persons within boundary:	
Services Provided:	

Name:	Sam Corey Senior Center
Address:	2108 N. Cedar, Holt, MI 48842
Website:	
Telephone Number:	(517) 268-0096
Contact Person:	Mark Jenks
Service Boundaries:	N: Jolly, Willoughby and I-96, S:Nichols Rd., W: Waverly Rd., E: College Rd.
No. of persons within boundary:	2400
Services Provided:	

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:	
Service Boundaries:	
No. of persons within boundary:	
Services Provided:	

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:	Jill Moulton
Service Boundaries:	Clinton, Eaton and Ingham Counties
No. of persons within boundary:	85737
Services Provided:	

Other Grants and Initiatives

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

TCOA has received grants from the Michigan State Medical Society to expand the availability of Chronic Pain PATH, an Evidence-based pain management workshop launched in the service area in 2018.

TCOA has also obtained funding to expand the availability of two additional evidence-based programs, Matter of Balance (MOB) and Diabetes-PATH (D-PATH,) from the Mason Area Community Fund, the RE Olds Foundation, and from partnerships with local health care providers. The agency has also received a Medicare provider number and has developed a billing plan. Medical Nutrition Therapy is one of the programs currently billed to Medicare.

TCOA is partnering with AASA on two dementia related projects: Alzheimer's Disease Supportive Services Program (ADSSP)/Dementia Dexterity, and Diversity in Dementia Care. Both are designed to increase understanding and access to disease information as well as caregiver supports. TCOA is also a grantee on the PREVNT Grant for the prevention of elder abuse.

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 to Bridge card and Commodity Food benefits through the Senior Proxy Program and Bridge the Gap Programs.

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, personal care workers (PCAs), clients, and agencies working together for solutions to develop a competent home care workforce, improve the lives of PCAs and the elders they serve, and be a model for the nation.

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, 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.

To address the growing opioid epidemic the American Public Health Association urges public health and public policy education programs to “prioritize and implement evidence-based community and provider training programs on mental health, nonpharmacological pain treatment alternatives, substance abuse, and

overdose prevention." By introducing Chronic Pain PATH to local communities, TCOA will be contributing to the nonpharmacological pain treatment alternatives available for older adults.

Continuing MOB and D-PATH will also serve to greatly 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.

ADSSP is designed to increase TCOA's capability in addressing dementia and related issues with its services. This includes an emphasis on screening and identification of the disease, as well as dementia education for families and friends on issues such as brain health and aging. Through Diversity in Dementia, TCOA is conducting community outreach to Hispanic families/caregivers with an emphasis on connecting mind and body wellness and increasing awareness of caregiver supports and resources. Emphasis is on recruiting participants to participate in Creating Confidant Caregiver workshop sessions and providing other dementia related information. PREVNT is allowing TCOA to increase awareness of elder abuse across the service area while improving collaboration and coordination of community partners.

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. Considering the weather 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. Similarly, the Senior Bridge the Gap program started last year to help seniors better utilize their government SNAP (Supplemental Nutrition Assistance Program) benefits. 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 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 Personal Care Assistant (PCA) work as a profession with respected training; Promote a standardized program with universal training, i.e. Building Training...Building Quality (TM) (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 grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.

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.

Tri-County Office on Aging **FY 2020**

Appendices

APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	4	0	0	1	4	12
Aged 60 and Over	0	1	0	0	0	2	12

Board Member Name	Geographic Area	Affiliation	Membership Status
Brian T. Jackson	Lansing	Lansing City Council	Elected Official
Kathie Dunbar	Lansing	Lansing City Council	Elected Official
Joan Jackson Johnson	Lansing	Appointee Lansing City Council	Appointed
Chris Swope	Lansing	Lansing City Council	Elected Official
Aaron Stephens	East Lansing	East Lansing City Council	Elected Official
Matt Bowen	Eaton County	Commissioner	Elected Official
Blake Mulder	Eaton County	Commissioner	Elected Official
Jeanne Pearl-Wright	Eaton County	Commissioner	Elected Official
Robin Naeyaert	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

APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	5	0	2	3	18	23
Aged 60 and Over	0	1	0	0	0	3	23

Board Member Name	Geographic Area	Affiliation
Joel Zachrich	Eaton County	Eaton County
Gina Przybyl	Eaton County	Eaton County
Joseph Gutierrez	Eaton County	Eaton County
Madelyn "Archi" Tomczyk	Clinton County	Clinton County
Eileen Heideman	Clinton County	Clinton County
Anita Turner	City of Lansing	City of Lansing
Penny Gardner	City of Lansing	City of Lansing
Mary Estes	City of Lansing	City of Lansing
Susann Baker	Ingham County	Ingham County
Jane Wallin	Ingham County	Ingham County
Robyn Ford	Tri-County	Social Security Administration
Phyllis Monroe	Tri-County	Tri-County Nutrition Council
Adam Obanjoko	Tri-County	Michigan Veteran Affairs Agency
Megan Pineda	Tri-County	Wind Beneath Your Wings
Liza Rios	Tri-County	Legal Services of South Central Michigan
Laurie Beals	Tri-County	McLaren Orthopedic Hospital GEMS Unit
Carol Barrett	Tri-County	Senior Companion Program
Dawn Sargent	Tri-County	Community Mental Health Older Adult Services
Carla Lasiter	Tri-County	Disability Network Capital Area
Kelly Neve	Tri-County	Clinton/Eaton County, DHHS
Linda Keilman	Tri-County	MSU, College of Nursing

Tri-County Office on Aging **FY 2020**

JJ Jackson	Tri-County	CATA
Chad Johnson	Tri-County	JWR

APPENDIX C

Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	06/17/2019

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

No new or changed criteria was proposed.

APPENDIX D

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

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

Estimated number of meals these funds will be used to produce is:	**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.

FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/25/2019

Agency: Tri-County Office on Aging Budget Period: 10/01/19 to 09/30/20

PSA: 6 Date: 04/05/19 Rev. No.: Original

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	398,795		398,795
2. Fed. Title III-C1 (Congregate)		519,989	519,989
3. State Congregate Nutrition		9,365	9,365
4. Federal Title III-C2 (HDM)		264,100	264,100
5. State Home Delivered Meals		468,072	468,072
8. Fed. Title III-D (Prev. Health)	30,773		30,773
9. Federal Title III-E (NFCSP)	186,853		186,853
10. Federal Title VII-A	7,760		7,760
10. Federal Title VII-EAP	6,343		6,343
11. State Access	27,953		27,953
12. State In-Home	498,423		498,423
13. State Alternative Care	110,099		110,099
14. State Care Management	215,913		215,913
15. St. ANS	43,590		43,590
16. St. N ursing Home Ombs (NHO)	18,678		18,678
17. Local Match			
a. Cash	23,990	-	23,990
b. In-Kind	169,121	122,500	291,621
18. State Respite Care (Escheat)	81,670		81,670
19. MATF	116,880		116,880
19. St. CG Support	15,851		15,851
20. TCM/Medicaid & MSO	9,485		9,485
21. NSIP		309,947	309,947
22. Program Income	3,450	270,000	273,450
TOTAL:	1,965,627	1,963,973	3,929,600

ADMINISTRATION

Revenues		Local Cash	Local In-Kind	Total
Federal Administration	155,612	25,000	-	180,612
State Administration	26,877			26,877
MATF Administration	11,592	-	-	11,592
St. CG Support Administration	-	-	-	-
Other Admin				-
Total AIP Admin:	194,081	25,000	-	219,081

Expenditures

	FTEs	
1. Salaries/Wages	2.50	148,623
2. Fringe Benefits		46,562
3. Office Operations		23,896
Total:		219,081

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Clinton County	3,880		
Eaton County	5,980		
Ingham County	7,200		
City of Lansing	7,840		
City of East Lansing	100		
Total:	25,000	**Total:**	-

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

Signature Title Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Tri-County Office on Aging | Budget Period: 10/01/19 to 09/30/20 | Rev. 03/25/2019

PSA: 6 | Date: 04/05/19 | Rev. No.: Original |

*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppt	TCM-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	4,500									16,500							2,333	23,333
A-3	Disaster Advocacy & Outreach Program																		-
A-4	Information & Assis	77,500		37,500							27,090							15,788	157,878
A-5	Outreach			33,500		27,953												6,828	68,281
A-6	Transportation	4,750																528	5,278
A-7	Options Counseling	7,500																833	8,333
B	**In-Home**																		
B-1	Chore	1,000																111	1,111
B-2	Home Care Assis																		-
B-3	Home Injury Cntrl																		-
B-4	Homemaking	75,000					468,423	110,099										72,614	726,136
B-6	Home Health Aide																		-
B-7	Medication Mgt																		-
B-8	Personal Care	57,500																6,389	63,889
B-9	Assistive Device&Tech																		-
B-10	Respite Care			32,500								20,000	26,880	15,851		200		10,381	105,812
B-11	Friendly Reassure	2,000																222	2,222
C-10	Legal Assistance	31,451														1,250		2,245	34,946
C	**Community Services**																		
C-1	Adult Day Services											61,670	90,000			2,000		14,852	168,522
C-2	Dementia ADC																		-
C-6	Disease Prevent/Health Promtion	17,500	30,773	20,000														7,586	75,859
C-7	Health Screening																		-
C-8	Assist to Hearing Impaired & Deaf Cmty																		-
C-9	Home Repair																		-
C-11	LTC Ombudsman	4,185			7,760					18,678					9,485			4,456	44,564
C-12	Sr Ctr Operations																		-
C-13	Sr Ctr Staffing																		-
C-14	Vision Services																		-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation				6,343													705	7,048
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	79,759																8,862	88,621
	Region Specific																		
	Crisis Services	21,500					30,000											5,722	57,222
	CLS			53,353														5,928	59,281
	Care Transistions	1,000																111	1,111
	d.																		-
	7. CLP/ADRC Services	6,150																683	6,833
Sp Co	8. MATF Adm												11,592						11,592
Sp Co	9. St CG Sup Adm																		-
	SUPPRT SERV TOTAL	398,795	30,773	186,853	14,103	27,953	498,423	110,099	215,913	18,678	43,590	81,670	128,472	15,851	9,485	3,450	23,990	169,121	1,977,219

FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 03/25/2019

Agency: Tri-County Office on Aging Budget Period: 10/01/19 to 9/30/20

PSA: 6 Date: 04/05/19 Rev. Number Original

FY 2020 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	519,989		9,365		61,989	108,000		37,500	736,843
B-5	Home Delivered Meals		264,100		468,072	247,958	162,000		85,000	1,227,130
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	Nutrition Services Total	519,989	264,100	9,365	468,072	309,947	270,000	-	122,500	1,963,973

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

FY 2020 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	4,185	7,760		18,678	9,485	-	-	4,456	44,564
C-15	Elder Abuse Prevention	-		6,343			-	-	705	7,048
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	4,185	7,760	6,343	18,678	9,485	-	-	5,161	51,612

FY 2020 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 2020 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 2020			PSA: 6		
	Budgeted	Percent of the	Method of Provision		
Service	Funds	Total	Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	$ 239,903	6.09%			x
Case Coordination & Support	$ 23,333	0.59%			x
Disaster Advocacy & Outreach Program	$ -	0.00%			
Information & Assistance	$ 157,878	4.01%		x	x
Outreach	$ 68,281	1.73%			x
Transportation	$ 5,278	0.13%		x	
Option Counseling	$ 8,333	0.21%			x
IN-HOME SERVICES					
Chore	$ 1,111	0.03%	x		
Home Care Assistance	$ -	0.00%			
Home Injury Control	$ -	0.00%			
Homemaking	$ 726,136	18.42%	x		
Home Delivered Meals	$ 1,227,130	31.14%			x
Home Health Aide	$ -	0.00%			
Medication Management	$ -	0.00%			
Personal Care	$ 63,889	1.62%	x		
Personal Emergency Response System	$ -	0.00%			
Respite Care	$ 105,812	2.68%	x		
Friendly Reassurance	$ 2,222	0.06%		x	
COMMUNITY SERVICES					
Adult Day Services	$ 168,522	4.28%		x	
Dementia Adult Day Care	$ -	0.00%			
Congregate Meals	$ 736,843	18.70%			x
Nutrition Counseling	$ -	0.00%			
Nutrition Education	$ -	0.00%			
Disease Prevention/Health Promotion	$ 75,859	1.92%		x	x
Health Screening	$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	$ -	0.00%			
Home Repair	$ -	0.00%			
Legal Assistance	$ 34,946	0.89%		x	
Long Term Care Ombudsman/Advocacy	$ 44,564	1.13%		x	
Senior Center Operations	$ -	0.00%			
Senior Center Staffing	$ -	0.00%			
Vision Services	$ -	0.00%			
Programs for Prevention of Elder Abuse,	$ 7,048	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	0.28%		x	
Caregiver Education, Support, & Training	$ -	0.00%			
AAA RD/Nutritionist	$ -	0.00%			
PROGRAM DEVELOPMENT	$ 88,621	2.25%			
REGION-SPECIFIC					
Crisis Services	$ 57,222	1.45%			x
CLS	$ 59,281	1.50%	x		x
Care Transistions	$ 1,111	0.03%			x
d.	$ -	0.00%			
CLP/ADRC SERVICES	$ 6,833	0.17%			x
SUBTOTAL SERVICES	**$ 3,929,600**				
MATF & ST CG ADMINSTRATION	$ 11,592	0.29%			x
TOTAL PERCENT		100.00%	18.64%	13.46%	67.89%
TOTAL FUNDING	**$ 3,941,192**		$734,638	$530,822	$2,675,732

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 2020 BUDGET REVIEW SPREADSHEET

Rev. 03/25/2019

Agency:	Tri-County Office of AAA Regions		**Fiscal Year:** FY 2020
Date of SGA:		**SGA No.**	**Date Reviewed by AASA:**
Date of Budget:	04/05/19	**Revision No.** Original	**Initials of Field Rep Approving:**

SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL
Title III Administration	$ 155,612		$ 155,612
State Administration	$ 26,877		$ 26,877
Title III-B Services	$ 398,795		$ 398,795
Title III-C-1 Services	$ 519,989		$ 519,989
Title III-C-2 Services	$ 264,100		$ 264,100
Federal Title III-D (Prev. Health)	$ 30,773		$ 30,773
Title III-E Services (NFCSP)	$ 186,853		$ 186,853
Title VII/A Services (LTC Ombuds)	$ 7,760		$ 7,760
Title VII/EAP Services	$ 6,343		$ 6,343
St. Access	$ 27,953		$ 27,953
St. In Home	$ 498,423		$ 498,423
St. Congregate Meals	$ 9,365		$ 9,365
St. Home Delivered Meals	$ 468,072		$ 468,072
St. Alternative Care	$ 110,099		$ 110,099
St. Aging Network Srv. (St. ANS)	$ 43,590		$ 43,590
St. Respite Care (Escheats)	$ 81,670		$ 81,670
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	$ 309,947		$ 309,947
			$ -
SGA TOTALS:	$ 3,534,620	$ -	$ 3,534,620

AAA COMMENTS

AASA COMMENTS

ADMINISTRATION	BUDGET	SGA	DIFFERENCE
Federal Administration	$ 155,612	$ 155,612	$ -
State Administration	$ 26,877	$ 26,877	$ -
Sub-Total:	$ 182,489	$ 182,489	$ -
MATF	$ 11,592		
ST CG Supp	$ -		
Local Administrative Match			
Local Cash Match	$ 25,000		
Local In-Kind Match	$ -		
Sub-Total:	$ 25,000		
Other Admin	$ -	AIP TOT ADMIN	DIFFERENCE
Total Administration:	$ 219,081	$ 219,081	$ -

SERVICES:	BUDGET	SGA	% BUDGETED
Federal Title III-B Services	$ 398,795	$ 398,795	100.0000%
Fed. Title III C-1 (Congregate)	$ 519,989	$ 519,989	100.0000%
State Congregate Nutrition	$ 9,365	$ 9,365	100.0000%
Federal C-2 (HDM)	$ 264,100	$ 264,100	100.0000%
State Home Delivered Meals	$ 468,072	$ 468,072	100.0000%
Federal Title III-D (Prev. Health)	$ 30,773	$ 30,773	100.0000%
Federal Title III-E (NFCSP)	$ 186,853	$ 186,853	100.0000%
St. Access	$ 27,953	$ 27,953	100.0000%
St. In Home	$ 498,423	$ 498,423	100.0000%
St. Alternative Care	$ 110,099	$ 110,099	100.0000%
St. Care Mgt.	$ 215,913	$ 215,913	100.0000%
State Nursing Home Ombs (NHO)	$ 18,678	$ 18,678	100.0000%
St ANS	$ 43,590	$ 43,590	100.0000%
Sub-Total:	$ 2,792,603	$ 2,792,603	100.0000%

Local Service Match	
Local Cash Match	$ 23,990
Local In-Kind Match	$ 291,621
Sub-Total:	$ 315,611
Title VII/A Services (LTC Ombuds)	$ 7,760
Title VII/EAP Services	$ 6,343
NSIP	$ 309,947
St. Respite Care (Escheats)	$ 81,670
MATF	$ 116,880
St. CG Support	$ 15,851
MSO Fund-LTC Ombudsman	$ 9,485
TCM-Medicaid / CM	$ -
Program Income	$ 273,450
Total Services:	$ 3,929,600
Grand Total: Ser.+ Admin.	$ 4,148,681

		SGA	% BUDGETED
	$ 7,760	$ 7,760	100.0000%
	$ 6,343	$ 6,343	100.0000%
	$ 309,947	$ 309,947	100.0000%
	$ 81,670	$ 81,670	100.0000%
	$ 116,880	$ 116,880	100.0000%
	$ 15,851	$ 15,851	100.0000%
	$ 9,485	$ 9,485	100.0000%

Administrative Match Requirements

Minimum federal administration match amount	$51,870
Administration match expended (State Adm. + Local Match)	$51,877
Is the federal administration matched at a minimum 25%?	Yes
Does federal administration budget equal SGA?	Yes
Does state administration budget equal SGA?	Yes

Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of

Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Amount of MATF Funds budgeted on Adult Day Care	$ 90,000
Is at least 50% of MATF budgeted on Adult Day Care services?	Yes

Title III-E Kinship Services Program Requirements

Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
[note: see TL #369 & TL#2007-141]	
For Agencies required to budget a minimum of $25,000 of Title III-E requirement met?	N/A

Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements

Amount required from Transmittal Letter #428. (see cell L 42)	#N/A
Budgeted amount Title III-B for LTC Ombudsman.	$4,185
Is required maintenance of effort met?	#N/A

Service Match Requirements

Minimum service match amount required	$312,946
Service matched budgeted: (Local Cash + In-Kind)	$315,611
Is the service allotment matched at a minimum 10%?	Yes

Miscellaneous Budget Requirements / Constraints

Amounts budgeted for OAA / AASA Priority Services:	
Access:	$94,250
In-Home:	$135,500
Legal:	$31,451
Total Budgeted for Priority Services:	$261,201
Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
(Actual % of Legal)	7.89%
Title III-B award w/o carryover or Transfers in current SGA	$398,795
Amount budgeted for Program Development:	$79,759
% of Title III-B Program Development (must be 20% or less):	20.0%
Is Program Development budgeted at 20% or less?	Yes
Title III-D allotment with carryover:	$30,773
Amount budgeted for EBDP Activities, per TL#2012-244:	$30,773
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	$4,500	
c. Disaster Advocacy	$0	
d. Information & Assis	$77,500	
e. Outreach	$0	
f. Transportation	$4,750	
g. Options Counceling	$7,500	
		(AAA Regional Access Service)
Access Total:	**$94,250**	

In Home Services	III-B Budget Amount	
a. Chore	$1,000	
b. Home Care Assis	$0	
c. Home Injury Cntrl		
d. Homemaking	$75,000	
e. Home Health Aide	$0	
f. Medication Mgt		
g. Personal Care	$57,500	
h. Assistive Device&Tech	$0	
i. Respite Care	$0	
j. Friendly Reassure	$2,000	
		(AAA Regional In-Home Service)
		(AAA Regional In-Home Service)
In Home Services Total:	**$135,500**	

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	$0	(Other Title III-E Kinship Service)
		(Other Title III-E Kinship Service)
Kinship Services Total:	**$10,000**	

Title III-B Transfers reflected in SGA	Title III-B Award	(Use ONLY If SGA Reflects Transfers)
Title III-B award w/o carryover in SGA	$398,795	
a. Amt. Transferred into Title III-B		(Always Enter Positive Number)
b. Amt. Transferred out of Title III-B		(Always Enter Positive Number)
AoA Title III-B Award Total:	**$398,795**	

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

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #1

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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 2020**

SOURCE OF FUNDS		MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
Fund Raising Program		23,990			
	Totals	**23,990**	**0**	**0**	**0**
	Difference	0	0	0	
		OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #2

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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:	21,500		30,000			5,722		57,222
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	**21,500**	**0**	**30,000**	**0**	**0**	**5,722**	**0**	**57,222**

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:

Explanation for Other Expenses:

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind	Explanation for Other Expenses:
TCOA		5,722			
Totals	**0**	**5,722**	**0**	**0**	
Difference	0	0	0		
	OK	OK	OK		

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #3

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

SERVICE: Case Coordinatrion 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	3,288		10,560			1,539		**15,387**
Fringe Benefits	1,212		5,940			795		**7,947**
Travel								**0**
Training								**0**
Supplies								**0**
Occupancy								**0**
Communications								**0**
Equipment								**0**
Other:								**0**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**4,500**	**0**	**16,500**	**0**	**0**	**2,334**	**0**	**23,334**

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 #3 FY 2020

SOURCE OF FUNDS		MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA			2,334		
	Totals	**0**	**2,334**	**0**	**0**
	Difference	0	0	0	
		OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #4

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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	23,453		19,885			4,815		**48,153**
Fringe Benefits	10,047		8,068			2,013		**20,128**
Travel								**0**
Training								**0**
Supplies								**0**
Occupancy								**0**
Communications								**0**
Equipment								**0**
Other:								**0**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**33,500**	**0**	**27,953**	**0**	**0**	**6,828**	**0**	**68,281**

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 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA		6,828		
Totals	**0**	**6,828**	**0**	**0**
Difference	0	0	0	
	OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #5

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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	26,246		18,965			5,024		**50,235**
Fringe Benefits	11,254		8,125			2,153		**21,532**
Travel								**0**
Training								**0**
Supplies								**0**
Occupancy								**0**
Communications								**0**
Equipment								**0**
Other:								**0**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**37,500**	**0**	**27,090**	**0**	**0**	**7,177**	**0**	**71,767**

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

Does the Direst Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? __Yes _X__ No
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #5 FY 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA		7,177		
Totals	**0**	**7,177**	**0**	**0**
Difference	0	0	0	
	OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #6

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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	325,156							**325,156**
Fringe Benefits	144,439							**144,439**
Travel	25,489							**25,489**
Training								**0**
Supplies	8,409							**8,409**
Occupancy						37,500		**37,500**
Communications			9,365					**9,365**
Equipment								**0**
Other: Food	16,496	61,989		108,000				**186,485**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**519,989**	**61,989**	**9,365**	**108,000**	**0**	**37,500**	**0**	**736,843**

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 2020

SOURCE OF FUNDS		MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA			37,500		
	Totals	**0**	**37,500**	**0**	**0**
	Difference	0	0	0	
		OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #7

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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	182,159		264,790					**446,949**
Fringe Benefits	78,068		113,374					**191,442**
Travel						85,000		**85,000**
Training								**0**
Supplies								**0**
Occupancy								**0**
Communications								**0**
Equipment								**0**
Other: Food	3,873	247,958	89,908	162,000				**503,739**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**264,100**	**247,958**	**468,072**	**162,000**	**0**	**85,000**	**0**	**1,227,130**

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 2020

SOURCE OF FUNDS		MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA			85,000		
	Totals	**0**	**85,000**	**0**	**0**
	Difference	0	0	0	
		OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #8

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

SERVICE: SAVVY, 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 _X__ No
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES FY 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA		834		
Totals	**0**	**834**	**0**	**0**
Difference	0	0	0	
	OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #9

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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 _X__ No
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES FY 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA		683		
Totals	**0**	**683**	**0**	**0**
Difference	0	0	0	
	OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #10

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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	33,750					3,750		**37,500**
Fringe Benefits	3,750					417		**4,167**
Travel								**0**
Training								**0**
Supplies								**0**
Occupancy								**0**
Communications								**0**
Equipment								**0**
Other:								**0**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**37,500**	**0**	**0**	**0**	**0**	**4,167**	**0**	**41,667**

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

Does the Direst Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? __Yes _X__ No
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES FY 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA		4,167		
Totals	**0**	**4,167**	**0**	**0**
Difference	0	0	0	
	OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #11

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

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								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 2020

SOURCE OF FUNDS	MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
Totals	0	0	0	0
Difference	0	0	0	
	OK	OK	OK	

Explanation for Other Expenses:

FY 2020 Annual Implementation Plan
Direct Service Budget Detail #12

AAA: Tri-County Office on Aging **FISCAL YEAR:** FY 2020

SERVICE: Care Transitions

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	700					77		**777**
Fringe Benefits	300					34		**334**
Travel								**0**
Training								**0**
Supplies								**0**
Occupancy								**0**
Communications								**0**
Equipment								**0**
Other:								**0**
Service Costs								**0**
Purchased Services (CM only)								**0**
								0
Totals	**1,000**	**0**	**0**	**0**	**0**	**111**	**0**	**1,111**

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 2020

SOURCE OF FUNDS		MATCH VALUE Cash	MATCH VALUE In-Kind	OTHER RESOURCES VALUE Cash	OTHER RESOURCES VALUE In-Kind
TCOA			111		
	Totals	**0**	**111**	**0**	**0**
	Difference	0	0	0	
		OK	OK	OK	

Explanation for Other Expenses:

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	Transporation (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	

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

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

Rev Date 7/26/17

** 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 Budget Period: 10/01/19 to: 09/30/20 Date of Budget: 04/05/19

Agency: Tri-County Office on Aging Rev. No.: Original

	Operations		Program Services/Activities											
	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	TOTAL
REVENUES														
Federal Funds	155,612	79,759	581,978	512,058		20,978,832		12,929	36,760	26,116	35,550	5,596	84,000	22,509,190
State Funds	26,877		9,365	468,072	215,913		11,372			22,440	27,182	21,642		802,863
Local Cash	21,214		17,788	71,154										110,156
Local In-Kind		8,862	23,798	53,634				1,436	4,084	5,395	6,970	3,027	9,333	116,539
Interest Income	15,000					35,000								50,000
Fund Raising/Other	339,196		184,130	736,518	25,000						10,000		56,220	1,351,064
TOTAL	557,899	88,621	817,059	1,841,436	240,913	21,013,832	11,372	14,365	40,844	53,951	79,702	30,265	149,553	24,939,812
EXPENDITURES														
Contractual Services														0
Purchased Services	35,000				25,000	17,500,000								17,560,000
Wages and Salaries	255,244	49,764	193,118	650,963	140,333	2,314,723	0	13,000	33,343	36,540	53,980	20,500	101,289	3,862,797
Fringe Benefits	81,679	15,925	87,221	243,146	30,645	605,120		910	5,001	14,616	21,592	8,200	40,515	1,154,570
Payroll Taxes	19,526	3,807	14,989	41,787	8,358	165,028		455	2,500	2,795	4,130	1,565	7,749	272,689
Professional Services	5,200		4,730	17,104	4,937	125,683								157,654
Accounting & Audit Services	9,500		12,171	44,014	6,496	53,423	11,372							136,976
Legal Fees	500					1,603								2,103
Occupancy	36,000		13,138	47,511	3,465	72,548								172,662
Insurance	1,000	725	1,200	4,800		5,342								13,067
Office Equipment	2,500					16,027								18,527
Equip Maintenance & Repair	300		5,781	18,529										24,610
Office Supplies/Food Supplies	7,500	2,500	32,709	118,283	1,299	26,711								189,002
Printing & Publication	3,500	5,900				10,683								20,083
Postage	1,200	1,250				22,707								25,157
Telephone	1,000	1,750	10,887	10,404	2,598	13,353								39,992
Travel	750	1,500	28,905	45,135		36,050								112,340
Conferences	2,500	2,500			303	10,683								15,986
Memberships	20,000	3,000				2,137								25,137
Miscellaneous/Reserve	75,000		15,766	35,633	2,165	32,011								160,575
Food			396,444	564,127										
Contractor Services					15,314									
														0
														0
TOTAL	522,899	88,621	817,059	1,841,436	215,913	3,513,832	11,372	14,365	40,844	53,951	79,702	30,265	149,553	6,403,927

AREA AGENCY ON AGING--WAGES AND SALARIES

PSA: 6 Budget Period: 10/01/19 to: 09/30/20 Date of Budget: 04/05/19

Agency: Tri-County Office on Aging Rev. No.: Original

		Operations		Program Services/Activities											
JOB CLASSIFICATION	FTEs	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	TOTAL
Executive Director	1.0000	45,324	13,388			1,029	43,266								103,007
Assistant Director	1.0000	6,517					54,318				11,587				72,422
Nutrition Director	1.0000			11,116	44,463										55,579
Finance Director	1.0000	28,892					43,333								72,225
Waiver Director	1.0000					5,134	59,043								64,177
Human Resources Mgr	1.0000	24,473					36,708								61,181
Comm Rltns & Grans Mgr	1.0000	17,602	27,504								9,901				55,007
Contract Manager	1.0000						51,817								51,817
Planner	1.0000	43,974					4,886								48,860
Nursing Supervisor	1.0000					4,581	52,680								57,261
Social Worker Supervisor	1.0000					4,581	52,680								57,261
Care Manager RN	11.7500					46,624	590,492								637,116
Care Manager SW	11.7500					46,652	590,818								637,470
Care Mgmt Service Coordinator	1.0000					3,065	35,244								38,309
Eligibility/Assmnt Specialist	4.0000					3,042	146,282						20,500		169,824
I&A Specialist/Counselor	4.5000					1,901	103,280			33,343		53,980			192,504
Waiver Accounts Payable Clerk	1.0000					7,525	30,099								37,624
Out Reach Specialist	1.0000						24,701		13,000		5,634				43,335
Staff Accountant	1.0000	16,136					24,205								40,341
Finance Assistant	1.0000	13,460					20,189								33,649
Office/Clerical	9.1250	14,136		14,929	99,913	11,145	130,852								270,975
NFT Navigator	1.0000						43,055								43,055
Housing & Access Supervisor	1.0000						55,579								55,579
Resptionist	1.0000	14,392					6,168								20,560
FD Mgr/Food Production Suprv	3.0000			13,285	88,905										102,190
Cook/Food Production Asst	3.5000			10,404	69,626										80,030
Porter/Stockperson/Dishwasher	5.7500			15,401	103,067										118,468
Van Drive/Food Trans	5.7500			18,583	124,366										142,949
Dining Site/Kitchen Coordinator	2.9250			58,077											58,077
MOW Supervisor	4.0000			17,703	118,473										136,176
Dietician/Evidence Based Prg Mgr	1.0000			535	2,150									50,824	53,509
Community Nutrition Mgr	1.0000			33,085							4,944				38,029
Reimbursement Specialist	1.0000	5,054				5,054	40,434								50,542
MMAP Coordinator	1.0000										4,474			40,263	44,737
Quality Specialist	1.0000						55,579								55,579
Fundraising & Volunteer Specialist	1.0000	25,284	8,872											10,202	44,358
Quality Assistant	0.5000						19,015								19,015
															0
															0
															0
															0
TOTAL	91.5500	255,244	49,764	193,118	650,963	140,333	2,314,723	0	13,000	33,343	36,540	53,980	20,500	101,289	3,862,797

ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

Instructions

The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Least Intensive				***Most Intensive***
Program	Information & Assistance	Options Counseling	Crisis Services for the Elderly	Case Coordination and Support	Care Management
Participants	All persons inquiring about services and resources for those over the age of 60 or Caregivers	Individuals (including family members and caregivers) who seek guidance in making informed choices about long-term supports and services	Adults 60 and older that have an emergent need impacting their health, well-being or safety	Individuals eligible (per guidelines and standards) for on-going in-home services or respite who may not meet Nursing Facility Level of Care	Individuals that meet the Nursing Facility Level of Care and are eligible (per guidelines and standards) for ongoing in home or respite services
What Is Provided?	Accurate information on services available in the community to attempt to meet the callers' needs	Information on issues of Long-Term Care and consultation/planning Assistance with the development of a specialized strategy plan to address long term care needs Assistance in navigating private pay options An array of resources to assist with long term services and supports Decision support to assist in evaluating the pros/cons of specific choices, empowering individuals/ families to help themselves	24/7 limited assistance for non-medical emergencies, such as utility shut off notices, prescription drug costs, emergency shelter or housing needs and other emergent needs	Completion of a modified IHC assessment Development of person-centered plan for services driven by the individual Use of service authorizations and cost share (if applicable) to provide minimum levels of home and community-based services, including homemaker, respite and/or personal care Reassessments conducted every six months or as needed, with phone contact monthly or as necessary to monitor needs and service satisfaction	Completion of full COMPASS IHC assessment Development of person-centered plan for services driven by the individual Use of service authorizations and cost share to provide extended home and community-based services. (Qualify for services above minimum level) Reassessments conducted every 3 to 6 months dependent on services received, with monthly phone contact, to monitor needs and service satisfaction Advocacy to assure individuals are receiving services and benefits to which they are entitled
Where is the service provided?	Phone, In-Person or E-mail	Phone, In-Person or E-mail	Phone, Collaboration with Community Partners	In-Home, Phone	In-Home, Phone

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2020

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 2020. 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
Example **Arthritis Exercise Program**	*Example: List each provider offering programs on a single line as shown below.* **1) Forest City Senior League Program** **2) Grove Township Senior Services** **3) Friendly Avenue Services**	*Example: Total participants for all providers* **80**	*Example: Funding total for all providers* **$14,000**
Senior Fitness	YMCA of Metropolitan Lansing	380	$30,773
	Options Counseling		
	Crisis Services for the Elderly		
	Case Coordination and Support		

EMERGENCY MANAGEMENT AND PREPAREDNESS

Minimum Elements for Area Agencies on Aging

FY 2020 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 2020 will address the element.

Area Agency on Aging
Tri-County Office on Aging (Region 6)
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).
1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).
Assess the situation and pull whatever resources are necessary to meet client needs. Use community partners. The Executive Director or designee, Assistant Director, will notify supervisors who will then notify staff with direction on notifying clients. Region 6 Safety Committee and other staff will help as needed. Executive Director or designee to communicate with AASA regarding updates or needs.
2. Being prepared to identify and report on unmet needs of older individuals.
Reach out to local Emergency Managers and communicate with community partners and local media outlets to identify location affected by the emergency. Run reports to identify affected clients based on location and contact affected clients. Staff to report any identified unmet needs to Executive Director or designee.
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.
Utilize an emergency preparedness application and communication tool to generate reports to provide information about the number and location of vulnerable older persons receiving services in the geographic area affected.
4. Being able to contact such affected older persons to determine their well-being.
Utilize an emergency preparedness application and communication tool to communicate with vulnerable older persons receiving services in the geographic area affected.
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.
Reach out to local Emergency Managers and communicate with community partners and local media outlets to identify location affected by the emergency. Run reports to identify affected clients based on location and contact affected clients. Staff to report any identified unmet needs to Executive Director or designee.

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

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

Participants are offered a shelf stable meal box which contains shelf stable food equal to three meals which meet menu standards. Volunteers have proven resilient in serving the community and often deliver multiple routes in order to assure that participants receive meals as needed. Emergency contact on file as additional support.

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

Participants are offered a shelf stable meal box which contains three meals which meet nutrition guidelines. Reserve boxes on hand at all times to replenish meals as needed. These boxes are replaced routinely based on product expiration dates.

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

The agency has 2 licensed locations one in Clinton County and one in Rural Ingham County. Each of these two locations can accommodate cold menu meal preparation safely with the utilization of a refrigerated truck at each location for PHF storage before and after preparation. Our primary food vendor GFS has refrigerated trucks that can be leased short term for this.The cold menu program would become the menu served to all participants once shelf stable meals are exhausted.

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

Volunteer drivers and kitchen helpers are on hand and available to assist with additional route delivery as needed. TCOA has an agreement with JA Foods to provide at a minimum 900 shelf stable meal boxes each containing 5 meals within 48 hours of request.

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

Access has been secured with local television media WLNS and WILX. Facebook and Webpage are internet media resources. AASA on-line reporting is accessed as soon as possible. Participants in the Home Delivered meal program are communicated with via telephone.

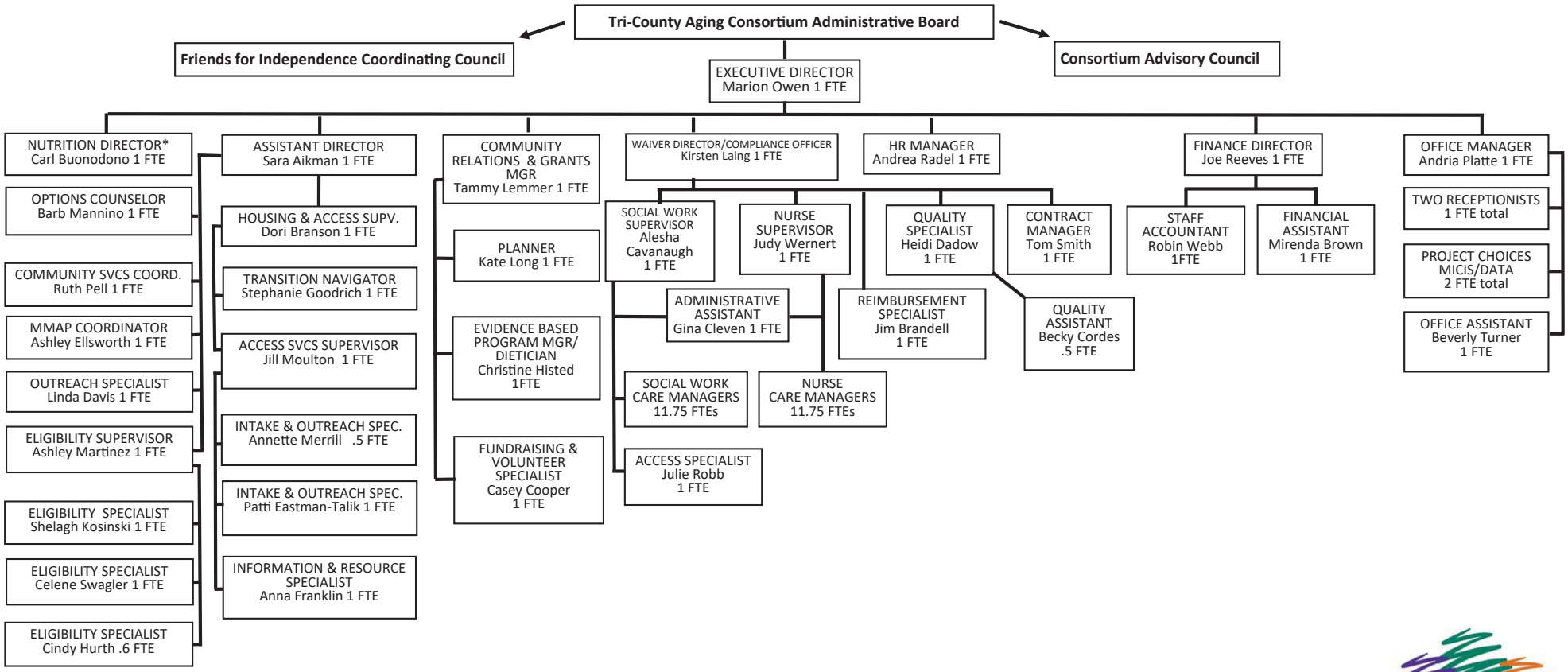
6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

This plan covers all required elements.

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

As part of the area plan cycle, the emergency plan is reviewed and approved by the TCOA Executive Director or designee. Nutrition Director to forward the plan to TCOA's AASA Field Representative for review.

Tri-County Aging Consortium

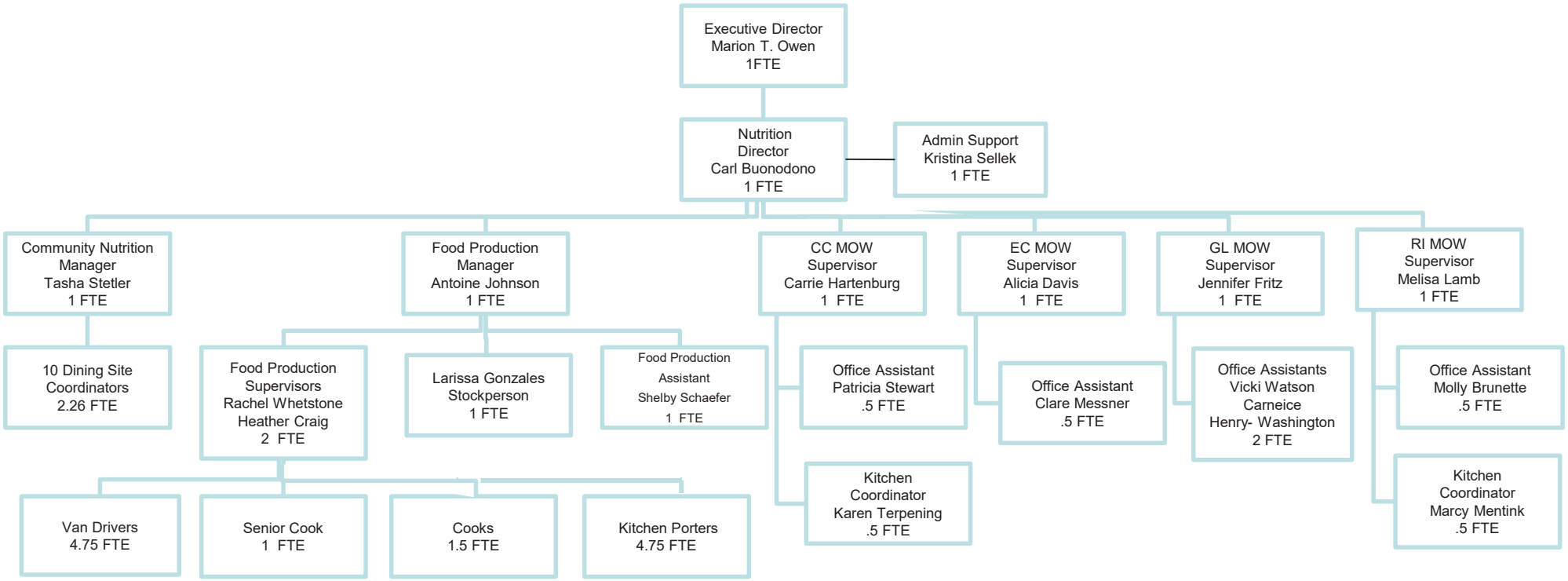


Tri-County Office on Aging

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

April 2019

Tri-County Office on Aging - Nutrition Program



September 2018

TRI-COUNTY OFFICE ON AGING
MULTI-YEAR AREA PLAN SUMMARY
Fiscal Years 2020-2022

Tri-County Office on Aging's (TCOA) 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 2020-2022 Multi-Year Plan (MYP). This plan was created using the input of local seniors and persons with disabilities, community partners, staff members and members of the agency's Advisory Council and Administrative Board.

Between the 2010 National Census and the 2017 American Community Survey, the three counties that make up TCOA's service area experienced a 19% increase in the 60 and older population. The tri-county population of adults age 60 and older represented 20% of the total tri-county population in 2017. TCOA has continued prioritizing services to focus on serving individuals considered high risk and needing the most assistance.

Special Projects and Partnerships:

* Medicare/Medicaid Assistance Program – Continue to partner with Capital Area Community Services and Disability Network Capital Area to provide MMAP services in the tri-county area. Utilize traditional and social media to share information and recruit and train new MMAP volunteers to keep up with the growing demand from the ever-changing health care system.

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

* Advocacy - Advocate with Silver Key Coalition 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.
Support exploration and possible formation of a committee for county senior millage(s).

* Accreditation - TCOA anticipates obtaining accreditation through the National Committee for Quality Assurance (NCQA). NCQA uses the most up to date evidence based-practices to determine quality indicators. One benefit to accreditation is that potential entities that may want to partner with TCOA will recognize the agency's dedication to quality and know that specific minimum standards have already been met. Currently, TCOA is only choosing to pursue accreditation in relation to the MI Choice Waiver, though opportunities remain for the agency to bring multiple programs forward in the future, such as Care Management or Case Coordination.

Public Hearings:

At least two public hearings on the FY 2020-2022 MYP must be held in the Planning and Service Area (PSA). The hearings must be held in an accessible facility. Persons need not be present at the hearings to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available (no later than April 19, 2019).

May 6, 2019 1:00PM	Charlotte Community Library 226 S. Bostwick, Charlotte, MI 48813
May 8, 2019 1:00PM	Briggs District Library 108 E. Railroad St., St. Johns, MI 48879
May 9, 2019 1:00PM	Tri-County Office on Aging 5303 S. Cedar St., Bldg. 1, Lansing, MI 48911

Proposed Goals and Objectives *All goals and objectives are subject to change.

GOAL 1*	At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020.
Objective A **Activities**	Work to secure at least one community in the Region 6 PSA as a recognized CFL by September 2020. • Explore or revisit CFL recognition with communities in the tri-county area that may be willing to align their efforts with the qualifications and requirements to become a CFL.

GOAL 2*	Ensure older adults have access to information and services to improve their ability to make informed decisions regarding their independence.
Objective A **Activities**	Work with Area Agencies on Aging Association of Michigan (4AM) on development of Management Services Organization (MSO) to prepare for the demands of managed care and multiple healthcare contractual opportunities. • Participate in Strategic Initiative Committee. • In partnership with 4AM, secure the services of a consultant with expertise in managed care. • Educate staff, board and stakeholders (including provider network and consumers) on the impact and benefits of the model and engage them in the process.
Objective B **Activities**	Improve access to programs and services for underserved populations. • Secure services of a Resource Navigator. • 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 organizations, and health plans. • Connect with neighborhood organizations. • Promote cultural competency issues impacting underserved local seniors and persons with disabilities, including non-English speaking and Lesbian, Gay, Bisexual and Transgender individuals. • Utilize the SAGE LGBT inclusivity guide to enhance service to the community.
Objective C **Activities**	Expand housing assistance to increase access to community housing options. • Create/distribute public directory of all senior housing, low income and accessible housing options in the tri-county area. • Schedule and convene meetings for Managers of Senior Complexes and Landlords. • Maintain information on Private Landlords.
Objective D **Activities**	Provide information about benefits and help people solve problems with health benefit programs and related insurance products. • Continue to advocate for funding. • Continue to recruit and train new MMAP volunteers. • Utilize traditional and social media to share information and obtain new volunteers.
Objective E **Activities**	Improve transportation partnerships focusing on TCOA's consumer demographic needs. • Maintain supply of bus passes on hand for non-waiver clients. • Explore options for increased usability of local transportation providers. • Explore ways to make on-demand transportation available and affordable when needed. (e.g. senior discounts expanded hours and routes, rural service) • Pursue ability to process CATA Spectran applications to certify riders.

Objective F Activities	Increase access to kinship care services in the tri-county area. • Partner/explore idea of forum on kinship with MSU Kinship Resource Center.
Objective G Activities	Work to advance community integration and outreach efforts. • Expand public awareness and education efforts. • Maintain Long Term Care Collaborative/Aging and Disability Resource Center partnership. • Expand partnerships with doctors' offices, physician groups, health plans and community-based organizations. • Partner with MSU College of Human Medicine to implement the Caring for Patients with Chronic Conditions curriculum to educate Medical Residents on resources available through the aging network.
Objective H Activities	Work to advance advocacy efforts in the tri-county area. • Have local seniors represent the tri-county area on the Michigan Senior Advocates Council to advocate for older Michiganians. • Continue to have Tri-County Office on Aging staff and Advisory Council representation on the planning committee for Older Michiganians 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 Michiganians Day Platform. • Support exploration and possible formation of a committee for county senior millage(s). • 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.

GOAL 3*	Improve access to health, wellness and nutrition supports.
Objective A Activities	Continue to expand access to evidence-based disease prevention programs in the tri-county area. • 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. • Seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals. • Maintain Medicare certification and explore the possibility of expanding to Medicaid and other health plans for reimbursement. • Work to provide oral health programs in partnership with nutrition and dental organizations.
Objective B Activities	Provide access to healthy and affordable meals to nutritionally at-risk older adults. • 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. (e.g. Medicare Advantage)

Objective C **Activities**	Expand care transition efforts to improve communication and consumer experience and reduce unnecessary admittance and readmittance to hospitals and emergency rooms. • 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. • Implement CAPABLE (Community Aging in Place, Advancing Better Living for Elders) project to improve participant physical function and underlying issues that impact abilities, like pain and depression, with the intent to reduce unplanned transitions. (e.g. Hospitalizations, Emergency Room visits, etc.)
Objective D **Activities**	Explore the opportunity to assist tri-county community members in securing a Senior Millage for vital unmet needs. • Support possible millage planning committee, including providing data and information to inform campaign.

GOAL 4*	Protect older adults from abuse and exploitation.
Objective A **Activities**	Raise awareness of domestic abuse, physical and sexual abuse and financial exploitation occurring in the older adult population and how to better respond to these situations. • Pursue the Prevent Elder and Vulnerable Adult Abuse, Exploitation, and Neglect TODAY (PREVNT) grant renewal and other funding sources. • Continue to strengthen partnerships in Clinton and Eaton counties. • 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 to assist in publicizing information about current scams and fraud occurrences that are being reported locally.

GOAL 5*	Support formal and informal caregivers in the community, including direct care workforce.
Objective A **Activities**	Continue to expand access to caregiver supports and education. • 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 SAVVY/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.
Objective B **Activities**	Work to expand access to programs and services addressing dementia. • Expand SAVVY/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 to receive personal music therapy. • Partner with AASA and AAAAM to secure funding for evidence-based programs relating to dementia.

The complete Multi-Year Plan 2020-2022 draft is available online at www.tcoa.org/documents.

BY THE COMMITTEE OF THE WHOLE
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Tri-County Aging Consortium, known as Tri-County Office on Aging, produced the Fiscal Year 2020-2022 Multi Year Implementation Plan as required by the Older Americans Act and the Older Michiganians Act; and

WHEREAS, the Committee of the Whole met and reviewed the document at its meeting on Monday, July 8, 2019; and

WHEREAS, Lansing City Council has reviewed the Tri-County Office on Aging's Fiscal Year 2020-2022 Multi Year Implementation Plan.

BE IT RESOLVED, that the Lansing City Council hereby approves said document.

BY THE COMMITTEE OF THE WHOLE
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Mayor made the reappointments to various Boards as stated below:

Downtown Lansing Inc.:
Karl R. Dorshimer City Representative Member for a term to expire June 30, 2023; and;

Lansing Entertainment & Pub. Facility Authority:
James Stajos as an At-Large Member for a term to expire June 30, 2022; and

Michigan Avenue Corridor Improvement Authority:
Joan M. Nelson as a Member for a term to expire June 30, 2022;

Saginaw Street Corridor Improvement Authority:
Jonathon Lukco as a Member for a term to expire June 30, 2023;

WHEREAS, the Mayor's office has verified that the nominees has been vetted and meets the qualifications as required by the City Charter; and

WHEREAS, the Committee of the Whole met on July 8, 2019 and took affirmative action.

NOW, THEREFORE, BE IT RESOLVED that the Lansing City Council, hereby, confirms the reappointments to various Boards as stated below:

Downtown Lansing Inc.:
Karl R. Dorshimer City Representative Member for a term to expire June 30, 2023.

Lansing Entertainment & Pub. Facility Authority:
James Stajos as an At-Large Member for a term to expire June 30, 2022.

Michigan Avenue Corridor Improvement Authority:
Joan M. Nelson as a Member for a term to expire June 30, 2022.

Saginaw Street Corridor Improvement Authority:
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