



Annual Implementation Plan FY'2018



Senior Resources of West Michigan
560 Seminole Rd.
Muskegon, MI 49444
(231) 739-5858 or 800-442-0054
Pam Curtis, Chief Executive Officer
Amy Florea, Community Services Director

Table of Contents

| | |
|---|----|
| County/Local Unit of Government Review | 3 |
| Approved Multi-Year Plan Highlights | 4 |
| 2018 AIP Highlights | 11 |
| Public Hearings | 12 |
| Access Services | 13 |
| Direct Service Request | 15 |
| Approved MYP Program Development Objectives | 16 |
| 2018 AIP Program Development Objectives | 26 |
| Appendices | 28 |

County/Local Unit of Govt. Review

Senior Resources will send a copy of the 2018 Annual Implementation Plan via certified mail or email with a delivery receipt and read receipt request to each chairperson of the county commissioner's board and the administrator of the board for each county in our region no later than April 28, 2017. In a cover letter sent to the chairperson of each board of commissioners, Senior Resources will offer to attend the County Board meeting or any subcommittee of that Board for each county in our region to respond to any questions related to the plan. The letter will indicate that if we do not hear from their local units of government prior to August 3, 2017 with a written or emailed resolution or approval, Senior Resources will assume their board's passive approval of the plan.

Approved Multi-Year Plan Highlights

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

Senior Resources was designated as an Area Agency on Aging in 1974 by the State of Michigan to administer the federal Older Americans Act and the Older Michiganians Act funding. Senior Resources has served West Michigan for over 40 years as the gateway to local resources, planning efforts and services to help older adults, their families and caregivers in Muskegon, Oceana and Ottawa Counties.

It is the vision of Senior Resources to promote lifelong dignity and independence. That vision coupled with our mission of providing a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families - a mission compelling us to focus on older persons in greatest need and to advocate for all - guides our purpose.

Senior Resources serves as a focal point and acts as an advocate for the elderly by advancing causes or issues that are vital to their welfare. It is a goal of the agency to inform and educate seniors, families and the public on available services and issues affecting older adults. In addition, Senior Resources staff is active in many local, regional, and statewide groups and organizations. From advocacy at the national and state levels, to partnering with a local senior center or food bank, we recognize the need to be active and involved in all aspects of our community.

We directly provide a variety of services that support individuals, families, and caregivers in the form of case management and options counseling. Our staff talk with thousands of individuals to assist them in gaining information about local services and to access support.

Services provided through contracts include: Long Term Care Ombudsman Program, congregate nutrition, home-delivered meals, adult day care, transportation, legal services, respite care, in-home personal care, kinship and family caregiver support.

It is the agency's specific goal to effectively implement the Older Americans Act by developing and administering a regional area plan for coordinating and contracting with viable agencies for services for persons 60 years and older. The Area Plan outlines a considerable amount of information about our communities such as a demographic overview and provider and service systems, as well as multi-year planning objectives and the 2017 projected expenditure proposals.

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

In Region 14 there is an estimated 92,000 people over the age of 60, approximately 18.5% of the total population. 29% of people age 60+ in the Region have a disability and 7% have income levels below poverty. 16% have an income below 150% of the poverty level. Between 2010 and 2013 the population of seniors in Region 14 increased by 1% annually.

There are 6,755 older adults in rural Oceana County, and while the number of older adults living in this community is relatively small, these areas can be very difficult and costly to serve. Aging adults in these communities may face additional barriers to remaining in their homes, staying active, and engaging in the local community, all resulting in increased risk of becoming isolated.

Senior Resources

FY 2018

Within this planning timeframe, fiscal years 2017-2019, approximately 32,023 people in the PSA will turn age 60. This will equate to a 35% increase of people over the age of 60 Region-wide.

The sheer number of older adults within the population is increasing dramatically as the baby boomer generation continues to move into retirement age. This significant, new, demographic shift brings not only challenges, but new opportunities as well. Senior Resources strives to engage our community, provide leadership in advocacy and education, and challenge ourselves and community partners to think and act creatively in these unique times.

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.

In home services sufficient to assist older adults and their caregivers to remain in their environment of choice continues to be the focus of service delivery. Home delivered and congregate meals, respite care, adult day services and homemaking are the top funded service categories and they remain the services with the highest anticipated number of participant utilization.

Individuals in need of homecare services must become clients of either one of the Case Coordination & Support programs or the Care Management program in order to receive services through our Purchase of Service system. Participants choose from a group of contracted personal care, homemaking, in-home respite, and adult day care providers. Supports coordinators, along with the participant and the participant's support team, consider the person's physical, social and financial needs and then, if applicable, make arrangements for in-home services including: home delivered meals, personal care, in-home respite, homemaking, medication management, personal emergency response systems and adult day care. If necessary, transportation services can be arranged, Medicare, Medicaid and other insurance counseling can be provided with additional assistance available through the MMAP Program. Referrals are also made to other applicable community programs.

Throughout the public input process, feedback was provided by the attendees that indicated that navigation of available resources and services is a critical part of essential services for older adults and/or their support team. Our Supports Coordinators and Options Counselors are trained to provide the person and/or their support team with the knowledge, navigation and coordination of all available resources while taking into account the desires of the person and their support team.

Senior Resources has four Options counselors and we have incorporated their service into the Intake Process. Callers identified at the time of the initial contact with an Options Counselor as a candidate at risk for nursing home placement are referred to the appropriate program immediately. The Options counselors role is to not only explain someone's long term care options, but also initiate a discussion on a person's personal finances/resources and how to best utilize them to make them last for as long as possible and still allow the person to remain in the setting of their choice. Upon hire, Supports Coordinators and Options counselors receive training in long term care options and Senior Resources will continue to provide opportunities for them to enhance their training as an element of ongoing core competency training.

Supports coordinators and/or options counselors will also assist clients in accessing other services funded through Senior Resources such as Long Term Care Ombudsman, Caregiver Support, Health Promotion/Disease

Senior Resources

FY 2018

Prevention, and Kinship Care. If a need is identified that cannot be met through Senior Resources, the options counselors and/or supports coordinators will refer the person to the community service provider that can meet their need or will make the referral with permission from the person or designee.

4. Highlights of planned Program Development Objectives.

During the next three year planning cycle, much emphasis is being placed on good nutrition, socialization and wellness opportunities. Our objectives, in partnership with our meal provider AgeWell Services, are to enhance methods in which food is procured, prepared and delivered. In the congregate meal setting, attention will be paid to promoting socialization in ways that appeal to the younger senior as well as meet the needs of the people who have been attending the center for years. We wish to incorporate evidence based wellness opportunities within local communities where older adults are already present. These wellness opportunities will be in response to input from the seniors and their request to know more about a particular area of health.

As advocates for older adults, we wish to promote the prosecution of those who commit elder abuse in our region, statewide and nationally. To address the prosecution of elder abusers in our region, two task force subcommittees of the Tri-County Protection team will develop protocols, by county in Muskegon and Ottawa, which will aid in the investigation of elder abuse cases and assist the prosecutors in holding the offenders accountable. In addition, the Tri-County Protection team will begin a weekly or as needed news e-blast to keep the community apprised of all potential scams and have community trainings scheduled throughout the PSA.

The unprecedented demographic transition underway in the region will require that organizations and individuals take action to support independent, healthy aging for older adults throughout the region. There are many potential stakeholders who are either unaware of the dramatic increases in older adult population or do not fully understand the magnitude of the impact. Ensuring that our region can support healthy aging will be built on local responses that recognize changing conditions and implement appropriate solutions in many unique settings. Senior Resources will support a network of local leaders who carry the message of livable communities throughout the region, as well as promote opportunities for communities to support healthy aging through local millages.

Participants in the AAA's community conversations consistently ranked transportation in the top three when asked to prioritize services most critical to helping them age at home, and many low-income and homeless seniors said public transportation and special transit services were the only ways they could access medical services and food banks. The need for transportation options will grow along with the expanding senior population. The region's ability to help people stay in their own homes as they age will be directly correlated to the transportation services available to them. When livable communities or the addition of affordable housing is being explored by community leaders it is vitally important to advocate for suitable transportation that is functional for all.

As the population ages and more and more people are being cared for by family caregivers, Senior Resources is looking for ways to better support the caregiver with education, training, emotional support, and services. We are advocating at a state level for caregivers to have greater access to information and training after their person has had a hospital or long term care admission. Senior Resources plans to collect information of particular interest to caregivers and have it available in various mediums for ease of access.

It has been shown that chronic illness and multiple emergency room visits commonly results in seniors who are particularly vulnerable to hospital readmissions. Using an evidence based program, Senior Resources plans to

Senior Resources

FY 2018

expand our partnership with local health care organizations to provide follow up care for 30 days after an ER visit to eligible seniors in the way of support coordination, medication review, and transportation to physician visits, meals and Personal Emergency Response systems. This effort is proven to support seniors in their home as they gain strength and health.

5. A description of planned special projects and partnerships.

Senior Resources' Board of Directors, staff, and stakeholders have placed a high significance on and included in our agency mission the priority to provide services to the persons most in need. To meet that mission, we partner with over 90 In-Home Care Agencies that are located in and/or provide care throughout our three-county area. In-home services, including personal care, homemaking, respite, and home-delivered meals, remain priority services as well as adult day care and caregiver services. Senior Resources will continue to work with all relevant collaborative bodies to insure that services reach the frailest elderly. We work closely with the established four focal points that are situated throughout the region, two of them councils on aging, one senior wellness center and the AAA.

Senior Resources has been a contracted partner of Pathways since its conception in 2012. The Pathways to Better Health Program was developed from a grant received by Michigan Public Health Institute (MPHI) from the Centers of Medicaid and Medicare (CMS) Innovations Awards. The proposal introduced the role of the Community Health Worker (CHWs) embedded within social service agencies throughout program regions. Muskegon Health Project partnered with MPHI to administer the program in Muskegon, Oceana and Northern Ottawa County. In 2015, the Pathways program approached Senior Resources to dedicate 2 CHWs to a new program. The Care at Hands Program was developed from a grant received by Dr. Stein, CMO Continuing Care with Trinity Health. The Care at Hands model serves Medicare/Medicaid recipients who are hospitalized, transitioning to a skilled nursing home, and then back to the community. A Community Health Worker follows the person for a 90 day period in which they will complete weekly surveys with the participants. The surveys will serve as a tool to track the health outcomes and issues a participant is experiencing. The Community Health worker will connect the participant to programs, resources, and education to improve their health outcomes and reduce risk of re-hospitalization. In addition, the Community Health Worker will collaborate with an RN clinical supervisor regarding identified issues impacting the participant's success to transitioning and remaining in the community. Senior Resources is currently contracted for 2 full time employees dedicated to the Care at Hand Program. The request for services is expected to continue to grow with the rapidly aging population.

The amount of funding Senior Resources receives for services does not keep up with demand. To help alleviate some of the excess demand and at the suggestion of the Administration of Community Services, Senior Resources is partnering with CST Technology. This partnership affords us an opportunity to participate in a private pay Personal Emergency Response System that will provide subscribers and their family members with access to a professionally staffed call center for all their care needs, not just those related to an emergency. Due to CST Technologies' relationship with N4A, this partnership is a way for Senior Resources to gain revenue that is returned back into service delivery.

We continue to work with a variety of volunteer programs and youth summer camps to provide an assortment of chore services. Senior Resources Board of Directors has committed the use of our interest income to support the unmet needs program. We use these funds to purchase items such as dentures, glasses, furnace repairs, ramps, appliances, and emergency transportation.

Senior Resources**FY 2018**

Senior Resources contracts with CALL 2-1-1 as our first step in the continuum of care. CALL 2-1-1 is a 24 hour/7 days a week information and assistance call center with call specialists trained in helping families clarify their situation and identify the best solutions. This Information and Assistance is available region-wide. A phone call provides access to information and assistance regarding in-home services, case coordination & support, Care Management/Medicaid Waiver programs, insurance, prescriptions, taxes, transportation, support groups, home repair, housing, and a host of other community services. When the call warrants, a transfer is made to a Senior Resources Options Counselor who can listen to the caller's story, provide education, explore options, and make appropriate referrals as needed.

Several of our contractors and Senior Resources are recipients of United Way funds. Senior Resources will continue to work closely with the United Ways in an effort to provide the broadest amount of service coverage possible. The combination of United Way and Senior Resources funds allows many providers to enhance and expand the amount of service they are providing, rather than duplicate it.

In the Senior Resources service area Oceana County and several townships in Ottawa County receive millage service dollars. The Oceana County Council on Aging and Four Pointes Center for Successful Aging (Ottawa County) are recipients of millage funds in their areas. These funds are used to cover operating expenses for all services and support existing programs within the Councils on Aging. Without these funds both agencies would be forced to cut back or eliminate services to older adults in their areas. Muskegon County will have a senior millage request on the August 2016 ballot.

In Ottawa County, Senior Resources is a member of the Ottawa County Human Resource Council where many community agencies collaborate, including the Community Action Agency. The Community Action Agency carries out the oversight role of the Senior Resources Ottawa County matching funds. Involvement in the Muskegon and Ottawa Human Service Coordinating Councils raises knowledge level of service availability and prevents duplication of services. Senior Resources works with the Public Health Departments on several community collaboratives. In Ottawa County, the Food Policy Council is working to improve healthy choices and special diet options in food pantry selections with an emphasis on training the pantry volunteers in assisting consumers with choices to accommodate special diets. In addition, Senior Resources is part of the Muskegon County Collaborative in which the Muskegon County Health Department is also a member and their executive director is the secretary/treasurer of our Board of Directors.

The Aging and Disability Resources Collaboration of the Lakeshore was granted operational status from the Aging & Adult Services Agency in September 2014. Senior Resources, along with the two Centers for Independent Living (CIL) that function within the PSA, meets twice a year to set the direction of the ADRC, explore ways to better enhance the referral process and decrease the need for community members to tell their story to many different referral sources. In addition to partnering with the CILs in the ADRC capacity, Senior Resources also works in partnership with the CILs in the region to provide the NFT, money follows the person initiative.

We are pleased to have an ongoing partnership with the Muskegon County Sheriff's Office to offer the Project Lifesaver program in Muskegon County. Project Lifesaver is for people living with severe brain injuries or diseases such as Alzheimer's, Dementia, Down's syndrome, or Autism. Individuals who are prone to wander as a result of their disease or injury or become disoriented and confused when in the community are eligible for this

Senior Resources

FY 2018

program. There are similar programs in all three counties in the PSA and our marketing has been expanded to include all programs in the region that will locate those that wander. The Muskegon County Volunteer Search and Rescue Unit has joined the partnership and we are happy to work with this important branch of law enforcement and emergency personnel.

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.

Senior Resources is currently seeking Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation. CARF accreditation is evidence that an organization continually strives to improve efficiency, fiscal health and service delivery. We are proud of the quality services we deliver and CARF accreditation will further demonstrate that our agency meets internationally developed quality standards and maintains a client-centered focus. In addition, our board of directors and management team recognized that accreditation is increasingly being required as a baseline for organizational contracting with health insurers, government, and other interested stakeholder entities. Our tentative CARF assessment dates are May 2 & 3, 2016.

Senior Resources has embraced the concept of value stream mapping to assist us in discovering processes that could be streamlined and areas of waste that could be eliminated. Through this method Senior Resources has identified areas of inefficiency within our internal processes and created new procedures which have limited the redundancies. In addition, we are committed to continuous improvement using this method and are expanding the process to include our interactions with participants and providers.

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.

Graduates of Health Promotion Disease Prevention (HPDP) workshops are encouraged to become trainers for the workshop that they attended. We find that alumni of the programs are our greatest champions of the workshops as they have experienced the positive results of participation. For two of the HPDP workshops (Matter of Balance and Diabetes PATH), Senior Resources will compensate the volunteers with a stipend upon successful completion of a workshop.

Senior Resources maintains a Memorandum of Understanding with the Retired and Senior Volunteer Program of West Michigan. This Program assists us in locating appropriate volunteers for our MMAP counselors as well as lay leader and coaches for our evidence based programs.

Senior Resources has an unmet needs fund for those services or products which participants cannot access through standard means. This fund has limited availability and is reserved for participants in the case that all other community service agencies' aid has been exhausted.

Senior Resources is thrilled to have over 30 volunteers specifically trained to facilitate the Medicare/Medicaid Assistance Program (MMAP). Without these volunteers, the MMAP program would not be functional. Senior Resources spends a considerable amount of time in outreach, soliciting additional volunteers to meet the needs of the MMAP program.

Senior Resources

FY 2018

For those participants who are able to use personal resources to pay for care, Senior Resources offers a private pay component to our case management program.

8. Highlights of strategic planning activities.

Senior Resources has established an ongoing strategic planning process by which it translates its mission and values into actionable and measurable goals, strategies, initiatives, and programs. The plan provides direction for both long and short-term decision-making by the Board of Directors and senior leadership to fulfill the mission of the organization and make choices among competing demands for capital investment, philanthropy, facilities, and human resources. The most recent strategic planning session took place in 11/15 and was attended by Board members, management team and employees from all departments/levels within Senior Resources.

The three year written, Board-approved Strategic Plan incorporates the following components:

- Mission statement
- Values statement
- Long term vision statement
- Community health needs and assets assessment
- Environmental factors assessment
- Critical assumptions about the future
- Major initiatives and goals (time horizon- 2-3 years)
- Data gathering may include input from :
 - Community health needs and assets assessment
 - Environmental assessment, including national, state and local trends in grant funding and advocacy efforts; payment systems; competitive market; capital financing; technology; staff; etc.
 - Opinions of organizational leaders, including the Board of Directors, senior executive team, clinical staff, and operating unit/department managers
 - Expert panels of community and industry leaders
 - Opinions of local community and stakeholder leaders.
 - Client and caregiver satisfaction surveys
 - Senior Advocates Coalition
 - Annual performance reviews/feedback by State and Federal regulatory
 - Annual plan and goals (time horizon – 1 year)
- Standard format for cascading overall strategic plans and goals into aligned plans for departments, managers and employees
 - Strategic performance measurement report format
- Active engagement in the process at all levels of the organization.

Using this process and the input provided, Senior Resources has identified three main areas of focus in which all strategic planning goals will be categorized: Area Planning & Program Development; Access to Supports & Services; Advocacy - Local, State & Federal. Under these categories, goals, key strategies, identified action items, measurable objectives, actions needed for success, barriers to success, timeframe, and focus area/responsibility are identified and tracked for reporting to follow agency progress as well as report to various stakeholders and public.

The full Board-approved strategic plan is attached to this document in the appendices.

2018 AIP Highlights

In addition to the goals listed in the multi-year plan during the next year Senior Resources plans to address three additional areas of interest.

Recognizing that those who suffer from chronic pain tend to have higher rates of depression, anxiety, sleep disturbances and other physical manifestations, Senior Resources will begin to offer an evidenced based pain management workshop. Within the next year we will identify a pain management curriculum, train staff and volunteers in the facilitation of the curriculum and conduct a minimum of 2 workshops aimed to assist participants in identifying and implementing effective pain management interventions.

In cooperation with the National Area Agency on Aging Associations campaign to combat social isolation, Senior Resources will strive to will raise awareness of the problem of isolation and loneliness in several ways, including one-on-one counseling with our participants, leveraging traditional and social media to spread the word about the effects of social isolation and encouraging community awareness and intervention.

Maintaining relevance through the rapidly evolving roles of Health Care Plans is one of the Aging Networks and Senior Resources most pressing opportunities. As plans transition from paying for volume to paying for value, providers have incentives to ensure that their patients' care plans are reinforced and supported outside the clinical setting in their homes and communities. To create a link between the medical and home settings, health care systems will develop a structure in which they can provide the connection or seek partnership with organizations that are established in this service. This presents a decisive opportunity for the Aging Network. We must expand Health Care Plan's and lawmakers knowledge base of the established supports coordination we have provided for years. Over the course of the next year we will be coordinating with our state association to to track and demonstrate improved outcomes due to our interventions, quantify how this will relate to a return on the on investment with us and emphasize that we have current systems in place to address this need.

Senior Resources recieved a 3 year accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF) on May 31, 2016. We are committed to continuous improvement in our internal and participant processes and proud of the quaility of services we deliver to the community.

Senior Resources

FY 2018

Public Hearings

| Date | Location | Time | Barrier Free? | No. of Attendees |
|------------|-----------------|----------|---------------|------------------|
| 04/13/2017 | Tanglewood Park | 12:30 PM | Yes | 4 |

A public hearing was held on April 13, 2017 at Tanglewood Park in Muskegon. A formal presentation was made during the public hearing outlining Senior Resources FY18 AIP goals and priorities. Input during the public hearing included:

An attendee indicated that Senior Resources requesting funds to directly provide Health Promotion/Disease Prevention services is a good idea.

The public hearing press release was sent to:

- 100.9 radio
- iHeart radio (several local stations)
- Cooperating Churches
- Muskegon Chronicle/mLIVE
- Grand Haven Tribune
- Muskegon Tribune
- White Lake Beacon
- Holland Sentinel
- WZZM
- NewsTalk 1090 radio
- Norton Lakeshore Examiner
- Oceana's Herald-Journal
- 103.7 The Beat radio
- Ludington Daily News
- The Morning Show WGVU radio
- The Senior Resources website
- TheSenior Resources and Tanglewood Park Facebook pages.

Senior Resources

FY 2018

Access Services

Case Coordination and Support

| | | | |
|--------------------------|--------------|------------------------|--------------|
| <u>Starting Date</u> | 10/01/2017 | <u>Ending Date</u> | 09/30/2018 |
| Total of Federal Dollars | \$112,899.00 | Total of State Dollars | \$107,000.00 |

Geographic area to be served
Muskegon

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

Goal: Supports Coordinator will employ Person Centered Thinking to assure participant choice in services and providing agencies or support persons.

Time Line: Through September 30, 2018.

Outcome: Participant will have greater autonomy regarding their care resulting in a higher satisfaction rate and continued compliance.

Goal: Supports Coordinators will assist the participant and their family in identification of natural supports, personal resources and other community/external resources available for long-term care.

Time Line: Through September 30, 2018.

Outcome: Participant will have awareness of and access to community support services.

Goal: Case Coordination & Support participants will be moved to Care Management or MI Choice/Waiver as frailty increases and eligibility becomes evident.

Time Line: Through September 30, 2018.

Outcome: Participant will have greater ease of access to services.

Care Management

| | | | |
|--------------------------|------------|------------------------|--------------|
| <u>Starting Date</u> | 10/01/2017 | <u>Ending Date</u> | 09/30/2018 |
| Total of Federal Dollars | | Total of State Dollars | \$108,913.00 |

Geographic area to be served
Muskegon, Oceana and Ottawa

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

Goal: Support Coordinators will employ Person Centered Thinking and self-determination to assure consumer choice in services and providing agencies or support persons.

Time Line: Through September 30, 2018

Outcome: Participants will have greater autonomy regarding their care resulting in a higher satisfaction rate and continued compliance.

Goal: Supports Coordinators will assist the consumer and their family in identification of natural supports, personal resources and other community/external resources available for long-term care.

Time Line: Through September 30, 2018

Outcome: Consumers will have awareness of and access to community support services.

Senior Resources

FY 2018

Goal: Care Management participants will be moved to Targeted Care Management or MI Choice/Waiver programs as frailty increases and eligibility requirements are reached.

Time Line: Through September 30, 2018

Outcome: Consumers will have greater ease of access to services.

| | | | | |
|--|---------------|-----|--------------------|-----|
| Number of client pre-screenings: | Current Year: | 193 | Planned Next Year: | 200 |
| Number of initial client assessments: | Current Year: | 65 | Planned Next Year: | 70 |
| Number of initial client care plans: | Current Year: | 65 | Planned Next Year: | 70 |
| Total number of clients (carry over plus new): | Current Year: | 258 | Planned Next Year: | 260 |
| Staff to client ratio (Active and maintenance per Full time care | Current Year: | 35 | Planned Next Year: | 37 |

Senior Resources

FY 2018

Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$4,000.00

Total of State Dollars

Geographic Area Served Muskegon, Oceana and North Ottawa

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

Goal: Provide opportunities to participants which can assist them in finding practical ways to deal with pain and fatigue, discover better nutrition and exercise choices, understand treatment choices, create weekly action plans, share experiences, and learn better ways to talk with their doctor and family about their health. Activities: Senior Resources will continue to develop a volunteer base of coaches and lay leaders who will provide various evidenced based workshop throughout the PSA. Employees will participate in train-the-trainer opportunities as a way to assure the perpetuation of the programs.

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

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

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

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

The request for proposal process yielded few applying organizations and a lack of variety in workshop programming in Muskegon, Oceana and North Ottawa Counties. To ensure that seniors living in these areas have access to evidenced based workshops Senior Resources proposes to directly provide desired workshops.

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

This direct service request was highlighted at the 4/13/17 Public Hearing. The response was that it was a good idea to have Senior Resources train master trainers who can train lay leaders thereby perpetuating the health promotion/disease prevention programs.

Approved MYP Program Development Objectives

Area Agency on Aging Goal

A. Improve the health and nutrition of older adults.

State Goal Match: 1

Narrative

During the next three year planning cycle, much emphasis is being placed on good nutrition, socialization and wellness opportunities. Our objectives, in partnership with our meal provider AgeWell Services, are to enhance methods in which food is procured, prepared and delivered. In the congregate meal setting, attention will be paid to promoting socialization in ways that appeal to the younger senior as well as meet the needs of the people who have been attending the center for years. We wish to incorporate evidence based wellness opportunities within local communities where older adults are already present. These wellness opportunities will be in response to input from the seniors and their request to know more about a particular area of health.

Objectives

1. Objective: Streamline kitchen, inventory, and purchasing processes to realize efficiencies.

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

Activities

Activities: AgeWell Services will engage a Six Sigma Lean consultant volunteer to assess their kitchen processes and identify areas of improvement that will lend itself to efficiencies. They will also research national best software products that can assist the kitchen staff in managing inventory. In addition, AgeWell Services intends to work with local food sources and growers to explore opportunities for food gleaning or second harvest. The staff will develop local relationships with these growers/food sources to reduce food costs and provide fresh food items – working to be more purposeful regarding access to local foods.

Expected Outcome

Fiscal efficiencies regarding home delivered and congregate meals can be realized while improving consumer nutrition and satisfaction and utilizing local food sources

Progress

AgeWell Services is seeking a LEAN consultant to review food service improvements with a target start date of summer 2017.

After extensive research, AgeWell found ServTracker, an on-line data management system designed for senior meal programs. Funding was secured from the Glick Foundation, Community Foundation for Muskegon County and private donors. Software will be implemented in August 2017.

AgeWell Services was a recipient of HEALTHY Muskegon funds from the Community Foundation for Muskegon County through the Michigan Health Endowment Foundation. This venture has developed relationships with other grantees working on second harvest initiatives in partnership with Pioneer Resources and the Muskegon Farmers Market.

AgeWell is part of the Muskegon Food Hub, a collaborative effort of the Muskegon Farmer's Market, Cherry Republic, USDA Farm-to-School Initiative, City of Muskegon and Kitchen 242 to purchase and process Michigan

Senior Resources

FY 2018

produce for Meals on Wheels and Congregate Meal sites. The summer 2017 pilot will focus on lettuce, snap peas, spinach and asparagus. AgeWell Services is currently seeking funding to hire two part-time food preparation, second shift team members to prepare the inventory.

2. Increase participant satisfaction regarding HDM meal choice while maintaining the vital daily well check
Timeline: 10/01/2016 to 09/30/2017

Activities

AgeWell Services will pilot select home delivered meal routes to implement options related to menu choice. These meal choices will include ethnic, therapeutic, and a variety of other meal selections. On these routes, meal delivery will not occur each day but more likely once per week. However, as we believe that the daily well check is an important part of the home delivered meal they will explore other options to ensure the daily health well check is performed. This may take the form of phone call, text message, email, etc.

Expected Outcome

We expect that with the implementation of this objective we can increase participant satisfaction and fiscal efficiencies while maintaining a daily well check with the participant.

Progress

AgeWell Services has worked to eliminate barriers to prepare for a Choice Meal system. One important barrier is funding the new ServTracker software. Second, we need a large, walk-in freezer which is estimated to cost approximately \$40,000. They will begin seeking funding for this project in the summer of 2017. Site visits to other Michigan Meals on Wheels programs offering choice will take place no later than Fall 2017. AgeWell staff will engage in discussions about best practices.

3. AgeWell Services will increase/maintain participant satisfaction with meal products while realizing raw food cost savings.
Timeline: 10/01/2016 to 09/30/2017

Activities

AgeWell Services will implement increased scratch cooking on select menu items in their kitchens for home delivered and congregate meals.

Expected Outcome

We expect that the participants' satisfaction with meals will remain the same or increase with the implementation of scratch cooking. In decreasing the amount of prepared food that is purchased we believe that raw food costs will decline.

Progress

AgeWell Services is currently producing meals that are 50% scratch; our goal is to be at 80% scratch cooking. A new internal committee will be created to develop new recipes for main and side dishes.

4. Assess congregate sites for viability.
Timeline: 10/01/2016 to 09/30/2017

Senior Resources

FY 2018

Activities

AgeWell Services will evaluate current meal sites and consolidate sites as needed. They will facilitate the transition by providing transportation opportunities and other incentives.

Expected Outcome

Consolidating meal sites will allow the remaining sites to enhance and expand wellness, enrichment, and workshop opportunities.

Progress

In December, AgeWell closed their oldest meal site. Fellowship Church in east Muskegon County ran successfully for 40 years consecutively but has suffered dramatically from attendance. AgeWell Services is seeking new partnerships, especially in targeted areas of poverty or high concentrations of Hispanic and African American populations.

AgeWell expanded offerings in Jenison at Georgetown Senior Connections by providing an on-site cook at this brand new senior center. Attendance numbers continue to grow at this site.

AgeWell also partnered with The Ladder in Shelby located in Oceana County. This rural community has a generous underserved senior population with a high rate of food insecurity. The Ladder is a multi generational community center.

5. Make congregate meal sites more attractive to baby boomers.

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

Activities

Using best national best practices, AgeWell Services will implement ideas such as dinner clubs, theme meals/events or cooking the meal together to draw younger seniors to the site. In rural areas where there are underserved participants, this goal may take the form of discount dining.

Expected Outcome

Congregate meal site attendance will increase and the average age of attendees will lower.

Progress

AgeWell Services added two new important positions: Congregate Meal Site Manager and Mission Services Senior Manager. Supported by the Director of Mission Services, this team is responsible for the oversight of all AgeWell Services meal locations. In addition to supporting the Meal Site Coordinators, they are creating a strategy for implementing unique programming.

In the Spring 2017, they plan to conduct a postcard mailing to all adults who attended the DTE Holiday Meals event, inviting them to an "invitation only" event at our meal sites.

6. To support older adults in the management of their chronic conditions and provide opportunities to encourage them to lead healthy lifestyles.

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

Activities

Senior Resources will continue to coordinate with community partners to provide ongoing evidence based health promotion workshops. Also, we will explore, using input from older adults and their support persons, which

Senior Resources

FY 2018

additional workshops garner the most interest and implement based on funding.

Expected Outcome

People with chronic conditions who learn how to manage their symptoms can improve their quality of life and reduce their health care costs. In addition, an active healthy lifestyle can help older adults prolong their independence and improve their quality of life.

Progress

During 2017 Senior Resources and our community partners are scheduled to provide 30 evidenced based prevention/management workshops throughout the region with a potential reach to over 300 older adults. In speaking with seniors and conducting gap analysis with organizations that serve seniors it has become clear that there is community interest in programs such as Arthritis Tai Chi and Enhanced Fitness. These programs are available in some areas of our region but not all with the barrier being access to trained leaders. Senior Resources is actively seeking a Certified Fitness Instructor who would train in the programs and conduct workshops in the underserved areas.

7. To support older adults in the management of their medications.

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

Activities

Senior Resources will implement the evidence based program HomeMeds. Older adults receiving in-home services will have access to a medication review.

Expected Outcome

We believe that employing this program with our in-home participants will limit unnecessary therapeutic drug duplication, thereby reducing falls, dizziness, or confusion possibly caused by inappropriate psychotropic drugs or drug mixes. The final expected outcome would be to reduce unnecessary hospitalization.

Progress

Senior Resources continues to explore the feasibility of implementing the HomeMeds or other medication review program in our region. In the past year we have met twice with representatives from Walgreens to discuss a potential partnership. For planning purposes pharmacists from Walgreens have accompanied a support coordinator on a home visit to assess how medication lists are obtained. Analysis of the viability of this partnership is ongoing.

B. Protect older adults from abuse and neglect.

State Goal Match: 3

Narrative

As advocates for older adults, we wish to promote the prosecution of those who commit elder abuse in our region, statewide and nationally. To address the prosecution of elder abusers in our region, two task force subcommittees of the Tri-County Protection team will develop protocols, by county in Muskegon and Ottawa, which will aid in the investigation of elder abuse cases and assist the prosecutors in holding the offenders accountable. In addition, the Tri-County Protection team will begin a weekly or as needed news e-blast to keep the community

Senior Resources

FY 2018

apprised of all potential scams and have community trainings scheduled throughout the PSA.

Objectives

1. Form investigation teams to aid in elder abuse investigations.

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

Activities

Two task force subcommittees of the Tri-County Protection team will develop protocols, by county, that will aid in the investigation of elder abuse cases and assist the prosecutors in holding the offenders accountable. These task forces will consist of multi-disciplinary teams and provide support for case reviews as well as input.

Expected Outcome

There will be a higher level of successful prosecutions of elder abuse cases in the PSA.

Progress

AgeWell Services has just developed a new, 8 hours per week part-time person dedicated to being the Tri-County Protection Team Coordinator. Her responsibilities will include the planning and implantation for the A-TEEAM (A Team to Ending Elder Abuse in Muskegon), a multi-disciplinary team coordinated in collaboration with the Muskegon County Prosecutor's Office, law enforcement and Adult Protective Services. The Coordinator will help the team author the county-wide elder abuse investigative protocol, engage stakeholders, implement a case review process and engage law enforcement in training. We hope to have the protocol authored by Summer 2017, training and case coordinator by Fall/Winter 2017.

The team is currently seeking funding to expand staffing, training and a dedicated deputized detective to investigate elder financial fraud and sexual abuse cases.

2. Explore national best practices in regards to and implement an elder death review team.

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

Activities

Explore national best practices and if indicated, establish an interagency elder death review team. This team will help local agencies identify and review suspicious elder deaths and facilitate communications among people who perform autopsies and people involved in the investigation or reporting of elder abuse or neglect.

Expected Outcome

Results from the death review teams findings can be used to educate the public about the potential deadly outcome of elder abuse. Second, it can help to identify patterns—known as lethality factors—of both perpetrator behavior and victims' situations that contribute to untimely deaths. This knowledge may eventually be used to more accurately predict risk, resulting in earlier intervention and, in some cases, preventing death.

Progress

AgeWell Services will explore this effort in early 2019 once the A-TEEAM has been implemented and show results.

Senior Resources

FY 2018

3. Educate the public regarding elder abuse and scams

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

Activities

The Tri-County Protection team will send out a weekly e-blast outlining any pertinent abuse or scam information. These e-blasts are sent to older adults, their family members, community organizations, financial institutions, etc. In addition, the team will hold 3 public education sessions in the next year as well as continue to recruit target organizations for team membership.

Expected Outcome

The public and community organizations and businesses within the PSA will have a heightened awareness regarding elder abuse and scams and how to report it.

Progress

The Tri-County Protection Team hosted a new format for training called the “Senior Symposium” with a theme of “Protecting Your Identity”. We plan to repeat this event in September 2017 with a focus on isolation and loneliness. There is a strong correlation of loneliness and “sweetheart” financial fraud, which is an emerging concern in protecting vulnerable adults.

The team is also planning a “Provider’s Conference” in July 2017 which will focus on the same topic from a clinical perspective. Dr. Abore from San Diego, California will be our keynote speaker.

- C. More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a Community for a Lifetime.**

State Goal Match: 0

Narrative

The unprecedented demographic transition underway in the region will require that organizations and individuals take action to support independent, healthy aging for older adults throughout the region. There are many potential stakeholders who are either unaware of the dramatic increases in older adult population or do not fully understand the magnitude of the impact. Ensuring that our region can support healthy aging will be built on local responses that recognize changing conditions and implement appropriate solutions in many unique settings. Senior Resources will support a network of local leaders who carry the message of livable communities throughout the region, as well as promote opportunities for communities to support healthy aging through local millages.

Objectives

1. Advocate with local governmental and planning agencies to ensure that an adequate supply of affordable rental and ownership housing options are available in order to meet current and projected needs of older adults promoting aging readiness in community settings. One new community with our PSA will receive recognition as a Community for a Lifetime by 9/30/19.

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

Activities

Advocate and collaborate for the production of data necessary for the region’s planning purposes, particularly with regard to older adults and special needs populations. Special emphasis for advocacy will be given to access to

Senior Resources

FY 2018

transportation and healthcare. Older adults who lose the ability to drive are often left at home isolated, with their personal and physical needs unmet, because of too few transportation options – or none at all. In addition, lack of integration between housing and healthcare increases costs and puts the independence of older people at risk. Unfortunately, especially in rural areas, healthcare infrastructure is not readily accessible to many of the most vulnerable older adults. When appropriate, we will advocate to facilitate collaborations between housing and health providers to link residents of affordable senior housing properties with health and other supportive services.

Expected Outcome

Advocating for affordable housing and strategies that will provide the necessary resources to help meet the health and social service needs of elderly and younger disabled residents and support them to age successfully in their homes and communities. Focusing not just on individual older adults, but also the communities in which they live, will further seniors' ability to live independently and contribute to their communities.

Progress

Senior Resources CEO is one of a four-member organizing team that initiated a community effort in southern Ottawa county called Building an Age-Friendly Holland/Zeeland. Two forums have been held with 40-50 individuals representing human service organizations attending. The clear message is that lack of affordable housing and transportation are substantial barriers to community living, not only for older adults but for all persons living in the area. Ottawa county is fortunate to have a group already formed related to housing concerns called Ottawa Housing Next. This group is part of the Building an Age-Friendly Holland/Zeeland and will be reporting out to the larger group as their work takes shape. A transportation task force is being developed with the anticipated convening date of 5/17.

D. Enhance caregiver efficacy by providing improved access to information and resources.

State Goal Match: 0

Narrative

As the population ages and more and more people are being cared for by family caregivers, Senior Resources is looking for ways to better support the caregiver with education, training, emotional support, and services. We are advocating at a state level for caregivers to have greater access to information and training after their person has had a hospital or long term care admission. Senior Resources plans to collect information of particular interest to caregivers and have it available in various mediums for ease of access.

Objectives

1. Enhance caregiver efficacy by providing improved access to information and resources.

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

Activities

Develop a toolkit to provide to caregivers as they are identified. The toolkit will provide introductory information regarding community resources as well as practical applications for caregivers caring for their person. This toolkit will be available on our website as well as available to working caregivers at their worksites.

Expected Outcome

We believe that caregivers provided with information that can ease their caregiver burden will be in better health

Senior Resources

FY 2018

and less depressed. This will result in the caregiver benefitting more from supportive services and interventions that will fill the gap that currently exists between the overwhelming amount of information and the overworked caregiver.

Progress

Senior Resources has instituted a new training format for the Tanglewood Park Caregiver Support & Training group. The first 30 minutes of the meeting is a training that follows the information highlighted in the book, Quick Tips for Caregivers, Marion Karpinski, R.N. We provide the book for attendees for a fee or a lending library is available for them to borrow the book. The final hour follows more of a traditional support group format with group members engaging in mutual sharing and learning.

Our intention is to translate the information shared by the training experts into a tool kit available on our website for download. Much of the supplemental information shared is in written form and can easily be replicated or placed onto a webpage. In addition, we have updated our website to include national and local links to services and supports specific to caregiver needs.

E. Enhance transportation availability throughout the PSA.

State Goal Match: 0

Narrative

Participants in the AAA's community conversations consistently ranked transportation in the top three when asked to prioritize services most critical to helping them age at home, and many low-income and homeless seniors said public transportation and special transit services were the only ways they could access medical services and food banks. The need for transportation options will grow along with the expanding senior population. The region's ability to help people stay in their own homes as they age will be directly correlated to the transportation services available to them. When livable communities or the addition of affordable housing is being explored by community leaders it is vitally important to advocate for suitable transportation that is functional for all.

Objectives

1. Enhance transportation availability throughout the PSA.

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

Activities

Work in collaboration with transportation and county units in developing a senior transportation advocacy strategy; foster regional coordination and cooperation; strengthening intercounty partnerships; and explore a single call center for scheduling and dispatching in areas with more than one transportation agency providing coverage.

Expected Outcome

Ensure that older adults receive safe, predictable transportation services with enhanced geographical and "off hour scheduling" coverage.

Progress

Senior Resources continues to serve as a member of the Specialized Transportation Committees in each of the counties we represent advocating for enhancements to the current transportation structure where funding allows. In

Senior Resources

FY 2018

the past year, we have supported the Max Transit transportation expansion in southern Ottawa Co. with an anticipated start date of July 2017 into Park Township. We participated in the Prosperity Region 4 strategic planning session and continue to support the development of transportation contracts that facilitate transportation over county lines.

F. Reduce hospitalizations for persons with frequent emergency room or hospital admissions.

State Goal Match: 0

Narrative

It has been shown that chronic illness and multiple emergency room visits commonly results in seniors who are particularly vulnerable to hospital readmissions. Using an evidence based program, Senior Resources plans to expand our partnership with local health care organizations to provide follow up care for 30 days after an ER visit to eligible seniors in the way of support coordination, medication review, and transportation to physician visits, meals and Personal Emergency Response systems. This effort is proven to support seniors in their home as they gain strength and health.

Objectives

1. Reduce hospitalizations for persons with frequent emergency room or hospital admissions.

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

Activities

Partner with community hospitals to provide a Care Transitions program for those individuals that have high emergency room utilization. Provide an assessment and supportive services for 30 days after hospitalization.

Expected Outcome

It has been proven that employing this type of intervention combined with supportive services significantly reduces the participant's likelihood to be readmitted to a hospital within 30 days. In addition, the hospital and health plan are less likely to incur further costs and the person is more likely to achieve self-identified personal goals around symptom management and recovery.

Progress

Senior Resources is piloting a program with the Muskegon Mercy Gerontology office called Let's Stay Home. The doctor's office refers patients that are identified as being at risk of hospitalization to Senior Resources for an intensive 30-day intervention. This demonstrates a preventative approach to potential at risk persons as well as bridges the gap between the medical community and the participants needs in the home.

There are four main goals in utilizing this intervention. First, to increase the participants and their caregiver's knowledge of appropriate urgent care and emergency room utilization thereby decreasing unnecessary emergency room utilization or hospitalization. Second, through the assessment process identify needs and increase access to needed services and supports through information, referral and direct service arrangement. Third, to increase the caregiver's knowledge and skills to care for a loved one with complex chronic conditions. Finally, to ensure that participants meet all their scheduled health care appointments.

A Senior Resources Supports Coordinator who has been trained in Care Transitions, is a Medicare and Medicaid Assistance Program Counselor, and has experience as an Options Counselor for Long Term Care will work with the participant to formulate a plan for their care utilizing navigation of community services and direct service

Senior Resources

FY 2018

provision through our provider network. Each plan will be directed by the participant to meet their needs and the service array includes home delivered meals, transportation, homemaking, personal care, respite care, and personal emergency response system.

Senior Resources has had 16 referrals to this program and we are in the process of analyzing results of these interventions thus far.

2018 AIP Program Development Objectives

Area Agency on Aging Goal

A. Increase evidenced based workshop offerings to include the Stanford Chronic Pain Management Program.

State Goal Match: 1

Narrative

Senior Resources will train staff and volunteers in the facilitation of the Stanford Chronic Pain Management curriculum and conduct a minimum of 2 workshops throughout our region. The expected outcome is that participants will be better informed as to how to identify and implement the most effective pain management intervention for them resulting in increased pain management and satisfaction with their life.

Objectives

1. Increase evidenced based workshop offerings to include the Stanford Chronic Pain Management Program.
Timeline: 10/01/2017 to 09/30/2019

Activities

Senior Resources will train staff and volunteers on the facilitation of the curriculum and conduct a minimum of 2 workshops throughout our region.

Expected Outcome

It is our expectation that participants will be better informed as to how to identify and implement the most effective pain management intervention for them resulting in increased pain management and satisfaction with their life.

B. Regional Goal: Area Agencies on Aging will be able to better advocate for and prove the value of Access Services.

State Goal Match: 0

Narrative

The aging network must expand decision makers knowledge base regarding the value of the access services we have provided for years. We must track and demonstrate improved outcomes due to our interventions, quantify how this will relate to a return on their investment with us and emphasize that we have current systems in place to address this need.

Objectives

1. Area Agencies on Aging will be able to advocate for and prove the value of Access Services.
Timeline: 10/01/2017 to 09/30/2019

Senior Resources

FY 2018

Activities

Senior Resources will research and/or develop and implement a tracking/reporting mechanism to better quantify the monetary impact of access services and using those services to keep people in the community

Expected Outcome

Area Agencies on Aging will be able to track and demonstrate improved outcomes due to our interventions, quantify how this will relate to a return on investment with us and emphasize that we have current systems in place to address this need.

C. To prevent social isolation and loneliness in older adults.

State Goal Match: 1

Narrative

It is estimated that one in five adults over age 50 are affected by social isolation, a problem that has been associated with higher rates of chronic disease, depression, dementia and death. Over the next year, Senior Resources will raise awareness of the problem of isolation and loneliness in a number of ways, including one-on-one counseling with our participants, leveraging traditional and social media to spread the word about the effects of social isolation and encouraging community awareness and intervention.

Objectives

1. To educate and inform the community regarding the effects of social isolation in older adults and ways to combat this health risk.

Timeline: 10/01/2017 to 09/30/2019

Activities

Over the next year, Senior Resources will raise awareness of the problem of isolation and loneliness in a number of ways, including one-on-one counseling with our participants, leveraging traditional and social media to spread the word about the affects of social isolation and encouraging community awareness and intervention. We will provide tools and resources to help people evaluate their isolation risk, reach out to others who may be feeling lonely and disengaged, and find practical ways for them to reconnect with their community.

Expected Outcome

Preventing or addressing loneliness and social isolation will result in an increase quality of life for older adults as well as decrease health risks associated with social isolation.

Senior Resources

FY 2018

Appendices

FY 2018 AREA PLAN GRANT BUDGET

Rev. 1/2017

Agency: SENIOR RESOURCES OF WEST MI

Budget Period: 10/01/17 to 09/30/18

PSA: 14

Date: 03/06/17

Rev. No.: AIP-2018 draft Page 1of 3

| SERVICES SUMMARY | | | |
|------------------------------------|---------------------|--------------------|------------------|
| FUND SOURCE | SUPPORTIVE SERVICES | NUTRITION SERVICES | TOTAL |
| 1. Federal Title III-B Services | 377,544 | | 377,544 |
| 2. Fed. Title III-C1 (Congregate) | | 476,028 | 476,028 |
| 3. State Congregate Nutrition | | 9,512 | 9,512 |
| 4. Federal Title III-C2 (HDM) | | 246,436 | 246,436 |
| 5. State Home Delivered Meals | | 416,952 | 416,952 |
| 8. Fed. Title III-D (Prev. Health) | 26,156 | | 26,156 |
| 9. Federal Title III-E (NFCSP) | 162,556 | | 162,556 |
| 10. Federal Title VII-A | 8,003 | | 8,003 |
| 10. Federal Title VII-EAP | 6,399 | | 6,399 |
| 11. State Access | 28,384 | | 28,384 |
| 12. State In-Home | 322,896 | | 322,896 |
| 13. State Alternative Care | 111,728 | | 111,728 |
| 14. State Care Management | 215,913 | | 215,913 |
| 16. St. ANS & St. NHO | 66,274 | | 66,274 |
| 17. Local Match | | | |
| a. Cash | 74,323 | 55,150 | 129,473 |
| b. In-Kind | 133,586 | 93,000 | 226,586 |
| 18. State Respite Care (Escheat) | 60,360 | | 60,360 |
| 19. MATF & St. CG Support | 135,054 | | 135,054 |
| 20. TCM/Medicaid & MSO | 150,576 | | 150,576 |
| 21. NSIP | | 173,316 | 173,316 |
| 22. Program Income | 48,050 | 321,500 | 369,550 |
| TOTAL: | 1,927,802 | 1,791,894 | 3,719,696 |

| ADMINISTRATION | | | | |
|--------------------------------------|----------------|---------------|---------------|----------------|
| Revenues | | Local Cash | Local In-Kind | Total |
| Federal Administration | 143,200 | 20,000 | 27,000 | 190,200 |
| State Administration | 24,900 | | | 24,900 |
| MATF & St. CG Support Administration | 11,500 | | | 11,500 |
| Other Admin | 15,000 | | | 15,000 |
| Total AIP Admin: | 194,600 | 20,000 | 27,000 | 241,600 |

| Expenditures | | |
|----------------------|------|----------------|
| | FTEs | |
| 1. Salaries/Wages | 1.30 | 97,740 |
| 2. Fringe Benefits | | 26,500 |
| 3. Office Operations | | 117,360 |
| Total: | | 241,600 |

| Cash Match Detail | | In-Kind Match Detail | |
|-------------------|---------------|----------------------|---------------|
| Source | Amount | Source | Amount |
| TWP Partners | 20,000 | Volunteers | 27,000 |
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | 20,000 | Total: | 27,000 |

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

CEO
Title

Date

FY 2018 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: SENIOR RESOURCES OF WEST MI
 PSA: 14

Budget Period: 10/01/17
 Date: 03/06/17

to 09/30/18
 Rev. No.: AIP-2018 draft

Rev. 1/2017
 page 2 of 3

| SERVICE CATEGORY | Title III-B | Title III-D | Title III - E | Title VII | State Access | State In-Home | St. Alt. Care | State Care Mgmt | St. ANS St. NHO | St. Respite (Escheat) | MATF & St. CG Sup. | TCM Medicaid MSO Fund | Program Income | Cash Match | In-Kind Match | TOTAL | |
|------------------------------------|-------------|-------------|---------------|-----------|--------------|---------------|---------------|-----------------|--------------------|-----------------------|--------------------|--------------------------|----------------|------------|---------------|-------|-----------|
| 1. Access | | | | | | | | | | | | | | | | | |
| a. Care Management | - | | | | | | | 108,913 | | | | 140,000 | | 10,000 | 11,667 | | 270,580 |
| b. Case Coord/supp | 134,699 | | 14,500 | | 28,384 | | | 107,000 | 42,300 | | | | | 25,000 | 11,667 | | 363,550 |
| c. Disaster Advocacy | - | | | | | | | | | | | | - | - | - | | - |
| d. Information & Assis | 50,000 | | 4,436 | | | | | | | | | | - | 25,000 | | | 79,436 |
| e. Outreach | - | | | | | | | | | | | | - | - | - | | - |
| f. Transportation | 41,338 | | | | | | | | | | | | 5,300 | 4,523 | 1,500 | | 52,661 |
| 2. In-Home | | | | | | | | | | | | | | | | | |
| a. Chore | - | | | | | | | | | | | | - | - | - | | - |
| b. Home Care Assis | 36,661 | | | | | 75,500 | 30,000 | | 1,964 | | | | 9,000 | - | 16,050 | | 169,175 |
| c. Home Injury Cntrl | - | | | | | | | | | | | | - | - | - | | - |
| d. Homemaking | - | | | | | 143,500 | | | | | | | 8,500 | - | 15,950 | | 167,950 |
| e. Home Health Aide | - | | | | | | | | | | | | - | - | - | | - |
| f. Medication Mgt | 11,009 | | | | | 39,500 | | | | | | | 1,600 | - | 5,825 | | 57,934 |
| g. Personal Care | - | | | | | | 16,270 | | | | | | 800 | - | 1,850 | | 18,920 |
| h. Assistive Device&Tech | - | | | | | 48,800 | | | | | | | 1,600 | - | 5,500 | | 55,900 |
| i. Respite Care | - | | 99,877 | | | 15,596 | 65,458 | | | 60,360 | 10,000 | | 13,500 | - | 28,000 | | 292,791 |
| j. Friendly Reassure | - | | | | | | | | | | | | - | - | - | | - |
| 3. Legal Assistance | 24,992 | | | | | | | | | | | | - | - | 2,800 | | 27,792 |
| 4. Community Services | | | | | | | | | | | | | | | | | |
| a. Adult Day Care | | | | | | | | | | | 125,054 | | 7,000 | - | 16,160 | | 148,214 |
| b. Dementia ADC | | | | | | | | | | | | | - | - | - | | - |
| c. Disease Prevent | | 26,156 | | | | | | | | | | | - | - | 2,925 | | 29,081 |
| d. Health Screening | | | | | | | | | | | | | - | - | - | | - |
| e. Assist to Deaf | | | | | | | | | | | | | - | - | - | | - |
| f. Home Repair | | | | | | | | | | | | | - | - | - | | - |
| g. LTC Ombudsman | 4,445 | | | 8,003 | | | | | 22,010 | | | 10,576 | - | 4,000 | 3,800 | | 52,834 |
| h. Sr Ctr Operations | | | | | | | | | | | | | - | - | - | | - |
| i. Sr Ctr Staffing | | | | | | | | | | | | | - | - | - | | - |
| j. Vision Services | | | | | | | | | | | | | - | - | - | | - |
| k. Elder Abuse Prevnt | | | | 6,399 | | | | | | | | | - | - | 725 | | 7,124 |
| l. Counseling | | | | | | | | | | | | | - | - | - | | - |
| m. Creat.Conf.CG® CCC | | | 6,000 | | | | | | | | | | - | - | 667 | | 6,667 |
| n. Caregiver Supplmt | | | | | | | | | | | | | - | - | - | | - |
| o. Kinship Support | | | 8,150 | | | | | | | | | | - | 2,500 | - | | 10,650 |
| q. Caregiver E,S,T | | | 29,593 | | | | | | | | | | - | 3,300 | - | | 32,893 |
| 5. Program Develop | 74,400 | | | | | | | | | | | | 750 | - | 8,500 | | 83,650 |
| 6. Region Specific | | | | | | | | | | | | | | | | | |
| a. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| b. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| c. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| d. | | | | | | | | | | | | | | | | | |
| e. | | | | | | | | | | | | | | | | | |
| 7. CLP/ADRC Services | - | | | | | | | | | | | | | | | | |
| 8. MATF & St CG Sup Adm | | | | | | | | | | | 11,500 | | | | | | 11,500 |
| SUPPRT SERV TOTAL | 377,544 | 26,156 | 162,556 | 14,402 | 28,384 | 322,896 | 111,728 | 215,913 | 66,274 | 60,360 | 146,554 | 150,576 | 48,050 | 74,323 | 133,586 | | 1,939,302 |

FY 2018 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 1/2017

Agency: SENIOR RESOURCES OF WES Budget Period: 10/01/17 to 9/30/18
 PSA: 14 Date: 03/06/17 Rev. Number AIP-2018 draft

page 3 of 3

FY 2018 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

| SERVICE CATEGORY | Title III C-1 | Title III C-2 | State Congregate | State HDM | NSIP | Program Income | Cash Match | In-Kind Match | TOTAL |
|---------------------------------|----------------|----------------|------------------|----------------|----------------|----------------|---------------|---------------|------------------|
| Nutrition Services | | | | | | | | | |
| 1. Congregate Meals | 476,028 | | 9,512 | | 73,244 | 168,500 | 22,400 | 42,500 | 792,184 |
| 2. Home Delivered Meals | | 246,436 | | 416,952 | 100,072 | 153,000 | 32,750 | 50,500 | 999,710 |
| 3. Nutrition Counseling | | | | | | | | | - |
| 4. Nutrition Education | | | | | | | | | - |
| 5. AAA RD/Nutritionist* | | | | | | | | | - |
| Nutrition Services Total | 476,028 | 246,436 | 9,512 | 416,952 | 173,316 | 321,500 | 55,150 | 93,000 | 1,791,894 |

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

FY 2018 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

| SERVICE CATEGORY | Title III-B | Title VII-A | Title VII-EAP | State NHO | MSO Fund | Program Income | Cash Match | In-Kind Match | TOTAL |
|---------------------------------|--------------|--------------|---------------|---------------|---------------|----------------|--------------|---------------|---------------|
| LTC Ombudsman Services | | | | | | | | | |
| 1. LTC Ombudsman | 4,445 | 8,003 | | 22,010 | 10,576 | - | 4,000 | 3,800 | 52,834 |
| 2. Elder Abuse Prevention | - | | 6,399 | | | - | - | 725 | 7,124 |
| 3. Region Specific | - | - | - | - | | - | - | - | - |
| LTC Ombudsman Ser. Total | 4,445 | 8,003 | 6,399 | 22,010 | 10,576 | - | 4,000 | 4,525 | 59,958 |

FY 2018 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

| SERVICES PROVIDED AS A FORM OF RESPITE CARE | Title III-B | Title III-E | State Alt Care | State Escheats | State In-Home | Merit Award Trust Fund | Program Income | Cash/In-Kind Match | TOTAL |
|---|-------------|-------------|----------------|----------------|---------------|------------------------|----------------|--------------------|----------|
| 1. Chore | - | - | - | - | - | - | - | - | - |
| 2. Homemaking | - | - | - | - | - | - | - | - | - |
| 3. Home Care Assistance | - | - | - | - | - | - | - | - | - |
| 4. Home Health Aide | - | - | - | - | - | - | - | - | - |
| 5. Meal Preparation/HDM | - | - | - | - | - | - | - | - | - |
| 6. Personal Care | - | - | - | - | - | - | - | - | - |
| Respite Service Total | - | - | - | - | - | - | - | - | - |

FY 2018 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

| SERVICE CATEGORY | Title III-B | Title III-E | | | | Program Income | Cash Match | In-Kind Match | TOTAL |
|-------------------------------|-------------|--------------|--|--|--|----------------|--------------|---------------|---------------|
| Kinship Ser. Amounts Only | | | | | | | | | |
| 1. Caregiver Sup. Services | - | - | | | | - | - | - | - |
| 2. Kinship Support Services | - | 8,150 | | | | - | 2,500 | - | 10,650 |
| 3. Caregiver E,S,T | - | - | | | | - | - | - | - |
| 4. | - | - | | | | - | - | - | - |
| Kinship Services Total | - | 8,150 | | | | - | 2,500 | - | 10,650 |

Planned Services Summary Page for FY 2018

PSA: 14

| Service | Budgeted Funds | Percent of the Total | Method of Provision | | |
|---|----------------|----------------------|---------------------|-------------|-----------|
| | | | Purchased | Contract | Direct |
| ACCESS SERVICES | | | | | |
| Care Management | \$ 270,580 | 7.25% | | | X |
| Case Coordination & Support | \$ 363,550 | 9.74% | | X | X |
| Disaster Advocacy & Outreach Program | \$ - | 0.00% | | | |
| Information & Assistance | \$ 79,436 | 2.13% | | X | X |
| Outreach | \$ - | 0.00% | | | |
| Transportation | \$ 52,661 | 1.41% | | X | |
| IN-HOME SERVICES | | | | | |
| Chore | \$ - | 0.00% | | | |
| Home Care Assistance | \$ 169,175 | 4.53% | X | | |
| Home Injury Control | \$ - | 0.00% | | | |
| Homemaking | \$ 167,950 | 4.50% | X | | |
| Home Delivered Meals | \$ 999,710 | 26.79% | | X | |
| Home Health Aide | \$ - | 0.00% | | | |
| Medication Management | \$ 57,934 | 1.55% | X | | |
| Personal Care | \$ 18,920 | 0.51% | X | | |
| Personal Emergency Response System | \$ 55,900 | 1.50% | X | | |
| Respite Care | \$ 292,791 | 7.85% | X | | |
| Friendly Reassurance | \$ - | 0.00% | | | |
| COMMUNITY SERVICES | | | | | |
| Adult Day Services | \$ 148,214 | 3.97% | X | | |
| Dementia Adult Day Care | \$ - | 0.00% | | | |
| Congregate Meals | \$ 792,184 | 21.23% | | X | |
| Nutrition Counseling | \$ - | 0.00% | | | |
| Nutrition Education | \$ - | 0.00% | | | |
| Disease Prevention/Health Promotion | \$ 29,081 | 0.78% | X | | X |
| Health Screening | \$ - | 0.00% | | | |
| Assistance to the Hearing Impaired & Deaf | \$ - | 0.00% | | | |
| Home Repair | \$ - | 0.00% | | | |
| Legal Assistance | \$ 27,792 | 0.74% | | X | |
| Long Term Care Ombudsman/Advocacy | \$ 52,834 | 1.42% | | | X |
| Senior Center Operations | \$ - | 0.00% | | | |
| Senior Center Staffing | \$ - | 0.00% | | | |
| Vision Services | \$ - | 0.00% | | | |
| Programs for Prevention of Elder Abuse, | \$ 7,124 | 0.19% | | X | |
| Counseling Services | \$ - | 0.00% | | | |
| Creating Confident Caregivers® (CCC) | \$ 6,667 | 0.18% | X | | |
| Caregiver Supplemental Services | \$ - | 0.00% | | | |
| Kinship Support Services | \$ 10,650 | 0.29% | | X | |
| Caregiver Education, Support, & Training | \$ 32,893 | 0.88% | X | | X |
| AAA RD/Nutritionist | \$ - | 0.00% | | | |
| PROGRAM DEVELOPMENT | \$ 83,650 | 2.24% | | | X |
| REGION-SPECIFIC | | | | | |
| a. | \$ - | 0.00% | | | |
| b. | \$ - | 0.00% | | | |
| c. | \$ - | 0.00% | | | |
| d. | \$ - | 0.00% | | | |
| e. | \$ - | 0.00% | | | |
| CLP/ADRC SERVICES | \$ - | 0.00% | | | |
| SUBTOTAL SERVICES | \$ 3,719,696 | | | | |
| MATF & ST CG ADMINISTRATION | \$ 11,500 | 0.31% | | | |
| TOTAL PERCENT | | 100.00% | 25.52% | 55.97% | 18.51% |
| TOTAL FUNDING | \$ 3,731,196 | | \$952,132 | \$2,088,462 | \$690,602 |

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.