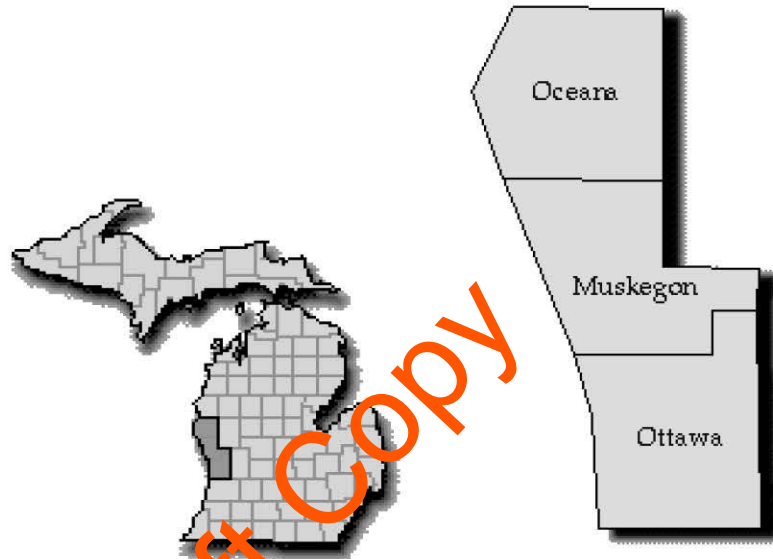


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FY 2026 ANNUAL IMPLEMENTATION PLAN
SENIOR RESOURCES OF WEST MICHIGAN 14



Planning and Service Area
Muskegon, Oceana, Ottawa

Senior Resources of West Michigan

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Executive Summary

Instructions

Please include in the Executive Summary a brief description of the following (*note - if you need additional space, you may upload a Word document via the **Budget and Other Documents** tab):

A. Any substantive changes in priorities, plans, or objectives set by the Area Agency on Aging (AAA) for the use of federal and state funding during FY 2026. If none, indicate, "no" to the question: *"Have there been any substantive changes since the previous year?"*

B. How the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need.

C. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2026.

D. AAA's successes over the past year, highlights of new services or other topics, as well as any anticipated challenges.

E. Ways in which your agency will support the Veteran population and a description of any partnerships and/or collaborations with Veteran service organizations within your region.

F. Please provide, in the spaces below, information on counties served, Federally Recognized Tribes in your Planning and Service Area (PSA), and accreditations awarded to your AAA.

Please provide demographic data in the chart below for your PSA (using the most currently available data from the American Community Survey (ACS), the Decennial Census Survey, and NAPIS--see chart entitled: *FY 26 AIP Demographic Data* in the Document Library).

Upload the required supplemental document entitled: **Contingency Planning**, addressing a contingency plan for lack of funding or in the event of a government shutdown/continuing resolution, in the **Budget and Other Documents** section

Have there been substantive changes since the previous year? (If yes, please describe below.)

☐ Yes ☒ No

Senior Resources of West Michigan (Senior Resources) serves Muskegon, Oceana, and Ottawa Counties along the Lake Michigan shoreline. Within our public service area (PSA), the total population is 500,780, with 117,637 individuals aged 60 and older, representing 23% of the population.

Our PSA includes a diverse mix of urban, suburban, and rural communities, areas affected by poverty, food and transportation deserts, and regions with abundant resources. These geographic and socioeconomic

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factors create both opportunities and challenges for older adults and the organizations dedicated to meeting their needs.

The vision of Senior Resources' Board, leadership, and staff is to promote lifelong dignity and independence for older adults. This vision, combined with our mission to provide a comprehensive and coordinated system of services that upholds the independence and dignity of older adults and their families—particularly those in greatest need—drives our purpose. As a respected advocate for older adults, Senior Resources champions critical issues affecting their well-being, working to educate and inform seniors, families, and the public about available services and key challenges. From advocacy at the national and state levels to local partnerships with service agencies, we remain actively engaged in shaping policies and services that support aging with dignity.

Senior Resources prioritizes maintaining home care services at levels sufficient to meet the needs of older adults and their caregivers in remaining in their preferred living environment. As the older adult population grows, so does the demand for in-home services. However, with traditional funding remaining static and service costs rising, we continuously evaluate prioritization guidelines to ensure those who are most at risk, both physically and financially, receive the care they need.

Senior Resources' Board of Directors, leadership and workforce place a high significance on and prioritize providing services to the people within our region most in need. To fulfill our mission, we partner with over 70 home and community-based service provider in our three-county area. We prioritize essential in-home services, including personal care, community living supports, homemaking, respite, and home-delivered meals, which remain priority services, as well as adult day care and caregiver services. Senior Resources collaborates with key organizations throughout the region to support older adults. These include two councils on aging—Four Pointes Center for Successful Aging and Oceana County Council on Aging—a senior wellness center, Evergreen Commons, and Senior Resources itself, which serves as the Area Agency on Aging (AAA). We also partner with senior and wellness centers across the region to ensure effective information dissemination, service delivery, and referrals, strengthening the overall support network for older adults.

The agency's primary goal is to effectively implement the Older Americans Act by developing and overseeing a regional area plan that coordinates and contracts with qualified agencies to provide services for adults aged 60 and older.

The 2026 Area Plan serves as an update to our 2023-2026 Multi-Year Plan. At the time of this writing, no significant changes or new initiatives are planned for FY 2026. However, Senior Resources remains committed to identifying and addressing service gaps and emerging needs as they arise, within the limits of available resources.

While Older Americans Act (OAA) programs and services are open to all older adults age 60 and over, the Act contains numerous requirements that limited program and service resources be targeted specifically to older adults with the greatest economic or social need. Our internal policy, along with the standards outlined in provider contracts with Senior Resources, establishes clear guidelines for prioritizing services. Across our continuum of care, Senior Resources considers several key factors, including an older adult's physical condition and level of support when determining service priorities. Individuals exhibiting the highest

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levels of frailty and those lacking formal or informal support systems are given priority, ensuring that assistance reaches those most in need.

Senior Resources provides grantee organizations with demographic information including age, minority and poverty level setting to assist them in establishing benchmarks and outreach strategies for underserved populations. Grantee organizations are instructed to give substantial emphasis to serving eligible persons with greatest social and/or economic need, with particular attention given low income and minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Each provider must be able to specify how they satisfy the service needs of older adults in greatest economic/social need in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services, and in numbers greater than their relative percentage to the total 60+ population within the geographic service area. Senior Resources' desired outcome is to serve a diverse population in numbers greater than the relative percentage to the total 60+ population within our region's demographic.

Grassroots advocacy has achieved a significant victory for ombudsman services across Michigan, with an additional \$3 million allocated to the state ombudsman budget for 2025. This substantial increase in funding will enable the expansion of ombudsman services in our region and throughout Michigan, ensuring that more individuals receive the critical support and advocacy they need. As a result, an additional ombudsman will be hired for our region to provide much-needed assistance in long-term care facilities, homes for the aged, and adult foster care homes. This funding boost represents a meaningful step forward in improving the quality of care and safeguarding the rights of some of Michigan's most vulnerable residents.

Information provided by MI Choice Waiver agents across Michigan provided clarity on the significant disparities in reimbursement rates versus the cost of services required to keep participants in their homes. Shared statistics outlined disproportions in direct care worker funding and the challenges associated with addressing high clinical acuity. This feedback has played a crucial role in advocating for changes that have led to higher reimbursement rates and equitable distribution of the risk pool. Additionally, for the first time in decades, the Medicaid asset limits have been increased. Although this change did not take effect until February 2025, we are pleased that it will allow more individuals to access essential services.

In 2024, the Administration for Community Living (ACL) released the final rule for the Older Americans Act, marking the first update since 1988. This revision aligns regulations with the current statute, addresses emerging issues that have arisen over the past decades, and clarifies various requirements to better support older adults and service providers. We are grateful for the opportunity to contribute feedback on the proposed changes and play a role in shaping the final rule.

In 2024, our region saw two county-wide senior millages and several township senior millages come up for renewal. We are pleased to report that all the senior millages were successfully renewed with overwhelming support from voters, reflecting the strong community commitment to supporting older adults. Senior Resources played a key role in championing these millages, actively advocating for their renewal through various efforts. Our team worked diligently to provide comprehensive information about the

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importance of senior millages, highlighting how they directly impact the quality of life for older adults in our region. We wrote letters of support, engaged in meaningful discussions with local decision-makers, and communicated extensively about the positive effects these millages have on services such as in-home care, transportation, meal programs, and other essential resources that help older adults maintain their independence and well-being. The successful passage of these millages ensures that critical programs and services will continue to be available, benefiting countless older adults and their families in the years to come. We remain deeply grateful for the community's unwavering support and will continue our efforts to advocate for the needs of our aging population.

Senior Resources, along with our network of partners, remains dedicated to advocating against ageism and raising awareness about its impact on individuals and communities. We actively engage in this mission through a variety of channels, including social media campaigns, educational presentations, and strategic communications. By fostering conversations, sharing valuable insights, and promoting inclusive policies, we strive to challenge stereotypes, highlight the contributions of older adults, and encourage a more age-inclusive society.

Our advocacy priorities for 2026 align with the state and national Area Agency on Aging Associations and are as follows:

Federal Advocacy:

Senior Resources will continue our efforts to support aging at home by asking Congress to Act on Older Americans Act (OAA) Funding and Reauthorization. The reauthorization of the OAA provides an ideal opportunity for Congress to ensure that the Aging Network can best meet the needs of the current and future older adults and caregivers they serve in the most cost-effective, innovative and taxpayer-friendly ways. We urge Congress to quickly reintroduce and consider last year's Older Americans Act (OAA) reauthorization bill.

To meet the rising demand for cost-effective services, we will advocate for Congress to increase funding for OAA Title III B in FY 2026. Research from the Administration on Aging (part of the U.S. Administration for Community Living) shows that every \$1 in federal OAA funding attracts nearly \$3 in additional support from state, local, and private sources. With the growing number of older adults needing assistance to stay healthy and in the living environment of their choice, it's critical to increase OAA funding.

Family and professional caregivers are essential in providing long-term care for older adults. For FY 2026, we urge Congress to significantly increase funding for OAA Title III E, the National Family Caregiver Support Program (NFCSP), the only nationwide program dedicated to supporting family caregivers. Additionally, we encourage investment in initiatives that build a stronger direct care workforce to meet the growing needs of our aging population. We advocate for increased investment in OAA and Medicaid HCBS programs to empower states, AAAs, and other providers to offer competitive wages, attract and retain workers, and address the direct caregiver shortage. Additionally, by thoughtfully shaping training and immigration policies, we can create meaningful and sustainable solutions to strengthen the caregiving workforce.

As policymakers consider changes to Medicaid, we urge them to prioritize strategic investments in programs that support our aging population. Ensuring access to Medicaid Home and Community Based Services (HCBS) should be a top priority to ensure that older adults receive care where they want the care

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to be provided. Senior Resources and our partners across the nation believe that older adults on Medicaid should have the choice to receive care at home rather than in institutions. HCBS are not only more cost-effective but are also the preferred option for most individuals.

State Advocacy:

The aging network advocates expanding access to the MI Choice Waiver program by rebalancing state expenditures between Home and Community-Based Services (HCBS) and institutional care and fully fund the risk pool with an appropriation from the Medicaid HCBS budget line. Additionally, we advocate for increasing the current 5.5% capitation rate for MI Choice Waiver Program administrative costs to 9%, aligning it with the MI Health Link rate. Area Agencies on Aging (AAAs) have demonstrated significant success in administering the MI Choice Waiver program and should receive equitable compensation for their essential role.

We support increased access to Home and Community-Based Services (HCBS) by supporting the Silver Key Coalition's request for an \$8 million increase for ACLS Bureau in-home services and for a \$2 million increase for home delivered meals. This increased funding will address the expanding aging demographic and further the goal of making Michigan a "no-wait state". Our service area currently has a wait list for nutrition services and MDHHS allocated in-home services.

Family caregivers are a vital part of the aging network, and we advocate for sustained support by securing a permanent \$5 million appropriation for Area Agencies on Aging (AAAs) to continue developing Caregiver Resource Centers. Additionally, we support the passage of the Caring for MI Family Tax Credit, which would provide up to \$5,000 per year in tax relief for family caregivers.

Local Advocacy:

Senior Resources will support the renewal of a large township senior millage in Ottawa County. This senior services millage is a long-term funding solution to address unmet needs, eliminate waitlists, and expand services for older adults in Northern Ottawa county.

Senior Resources will continue to advocate locally and support policies and appropriations to improve the affordability of housing for older adults and people living with a disability, further enabling individuals to live in the community they choose. We champion models that bring together housing accessibility, access to transportation and available community-based services.

We will continue to advocate for increased availability, affordability, and accessibility of transportation options that enable people to work, volunteer, socialize, recreate, access services, keep clinical appointments, attend religious activities, and spend time with family. Lack of transportation leads many older adults to miss both critical and routine medical appointments, resulting in adverse health impacts and higher medical costs.

See below for responses to questions D. & E.

Planning and Service Area (counties) Served.

Muskegon, Oceana and Ottawa Counties.

Is there a Federally Recognized Tribe within your PSA? (If yes, list below.)

☐ Yes ☒ No

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Please list any accreditations your AAA has received.

Senior Resources holds National Committee for Quality Assurance (NCAQ) accreditation in Home and Community Based Services

Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	498,835.00	3,457.00
Race/Ethnicity 60+ (%)		
a. Black/African American	4,270.00	330.00
b. Asian	1,090.00	17.00
c. White	105,200.00	2,739.00
d. Hispanic/Latino	3,630.00	25.00
e. Other	564.00	22.00
Total 60+ Population in Rural areas (%)	36,560.00	1,085.00
Total 60+ Population at Poverty Level (%)	8,555.00	753.00
LGBTQ+ Clients served		1.00
Total 85+ Population (%)	10,320.00	844.00
Total 60+ Non-English-Speaking Population (%)	4,720.00	

Did the AAA upload the required supplemental document addressing a contingency plan for lack of funding or in the event of a government shutdown?

☒ Yes ☐ No

D. AAA's successes over the past year, highlights of new services or other topics, as well as any anticipated challenges.

Over the past year, Senior Resources successfully applied for and received a replication grant through WellWise Services to bring the Safe Haven program to our region. This initiative provides Elder Abuse Victim Advocacy and Care Management, offering confidential, trauma-informed, and person-centered support services for vulnerable adults aged 60 and older who have experienced abuse, neglect, or exploitation.

The Safe Haven team consists of trained elder victim specialists with expertise in addressing the unique needs of older victims of crime. These specialists provide compassionate support and guidance tailored to each individual's situation and is participant driven. Referrals to the program can come from any community partner or internal sources, ensuring that those in need can access assistance quickly and effectively.

Safe Haven works in close partnership with our SafeSeniors Elder Abuse Collaborative, enhancing efforts to safeguard and support older adults in our community. Since receiving the grant, Senior Resources has provided services to 14 participants, ensuring that each intervention is guided by the individual's own goals and comfort level. This person-centered approach empowers them to regain stability and security in a way that they are comfortable with and best meets their needs.

AAA Health Solutions, a business partnership between Senior Resources, Area Agency on Aging of Western Michigan and Region IV Area Agency on Aging, is proud to be a recipient of the No Wrong Door Program – 2025. While Senior Resources has been providing conflict-free options counseling for over 13 years, we are interested in joining a coordinated network of providers that helps individuals learn about and access long-term services and supports. Additionally, we remain committed to our volunteer-driven efforts through the State Health Insurance Assistance Program (SHIP) and the Medicare Improvements for Patients and Providers Act (MIPPA), ensuring continued conflict free access to expert Medicare counseling for those we serve.

Over the past five years, culminating this past year, Senior Resources has faced significant budgetary challenges, as we relied on fund balances to support various aspects of Older Americans Act services. With those funds now significantly reduced, we took a strategic and thoughtful approach to aligning our staff and services with the funding available, ensuring long-term sustainability while continuing to meet the needs of the vulnerable in our communities. At this point, we do not see a clear way to further reduce the workforce or delivery service and continue to meet our mission. People aged 60+ falling into an underserved population are being placed on waitlists.

With funding volatility at the federal level, we continue to advocate for supportive services for older adults to remain in their homes and communities at every opportunity and at all levels of government.

We continue to pursue partnerships and maintain contractual relationships with various healthcare and community partners to diversify funding while maintaining true to the mission of area agencies on aging.

E. Ways in which your agency will support the Veteran population and a description of any partnerships and/or collaborations with Veteran service organizations within your region.

Over the past year, Senior Resources' Options Counselors and oversight staff have actively engaged in Michigan Veterans Affairs Agency-Cultural Conversations training. This initiative underscores our commitment to understanding and addressing the unique needs of veterans within our community.

Following guidance from a Veterans Administration Community Engagement Specialist, Senior Resources revised its options counseling screening question in 2024 to better identify veterans. Instead of simply asking about veteran status, we now ask: "Have you or a family member ever served in the military?" This small but significant change has proven effective in reaching individuals who, for various reasons, may not self-identify as veterans despite their service.

When a veteran or their family member responds affirmatively, our team takes proactive steps to explore potential eligibility for Veterans Affairs (VA) benefits. Beyond gathering information, we facilitate meaningful action—connecting callers and participants directly with a VA benefits counselor. This ensures they fully understand the support available to them and receive expert guidance in navigating the often-complex application process. Senior Resources remains committed to help veterans access the benefits and services they have rightfully earned through their service to our country.

Since 2013, Senior Resources has proudly partnered with the Battle Creek VA Medical Center to administer the Veteran Directed Care (VDC) program. Through this collaboration, we have served over 30 veterans, offering them a consumer-directed approach to home and community-based services. This model aligns perfectly with our commitment to empowering individuals to remain independent, living in the environment of their choosing, and in control of their care decisions.

All referrals to the VDC program come directly from the VA, and Senior Resources stands ready to assist additional veterans as referrals become available. We are eager to continue expanding our support, ensuring that those who have served receive the personalized care and resources they deserve.

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County/Local Unit of Government and Tribal Review

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non-OAA resources.

MDHHS also has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification, including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the OAA.

The AAA must send a notification of the complete AIP to the chairperson of each County Board of Commissioners, and to any Tribes within the Planning and Service Area (PSA) for notification and consultation. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 20, 2025. For a PSA comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government and Tribes within the PSA as well. The AAA may use electronic communication, including e-mail and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via e-mail, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request e-mail notification from the local unit of government of their feedback of the AIP or concerns.

Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government, and Tribes for notification and consultation, to gain support.

Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

Thirty days before the public hearing, Senior Resources sent notice of the Public Hearing to each County

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Commissioner Chairperson and County Administrator to solicit attendance at the Public Hearing and input and feedback of the draft plan.

On May 21, 2025, Senior Resources electronically delivered a copy of the 2026 Annual Implementation Plan to each chairperson of the county commission board and the county administrator for every county in our region. The email included delivery and read receipt requests to confirm receipt. This submission served as official notification and consultation regarding the area plan.

A cover letter accompanied the plan, in which Senior Resources offered to attend county board meetings or subcommittee sessions to provide an overview or address any questions. The letter will also request that any comment regarding the area plan be directed to Senior Resources prior to June 20, 2025.

Although there are no federally recognized Tribes within Muskegon, Oceana, or Ottawa Counties, the Little River Band of Ottawa Indians has established a Health Clinic in Muskegon County. This clinic provides direct care services to Tribal members, descendants, and members of any federally recognized Tribe. Recognizing the importance of meaningful collaboration, Senior Resources sent a Public Hearing notice on March 12, 2025, and delivered a copy of the 2026 Annual Implementation Plan on May 21, 2025, to the Little River Band of Ottawa Indians. A cover letter accompanying the plan extended an invitation for Senior Resources to attend a meeting to present an overview or address any questions.

At present, there is no Tribal representation on the Senior Resources Advisory or Policy Boards. As relationships develop and opportunities arise, we will actively seek Tribal representation to ensure inclusive and diverse perspectives in our planning and decision-making processes.

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Public Hearings

At least one public hearing on the FY 2026 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Instructions

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location city and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload under the Budget and Other Documents tab.

The AAA should upload a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

AAAs are also required to upload document entitled: *Newspaper and Media Outlets Notification List*.

For FY 2026, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s).

Date	City	Time	Barrier Free?	No. of Attendees

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Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Caregiver Case Management; Caregiver Information and Assistance; Caregiver Options Counseling; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2026, complete this section.

Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2026, and provide the information requested.

Care Management

Starting Date 10/01/2025 Ending Date 09/30/2026

Total of Federal Dollars \$0.00 Total of State Dollars \$107,913.00

Geographic area to be served

Muskegon, Oceana and Ottawa

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

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

Timeline: Through September 30, 2026.

Outcome: Consumers 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.

Timeline: Through September 30, 2026.

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

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

Timeline: Through September 30, 2026.

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

Case Coordination and Support

Starting Date 10/01/2025 Ending Date 09/30/2026

Total of Federal Dollars \$110,000.00 Total of State Dollars \$187,421.00

Geographic area to be served

Muskegon, Oceana and Ottawa

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

Goal: Supports Coordinators will employ Person Centered Thinking and self-determination to assure participation

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participant choice in services and providing agencies or people.

Timeline: Through September 30, 2026.

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.

Timeline: Through September 30, 2026.

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

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

Timeline: Through September 30, 2026.

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

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Program Development Objectives

Please provide information for any new goals and objectives that are proposed by the AAA during FY 2026.

For FY 2026, this is also where you will provide updates to the current Approved MYP Objectives.

Instructions

The AAA may enter a new goal in the appropriate text box. It is acceptable, *though not required*, if some of the AAA's goals correspond to the ACLS Bureau's state plan goals. There is an entry box to identify which, if any, state plan goal(s) correlate with the entered goal. See the Document Library for Michigan's State Plan on Aging for FY 2024 – FY 2026.

A narrative for each goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box.

Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective (see Document Library for additional instructions on completing this section).

***Please work with your Regional Aging Representative on updating current MYP objectives.**

Area Agency on Aging Goal

A. Enhance food service delivery throughout the region

State Goal Match: 1, 3

Narrative

Expand the use of locally grown produce in congregate and home delivered meals. Increase presence of congregate programs to urban and rural communities serving targeted populations of BIPOC populations.

Objectives

1. Increase the amount of local food used by the meal provider.

Timeline: 10/01/2022 to 09/30/2026

Activities

Coordinate with local farmers and distributors on procuring already processed fruits/vegetables/other goods used in our food distribution to home delivered and congregate participants, providing access to healthy, locally grown produce through various community partnerships. Program discontinued for FY2025 due to elimination of federal funding.

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Expected Outcome

2025 Progress: AgeWell Services, our local home delivered and congregate meal provider, is in a collaborative project funded by the USDA called Local Food Procurement and Access (LFPA). In the last year, they worked with 16 regional farmers and minimally processed food producers for our food programs. In addition, they developed new partnerships in the urban core of Muskegon Heights to bring fresh food access to seniors, caregivers and grandchildren through the distribution of Healthy Harvest Kits and Farm Fresh Bags. The Healthy Harvest Kit is an entire meal to be cooked, complete with visual recipes and cooking instructions. Farm Fresh Bags is a mobile farmer's market where the participant can pick their own produce, meats and dairy. AgeWell Services worked with 8 different organizations in Muskegon Heights with the help of 75 volunteers to distribute 50,652 pounds of food over the 2025 harvest season to 20,018 people, in which 34% were seniors 60 and over. This pilot project was such a success that the USDA used our project to demonstrate success of the LFPA to Congress. Due to the volume ordered, our meat provider is working on scaling-up their operational logistics to serve our program.

2. Increase presence into areas of diversity within our region.

Timeline: 10/01/2022 to 09/30/2026

Activities

Increase the presence of congregate programs to urban core and rural communities, serving targeted populations of black, indigenous, Latino/Hispanic, and other people of color

Expected Outcome

2025 Progress: AgeWell Services increased their efforts to engage in the BIPOC and LGBTQIA+ communities through deep and meaningful partnerships. In 2024, AgeWell Services partnered with the Community Foundation for Muskegon County and the Muskegon Pride Golden Years program to host a luncheon, sponsored by the Love is Love Fund. Golden Years members are 50 or older; they launched in 2024 as a result of our conversations with Muskegon Pride about developing a SAGE Chapter. The luncheon was a new invite to join Golden Years who now meet and socialize regularly. 36 people attended the luncheon, learning about safe resources for elders and how to create a free will to protect their estates and directives. AgeWell Services also held 5 food distributions in Muskegon Heights with 8 different partners including the city, black owned/led businesses, and congregations. We developed an excellent following and received so much great feedback. It was also an opportunity to educate the community about important resources available to seniors.

B. Increase the identification, awareness, and prosecution of elder abuse within the region, state, and nation.

State Goal Match: 1, 2, 3, 4

Narrative

Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of quality services where and when they need them.

Objectives

1. Expand Vulnerable Adult Multidisciplinary Teams (MDT) throughout the service area.

Timeline: 10/01/2022 to 09/30/2026

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Activities

Expand the development and implementation of the Vulnerable Adult Multi-Disciplinary Team (VA-MDT) in Ottawa and Oceana Counties to assist with the on-going investigative efforts of vulnerable adult crimes related to abuse, neglect and financial exploitation.

Expected Outcome

2025 Progress: SafeSeniors is a program hosted by AgeWell Services and serves as the elder abuse prevention collaborative in Muskegon, Ottawa, and Oceana Counties. It also operates a multi-disciplinary, collaborative approach to elder justice. The Multidisciplinary Teams (MDTs) in Muskegon and Ottawa County meet monthly to review active cases, working to provide trauma informed, person centered resolutions to each case, including education on scams, restitution if possible, prosecution of perpetrators when appropriate, and connection to needed supports and resources. There are currently 30 open MDT cases. Last year, in FY 2334, there were 149 cases brought to the MDTs. We began the MDT process in 2018; a total of 845 cases have been reviewed and investigated by these teams as of January 2025. SafeSeniors continues to share their model and process with other groups around the state who are beginning their own MDTs; in addition, SafeSeniors was one of two MDTs in the state of Michigan to be invited to the inaugural National Elder Justice MDT Summit being held by the Department of Justice's Elder Justice Initiative May 2025 in Washington, D.C.

2. Increase education efforts to the public and organizations regarding elder abuse , scams and exploitation.
Timeline: 10/01/2022 to 09/30/2026

Activities

Conduct trainings locally and state-wide on the importance of the MDT model in an effort to support the Michigan Attorney General's Elder Abuse Task Force initiative. This effort will include: Continued education for APS and law enforcement, outreach and education to vulnerable adults and their non-offending caregivers, presentations to service providers, professional and philanthropic organizations.

Expected Outcome

2025 Progress: Last year, in FY2324, SafeSeniors reached 2,464 participants through meetings and presentations. Presentations were given to groups that included directors of services to the aging, senior services agency staff and volunteers, and church volunteers. Topics covered signs of elder abuse, neglect, and financial exploitation, commons scams and what to watch for, mandated reporting for older adults, and the team approach we are taking to prevent and seek justice for these crimes. SafeSeniors representatives attended 10 expos/events, providing information about elder abuse, neglect, and financial exploitation and about resources available to those who are experiencing it or suspect that it's occurring to someone they know. SafeSeniors information was included during AgeWell Services and Muskegon Pride's second annual LGBTQ+ Golden Years lunch gathering, to continue to connect with the unique needs of this group. A billboard campaign designed to increase both awareness and reporting was launched over the summer, with 19 billboards throughout Muskegon, Oceana, and Ottawa Counties.

The scam brochure and presentation have been updated this year to include the latest scams, and presentations are ongoing. We are in the planning stages of partnering with the Prosecuting Attorney's Association of Michigan and APS on a statewide Elder Justice Conference, with two days of keynotes, learning sessions, and networking. We will also incorporate our Senior Symposium for older adults as a pre-conference event.

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C. Help older adults maintain their health and independence at home and in the community.

State Goal Match: 4

Narrative

Leverage programs, services, and resources to ensure older adults have the opportunity to make their own decisions and enable them to age in place

Objectives

1. Advocate for affordable, accessible housing throughout the region.

Timeline: 10/01/2022 to 09/30/2026

Activities

Within the local municipalities, Senior Resources will advocate for a range of housing options including zoning updates for creative and innovative housing solutions. These may be tiny homes and micro apartments, options for shared housing, multigenerational housing or modifications that can make a home safe for residents of all ages.

Expected Outcome

2025 Progress: Through local advocacy including representation from the Aging Network, a fifty-three unit apartment complex, 'The Landing at Spring Lake' is officially open and offering affordable housing in northern Ottawa county. A percentage of the units at The Landing are reserved for seniors. Senior Resources continues to participate in regional Housing Coalition meetings, offering supportive information and insights to help strengthen grant applications as needed.

2. Increased access to behavioral health services for age 60+, home limited adults.

Timeline: 10/01/2022 to 09/30/2026

Activities

Contract with behavioral health service organizations throughout the region to provide counseling services while simultaneously enhancing Primary Care at Home capacity to address counseling needs.

Expected Outcome

2025 Progress: In FY2024, credentialed Senior Resources staff provided 473 in-home behavioral health visits, ensuring participants received essential mental health support in the comfort of their homes. Additionally, three individuals engaged in the Empower@Home program, which focuses on enhancing mental well-being and independence through personalized support. Our ongoing partnership with Hackley Community Care remains a vital resource, offering counseling services to numerous participants and expanding access to comprehensive behavioral health care.

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Planned Service Array

Complete the FY 2026 AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

Category	Services
Provided by Area Agency	<p>Access</p> <ul style="list-style-type: none"> • Care Management • Case Coordination and Support * <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Education • Caregiver Support Groups
Contracted by Area Agency	<p>Access</p> <ul style="list-style-type: none"> • Case Coordination and Support * • Transportation * <p>In-Home</p> <ul style="list-style-type: none"> • Assistive Devices & Technologies • Friendly Reassurance • Home Care Assistance • Home Health Aide • Homemaking • Medication Management • Personal Care <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Legal Assistance • Long Term Care Ombudsman • Prevention of Elder Abuse, Neglect and Exploitation • Vision Services <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals • Supplemental Nutrition Services - Oral Nutrition Supplements <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services

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	<p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Education • Caregiver Support Groups • Caregiver Training • Respite Care <p>Regional Services</p> <ul style="list-style-type: none"> • Case Coordination & Support for the Deaf and Hard of Hearing • Kinship Caregiver Education • Kinship Caregiver Support Groups
Local Millage Funded	<p>Access</p> <ul style="list-style-type: none"> • Case Coordination and Support * • Transportation * <p>In-Home</p> <ul style="list-style-type: none"> • Assistive Devices & Technologies * • Chore * • Friendly Reassurance * • Home Care Assistance * • Home Health Aide * • Home Injury Control * • Homemaking * • Medication Management * • Personal Care * <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion * • Home Repair * • Legal Assistance * • Prevention of Elder Abuse, Neglect and Exploitation * • Senior Center Staffing * • Vision Services * <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals * • Home Delivered Meals * • Supplemental Nutrition Services - Oral Nutrition Supplements * <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services *

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	Caregivers of Older Adults Services <ul style="list-style-type: none"> • Respite Care *
Participant Private Pay	Access <ul style="list-style-type: none"> • Care Management • Transportation In-Home <ul style="list-style-type: none"> • Assistive Devices & Technologies • Chore • Friendly Reassurance • Home Care Assistance • Home Health Aide • Home Injury Control • Homemaking • Medication Management • Personal Care Community <ul style="list-style-type: none"> • Assistance to Hearing Impaired & Deaf Community • Counseling Services • Disease Prevention/Health Promotion • Health Screening • Home Repair • Legal Assistance • Prevention of Elder Abuse, Neglect and Exploitation • Vision Services Nutrition Services <ul style="list-style-type: none"> • Carry Out Meals • Congregate Meals • Home Delivered Meals • Nutrition Counseling • Nutrition Education • Supplemental Nutrition Services - Food • Supplemental Nutrition Services - Oral Nutrition Supplements Caregivers of Older Adults Services <ul style="list-style-type: none"> • Adult Day Services

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	<p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none">• Caregiver Case Management• Caregiver Counseling• Caregiver Education• Caregiver Information and Assistance• Caregiver Options Counseling• Caregiver Supplemental Services• Caregiver Support Groups• Caregiver Training• Respite Care <p>Regional Services</p> <ul style="list-style-type: none">• Case Coordination & Support for the Deaf and Hard of Hearing• Kinship Caregiver Case Management• Kinship Caregiver Counseling• Kinship Caregiver Education• Kinship Caregiver Information and Assistance• Kinship Caregiver Respite Care• Kinship Caregiver Supplemental Services• Kinship Caregiver Support Groups• Kinship Caregiver Training
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* Not PSA-wide

FY 2026 AREA PLAN BUDGET

AAA: Senior Resources of West Michigan
PSA: 14

Date: 3/24/2025
Budget Period: 10/1/2025

Rev No: 0
to 9/30/2026

Area Plan Budget Overview

Area Plan Budget Summary	Federal/State Award	Other	Program Income	Cash Match	In-Kind Match	Grand Total
Administration	\$ 240,015	\$ -	\$ -	\$ 30,757	\$ -	\$ 270,772
Program Development	\$ 89,567	\$ -	\$ -	\$ 9,960	\$ -	\$ 99,527
AAA RD/Nutritionist	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services	\$ 3,895,162	\$ 150,000	\$ -	\$ 393,621	\$ -	\$ 4,438,783
Total	\$ 4,224,744	\$ 150,000	\$ -	\$ 434,338	\$ -	\$ 4,809,082

Administration Budget

Administration Revenue	Federal / State / Other Administration	Local Cash Match	Grand Total
Federal	\$ 192,375	\$ 30,588	\$ 222,963
Title III Administration	\$ 192,375	\$ 30,588	\$ 222,963
State	\$ 47,640	\$ 170	\$ 47,810
State Administration	\$ 33,724		\$ 33,724
State Merit Award (MATF) Administration	\$ 12,388		\$ 12,388
State Caregiver Support Administration	\$ 1,528	\$ 170	\$ 1,698
Grand Total	\$ 240,015	\$ 30,758	\$ 270,773

Administration Expenditures	Amount	FTEs
Salaries/Wages	\$ 165,000	2.10
Fringe Benefits	\$ 57,750	
Office Operations	\$ 48,022	
Total	\$ 270,772	

Services Budget

Fund Sources	Access Services	In-Home Services	Community Services	Nutrition Services	Caregivers of Older Adults Services	Older Relative (Kinship) Caregiver Services	Grand Total
Federal	\$ 234,000	\$ 65,660	\$ 86,758	\$ 1,180,128	\$ 196,483	\$ 13,000	\$ 1,776,029
Title III-B Supportive Services	\$ 234,000	\$ 65,660	\$ 33,610	\$ 25,000	\$ -	\$ -	\$ 358,270
Title III-C1 Congregate Meals	\$ -	\$ -	\$ -	\$ 620,901	\$ -	\$ -	\$ 620,901
Title III-C2 Home-Delivered Meals	\$ -	\$ -	\$ -	\$ 418,835	\$ -	\$ -	\$ 418,835
Title III-D Preventive Health	\$ -	\$ -	\$ 34,321	\$ -	\$ -	\$ -	\$ 34,321
Title III-E National Family Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 196,483	\$ 13,000	\$ 209,483
Title VII-A Ombudsman	\$ -	\$ -	\$ 12,014	\$ -	\$ -	\$ -	\$ 12,014
Title VII EAP Elder Abuse Prevention	\$ -	\$ -	\$ 6,813	\$ -	\$ -	\$ -	\$ 6,813
Nutrition Services Incentive Program (NSIP)	\$ -	\$ -	\$ -	\$ 115,392	\$ -	\$ -	\$ 115,392
State	\$ 295,378	\$ 947,656	\$ 121,828	\$ 507,763	\$ 246,508	\$ -	\$ 2,119,133
State Access Services	\$ 31,048	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,048
State In-Home Services	\$ -	\$ 553,568	\$ -	\$ -	\$ -	\$ -	\$ 553,568
State In-Home Services (Direct Care Worker Pay)	\$ -	\$ 272,722	\$ -	\$ -	\$ -	\$ -	\$ 272,722
State Congregate Meals	\$ -	\$ -	\$ -	\$ 10,035	\$ -	\$ -	\$ 10,035
State Home Delivered Meals	\$ -	\$ -	\$ -	\$ 497,728	\$ -	\$ -	\$ 497,728
State Alternative Care	\$ -	\$ 121,366	\$ -	\$ -	\$ -	\$ -	\$ 121,366
State Aging Network Services	\$ 48,417	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 48,417
State Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 15,456	\$ -	\$ 15,456
State Respite Care	\$ -	\$ -	\$ -	\$ -	\$ 105,786	\$ -	\$ 105,786
State Merit Award (MATF)	\$ -	\$ -	\$ -	\$ -	\$ 125,266	\$ -	\$ 125,266
State Nursing Home Ombudsman	\$ -	\$ -	\$ 21,545	\$ -	\$ -	\$ -	\$ 21,545
Michigan State Ombudsman	\$ -	\$ -	\$ 100,283	\$ -	\$ -	\$ -	\$ 100,283
State Care Management	\$ 215,913	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 215,913
Medicaid	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150,000
Targeted Case Management	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150,000
Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local	\$ 60,862	\$ 82,928	\$ 23,195	\$ 187,693	\$ 37,497	\$ 1,446	\$ 393,621
Cash Match	\$ 60,862	\$ 82,928	\$ 23,195	\$ 187,693	\$ 37,497	\$ 1,446	\$ 393,621
In-Kind Match	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ 740,240	\$ 1,096,244	\$ 231,781	\$ 1,875,584	\$ 480,488	\$ 14,446	\$ 4,438,783

FY 2026 AREA PLAN BUDGET

Senior Resources of West Michigan

14

Date: 3/24/2025

Rev No:

0

Budget Period: 10/1/2025

to

9/30/2026

Method of Service Provision

	15.05%	49.27%	35.68%	100.00%
Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Access Services	\$ 444,207	\$ 296,033	\$ -	\$ 740,240
Access Services	\$ 444,207	\$ 296,033	\$ -	\$ 740,240
Care Management	\$ 271,957	\$ -	\$ -	\$ 271,957
Case Coordination & Support	\$ 172,250	\$ 158,244	\$ -	\$ 330,494
Information & Assistance	\$ -	\$ 55,560	\$ -	\$ 55,560
Transportation	\$ -	\$ 82,229	\$ -	\$ 82,229
Caregivers of Older Adults Services	\$ 70,000	\$ 19,446	\$ 391,042	\$ 480,488
Counseling/Support Groups/Training	\$ 70,000	\$ 8,334	\$ 1,672	\$ 80,006
Caregiver Support Groups	\$ 65,000	\$ -	\$ 1,672	\$ 66,672
Caregiver Training	\$ 5,000	\$ 8,334	\$ -	\$ 13,334
Information Services	\$ -	\$ 11,112	\$ -	\$ 11,112
Caregiver Education (use for Caregiver Outreach)	\$ -	\$ 11,112	\$ -	\$ 11,112
Respite Services	\$ -	\$ -	\$ 389,370	\$ 389,370
Adult Day Services	\$ -	\$ -	\$ 283,584	\$ 283,584
Respite Care – In-Home Respite	\$ -	\$ -	\$ 105,786	\$ 105,786
Community Services	\$ 153,726	\$ 39,918	\$ 38,137	\$ 231,781
Community Services	\$ 153,726	\$ 39,918	\$ 38,137	\$ 231,781
Disease Prevention/Health Promotion	\$ -	\$ -	\$ 38,137	\$ 38,137
Elder Abuse Prevention	\$ -	\$ 7,571	\$ -	\$ 7,571
Legal Assistance	\$ -	\$ 32,347	\$ -	\$ 32,347
Ombudsman	\$ 153,726	\$ -	\$ -	\$ 153,726
In-Home Services	\$ -	\$ 16,668	\$ 1,079,576	\$ 1,096,244
In-Home Services	\$ -	\$ 16,668	\$ 1,079,576	\$ 1,096,244
Assistive Devices & Technologies	\$ -	\$ -	\$ 62,858	\$ 62,858
Friendly Reassurance	\$ -	\$ 16,668	\$ -	\$ 16,668
Homemaker	\$ -	\$ -	\$ 517,382	\$ 517,382
Medication Management	\$ -	\$ -	\$ 86,674	\$ 86,674
Personal Care	\$ -	\$ -	\$ 412,662	\$ 412,662
Nutrition Services	\$ -	\$ 1,800,584	\$ 75,000	\$ 1,875,584
Nutrition Services	\$ -	\$ 1,772,804	\$ 75,000	\$ 1,847,804
Congregate Meals	\$ -	\$ 765,208	\$ -	\$ 765,208
Home-Delivered Meals	\$ -	\$ 1,007,597	\$ 75,000	\$ 1,082,597
Other Nutrition Services	\$ -	\$ 27,780	\$ -	\$ 27,780
Supplemental Nutrition Services - Oral Nutrition Supplements	\$ -	\$ 27,780	\$ -	\$ 27,780
Older Relative (Kinship) Caregiver Services	\$ -	\$ 14,446	\$ -	\$ 14,446
Counseling/Support Groups/Training	\$ -	\$ 14,446	\$ -	\$ 14,446
Kinship Caregiver Support Groups	\$ -	\$ 14,446	\$ -	\$ 14,446
Grand Total	\$ 667,933	\$ 2,187,095	\$ 1,583,755	\$ 4,438,783

Senior Resources of West Michigan

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2026

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 2026. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under “Funding Amount for This Service”.

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i> Arthritis Exercise Program	<i>Example: List each provider offering programs on a single line as shown below.</i> 1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	<i>Example: Total participants for all providers</i> 80	<i>Example: Funding total for all providers</i> \$14,000
A Matter of Balance	Evergreen Commons	12	\$2,500
AEA Arthritis Foundation Aquatic Program	Evergreen Commons	16	\$2,000
AEA Arthritis Foundation Exercise Program	Evergreen Commons	16	\$2,500
Fit and Strong	Evergreen Commons	40	\$3,000
Enhanced Fitness	Evergreen Commons	100	\$10,500
Diabetes Prevention Program	YMCA	35	\$3,500
Sail	Oceana County Council on Aging	90	\$9,600



**Board of Directors
2025**

MUSKEGON COUNTY

Mary Boyd, Vice Chair
Retired
Second term ends 12/26

Larry Fife
Retired
First term ends 12/26

Susan Houseman
Harbor Hospice
First term ends 12/26

Ken Mahoney, Secretary/Treasurer
Retired
Second term ends 12/27

Estelita (Mimi) Rankin
Trinity Health - Health Project
First term ends 12/25

Sherry White, Chair
Retired
Second term ends 12/25

OCEANA COUNTY

Penny Burillo
Retired
First term ends 12/25

Joel McCormick
Oceana County Commissioner
First term ends 12/27

OTTAWA COUNTY

Lesa Jordan
Retired
First term ends 12/27

Raymond Komray, MD
Retired physician
First term ends 12/26

Madelon Krissoff, MD
Geriatrician
Second term ends 12/25

Neal Miller
Retired Pharmacist
Second term ends 12/25

Susan Stuk
Habitat for Humanity-Kent
First term ends 12/27

Charlie Vander Broek
Retired
First term ends 12/24



Program & Planning Advisory Committee
2025

Muskegon County

Wilmer Culler
Lenore Fonstein
Dee Hatcher
Dave Rush

Oceana County

Helen Sterk

Ottawa County

Thomas Reinsma
Gary Scholten
William Van Dyke

FOR IMMEDIATE RELEASE

Let Your Voice Be Heard

Senior Resources of West Michigan, the area agency on aging for Muskegon, Ottawa, and Oceana Counties, is holding a public hearing to listen to the comments and opinions of older adults and caregivers regarding plans for service provision outlined in the Annual Implementation Plan for the period of October 1, 2025 – September 30, 2026.

The Public Hearings will include a review of the plan update, including services we wish to fund, as well as an opportunity for participant input and comment.

Public Hearing Date, Time and Locations are:

Tuesday, April 15, 2025, at 3:00 PM

Virtual (Zoom) Public Hearing

<https://us06web.zoom.us/j/83364770176>

Phone: 1-312-626-6799

Meeting ID: 833 6477 0176

Or In-person at:

**Tanglewood Park Training Room A&B
560 Seminole Rd.
Muskegon, MI 49444**

Advance copies of the plan will be available after April 1, 2025. To receive one, please call 231-733-3519 or 1-800-442-0054. A copy may be picked up at the hearing or it is available for download on our website at [Experts On Aging Service Providers - Senior Resources \(seniorresourceswmi.org\)](https://seniorresourceswmi.org)

If you are unable to attend, comments can be submitted in writing by email to amy@seniorresourceswmi.org or through the postal service to Senior Resources, Attn: Amy Florea, 560 Seminole Rd., Muskegon, MI 49444.

Senior Resources administers a variety of federal, state, local and private funds to support services such as in-home care, senior meals, transportation, programs for caregivers, health promotion, legal and other services for individuals aged 60 and over. Senior Resources identifies needs and develops an area plan, informs and educates seniors, families, and the public on available services and issues affecting older adults, and advocates on behalf of all older adults in Muskegon, Oceana, and Ottawa counties.

AMERICAN DISABILITY ACT POLICY FOR ACCESS TO OPEN MEETINGS

Senior Resources will provide necessary reasonable auxiliary aids and services to individuals with disabilities who want to attend the meetings. Persons with disabilities needing accommodation for effective participation in these meetings should contact Senior Resources at (231) 739-5858 at least 48 hours in advance to request mobility, visual, hearing or other assistance.



Planned FY2026 Caregiver Programs: Complete the chart below. Include all caregiver programs within the PSA. This includes, but is not limited to: Respite, Respite Vouchers, Education/Outreach, Training, Support Groups, PTC, Savvy, DCS, Trualta, Regionally Specific Programs, etc. If you have any questions, please reach out to Lacey Charboneau at charboneaul2@michigan.gov

Name/Type of Program	State/Federal (OAA) Funds Used? (yes/no)	Description of Program	Agency Comments (optional)
Respite Vouchers	Yes	Caregivers can apply for short-term respite services, including adult day services or in-home respite, to explore these options or receive respite while awaiting placement in long-term services.	49 respite vouchers were issued in FY2024.
Education/Outreach	Yes	The Caregiver Link is a bi-monthly publication distributed to over 450 caregivers. It offers timely information and education, along with updates on caregiver services available throughout the region.	Caregiver Link is also found on our website and social media.
Respite	Yes	Adult day services or respite care purchased on an ongoing basis to alleviate caregiver burden and provide sustained support.	
Caregiver support groups	Yes	14 monthly support groups throughout the region, led by trained facilitators, provide a space for caregivers to discuss shared experiences and concerns while fostering a mutual support system.	
Caregiver Trainings	Yes	Trainings to provide instruction to improve knowledge and performance of specific skills relating to caregiving roles and responsibilities.	Training offerings include: Loving Someone who has Dementia, Powerful Tools for Caregivers, Savvy Caregiving, Stress Busting for Family Caregivers and Managing Money: A Caregiver's Guide to Finances

Planned FY2026 Kinship Caregiver Programs: Complete the chart below. Include all programs, services and supports offered to Kinship Caregivers. If you have any questions, please reach out to Lacey Charboneau at charboneaul2@michigan.gov

Name/Type of Program	State/Federal (OAA) Funds Used? (yes/no)	Description of Program	Agency Comments (optional)
Kinship Caregiver Support Group	Yes	Monthly support group led by trained facilitators, provide a space for kinship caregivers to discuss shared experiences and concerns while fostering a mutual support system.	Throughout the year, special activities, which periodically incorporate the youth, are held to further foster a mutual support system.

Contingency Planning

Please provide a description of your contingency planning for potential reduced federal funding, or in the event of a continuing resolution.

Identify specific funding sources if plans include the pursuit of alternative funding.

In the event of a state and/or federal government shut down or any other circumstance where authorization to spend is suspended by the Bureau of Aging, Community Living and Support (ACLS) or the Michigan Department of Health and Human Services (MDHHS), Senior Resources will focus on two objectives:

1. Ensure that the health and welfare of the most vulnerable adults is protected;
2. Minimize the potential liability to the agency in the event that reimbursement is not retroactive.

The estimated liability to Senior Resources in the event that state/federal/local reimbursement is suspended is between \$150,000 and \$2,500,000 per month.

To accomplish the primary objectives the following activities will occur:

Contractor/Vendor Activities

Grant Funded Services

1. Priority services include: Home Delivered Meals, Ombudsman, Case Coordination & Support, Options Counseling and Medical transportation.
2. Non-priority services include: Caregiver Support & Training, Congregate Meals, Evidence Based Disease Prevention, Elder Abuse Prevention, Kinship Care, Legal Services and Information & Referral.
3. Notify contractors of non-priority services that funding is not guaranteed during the contingency period. Allow contractors to determine whether or not to continue to provide the services in light of the fact they may not be reimbursed. For those contractors that choose to continue services, Senior Resources will ensure they are fully reimbursed when/if funding is restored contingent up on retroactively payment.

Purchase of Service/In-Home Services 9 (including MI Choice)

1. Prioritize in-home services (homemaking, personal care, in-home respite, adult day services, medication management and Personal Emergency Response Units) based on client health and welfare.
2. All priority 1 clients will continue with priority in-home services uninterrupted.

Communication Activities:

1. Communicate Government Shutdown Contingency Plan to Advisory Council, staff, contractors and vendors
2. Provide updates to contractors and vendors via email on a regular basis, weekly being the minimum.
3. Maintain communication with participants and families throughout the shutdown.
4. Maintain regular communication with the Board of Directors, Finance Committee and staff.
5. Maintain regular communication with the MDHHS as appropriate.

Additional Administrative Activities

Additional activities will be determined based on program funding affected by the shutdown, ie, federal, state, waiver. The Senior Resources leadership team will consult with the Executive Committee and/or board as appropriate.

Provide a brief response to the questions below regarding how the AAA Emergency Preparedness Plan for FY 2026 will address any disaster. Your plan should include short, intermediate, and long-term plans for uninterrupted deliver of service. All emergency plans need to be uploaded into AMPS. **This form does not represent your emergency plan.**

Area Agency on Aging Senior Resources of West Michigan
A. General Emergency Preparedness Minimum Elements (required by the Older American's Act (OAA). Follow Operating Standard for Services A-3 Disaster Advocacy and Outreach to encompass all necessary minimum requirements, are included in your plan.
1. Per OAA your agency is required to have an Emergency Preparedness Plan? Please upload your emergency preparedness plan in AMPS. Below note changes or write "none" if you did not update from previous year.
Senior Resources Emergency Plan has been uploaded in AMPS.
2. Has your agency worked with local emergency management? If yes, please provide a brief description of the incident that required their assistance and the outcome. If no, state reason. (Example, no incident in our PSA for example)
No incident in our planning area in the last 1.5 years.
3. ACLS does have expectations during a State or locally declared emergency/disaster to have staff person (the area agency director or their designee) available for communication with ACLS staff to provide real time information about service continuity (status of aging network service provider's ability to provide services). Please provide ACLS with any updated contact information on staff listed as emergency contact (this includes any drills conducted). This person should be able to provide information about the number and location of vulnerable older persons receiving services from the area agency.
Brandi Waldman Staff Educator HIPAA Privacy Officer Emergency Preparedness Coordinator Direct Phone & Fax (231) 733.3513 Main (231) 739.5858 bwaldman@seniorresourceswmi.org
4. Would your agency participate in trainings/conferences if available? (besides the State emergency drills) write "yes or no" below if your agency would be interested in any trainings offered by the State.
Yes, as resources and capacity permit.
5. Does your agency budget funds for emergency preparedness? If yes, list the service category used below If no, give explanation below.
Yes. IIIB/IIIC/IIIE FED ADMIN & STATE ADMIN

Defined Greatest Social and Economic Need for PSA

The Older Americans Act (OAA) requires Title III services to be prioritized to serve those with the **greatest economic need** and **greatest social need**, particularly low-income minority older individuals, older persons with limited English proficiency (LEP), older persons residing in rural areas, and older persons with disabilities.

Greatest economic need as defined in the OAA means the need resulting from an income level at or below the federal poverty level and as further defined by state and area plans based on local and individual factors, including geography and expenses.

ACL permits the State agency and AAAs to further refine specific target populations of greatest economic need based on local and individual factors. For example, a State agency or AAA might choose to define those at greatest economic need to include individuals or households with an income within a specific range (e.g., up to 125 percent of the Federal poverty level (FPL)), and another State agency may include older adults experiencing housing instability in their definition of greatest economic need.

Please share how your region defines “**greatest economic need**” below:

While Older Americans Act (OAA) programs and services are available to all adults aged 60 and older, the Act includes specific requirements to ensure that limited resources are directed toward those with the greatest economic need. Senior Resources follows established internal policies and provider contract standards to prioritize service delivery effectively. Senior Resources defines greatest economic need as the need arising from an income at or below the federal poverty level, ensuring that services are directed toward those facing significant financial hardship.

Greatest social need as defined in the OAA means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses:

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
 - (i) Racial or ethnic status;
 - (ii) Native American identity;
 - (iii) Religious affiliation;
 - (iv) Sexual orientation, gender identity, or sex characteristics;
 - (v) HIV status;
 - (vi) Chronic conditions;
 - (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
 - (viii) Interpersonal safety concerns;
 - (ix) Rural location; or
 - (x) Any other status that:

- (A) Restricts the ability of an individual to perform normal or routine daily tasks;
or
- (B) Threatens the capacity of the individual to live independently; or
- (4) Other needs as further defined by State and area plans based on local and individual factors.

“Need caused by noneconomic factors” include physical and mental disabilities, language barriers, and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. This definition allows for consideration of other noneconomic factors that contribute to cultural, social, or geographic isolation.

Please share how your region defines “**greatest social need**” below:

While Older Americans Act (OAA) programs and services are available to all adults aged 60 and older, the Act includes specific requirements to ensure that limited resources are directed toward those with the greatest economic need. Senior Resources follows a clear, structured approach to prioritizing services, guided by both internal policy and provider contract standards. In defining greatest social need, Senior Resources considers factors that may threaten an individual's ability to live independently, including isolation/living alone, being age 75 or older, or being non-English speaking. These criteria help ensure that services are reaching those who need them most.

Please explain how your region will target and prioritize those in the greatest social and economic need for Title III services:

To ensure emphasis is put toward serving those more at risk, Senior Resources provides grantee organizations with demographic information including age, minority, and poverty level setting to assist them in establishing benchmarks and outreach strategies for underserved populations. Grantee organizations are instructed, using guidance from the Administration of Community Living and the Bureau of Aging, Community Living, and Supports, to give substantial emphasis to serving eligible persons with greatest social and/or economic need, with particular attention given low income and minority individuals. “Substantial emphasis” is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage of the total elderly population within the geographic service area. Each provider must be able to specify how they satisfy the service needs of the low-income minority in the area they serve and to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services, and in numbers greater than their relative percentage to the total 60+ population within the geographic service area.

Four times per fiscal year, grantee organizations are provided a report indicating how many individuals were served with breakouts for minority/diversity factors. Technical support to increase service provision to targeted populations is offered if/when percentage is not in numbers greater than the relative percentage to the total 60+ population in their service area. Additionally, Senior Resources runs a NAPIS Data Assessment report twice per year to assess the diversity of registered participants documented in the NAPIS platform.