COUNTY OF OSCEOLA
BOARD OF COMMISSIONERS
COMMITTEE OF THE WHOLE
AGENDA
Tuesday, July 7, 2015
301 West Upton Ave., Reed City, Michigan
2nd Floor, Board of Commissioners Room, 9:30 a.m.

NOTE: Claims will be available for review from 9:00 – 9:30 a.m.

1. Meeting Called to Order by Chairperson.

2. Additions or Deletions to the Agenda – Approval of the Agenda.


4. Employee/Board Comments.


6. Consider Payment of Claims.

7. Old Business:
   A. Update on County’s Health Insurance Plans – Jennifer Martin.
   B. Discuss Appointments to Jury Commission – Karen Bluhm.
   C. Discuss Sheriff Radios Funding – Susan Vander Pol.
   D. Update on Veterans Services Adhoc Committee Meeting – Susan Vander Pol.
   E. Consider Other Budget Amendments, Cash Transfers, and Journal Register Reports from Treasurer.
   F. Discuss E.M.S. Northwest Quadrant / Tustin Station.
   G. Discuss Sheriff Office Renovation and Addition.

8. New Business:
   B. Discuss Appointments to Osceola County Land Bank Authority – Dan Massy.
   C. Discuss MERS – Accrued Liability Payment – Karen Bluhm.

9. Other Business:

10. Employee/Board Comments.

11. Extended Public Comments (Six Minute Limit).


Note: A quorum of the Board of Commissioners may be present at the Committee meetings.

PUBLIC COMMENT
The Committee welcomes public comment. We appreciate your attendance and look forward to hearing any concerns you may have. We request that the following rules of procedure be followed: At the beginning and at the end of each Committee meeting, there is time to receive public comment from the audience. If you wish to address the Committee, we ask that you stand, give your name and present your concern. If you wish to speak while the Committee is addressing a specific issue, you are asked to make arrangements ahead of time with the Committee Chairperson. No comments or questions will be taken at any other time.

If you should require special assistance in order to attend the meeting, please notify the County Coordinator at (231) 832-6196, twenty-four (24) hours before the posted meeting time, for arrangements to be made.
OSCEOLA COUNTY
COMMITTEE OF THE WHOLE
MINUTES
June 16, 2015

Meeting was called to order at 9:35 a.m. by Chairman Emig.


Also present: Jeremy Beebe, E.M.S. Director, Shane Helmer-E.M.S. Lieutenant, Scott Schryer-C.O.A. Director, Rosie McKinstry-Equalization Director, Susan Vander Pol-County Coordinator, Karen Bluhm-County Clerk, and a few members of the public.

Motion by Commissioner Elkins, supported by Commissioner Nehmer, to approve the agenda as presented. Motion carried.

Brief Public Comment: None.
Employee Comment: None.

Moved by Commissioner Nehmer, supported by Commissioner Tiedt, to approve the minutes of June 2, 2015. Motion carried.

Recommended by Commissioner Tiedt, supported by Commissioner Wayne, to approve the current claims of the County in the amount of $36,396.01. Recommendation was unanimously supported.

Equalization 4029 Tax Rate Request
Equalization Director, Rosie McKinstry, spoke to Board members about the county millage rates. She advised that although the 4029 Report isn't done until Apportionment in October, the County's millage rate needs to be determined now in order to print the summer tax bills. After some discussion, the Board advised her to spread the full amount.

E.M.S. Northwest Quadrant/Tustin Station
E.M.S. Director, Jeremy Beebe, advised Board members that concrete will be poured next Monday, June 22, 2015 at the new Tustin E.M.S. station. Discussion was held on a ground breaking ceremony. June 25, 2015 was set for the ground breaking ceremony.

E.M.S. Impact Uni-vent Ventilators Sale to Baker College
Jeremy Beebe, E.M.S. Director, reported that in 1995, E.M.S. purchased Impact Uni-vent Ventilators that are no longer used by the department and are currently being stored. He has been asked by Baker College if they could obtain the equipment for educational purposes. Jeremy went on to explain why the equipment is no longer useful to the department, but how it would benefit Baker College. Discussion was held.

Recommended by Commissioner Gregory, supported by Commissioner Nehmer, to approve selling three (3) Impact Uni-Vent ventilators to Baker College of Cadillac for $1.00. Recommendation was unanimously supported.

E.M.S. Medical First Responder Class
Jeremy Beebe, E.M.S. Director, along with Shane Helmer, E.M.S. Lieutenant, explained their plans to put together an E.M.S. Medical First Responder Class. Jeremy explained the need for the program. He noted
that in conjunction with Lakola Medical Control Authority it will be offered to Osceola and Lake County participants for $150 each. This fee will cover the cost of books with the County covering the cost for the trainers. If someone wishes to participate outside of those two counties, they may do so at a cost of $400/participant. The class will begin in September and end around mid November. Discussion was held.

**Recommended by Commissioner Tiedt, supported by Commissioner Nehmer, to approve the EMS Department teaching a Medical First Responder Class in the fall of 2015 and charge fees of $150 per student within the Lakola Medical Control Authority, $400 per student outside of Lakola Medical Control Authority; Approve the financial support letter with the Chairman to sign; Approve the program sponsorship verification letter with the Chairman to sign; Approve the contract with Osceola County and Dr. Harold Moore; Approve the Duties to the Disabled Student Policy; Approve the Guidelines for Confidentiality of Student Information/Records Policy and Approve the Course Coordinator and EMS Instructor Position Description. Recommendation was unanimously supported.**

**F.O.I.A. Policy**
Susan Vander Pol, County Coordinator, explained some of the changes in the new Freedom of Information Act (FOIA) and presented the new proposed policy for Board approval. Discussion was held.

**Recommended by Commissioner Elkins, supported by Commissioner Gregory, to approve the Resolution Establishing Freedom of Information Act Policies and Guidelines, Public Summary of Procedures and Guidelines, and FOIA Operational Procedures for Osceola County. Recommendation was unanimously supported.**

**C.O.A. Marion Structural Inspection**
Susan Vander Pol, County Coordinator, along with C.O.A. Director, Scott Schryer, were present. Susan explained that we only received one quote for a structural inspection on the recently purchased C.O.A. building in Marion. The quote was from Landmark for $1300. Discussion was held.

**Veterans Services Adhoc Committee**
Susan Vander Pol, County Coordinator, updated Board members on the Adhoc committee's recent meeting. Susan advised she has spoken to several other counties to obtain information on how their Veteran's programs are working. Discussion was held and the next Adhoc committee meeting is set for June 30, 2015.

**Budget Amendment & Journal Register Report**
Commissioner Tiedt reviewed the budget amendment presented as well as requested the approval for the Treasurer's Journal Register Report for May.

**Recommended by Commissioner Tiedt, supported by Commissioner Gregory, to approve the budget amendment and May Treasurer's Journal Register Report as presented. Recommendation was unanimously supported.**

**2012 Workers Compensation Audit Refund**
Susan Vander Pol, County Coordinator, explained about a mistake made by the Workers Compensation auditors for our 2012 Workers Compensation audit. Because of that error, it was found Osceola County
needs to pay an additional $40,000. Karen Bluhm, County Clerk, also shared information regarding that audit year and the change in companies handling that audit. Discussion was held.

**Sheriff Office Renovation and Addition**
Susan Vander Pol, County Coordinator, reported the project at the jail is moving forward quickly and they are ahead of schedule. However, last week they learned the carpet will not ship until around the 3rd of July.

**Update on Appointments to Jury Commission**
Karen Bluhm, County Clerk, explained the make-up and role of the Jury Commission. She advised that all three (3) members of the Commission need to be appointed. She reported the three (3) individuals currently serving have expressed interest in being re-appointed and she has forwarded those names on to the Chief Judge for him to make a recommendation to the Board.

Employee/Board Comments: Karen Bluhm, County Clerk, spoke about the renovations being done in her office.

Board Comments: None.

Extended Public Comment: None.

Moved by Commissioner Wayne, supported by Commissioner Nehmer, to adjourn at 10:37 a.m.

________________________  _______________________
Karen J. Bluhm, County Clerk  Larry Emig, Chairman
June 19, 2015

Osceola County Board of Commissioners
301 W. Upton
Reed City, MI 49677

RE: Jury Board Member Appointments

Dear Commissioners:

Michigan Compiled Laws require that a county the size of Osceola have a jury board that consists of three qualified electors with no more than two members being from the same political party. The statute also requires that the Circuit Judge for the County make recommendations to the County Commissioners to fill vacancies on the Jury Board.

It has come to our attention that all three positions on the Osceola County Jury Board need to be filled, and Chief Judge Scott Hill-Kennedy and I are recommending that you re-appoint Harvey Miller-Democrat, Carla Haenlein-Republican, and Gloria Eisenga-Republican to this Board. The terms of service, as stated in MCL 600.1301 shall last for 6 years.

Sincerely,

Karen J. Bluhm

Karen J. Bluhm, Osceola County Clerk

cc: Hon. Scott Hill-Kennedy
Date: July 1, 2015

To: Finance Committee

From: Nancy Crawford
       Register of Deeds

RE: Prior Notification
    Expending Conversion Line Item
    256.000.8 8.016 Automation Fund

I have contracted with US Imaging to convert Record of Deeds from 1929 to 1946. This project is the sixth conversion since the automation fund was established. All scanning will be done onsite for the safety of the records by US Imaging, Inc. of Saginaw Michigan. This is a fairly small project; the estimated cost is $7,800.00. There are sufficient funds available in the 256 Fund and was approved for the 2015 budget process.

This is my notification to effectuate the county purchasing requirement.
July 7, 2015

Municipal Employees Retirement System
1134 Municipal Way
Lansing, MI  48917

OSCEOLA COUNTY-Municipality 6701

Gentlemen:

Please find enclosed a check in the amount of $20,000.00 to be applied to Osceola County's Unfunded Accrued Liabilities. We would like to apply the payment to the various divisions as follows:

  01-Gnrl Non Union          $10,000
  02-Sheriff                 $  2,000
  10-Gnrl Ambulance          $  2,000
  13-Commissioners           $  2,000
  20-COAM                    $  2,000
  21-POAM                    $  2,000

If you have any questions regarding our payment, please do not hesitate to contact me.

Sincerely,

Karen J. Bluhm
Osceola County Clerk
County of Osceola

BUDGET AMENDMENT

TO: County Treasurer and County Clerk

As provided in the Uniform Budgeting and Accounting Act of 1978, as amended, and as approved by the direction of the Board of Commissioners or as established by policy, it is hereby authorized to record the following adjustments to the budget:

FUND: General (✓) 245 Capital ( ) Special Revenue ( ) Debt Service ( ) Other ( )

REVENUE:

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EXPENSES:

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TOTAL $(20,000) $(20,000)

Employee Benefits

Department

L. Ludovico Fice
Department Head Signature

6-25-75 Date

EXPLANATION: TO PAY ADDITIONAL FUNDS TOWARD THE MERS ACCRUED LIABILITY

Board of Commissioners/Representative

Recorded ( ) Motion/Resolution No. __ Budget Amendment No. __
June 23, 2015

Larry Emig, Chairman  
Osceola County Board of Commissioners  
301 W. Upton  
Reed City, MI 49677

Dear Commissioner Emig:

Enclosed is a copy of the Area Agency on Aging of Western Michigan’s proposed Annual Implementation Plan (AIP) for fiscal year 2016.

The AIP, when approved by the State of Michigan Commission on Services to the Aging in August 2015, secures funding for services and programs to help older adults in Osceola County from October 1, 2015 to September 30, 2016.

The AIP was accepted by our Board of Directors at its June 22, 2015 meeting.

You are represented on that Board by one commissioner and one private citizen from your county.

We respectfully request your County Commission’s written approval of this Plan and that the written response is received by August 3, 2015. If not contacted by that date, we will assume the County Commission’s tacit approval of the Plan.

Please send your response to:

Sandra Ghoston-Jones, Planner  
3215 Eaglecrest Drive NE  
Grand Rapids, MI 49525-7005

Alternatively, via email to: AIPplan@aaawm.org.

If the Commission does not support the AIP, please let me know. If there are any questions, do not hesitate to contact me. I can be reached via email at sandrag@aaawm.org, via fax at 616-456-5692 or by phone at 616-222-7012.

Sincerely,

Sandra Ghoston-Jones, Planner

Cc: County Clerk  
AAAWM Board and Advisory Council members (letter only)
2016 ANNUAL IMPLEMENTATION PLAN
AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC. 8

Areas Served
 Allegan, Ionia, Kent, Lake,
 Mason, Mecosta, Montcalm,
 Newaygo, Osceola

3215 Eaglecrest Dr., NE
Grand Rapids, Michigan 49525-7005
616-456-5664
1-888-456-5664
616-456-5692 (fax)
Tom Czerwinski, Executive Director
www.aaawm.org

Field Representative Eric Berke 231-796-8876
berke@michigan.gov

Printed On: 6/22/2015
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Overview</td>
<td>1</td>
</tr>
<tr>
<td>Plan Highlights</td>
<td>2</td>
</tr>
<tr>
<td>Public Hearings</td>
<td>7</td>
</tr>
<tr>
<td>Scope of Services</td>
<td>8</td>
</tr>
<tr>
<td>Planned Services Array</td>
<td>9</td>
</tr>
<tr>
<td>Planned Services Array Narrative</td>
<td>11</td>
</tr>
<tr>
<td>Targeting</td>
<td>12</td>
</tr>
<tr>
<td>Regional Services Definitions</td>
<td>14</td>
</tr>
<tr>
<td>Access Services</td>
<td>16</td>
</tr>
<tr>
<td>Direct Services Request</td>
<td>18</td>
</tr>
<tr>
<td>Regional Services Request</td>
<td>21</td>
</tr>
<tr>
<td>Program Development Objectives</td>
<td>24</td>
</tr>
<tr>
<td>Advocacy Strategy</td>
<td>34</td>
</tr>
<tr>
<td>Leveraged Partnerships</td>
<td>36</td>
</tr>
<tr>
<td>Community Focal Points</td>
<td>39</td>
</tr>
<tr>
<td>Other Grants and Initiatives</td>
<td>42</td>
</tr>
<tr>
<td>Appendices</td>
<td>44</td>
</tr>
</tbody>
</table>
AAA Response:

AAAWM will comply with the Aging and Adult Services Agency (AASA) by submitting to the Chairperson of the Board of Commissioners for each county in Region Eight, a copy of the Annual Implementation Plan (AIP) requesting approval. The Commissions are offered the opportunity to respond by U.S. Mail or electronically via e-mail if they so choose. In advance of their July meeting, the Clerk of each County Commission also receives a copy of the AIP accompanied by a cover letter that asks that they ensure that approval of the AIP is placed on the their July meeting agenda. Advisory Council and AAAWM Board members receive a copy of the cover letter as notice that the AIP has been sent to each of the County Commissions in Region Eight. In the past, Board members have been diligent about bringing the AIP to the attention of their respective County Commissions. The AAAWM Executive Director routinely speaks at County Commission meetings throughout Region Eight during the year and is readily available to answer questions as is the Agency Planner. AAAWM Region Eight notifies AASA by August 7, 2015 of the status of county level approval of the AIP. No action is considered approval of the AIP. This agency has not experienced any difficulties with the AIP being both well received and supported.
1. A brief history of the area agency and respective PSA that provides a context for the AIP. It is appropriate to include the area agency’s vision and/or mission statements in this section.

The Area Agency on Aging of Western Michigan, Inc. (AAAWM) was established in April of 1974, one of thirteen regional Area Agencies on Aging Michigan at that time and one of over 600 area agencies in the nation. This AIP is for fiscal year 2016, describing the services, budget and program development objectives to be attempted and accomplished.

AAAWM is the planning and coordinating agency for services to adults ages 60 and over, who live in west-central Michigan ( Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola) counties, serving more than 186,008 adults aged 60 and over (U.S. Census 2010). AAAWM is also a provider of Medicaid Waiver (MIC) and related services to adults with disabilities age 18 and over, from the same geographic area. The AAAWM strategic planning process is guided by a long-range perspective of how age based services have evolved over time and their need to be consciously re-engineered to address the changing environment of aging. In an effort to achieve increased efficiency in service delivery, the leadership team at AAAWM continuously seeks to attract and nurture high-performing service providers through a vigorous Request for Proposal (RFP) selection process, performance based contracting and continuous quality monitoring. Efforts are also made to increase the number and variety of community based partnerships while working to identify and reduce redundancies. AAAWM stresses person-centered thinking and self-determination in long term care, with emphasis placed on persons in the greatest social and economic need. Further, AAAWM acts out its purpose by using available resources and funding, coordinating services and educating communities in the Region about aging issues. A fundamental responsibility of AAAWM is advocacy on behalf of older adults. In coordination with other stakeholders, AAAWM helps ensure that lawmakers and their staffs are aware of the needs of older adults, the benefits of community-based services, and the significant taxpayer financial burden caused by failing to address basic needs of seniors in the region. AAAWM regularly develops new and refreshes existing programs and services. In addition, it educates and trains older adults to be strong advocates for themselves and others; while making supportive services available when needs arise. AAAWM assists aging network service providers in transforming funding they receive from the Older Americans Act and Medicaid sources into flexible, consumer-directed service dollars that support individuals living at home and in community-based settings of their choice. AAAWM is in the long-range process of developing non-formula resources that support implementation of the Annual Implementation Plan (AIP). The strategy includes strong support of senior millage campaigns in all nine counties in Region Eight, serving as the administrator of the Kent County Senior Millage and supporting service providers in preparing grant applications to local and national foundations for programs and services that support the goals of the multi-year plan. Because AAAWM recognizes that older adults remain active and derive a sense of worth by contributing to their communities through volunteerism, service providers are encouraged to recruit and effectively utilize volunteers in their programming and services. Services funded are based on need, provider availability, and their experience providing services and approved service definitions and standards. Having created an aging network grounded in the Older Americans Act that has provided quality service for 40 years, AAAWM will continue to bring its abilities and experience to communities in West Michigan, involving prevention and innovative and traditional services to older, frail persons. At the same time that AAAWM is emphasizing service innovations, it will also continue to provide congregate meals, senior center services and programming, transportation for medical and other purposes and care management services for participants with varying levels of need. Additionally, AAAWM delivers support and education for caregivers and a range of services and programs that enable older adults to live independently to the extent
that they are able and choose to do so. As referenced above, AAAWM acts as the administrator of the Kent County Senior Millage (KCSM), in that role, the agency facilitates a request for proposal (RFP) process much like the one utilized for OAA funding. The KCSM proposal review allocation committee is comprised of County Commissioners, citizens from the community and an Assistant County Administrator. Approximately $9 million dollars is awarded to aging service providers in Kent County to provide a wide range of services. The KCSM provides funding for services and programming only, no brick and mortar. Additionally, a modicum of funding from the KCSM is used to provide training opportunities for providers in the KCSM network; examples include cultural sensitivity training attended by front line and direct care staff at agencies and training on marketing in the digital age using social media platforms attended by leadership and development staff.

AAAWM lives out its mission of "providing older persons and persons with a disability an array of services designed to promote independence and dignity in their homes and their communities," by making efforts to ensure that programs are designed, located and offered in a manner responsive to all older adults and persons with disabilities in the Region.

2. 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.
AAAWM has focused its efforts on introducing new thinking and approaches to service offerings that provide added service value and quality for older adults in our region as well as on more effective (and optimally cost effective) service delivery within AAWM and the aging services network. Over the past several years, older adults in Region Eight have not been immune from experiencing challenging economic times. The number of older adults in our region has increased by 24% and will continue to grow exponentially as the "baby boomer" generation continues to transition to retirement age. This significant demographic shift brings not only challenges, but new opportunities as well. AAAWM will strive to engage its community, provide leadership in advocacy and education and challenge community partners and itself to think and act creatively in these unique times. The five service categories receiving the most funds are, 1) Home Delivered Meals, 2) Congregate Meals, 3) Homemaker, 4) Adult Day Services and 5), Respite. The five service categories with the greatest number of anticipated participants are, 1), Information and Assistance, 2) Home Delivered Meals, 3) Congregate Meals, 4) Long Term Care Ombudsman, and 5) Homemaker.

3. Highlights of planned program development objectives.
Program Development Objective A — Increase community capacity, throughout Region Eight to provide and benefit from evidence based health promotion (EBHP) programs.

AAAWM will continue to offer, promote, train, and increase the number of evidence based health promotion (EBHP) programs in Region Eight. Our efforts to disseminate the P.A.T.H. (Chronic Disease Self-Management Program), Diabetes Chronic Disease Self-Management Program, (D. P.A.T.H), A Matter of Balance (MOB), Healthy Moves for Aging Well, EnhanceFitness, Healthy Eating for Successful Living in Older Adults and the Arthritis Foundation's Tai Chi, Walk with Ease, Aquatic and Land Exercise Programs have resulted in older adults in Region Eight being offered the opportunity to participate in programs intended to help them maintain and improve their heath as they age. The Healthy Aging programs are offered to the general public as well as to targeted populations including older adult refugees, older adults in rural communities and minority seniors. A small amount of Title IIIIB funding is used to fund Senior Project Fresh in many counties, allowing for the purchase of fresh fruit and vegetables, which are vital to the health of older adults.

In 2013, recognizing that dental care is a key indicator of health and thus key to healthy aging, AAWM began
a dental program for older adults in Kent County that has continued. “Senior Dental Day” is now an annual collaborative project with the Grand Rapids Community College Dental Hygienist program and area volunteer dentists, hygienists, and dental assistants. Older adults in Kent County, who are prescreened and referred by outreach and assistance staff from local human service agencies, are able to receive teeth cleanings and minor dental work at no cost. In addition, seniors are provided with referrals to participating dentists for additional dental work if needed (at no cost or low cost). AAAWM recognizes that dental care is an important component of healthy aging that affects the ability to chew and eat nutritious foods as well as causing social isolation.

Program Development Objective B — Individuals will be offered the opportunity to choose from a wide array of long term supports and services to be provided in the setting of their choice.

The Nursing Facility Transition Program continues to help those currently living in a nursing facility return to their own home in the community. In FY 2014, the Care Management Department served 2,145 clients, including 997 MiChoice Waiver clients, 96 clients who were successfully transitioned from a nursing home and 153 Community Living Program clients. The MiChoice Medicaid Waiver program continued to provide in-home services to older adults and individuals with disabilities who are eligible for nursing home care. The Self-Determination service delivery model was used by many MiChoice Medicaid Waiver clients. Agency with Choice is an option that allows a participant in the waiver to serve as a co-employer with a traditional home health agency, offering clients more flexibility and control in directing personal assistance services at home.

Program Development Objective D — Protect older adults from abuse and exploitation.

Elder abuse refers to intentional or neglectful acts by a caregiver or “trusted” individual that lead to, or may lead to, harm of a vulnerable elder. According to the Department of Justice, a minimum of one (1) in nine (9) or 11% of Americans over age 60 have experienced some form of elder abuse in the past year. Many cases go unreported— for every one case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, at least five more go unreported. In almost 90% of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member, and two-thirds of the perpetrators are adult children or spouses. Financial abuse is common; elder financial abuse is regarded as the third most commonly substantiated type of elder abuse, following neglect and emotional/psychological abuse. While underreported, the annual financial loss by victims of elder financial abuse is estimated to be at least $2.6 billion dollars. Providers of services to older adults, financial/investment agents, and community members in Region Eight will have a better understanding of what comprises elder abuse, its prevention, detection, and associated penalties. AAAWM staff and members of the Elder Abuse Coalition will provide elder abuse trainings/workshops throughout the Region.

Program Development Objective E — Improve the effectiveness, efficiency, and quality of services provided through the Michigan Aging Network and its partners.

Contract Coordinators work closely with service providers to ensure that a wide array of programming and services are available to meet the needs of older adults of any age or any stage of aging. They advocate for their providers success in reaching the most vulnerable older adults and provide them with technical assistance that helps ensure that programs and services offered are innovative and constantly evaluated for efficacy, quality and efficiency.
Area Agency on Aging of Western MI, Inc.  

Program Development Objective F—Sustained development of the Caregiver Resource Network (CRN) throughout Region Eight, including improving support, assessment and service referral processes for caregivers.

AAAWM and the members of the Caregiver Resource Network recognize the value of caregivers in the Region and understand the contribution they make toward keeping older adults living in the community and in their own homes. Caregiving is not easy and AAAWM works to provide support, assistance, education and relief to caregivers throughout the Region.

4. A description of planned special projects and partnerships.

In 2016, there are plans to further embed our EBHP programs in the community through the many Health Care Systems and Health Clubs such as YMCA’s. Advantage Health Care Physician Network in Kent County is now offering the PATH program and our plan is to have them offering the A Matter of Balance Program in two of their physician offices early in 2016. Additional plans are to collaborate with The Ray and Joan Kroc Center, a 20-acre, multi-use, recreation and spiritual center in SE Grand Rapids to offer healthy aging programming to their older adult populations.

Plans for 2016 and beyond are to continue efforts to better connect with the Lesbian, Gay, Bisexual and Transgendered (LGBT) population who are often isolated as well as to raise awareness with the aging network of the needs of this segment of the population, in addition, AAAWM will continue the outreach of the newly created Kent County Elder Abuse Prevention Coalition to address issues of elder abuse and exploitation; speakers for this organization are available to speak throughout Region Eight.

In 2016, AAAWM will continue plans begun in 2015 to create a “Dementia Friendly Community.” Trainings, educational sessions, formation of committees and community awareness efforts have occurred and the momentum generated will enable the agency to move forward in a way that is purposeful and ongoing.

5. 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.

AAAWM plans to intensify efforts to ensure that the needs discovered in recent surveys are being met in ways that maximize efficiency, by working with providers to ensure that services do not overlap and that where joint purchasing or operating agreements make sense, they are actively pursued. In addition, AAAWM will endeavor to reduce waste primarily by reducing or virtually eliminating paper-based enrollment processes, which can require reams of cumbersome forms that create time-consuming delays and allow errors to be inadvertently introduced into the system; AAAWM scans thousands of documents into its systems each year. In early 2015, AAAWM began efforts to apply for accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); surveyors from CARF made a site visit to AAAWM in June 2015, results of the survey are pending.

6. A description of how the area agency’s strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the AIP.

Volunteers with the AAAWM are talented and experienced adults looking for meaningful ways to give back to their community. They come from all backgrounds and have in common a passion for the areas in which they serve and a strong desire to help others. Opportunities through AAAWM focus on civic engagement...
activities that educate and empower older adults to maintain independent healthy lifestyles. AAAWM's strategy for developing non-formula resources, including utilization of volunteers will support implementation of the AIP by reducing the amount of operating funds necessary to run programs and services. Specifically, AAAWM uses volunteers in the Disease Prevention/Health Promotion programs to disseminate the evidence-based programs throughout the Region and to advocate for legislation and funding that addresses the myriad needs of older adults. Additionally, AAAWM uses a cadre of volunteers in the Medicare Medicaid Assistance Program (MMAP) to educate and inform older adults of the available and most appropriate health care choices available to them.
## Public Hearings

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</table>

**Narrative:**
The public hearing for the 2016 AIP was held in an accessible facility and persons did not have to be present to provide testimony. The public hearing notices were available more than 30 days in advance of the scheduled hearings. Notice was provided to newspapers, older adult oriented publications, on the AAAWM website and Facebook page as well as distributed via email to service providers and the advocacy network. The notices indicated availability of the Summary Plan, including the required components, at least fifteen (15) days prior to the hearing. Information on obtaining the AIP online or by mail was also provided. Persons notified of the public hearings included, elected officials, service providers, older persons and the general public.
1. Describe changes from the approved FY 2014-2016 MYP, if any, to the AAAs priorities for addressing identified unmet needs within the PSA for FY 2016.

The primary unmet needs in Region Eight are in-home services, affordable housing for frail seniors who are not low income, transportation, lack of weekend congregate and home delivered meals and financial insecurity caused by the recent problem of reduced retirement investments. Additionally, there remains a need for AAAWM to increase public knowledge about the Region's available services and programming. AAAWM's priorities for addressing identified unmet needs within the 2016 AIP include care management/care consultation services and nursing home transitions to community living, advocacy at the state and federal levels to increase funding for affordable and low-income housing, as well as advocacy for steady increases in affordable housing options to keep pace with the growth in the 60+ population.

AAAWM will collaborate with transportation providers across the region to advocate locally and at the state level for increased and/or restored transportation funding for all transportation options, including volunteer and paid transportation, to provide options for an aging population. Other service priorities include in-home services, home delivered meals; caregiver support; access services, and continuing to provide proactive community information about service options and needs. AAAWM makes every effort to address needs within funding limitations.

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

When a customer desires services not funded under the AIP/MYP of where they live, the professional Intake and Access (I & A) staff at AAAWM direct them to other community resources such as regional 2-1-1 services and to private pay options within the region for the desired service. In making the requested referral, I & A team members query the caller to ascertain their specific needs in order to assist them in connecting with the service(s) that best meet their need for service.
<table>
<thead>
<tr>
<th>Provided by Area Agency</th>
<th>Access</th>
<th>In-Home</th>
<th>Community</th>
</tr>
</thead>
</table>
|                        | • Care Management  
|                        | • Information and Assistance | | • Disease Prevention/Health Promotion |
|                        |          |         | • Programs for Prevention of Elder Abuse, Neglect, and Exploitation |
| Contracted by Area Agency | • Outreach  
|                        | • Transportation | | • Caregiver Education, Support and Training |
|                        |          |         | | |
| Local Millage Funded | • Care Management *  
|                        | • Information and Assistance * | • Chore *  
|                        | • Outreach *  
|                        | • Transportation * | • Home Care Assistance * | • Adult Day Services * |
|                        |          |         | • Homemaking *  
|                        |          |         | • Home Delivered Meals *  
|                        |          |         | • Home Health Aide *  
|                        |          |         | • Medication Management *  
|                        |          |         | • Personal Care *  
|                        |          |         | • Assistive Devices & Technologies *  
|                        |          |         | • Respite Care *  
|                        |          |         | • Friendly Reassurance *  
|                        |          |         | • Adult Day Services *  
|                        |          |         | • Congregate Meals *  
|                        |          |         | • Nutrition Counseling *  
|                        |          |         | • Nutrition Education *  
|                        |          |         | • Disease Prevention/Health Promotion *  
|                        |          |         | • Assistance to the Hearing Impaired and Deaf *  
|                        |          |         | • Home Repair *  
|                        |          |         | • Legal Assistance *  
|                        |          |         | • Long-term Care Ombudsman/Advocacy *  
|                        |          |         | • Senior Center Staffing *  
|                        |          |         | • Vision Services *  
|                        |          |         | • Programs for Prevention of Elder Abuse, Neglect, and Exploitation *  
|                        |          |         | • Counseling Services *  
|                        |          |         | • Creating Confident Caregivers *  
|                        |          |         | • Kinship Support Services *  
|                        |          |         | • Caregiver Education, Support and Training *  

Printed On: 6/22/2015
| Participant Private Pay | • Transportation | • Chore | • Home Care Assistance | • Homemaking | • Home Delivered Meals | • Home Health Aide | • Medication Management | • Personal Care | • Assistive Devices & Technologies | • Respite Care | • Adult Day Services | • Congregate Meals | • Disease Prevention/Health Promotion | • Assistance to the Hearing Impaired and Deaf | • Home Repair | • Legal Assistance | • Vision Services | • Counseling Services | • Creating Confident Caregivers |
|------------------------|------------------|--------|------------------------|-------------|-----------------------|-----------------|------------------------|--------------|--------------------------|-------------|------------------------|----------------|--------------------------|-----------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Funded by Other Sources | • Outreach * | • Chore * | • Home Care Assistance * | • Homemaking * | • Home Health Aide * | • Personal Care * | • Assistive Devices & Technologies * | • Respite Care * | • Friendly Reassurance * | • Adult Day Services * | • Congregate Meals | • Disease Prevention/Health Promotion * | • Assistance to the Hearing Impaired and Deaf * | • Legal Assistance * | • Long-term Care Ombudsman/Advocacy * | • Vision Services * | • Counseling Services * |

* Not PSA-wide
Planned Service Array Narrative

There are a multitude of services available through other funding streams and entities that provide important supports to older adults in Region Eight, including family caregivers, senior millages and local and national foundations. These services are provided by for-profit, non-profit, governmental and private organizations. AAAWM considers all of them to be important components in the network of services available to those in need in the Region. The AAAWM service area is fortunate to have such a large array of services accessible to the community. While AAAWM has not identified any specific service gaps, there is an issue of limited capacity across existing services. Services funded by AAAWM are based on need, provider availability and their experience in providing services and AASA approved service definitions and standards.
1. Describe changes for FY 2016, if any, to the area agency's targeting strategy for the MYP cycle, including planned outreach efforts with underserved populations. If none, mark NA in the provided dialog box.

The Older Americans Act has defined the basic set of targeted populations that must be identified or kept in focus in the mind of the planner as well as the provider of services. The target populations are listed, but not limited to the list below:

1. Older individuals with greatest economic need. The term "greatest economic need" means the need resulting from and income level at or below the official federal poverty line.
2. Older individuals with greatest social need. The term "greatest social need" means the need caused by non-economic factors that include:
   a. Physical and mental barriers
   b. Language barriers
   c. Cultural, social, or geographical isolation, including isolation that;
      (1) Restricts the ability of an individual to perform normal daily tasks; or
      (2) Threatens the capacity of the individual to live independently.
3. Older adults belonging to a minority group.
4. Frail older individuals and their caretakers.
5. Older individuals residing in rural areas.

The Region Eight aging network endeavors to provide services that are linguistically and culturally appropriate to all populations seeking assistance. In many cases, providers are staffed with bilingual (English/Spanish) employees and volunteers. Additionally, many providers in Region Eight have received cultural awareness and inclusion training. Outreach efforts provide information about existing services and benefits to all populations in the Region, with an emphasis on the priority population groups outlined above. Clear direction to demonstrate efforts and attempts to reach Older Americans Act priority populations is specified in all service provider contracts. One of the Service Providers in Kent County works with very low (or no) income resettled older adult refugees from 25 countries, including, Eritrea, Liberia, Ghana, Bhutan, Burma, Ethiopia, Iraq, Bosnia, Somalia and Congo.

AAA WM recognizes that aging adults in rural 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. The relationships AAA WM has with local commissions on aging in predominantly rural areas of the Region are critical to making a difference in the lives of these often geographically isolated seniors. To further reach seniors in greatest social and economic need, outreach efforts of the Area Plan ensure the participation of the target populations outlined above are based upon considering the geographic isolation of some communities in Region Eight where members of the target population have been identified by their ethnic representation, economic status, their social isolation and rurality in a general sense. AAA WM is committed to ensuring that services are accessible to individuals with characteristics identified in the Older Americans Act. Diligent monitoring of the expenditure of funds in serving targeted populations accomplishes this goal.
2. If there are changes to the area agency's targeting strategy, indicate in the second dialog box how specific goals or targets will be addressed in FY 2016.

No changes, efforts to reach and provide services to underserved populations are ongoing.
### Regional Service Definitions

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Fund Source</th>
<th>Unit of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Access</td>
<td>☐ Title III PartB ☐ Title III PartD ☐ Title III PartE</td>
<td>One hour of Caregiver Focal Point Support (CRN)</td>
</tr>
<tr>
<td>☐ In-Home</td>
<td>☐ Title VII ☐ State Alternative Care ☐ State Access</td>
<td></td>
</tr>
<tr>
<td>☑ Community</td>
<td>☐ State In-home ☐ State Respite</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

**Service Name/Definition**
Caregiver Focal Point (Caregiver Resource Network)

**Minimum Standards**
Previously approved.

**Rationale (explain why activities cannot be funded under an existing service definition)**
There is no existing service definition that adequately and completely describes the caregiver focal point as it exists in Region Eight. Significantly more elements of the service surpass those required in the service standard provided by AASA.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Fund Source</th>
<th>Unit of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Access</td>
<td>☐ Title III PartB ☐ Title III PartD ☐ Title III PartE</td>
<td>An assessment or reassessment of a client</td>
</tr>
<tr>
<td>☐ In-Home</td>
<td>☐ Title VII ☐ State Alternative Care ☐ State Access</td>
<td></td>
</tr>
<tr>
<td>☐ Community</td>
<td>☐ State In-home ☐ State Respite</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

**Service Name/Definition**
Home Support

**Minimum Standards**
Previously approved.

**Rationale (explain why activities cannot be funded under an existing service definition)**
The definition of the Home Support Service as performed in Region Eight is not captured by the existing AASA service definition of Case Coordination and Support. The service is used to meet the needs of clients who require minimal support to remain independent, living in their own homes. Oftentimes, home support clients gradually progress to the Care Management and subsequently MiChoice waiver programs.

<table>
<thead>
<tr>
<th>Service Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐ Access</td>
<td>☐ Title III PartB ☐ Title III PartD ☐ Title III PartE</td>
<td>One hour of Outreach and Assistance (O &amp; A)</td>
</tr>
<tr>
<td>☐ In-Home</td>
<td>☐ Title VII ☐ State Alternative Care ☐ State Access</td>
<td></td>
</tr>
<tr>
<td>☐ Community</td>
<td>☐ State In-home ☐ State Respite</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
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</tr>
<tr>
<td>Service Name/Definition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach and Assistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previously approved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rationale (explain why activities cannot be funded under an existing service definition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The definition of Outreach and Assistance is inadequate to describe the activities and components of the service as it is being delivered to older adults in Region Eight. The regional definition is more specific to the expectation of detailed, holistic service provision.</td>
</tr>
</tbody>
</table>
Access Services

Care Management

Starting Date: 10/01/2014  
Ending Date: 09/30/2015

Total of Federal Dollars: $5,000.00  
Total of State Dollars: $493,336.00

Geographic area to be served: Region Eight

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

Goal: To provide support to frail elderly to prevent or delay institutional placement.
  Timeline: Ongoing
  Expected Outcome: Serve CM clients (355 served in FY 2014) and provide Options Counseling from the Community Living Consultant through the Community Living Program (153 served in FY 2014).

Goal: To provide a level of care in concert with MIChoice Waiver that results in a continuum of long-term care services.
  Timeline: Ongoing
  Expected Outcome: Allow for easy access to levels of care as people age in place in the community, maximizing federal, state and local resources.

Goal: Advocate for growth of the MIChoice Waiver Program to ease demand on Care Management and other state and federally funded services.
  Timeline: Ongoing
  Expected Outcome: Assure Medicaid and long-term care eligible individuals are served in the most appropriate program, resulting in a decreasing number of CM clients waiting for Waiver services.

Goal: Provide information, assistance and support to family caregivers.
  Timeline: Ongoing
  Expected Outcome: Assure consumers and family members have information necessary to make informed choices reflected in enrollment in CM programs.

Goal: Assure high quality services through continual quality improvement activities.
  Timeline: Ongoing
  Expected outcome: Achieve 95% or above overall compliance rate on program assessments

Goal: Provide consumers with choice through a broadly based purchase of service provider pool.
  Timeline: Ongoing
  Expected Outcome: Consumers will receive services in a timely manner and person-centered care plans will be honored.

Goal: Transition CM clients to MIChoice Waiver program as needs eligibility change.
  Timeline: Ongoing
  Expected Outcome: Assure seamless transition to address changing client needs as people age in place in the community.

Number of client pre-screenings:
  Current Year: 80  
  Planned Next Year: 80

Number of initial client assessments:
  Current Year: 60  
  Planned Next Year: 60

Number of initial client care plans:
  Current Year: 60  
  Planned Next Year: 60

Total number of clients (carry over plus new):
  Current Year: 260  
  Planned Next Year: 260
Area Agency on Aging of Western MI, Inc.

Staff to client ratio (Active and maintenance per Full time care

Current Year: 1:45 Planned Next Year: 1:45

Information and Assistance

Starting Date 10/01/2015 Ending Date 09/30/2016
Total of Federal Dollars $95,667.00 Total of State Dollars $0.00

Geographic area to be served Region Eight

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

Goal: Provide immediate and appropriate information to callers.

Timeline: Ongoing

Outcome: Allow for easy, friendly access to information and referrals as clients and caregivers make contact with AAAWM call center staff members.

Goal: Assure high quality services through continual quality improvement activities

Timeline: Ongoing

Outcome: Caller surveys will reflect a better than 95% satisfaction level with information and referrals received.
Disease Prevention/Health Promotion

Total of Federal Dollars $10,096.00

Total of State Dollars $0.00

Geographic Area Served Region Eight

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

Goal: Increase community capacity, throughout Region Eight, to provide and benefit from evidence based health promotion (EBHP) actions.

AAAWM will continue to offer, promote, train, and increase the number of evidence based health promotion (EBHP) programs in Region Eight. The programs have resulted in older adults in the Region being offered the opportunity to participate in activities intended to help them maintain and improve their health as they age. The Healthy Aging programs are offered to the general public as well as to targeted populations including older adult refugees, older adults in rural communities and minority seniors.

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.

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

Provide a detailed justification for the 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.

In Kent County, funded by the Kent County Senior Millage (KCSM), there is a paid position at a senior focused human service agency that is responsible for disseminating, training and evaluating evidence-based disease prevention/health promotion programs throughout the county. After evaluation of the efficacy of this position, it was decided that Region Eight as a whole could benefit from a similar type of coordination. The staff person at Region Eight who is charged with the selection and ongoing review of the curriculum and educational materials to ensure they meet the needs of the targeted population also hosts lay leader trainings region-wide in evidence-based healthy aging programming and evaluates and observes
leaders and trainers to ensure adherence to fidelity of healthy aging programs. Efforts have been made to add the other eight counties to the responsibilities of the Kent County Healthy Aging Coordinator at our partner agency, however, they chose not to pursue the opportunity and rather than duplicate the effort (without funding) with another provider, it made economic and practical sense to keep the function within AAAWM as it was already being performed (albeit at a reduced level).

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).
There was no discussion at the June 1, 2015 public hearing related to this request.

Prevention of Elder Abuse, Neglect and Exploitation

<table>
<thead>
<tr>
<th>Total of Federal Dollars</th>
<th>$14,161.00</th>
<th>Total of State Dollars</th>
<th>$0.00</th>
</tr>
</thead>
</table>

Geographic Area Served  Region Eight

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

Goal: Providers of services to older adults, financial/investment agents, and community members in Region Eight will have a better understanding of what comprises elder abuse, its’ prevention, detection and associated penalties.

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.

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

Provide a detailed justification for the 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 Kent County Elder Abuse Coalition meets monthly to review current cases, collaborate on solutions and provide an educational component for members. In addition, the coalition will provide at least 15 group elder abuse prevention presentations in FY 2016. Presentations will be targeted to seniors, caregivers, and providers of service and will focus on current scams, financial exploitation and recognizing the signs of elder abuse. The coalition is also involved in piloting a program which provides emergency housing and counseling for victims of elder abuse.
Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

There was no discussion regarding this service at the June 1, 2015 public hearing.
Regional Service Request

Caregiver Focal Point

<table>
<thead>
<tr>
<th>Total of Federal Dollars</th>
<th>Total of State Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>$33,000.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Geographic Area Served  Region Eight

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

Goal: Sustained development of the Caregiver Resource Network throughout Region Eight, including improving assessment and services referral processes for caregivers with high stress levels. AAAWM continues to support the CRN and work to continue its development throughout Region Eight. Service Providers are given the opportunity to provide updates of their caregiver support programs at bi-monthly CRN meetings.

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.

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services. (C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

The provision of the Caregiver Focal Point, called the Caregiver Resource Network (CRN), in Region Eight, by AAAWM is necessary to ensure that all providers in the region are involved in and kept apprised of education and outreach efforts. There are nearly 160 member agencies in the coalition, which meets bi-monthly, and there are six (6) subcommittees (Dementia education, Caregiver Appreciation/Recognition, Media/Marketing, Diversity, Member Engagement and Outreach and Access) that meet monthly to fulfill the mission of the organization, which is to reach out to and support caregivers wherever they are in their caregiving journeys.

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

There was no discussion at the June
Area Agency on Aging of Western MI, Inc.  

Home Support  

Total of Federal Dollars $26,541.00  
Total of State Dollars $0.00  

Geographic Area Served Region Eight  

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

Goal: AAAWM provides the Home Support program as an Older Americans Act funded service. Individuals will receive supportive services that allow them to live in the setting of their choice. Individuals can contact AAAWM using a local number or a toll free number, or by email via the AAAWM website to request an assessment to ascertain eligibility for the program. Information and Assistance staff members refer clients to the Care Management Department for follow-up.

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.

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

Provide a detailed justification for the 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.

No service provider can adequately assess home support clients in every county and this service as defined by AAAWM must be provided by a waiver agent. The other waiver agent in our region does not provide the service funded by state dollars, although they do provide it using funding from the Kent County Senior Millage. The services is used to provide support to older adults who do not (yet) meet the qualifications for Care Management services, but do require limited support to continue to live independently in their own homes. The funding is small, however, the impact it makes on those who qualify for it is not.

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

No discussion ensued at the public hearings.
Area Agency on Aging Goal

A. The AAAWM goal for FY 2016 and beyond is to continue building partnerships with the medical community to be able to better provide Healthy Aging programs to their patients. Further, the agency also hopes to bridge the gap between medical care and social supports which has been proven to impact health outcomes critical to health reform efforts. Endeavors will made to improve the health and nutrition of older adults by disseminating (new and established) evidence based programs throughout the region.

State Goal Match: 1, 7

NARRATIVE

Evidence-based, healthy aging programming is a cornerstone of the array of services offered in Region Eight, the number of classes and participants continues to grow beyond expectations.

OBJECTIVES

1. Increase community capacity, throughout Region Eight, to provide and benefit from evidence based health promotion (EBHP) actions.
   Timeline: 10/01/2015 to 09/30/2016

Activities

AAAWM will continue to offer, promote, train, and increase the number of evidence based health promotion (EBHP) programs in Region Eight. The programs have resulted in older adults in the Region being offered the opportunity to participate in activities intended to help them maintain and improve their health as they age. The Healthy Aging programs are offered to the general public as well as to targeted populations including older adult refugees, older adults in rural communities and minority seniors.

AAAWM currently funds eight Tier III (as defined by the Administration on Aging) Evidence Based Healthy Aging programs, in the efforts to continue expansion of the EBHP programs, PATH (Chronic Disease Self-Management Program), Diabetes PATH, A Matter of Balance (MOB), EnhanceFitness, and the Arthritis Foundation's Tai Chi, Walk with Ease, Aquatic and Land Exercise Programs. One Tier II program is also funded, Healthy Eating for Successful Living in Older Adults. The agency is exploring other options in EBHP for FY 2016, including the Tier III programs, Fit and Strong and Tai Chi: Moving for Better Balance.

AAAWM offered two (2) coach trainings for the A Matter of Balance Program in FY 2015, resulting in 20 new coaches being trained, resulting in a pool of over 60 active coaches in the Region.
AAAWM held three (3) EnhanceFitness (EF) instructor trainings this year to increase the number of trained EF instructors to 21 in the Region.

In 2016, there are plans to further embed the EBHP programs in the community through the many Health Care Systems and health clubs such as YMCA's. The collaboration with the YMCA has increased the capacity for the A Matter of Balance Program with a staff member from the YMCA being Master Trained. The YMCA plans to offer the MOB program to their community sites beginning in fall 2015.

January 2014, AAAWM received a Certificate of Accreditation from the American Association of
Diabetes Educators (AADE) for their work with the Diabetes PATH program. This is the first step in the plan to position AAAWM for third party reimbursement for healthy aging programming. In mid-2015, AAAWM received a Medicare identification number that will allow the agency to bill for Registered Dietitian services related to the Diabetes PATH program.

AAAWM received one of four (4) mini-grants awarded from the National Association of Chronic Disease Directors for $10,000 to provide local action to address multiple chronic conditions, specifically arthritis and the chronic disease risk factor of physical inactivity. With this funding, AAAWM is offering EnhanceFitness classes in the AAAWM Wellness Room. The program is being offered as a fee for service model to build sustainability after the grant funding has been depleted. The charge is minimal so as to remove barriers for participants, but enough to cover the cost of the instructor. The grant also covered the cost of an employee EF wellness class, which began in March 2015. Also in FY 2015, AAAWM was closely involved in the writing of the Michigan Health Endowment grant proposal for Diabetes PATH and MOB program expansion. Grant funding was awarded to AAAWM in the amount of $329,000 for a two (2) year period of programming, with the goal of reaching 355 people for each program.

In FY 2015, Barb Nelson-Janderno, a Master Trainer for EF, offered instructor training opportunities to AAAs and other organizations to support the statewide initiative to expand the EnhanceFitness program. Having master trainer level staff at AAAWM allows us to better and more efficiently disseminate all of the EBHP programs.

A series of A Matter of Balance classes were implemented at the Spectrum Health Trauma and Injury Prevention Outreach Program; their client referrals come from the Emergency Departments. The Nattawaseppi Huron Band of the Potawattami (NHB) Pine Creek Reservation continued offering MOB classes as well as initiating Diabetes PATH classes for their members. In FY 2015, a collaboration was formed with Spectrum United Lifestyles in Montcalm County, with plans to offer MOB and Diabetes PATH throughout the county. Memberships in Coalitions: AAAWM continues to be involved in state-wide PATH meetings, the MDHHS EnhanceFitness statewide committee, Ionia County Wellness Committee, Food and Nutrition Coalition of Kent County, and the Community Transformation Grant Active Living and Healthy Eating Subcommittee. Barb Nelson-Janderno is a member of the Maine Partnership for Healthy Aging Matter of Balance Lead Trainer Group, whose focus is on the national dissemination of the Matter of Balance Program. She is also consults with the national Evidence Based Leadership Council who, because of her expertise in many of the EBHP, solicit her input on cross training opportunities. The Council concentrates their energies in part on advocacy seeking reimbursement from insurance carriers and the Centers for Medicare and Medicaid Services (CMS).

Website and Media Releases: Numerous classes are continuously scheduled throughout West Michigan. Schedules are posted at www.aaawm.org as well as the location’s website (where available). All programs will have media releases and radio interviews as well as print materials used to encourage participation.

Expected Outcome
The expected outcome is an increased number of class sites, trainers and participants, more partnerships with physicians and the health care system in each county with the assistance of Michigan Peer Review Organization (MPRO) who will facilitate referrals and collaborations with health clubs in two counties. All AAAWM Healthy Aging programs are promoted throughout the agency including the
B. Older adults in Kent County will experience an improvement in their dentition and overall health. In addition, awareness will be raised for the need of affordable and accessible dental care for seniors. 

State Goal Match: 1

NARRATIVE
Periodontal infections are more common in the elderly; about 23% of 65-74 year olds have several periodontal diseases; 
About 30% of individuals 65 and older in Michigan have lost all their teeth. 
Studies have shown possible association between oral infections and systemic diseases such as diabetes, heart disease, and respiratory infections. 
The incidence rate of oral and pharyngeal cancers is higher among seniors than for other age groups. 
Seniors who are 65 years and older are seven times more likely to be diagnosed with oral cancer than younger individuals. 
Many seniors take medications that have the complicating side effect of reducing salivary flow (the amount and flow of saliva) resulting in "dry mouth". Reduction in salivary flow contributes to increased dental decay. 
Payment for dental services is generally out-of-pocket for older adults. Medicare does not cover routine dental services like cleaning, oral exam or x-rays. There is Medicare coverage for very limited situations, for example, extraction of teeth for the purpose of radiation treatment involving the jaw or if an inpatient hospital stay is required for a dental procedure. Many Medicare Advantage (MA) plans offer supplemental dental coverage as an option, usually for an extra cost. The levels of coverage vary from routine care, like cleaning, x-ray and oral exam to a more comprehensive dental package. For most people who have dental insurance coverage as a benefit of their employment, that coverage ends upon their retirement. In addition, most seniors have limited income. This results in compromised access to dental care. While 61% of the population report having a dental visit in the past year, only 45% of seniors 75 years and older report having a dental visit.

OBJECTIVES

1. Older adults in Kent County will experience an improvement in their dentition and overall health. 
   Timeline: 10/01/2015 to 09/30/2016

Activities
In 2015, recognizing that dental care is a key indicator of health and thus key to healthy aging, AAAWM will continue the partnership with the Grand Rapids Community College (GRCC) to host an annual "Senior Dental Day". This annual collaborative project with Dental Hygienist students and staff from GRCC, local volunteer dentists, hygienists, dental assistants, case managers from human service agencies and AAAWM served 42 older adults in December 2014. Older adults in Kent County, who were prescreened and referred by outreach and assistance staff from local human service agencies, were able to receive teeth cleanings and minor dental work at no cost. In addition, seniors are provided with referrals to partnering dentists for additional dental work if needed at no or low cost. AAAWM recognizes that good oral health is an important component of healthy aging as well as having a positive impact on social isolation.

Expected Outcome
Awareness will be raised for the need of affordable and accessible dental care for seniors.
C. Adults in Region Eight will have ample opportunities to avail themselves of the services, programs and resources that will enable to them to live in the setting of their choice for as long as they choose.

State Goal Match: 2, 6

NARRATIVE

The Centers for Medicare and Medicaid define Person Centered Planning as "a process directed by the participant, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the participant." AAAWM has worked very hard over the past few years to better incorporate this philosophy into all 20 programs and services, and will continue to do so in the years to come, as programs and services grow.

OBJECTIVES

1. Individuals will be offered the opportunity to choose from a wide array of long term supports and services to be provided in the setting of their choice by engaging community resources and supporting caregivers.

Timeline: 10/01/2015 to 09/30/2016

Activities

Self-Determination in Long-Term Care will provide participants the option to direct and control their own services through an individual budget. Participants will be supported to direct the use of the funds comprising their budget to pay for home modifications, non-medical transportation, to hire personal assistants, homemaker and chore service providers, and respite inside and outside of the home that best meet their needs. The Michigan Department of Health and Human Services (MHHS) requires that information on the Self-Determination in Long Term Care program be provided to all participants who enroll in or are currently enrolled in the MICHoice Waiver program and that this option is made available to all who desire this method of service delivery.

Agency with Choice is another process within the Self Determination in Long Term Care option of the MICHoice Waiver. With this option, a participant in the waiver serves as a co-employer with a traditional home health agency.

Individual Care Plans will be designed to help consumers be as independent and self-sufficient as possible while meeting identified care needs. Plans may include informal supports that family and friends provide, and/or services and supports from other government programs.

Expected Outcome

AAAWM will continue to build upon what it has learned through its coordination of the Caregiver Resource Network, taking into account caregiver issues and their impact on safely maintaining their care partner at home. The Nursing Facility Transition Program will continue to help those currently living in a nursing home return to their own home in the community. The MICHoice Medicaid Waiver program will continue to provide in-home services to older adults and individuals with disabilities who are eligible for nursing home care. AAAWM will also facilitate transitions where people become enrolled in Care Management or Adult Home Help Programs. Qualified individuals will receive assistance through the MI Choice Medicaid Waiver in licensed Homes for the Aged or Adult Foster Care. This allows Medicaid recipients a broader choice for long term care assistance in various locations, including
in their own home, group settings or at a nursing facility. The Self-Determination service delivery model will continue to be an option, as it offers clients more flexibility and control in directing personal assistance services at home by having the option to decide when care is to be provided (time of day/week. etc.), recruit, hire, manage and dismiss their own workers.

2. The mission of the Area Agency on Aging of Western Michigan is to help seniors and people with disabilities live in the setting of their choice by engaging community resources and supporting caregivers. In order to succeed at delivering on the mission, the agency has embraced a person directed, person centered philosophy of care.

Timeline: 10/01/2015 to 09/30/2016

Activities
Person Centered Thinking (PCT) is central to the process for planning and supporting individuals receiving services. It honors individual choices and preferences while building on individual strengths and capabilities. AAAWM has provided numerous trainings to staff on the importance of Person Centered Thinking, so that when staff interacts with consumers, this philosophy is paramount, the training has been conducted with all Care Management staff as well as Information and Assistance and agency management staff. Building on the basic training and concepts, AAAWM will continue to reinforce the PCT philosophy through ongoing training opportunities in communication, cultural competency, etc. AAAWM has two PCT trainers on staff that provides regular refresher training to existing staff as well as providing training to all new staff, using the PCT curriculum. A PCT training session is planned for the last quarter of FY 2015. Individual Care Plans will be designed to help consumers be as independent and self-sufficient as possible while meeting identified care needs. Plans may include informal supports that family and friends provide and/or services and supports from other government programs. AAAWM has embraced Person Centered Planning and has worked hard at providing staff training, as well as incorporating this philosophy into our materials that are distributed to the community.

Expected Outcome
AAAWM staff will continue to use person centered planning to ensure clients are informed of options for community-based and/or other living opportunities available for their choice and will successfully educate older adults and their support systems (friends, family, etc.) about available services that can help them live in their own home for as long as they choose. AAAWM will reinforce their PCT philosophy through ongoing training opportunities in communication, cultural competency, etc.

3. Consumers will receive excellent service from AAAWM’s Intake and Access (I & A) services staff members. I & A connects older adults and their families with the services and information they need. Information is provided over the telephone and in person, by trained and certified specialists who maintain a current, comprehensive data base of local, state and federal resources for older adults and their families. Assistance in contacting and accessing services is also provided for clients who are unable to do so themselves. AIRS-certified (Alliance of Information and Referral Systems) I & A specialists screen callers to determine their need for more extensive services, which are provided by case management staff.

Timeline: 10/01/2015 to 09/30/2016

Activities
AAAWM will provide Information and Assistance, using person centered thinking, to:
• Avoid having callers make numerous inquiries about available services
Area Agency on Aging of Western MI, Inc.

- More efficiently refer clients to Long Term Care counseling options
- Streamline screening of clients for MIChoice Waiver services
- Easily refer callers to Older Americans Act funded services and providers

Individuals can contact AAAWM using a local number, a toll free number, or by email via the AAAWM website. I & A staff members have one-to-one contact with those seeking help and use a computerized database to provide information about community resources including private for-profit, non-profit, and government funded resources.

**Expected Outcome**
Reduction in caller confusion about aging resources and increased caller education about long term care options.

D. The Area Agency on Aging of Western Michigan will provide elder abuse prevention education and information about interventions with the goal of maintaining older adults in their own homes as independently and safely as possible. AAAWM works to ensure people to know about the agency as a resource before they need it. AAAWM strives to provide information on all of its services to community partners. The agency has developed strong partnerships with first responders, local hospitals and medical practices in a concerted effort to provide information and resources about elder abuse and its many forms, to stakeholders across the continuum of care. Going forward AAAWM's objective is to create sustainable relationships with community partners, including hospitals, medical practices and first responders to enhance better communication and help to improve the quality of life for the consumers served by providing meaningful and ongoing elder abuse prevention education.

**State Goal Match: 3**

**NARRATIVE**

AAAWM will continue their partnership with the Kent County Elder Abuse Coalition to educate residents and providers of services in Region Eight on elder abuse prevention, while also providing speakers on the topic throughout the region. In addition, the coalition will actively work to intervene in current elder abuse cases in a collaborative manner. As scarce resources and the increasing population of older adults begin to meet one another, risks to individual safety will increase, leaving the most frail and vulnerable open to abuse, neglect and personal and financial exploitation. Interrupting and decreasing abuse, neglect, and exploitation of vulnerable adults requires consistent public education to raise community awareness about the issue, along with expert advice and counseling for individuals on how to recognize and decrease their risks.

**OBJECTIVES**

1. Providers of services to older adults, financial/investment agents, and community members in Region Eight will have a better understanding of what comprises elder abuse, its' prevention, detection and associated penalties. Additionally, there will be increased community awareness of the various forms of Elder Abuse, who to call to report it and how to recognize it.

**Timeline:** 10/01/2015 to 09/30/2016

**Activities**
The Kent County Elder Abuse Coalition will provide at least 15 elder abuse prevention presentations in FY 2016. Presentations will be targeted to seniors, caregivers, and providers of service and will focus
Area Agency on Aging of Western MI, Inc.

on current scams, financial exploitation and recognizing the signs of elder abuse. The coalition is also involved in an AASA grant funded pilot program which provides emergency housing and counseling for victims of elder abuse. In June 2015, AAAWM hosted a training for 75 bank tellers on how to recognize the signs of potential financial abuse and where to go with the information. Another training is scheduled for September 2015, for Certified Public Accountants (CPAs) and Financial Planners in the Region on the issue of financial exploitation and scams.

Expected Outcome
The Kent County Elder Abuse Coalition (facilitated by AAAWM staff), will provide elder abuse trainings and workshops throughout Region Eight.

E. Work with service providers to ensure that quality, innovative programming and services are offered to older adults at all stages of aging. New projects and programs will aspire to create innovative approaches to improve the aging service system through increased collaboration among major funders in the region and development of new programs.

State Goal Match: 4, 10

NARRATIVE
Contract Coordinators will work closely with service providers to ensure that a wide array of programming and services are available to meet the needs of older adults of any age or any stage of aging. They will advocate for their providers success in reaching the most vulnerable older adults and provide them with technical assistance that helps ensure that programs offered are innovative and constantly evaluated for efficacy.

OBJECTIVES

1. Work with service providers to ensure that quality, innovative programming and services are offered to older adults at all stages of aging. With life spans increasing, the baby boom cohort advancing, and a service region that is a significant retirement destination, a major challenge for AAAWM is the delivery of effective, efficient services and programs.

Timeline: 10/01/2015 to 09/30/2016

Activities
Contract Coordinators will:
• Conduct in-depth annual program assessments
• Ensure adherence to program standards by verifying program and service quality
• Provide training opportunities to providers in the aging network in an effort to improve effectiveness and efficiencies.
• Assist providers in new and innovative program development
• Synchronize the provision of coordination and technical assistance to providers and other stakeholder organizations that affect aging services, policies and programs throughout the Region

Expected Outcome
The outcomes of this objective are increased innovation in service offerings, increased partnerships and collaborations and improved and refreshed programming and services.

F. Provide resources, education, guidance, training and empowerment to support those caring for older
adults, persons with Dementia, Alzheimer's disease or other chronic conditions. The Caregiver Resource Network recognizes that caregivers are a pivotal component of long-term care planning for older adults, and that many older adults provide caregiving services to their own families or friends. AARP reports that "more than 90% of persons 65 and older with disabilities who receive assistance receive informal care; nearly two-thirds rely solely on informal caregivers." As a result, the CRN is a vital part of the aging network in Region Eight, providing education and resources through their meetings as well as through their website, www.caregiverresource.net.

State Goal Match:

NARRATIVE

OBJECTIVES

1. Sustained development of the Caregiver Resource Network throughout Region Eight, including improving assessment and services referral processes for caregivers with high stress levels.
   Timeline: 10/01/2015 to 09/30/2016

Activities
AAAWM supports the CRN and works to continue its development throughout Region Eight. Service Providers are given the opportunity to provide updates of their caregiver support programs at bi-monthly CRN meetings.

The following activities will be provided annually:

- Caregiver topic radio shows (six per year in collaboration with SightSeer Radio) will be produced by CRN members and available for downloading from the CRN website (www.caregiverresource.net).
- Twelve "Caregiver Corner" articles will be written by CRN members for the "Mature Lifestyles" publication.
- Five bi-monthly CRN meetings will be held. Member organizations attend these meetings to improve their referral processes; updates on subcommittee work are provided; and bi-monthly educational topics are presented.
- A calendar of events for caregivers will be published monthly on the CRN website.
- Multiple Caregiver Appreciation/Education events will be held in November
- A CRN Speaker's Bureau will be available for community presentations (CRN Members are the speakers)
- www.caregiverresource.net has resources, service information and educational opportunities available on the website.

The Steering Committee oversees the work of the CRN and sets the strategic plan. For FY 2016, the plans (in addition to the other work of the CRN) will focus on:
1. Collaborating with minority organizations to better serve caregivers
2. Getting more volunteer help from CRN membership.
3. The Diversity Academy will provide five classes on cultural sensitivity issues to the aging network with the goal of improving caregiver services and helping caregivers access services and resources.
4. Through the Member Engagement committee, volunteers will be recruited to assist with coordination of classes and events.
5. The Media/Marketing Committee will continue to focus on increasing the network's social media presence.
Other initiatives:
• The CRN began the "CRN Family Caregiver University (FCU)" in early FY 2015. The CRN FCU offered 12 skills based/hands on classes for family caregivers, topics included transfer training, bathing, personal hygiene and foot care and healthy eating and dental care. The CRN FCU will again offer monthly classes in FY 2016.

Expected Outcome
Increased awareness of caregiver challenges and regional resources available for support.
• Improved caregiver education in Region Eight
• Increased visibility and awareness of the Caregiver Resource Network’s website and speaker’s bureau.

G. Provide services that are culturally sensitive to Lesbian, Gay, Bisexual and Transgender (LGBT) seniors.
Increase awareness of the need for cultural competency throughout all programs and look to advocate and help education community partners on the importance of offering culturally competent programs and services.
State Goal Match:
NARRATIVE

OBJECTIVES
1. Knowledge of a client’s sexual orientation in a health or social service setting is crucial to provide appropriate, sensitive, and individualized care in order for LGBT older adults to experience successful aging (a term used by gerontologists to describe life satisfaction and a sense of well-being in the face of growing older). Providers who lack awareness of LGBT clients overlook their specific needs, sacrificing care and outreach without realizing it. Human service agencies must have the training needed to render them sensitive to the social, cultural, and legal needs of LGBT seniors, without it, there is a high risk that clients will be alienated from seeking needed services. Oftentimes, LGBT seniors avoid service providers because they feel misunderstood and unwelcome, their health and well-being compromised.
Timeline: 10/01/2015 to 09/16/2016

Activities
AAAWM staff will continue to offer technical assistance and linkage with local resources to service providers. A showing of the film "Gen Silent" will take place in October 2015 and all service providers will be invited to the showing as well as to the panel discussion being held immediately after.

Expected Outcome
Increased awareness of the need for cultural competency throughout all programs, advocate for and help education community partners on learning the importance of offering culturally competent programs and services. AAAWM will increase its outreach efforts to the population of older adults who identify as LGBT and look for new ways to reach those who are isolated and most in need. LGBT older adults are less likely to access senior services than their heterosexual peers due to concerns and fears about discrimination and poor treatment. Staff will meet with other agencies in the AAAWM planning area who serve these populations to make them aware of the services AAAWM provides and/or funds.
Area Agency on Aging of Western MI, Inc.
Advocacy Strategy

AAA Response:
The Area Agency on Aging of Western Michigan’s Board of Directors, Advisory Council and staff are mandated by funders to advocate for issues important to older persons, emphasizing older adults living with quality, independence, and dignity. This advocacy includes helping to identify local unmet needs and service gaps, seeking additional resources, developing and managing effective services and programs. It also includes opportunities for public expression of views on policies and programs. Members of the Advisory Council take a lead role in advocating for older adult funding, laws and services on behalf of AAAWM. In many west Michigan communities, those individuals maintain effective contact with elected officials, or are elected officials, addressing issues and legislation affecting older citizens and their communities. Advisory Council members participate on the State Advisory Council, as well as the Michigan Senior Advocates Council, and they bring issues of local importance to monthly meetings to share advice, gain support, and confer on leveraging resources. Additionally, the Advisory Council strongly supports the Silver Key Coalition Campaign. As reviewers of the agency’s Annual Plans, Advisory Council members are first to recommend adjustments and amendments that best promote the interests of the older adult community. The Advisory Council Chairperson is a member of the AAAWM Board’s Executive Committee. Board members hear of Advisory Council consideration and recommendations monthly and use that communication when making policy decisions. AAAWM will continue to provide technical assistance and support to legislative groups in other counties, as well as to the Advocates for Senior Issues coalition in Kent County.

The agency staff and volunteers will intensify contact with County Commissions and State legislators throughout Region Eight to help identify aging issues and act cooperatively toward beneficial resolution of those issues. They will continue to communicate the needs of older adults to their federal legislators as well. Issues important to older adults are also addressed through the human service collaborative committees in Region Eight. Advocates must be sensitive to and knowledgeable about trends in aging, intergenerational issues, government economics and policies, as well as the varying points of view on issues among older adults. Advisory Council meetings include regular informational updates in these areas, as well as periodic queries of the Council members. Increasing resources to support home and community-based services, including local senior millages, continues to be on the agenda. All of the nine counties in the region served by AAAWM have dedicated senior millages. The evolving Information and Referral, Care Management/Medicaid Waiver, Nursing Home Diversion, Evidence Based Health Promotion, and Elder Abuse Prevention services will remain strong issues, which facilitate and coordinate community based long term care services designed to enable older individuals to remain living in their homes. Advocacy is coordinated with agency initiated marketing communications and involves all levels of the West Michigan network on aging in outreach efforts. Expanded media contacts communicate the breadth of services available and how older adults and their communities can or do benefit from them. When concerns arise that pertain to the lives of older adults, particularly those related to State and Federal funding for services, Advocacy Alerts are emailed to advocates concerned with senior issues. The alerts, which are disseminated in real-time throughout the Region, provide the reader with detailed information about the issue(s) and whom they should contact with their thoughts or concerns. With the changes in the State of Michigan administration, and the high percentage of newer legislators in Lansing, a large part of the advocacy challenge in 2016 and beyond will be the education of legislators, administrators, and their staff in regard to senior issues; most of these people are inexperienced in matters relating to older adults. Agency staff and volunteers will meet with newer legislators to discuss programs and funding vital to seniors. Volunteers will participate in events in Lansing to speak with legislators to inform them of issues
Area Agency on Aging of Western MI, Inc.

and programs that are of most concern: the importance of programs like MIChoice, home-delivered meals, Office of Services to the Aging programming, and elder abuse legislation. Federal, State and Local legislators are invited to speak monthly at the Advocates for Senior Issues meetings, and are asked prepared questions and impromptu questions from the floor. Legislators will continue to be included in future programming, not just as speakers, but also as participants in conversations regarding important community issues such as gun violence, elder abuse prevention, the high cost of health care, and entitlement reform.
1. Include, at a minimum, plans to leverage resources with organizations in the following categories:
   a. Commissions Councils and Departments on Aging.
   b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
   c. Public Health.
   d. Mental Health.
   e. Community Action Agencies.
   f. Centers for Independent Living.
   g. Other

AAA WM plans to leverage resources with the Area Community Services Employment Agency (ACSET) and Community Action of Allegan County (CAAC), formerly Allegan County Resource Development Committee (ACRDC), both community action agencies serving Kent and Allegan counties respectively, by collaborating on providing healthy aging and other aged related programming such as congregate and home delivered meals to their constituencies. AAA WM plans like partnerships with the Commissions on Aging in Allegan, Ionia, Osceola, Newaygo, Mason, Mecosta, Lake and Montcalm counties.

Additionally, AAA WM has partnerships with several local colleges and universities, including Grand Valley State University’s (GVSU) Johnson Center for Philanthropy and Non-Profit Management Leadership Institute and the GVSU Center for Community Research and the Grand Rapids Community College's dental hygiene program.

AAA WM, through the MiChoice Waiver program works closely with Network 180 and other community mental health agencies to ensure that clients being served by both entities receive the mental health assistance they need.

2. Describe the area agency’s strategy for FY 2016 for working with ADRC partners in the context of the access services system within the planning and service area.

AAA WM and its Centers for Independent Living (CIL) partners work together to assure that persons seeking long term care information and assistance, whether elderly and/or disabled have access to the information and resources that they need. Working together, the AAA and CIL(s) have established communication pathways within our mutual Nursing Facility Transition programs working together to meet the Michigan Department of Community Health (MDCH) regional benchmarks. AAA WM is taking a lead role by answering the geographically routed ADRC calls, additionally, AAA WM has established an ADRC web page that includes links to community resources and will explore technology solutions such as direct transfer of calls to community partners, and setting up an electronic “Chat” option to easily communicate with partners in real time about persons seeking information. AAA WM will also use our current communication pathways; including newsletters, radio and print media, website and social media to promote the ADRC and will work with CIL partners and their community connections to promote the ADRC. These required partners will provide Information and Assistance services and Options Counseling as defined by OSA and will work to achieve fully functioning status for the ADRC of Western Michigan.
3. Describe how the area agency can support Aging Friendly Community/Community for a Lifetime initiatives within the PSA, with the following as requested (include any past or present efforts underway).
   a. Community assessments, senior survey results and demographic data that can be shared with community groups to enhance aging friendly assessments.
   b. Information that can be provided to community groups to enhance the quality of their aging friendly community assessment in such areas as; supportive community systems, health care access, transportation, disease prevention/health promotion, safety, home repair and other relevant areas.
   c. Technical assistance that can be offered to community groups in developing and collaborating on aging friendly community assessments or improvements.
   d. Please identify the area agency staff contact regarding Aging Friendly Communities/Community for a Lifetime activities within the PSA:

Creating Community for a Lifetime is an independent coalition convened to explore ideas about what constitutes an elder-friendly community and to articulate a shared vision for Kent County. Together, the community created a roadmap to ensure all older adults have the opportunity to live to their fullest potential. Creating Community for a Lifetime is a long-term, broad-based, community-wide initiative built on a foundation of community data-gathering and analysis and imbedded into the existing network of agencies addressing aging issues. The approach includes:

- Addressing currently identified issues while also creating a mechanism for long-term planning to address future issues.
- Offering a variety of opportunities for involvement of community organizations and individuals,
- Building on current organizational competencies, and
- Capitalizing on the energy, time, experience, and financial resources of older adults to impact community betterment.

Kent County’s success in addressing the challenges and opportunities presented by an aging community using the following benchmarks:

- Essential needs of older adults are being met.
- Appropriate and affordable housing is available.
- Housing can accommodate mobility and safety.
- The neighborhood is livable and safe.
- People have enough nutritional food.
- Assistance services are available and residents know how to access them. Social and civic engagement is promoted.
- Residents maintain connections with family, neighbors, and friends.
- Civic, cultural, religious, and recreational activities include older residents.
- Community residents help and trust each other.
- Physical and mental health and well-being is optimized.

Community promotes and provides access to necessary and preventive health services.
- Opportunities for physical activity are available and used.
- Obstacles to use of necessary medical care are removed.
- Palliative care services are available and accessible. Independence is maximized.
Area Agency on Aging of Western MI, Inc.  

- Appropriate transportation is accessible and affordable.
- The community service system enables people to live comfortably and safely at home.
- Caregivers are mobilized to complement the formal service system.

A 35 member Core Council governs the direction of the initiative. The Core Council is responsible for establishing the strategic direction and priorities of the initiative and ensuring community action on recommendations developed. The initiative is administered through a partnership between the Area Agency on Aging of Western Michigan and the Grand Rapids Community Foundation.

Sandra Ghoston-Jones, Kent County Contract Coordinator and Planner is the AAAWM staff contact regarding Community for a Lifetime activities within Region Eight.
Community Focal Points

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

Some time ago, when regulations accompanying funding required designating Community Focal Points, AAAWM adopted Webster's definition of Community: a body of people living near one another and in social relationship ... with a common interest. An important common interest is supporting the dignity and independence of all older adults living in the community. A Focal Point encourages the maximum co-location and coordination of services for older individuals. With the exception of Mason County, which has two, each county in Region Eight has one designated Community Focal Point. The required designation has never been accompanied with specific resources for the Focal Points; rather, it has been an acknowledgment that a named entity acts as a local focus of programs and services with the best interests of older adults at its core. The aging network, providing services and programs, in Region Eight historically has had at its heart Commissions on Aging. It has continued to be sensible to designate the Commissions as Focal Points and to designate senior centers as Focal Points in the counties where there are not Commissions. The test of time has confirmed that those designated organizations work continuously to fulfill the network's mission. We continue to regard the existing designations as very reasonable at this time. Following is a list of the Community Focal Points in Region Eight. For each, its name, address, website (if available), telephone number, contact person, service boundaries, number of persons age 60 and older/total population (source: 2010 Census as requested by OSA) is shown. Services are also listed at www.miseniors.net.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number

<table>
<thead>
<tr>
<th>Name:</th>
<th>Community Action of Allegan County</th>
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<tbody>
<tr>
<td>Address:</td>
<td>323 Water Street, Allegan, MI 49010</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.acrdc.org">www.acrdc.org</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(269) 673-5472</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Lisa Evans</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
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<td>Service Boundaries:</td>
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<td>Services Provided:</td>
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<thead>
<tr>
<th>Name:</th>
<th>Ionia County Commission on Aging</th>
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<tbody>
<tr>
<td>Address:</td>
<td>115 Hudson Street, Ionia, MI 48846</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.ioniacounty.org/commission-on-aging">www.ioniacounty.org/commission-on-aging</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(616) 527-5365</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Tamie Barker</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
<td>8,240</td>
</tr>
<tr>
<td>Service Boundaries:</td>
<td>Ionia County</td>
</tr>
<tr>
<td>Services Provided:</td>
<td>Homemaker, respite care, congregate and home delivered meals, health education, socialization, home repair, transportation</td>
</tr>
</tbody>
</table>

Printed On: 6/22/2015
<table>
<thead>
<tr>
<th>Name:</th>
<th>Mason County Central Schools-Scottville Senior Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>140 South Main Street, Scottville, MI 49454</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.mccschools.com">www.mccschools.com</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(231) 757-4705</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Marcia Visscher</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
<td>6,220</td>
</tr>
<tr>
<td>Service Boundaries:</td>
<td>Mason County</td>
</tr>
<tr>
<td>Services Provided:</td>
<td>Grandparent support groups, homemaker, respite care, congregate meals, health education, socialization, transportation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mason-Ludington Area Senior Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>308 South Rowe, Ludington, MI 49431</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.ludington.mi.us">www.ludington.mi.us</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(231) 845-6841</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Vicki Collins</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
<td>6,220</td>
</tr>
<tr>
<td>Service Boundaries:</td>
<td>Mason County</td>
</tr>
<tr>
<td>Services Provided:</td>
<td>MMAP, socialization, congregate meals, health education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mecosta County Commission on Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>12954 80th Street</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.co.mecosta.mi.us/coa.asp">www.co.mecosta.mi.us/coa.asp</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(231) 972-2884</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Cynthia Mallory</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
<td>7,198</td>
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<td>Services Provided:</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Montcalm County Commission on Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>613 North State Street, Stanton, MI 48888</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.montcalm.org">www.montcalm.org</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(989) 831-7476</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Bob Clingenpeel</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
<td>10,029</td>
</tr>
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<td>Service Boundaries:</td>
<td>Montcalm County</td>
</tr>
<tr>
<td>Services Provided:</td>
<td>Adult Day Programming, congregate and home delivered meals, health education, socialization, transportation, home chore, respite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Newaygo County Commission on Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>93 South Gibbs St., P.O. Box 885, White Cloud, MI 49349</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="mailto:info@newaygocoa.org">info@newaygocoa.org</a></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(231) 689-2100</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Joseph D. Fox</td>
</tr>
<tr>
<td>No. of persons within boundary:</td>
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<td>Service Boundaries:</td>
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<tr>
<td>Services Provided:</td>
<td>Adult Day Programming, congregate and home delivered meals, health education, socialization, transportation</td>
</tr>
</tbody>
</table>
### Area Agency on Aging of Western MI, Inc.

**Name:** Osceola County Commission on Aging  
**Address:** 732 West U.S. 10, P.O. Box 594, Evart, MI 49631  
**Website:** www.osceola-county.org  
**Telephone Number:** (231) 734-6002  
**Contact Person:** Scott Schryer  
**No. of persons within boundary:** 4,488  
**Service Boundaries:** Osceola County  
**Services Provided:** Congregate and home delivered meals, health education, socialization, transportation, home care

---

### Name: Senior Neighbors, Inc.
**Address:** 678 Front Street NW, Suite 205, Grand Rapids, MI 49504  
**Website:** www.seniornighbors.org  
**Telephone Number:** (616) 233-0277  
**Contact Person:** Robert Barnes  
**No. of persons within boundary:** 77,057  
**Service Boundaries:** Kent County  
**Services Provided:** Home chore, outreach and assistance, health education, socialization, transportation, prescription assistance

---

### Name: St. Ann's Lake County Senior Services
**Address:** 690 9th Street, P.O. Box 40, Baldwin, MI 49304  
**Website:** none  
**Telephone Number:** (231) 745-7201  
**Contact Person:** Shelly Shafer  
**No. of persons within boundary:** 3,038  
**Service Boundaries:** Lake County  
**Services Provided:** Congregate and home delivered meals, health education, socialization, transportation
1. Describe other grants and/or initiatives the area agency is participating in with OSA and other partners.

AAAWM is participating in a grant funded by the Michigan Department of Health and Human Services, partnering with AASA. AAAWM is responsible for establishing a contractual relationship with a service provider to reach elder refugees in the Kent County area. This effort includes providing appropriate services to all older refugees who are not currently being provided for in the community, linking older refugees with appropriate services in the community to help increase independent living and developing services for or linking older refugees to naturalization services, with special attention to newly-arrived older refugees and those who have lost or are at risk of losing Supplemental Security Income and/or other Federal benefits.

In late 2013, AAAWM received one of four mini-grants awarded from the National Association of Chronic Disease Directors for $10,000 to provide local action to address multiple chronic conditions, specifically arthritis and the chronic disease risk factor of physical inactivity. With this funding, AAAWM is offers an EnhanceFitness class in the AAAWM Wellness Room. The grant also covered the cost of an employee EF wellness class, which began in March 2015.

In FY 2015, AAAWM was closely involved in the writing of the Michigan Health Endowment grant proposal for Diabetes PATH and MOB program expansion. Grant funding was awarded to AAAWM in the amount of $329,000 for a two (2) year period of programming, with the goal of reaching 455 people for each program.

In mid-2013, the Nokomis Foundation granted award to three caregiver focused programs at AAAWM. The first was in the amount of $3,000, for the Conquering the Kitchen program which is a series of cooking and meal planning classes offered to male caregivers, taught by an AAAWM Registered Dietitian. The second was in the amount of $6,000, for the Handy Helen program which is a series of classes that teach female caregivers how to perform home repairs such as fixing leaky faucets/toilets, how to fix creaky floors, etc. The last was in the amount of $25,000 for the CRN education committee to engage and oversee a part-time paid intern focused on disseminating information about caregiver services and programming throughout Region Eight.

In mid 2015, AAAWM staff wrote a successful grant to AASA for funding targeting the issue of elder abuse. The PREVNtgrant for $24,809 was awarded to a service provider who is active in the Elder Abuse Coalition to pay for, a bed in an adult foster home for six (6) months and six (6) counseling sessions (with a licensed social worker) for a senior who has been abused or for a senior who is still in the abusive situation.

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

The elder refugee grant will assist elder refugees in becoming independent and aware of services and programming that is intended to foster settlement and assimilation into the broader community. Also, this grant will improve the quality of life in our PSA by giving these individuals access to resources that will enable them to live a full life with access to a rich array of community opportunities and services.
Area Agency on Aging of Western MI, Inc.

The chronic disease grant and the Michigan Health Endowment grant will aid AAAWM in continuing efforts to promote the benefits of healthy aging and disease prevention. The PREVNT grant enables a vulnerable senior to leave an abuse living situation and find a safe, supportive living environment with needed mental health assistance.

The grants from the Nokomis Foundation will be used to improve the lives of caregivers who have assumed non-traditional roles and responsibilities while caring for their loved one. The funds will allow for more classes to be offered as well as to pay for trademark protection of the programs.

3. Describe how these grants and other initiatives reinforce the area agency’s planned program development efforts for FY 2016.

The chronic disease grant reinforces AAAWM's program development objective A, "Work to improve the health and nutrition of older adults." The elder refugee grant bolsters AAAWM's planned program development objective B, "Ensure that older adults have a choice in where they live through increased access to information and services", additionally, in terms of targeting, because a significant number of these refugees are minorities and very low income, the goal of the area agency to target those most in need is also addressed. Lastly, the caregiving grants support program development goal F, "Provide resources, education, guidance, training and empowerment to support those caring for older adults, persons with dementia, Alzheimer's disease or other chronic conditions."
Appendices
### APPENDIX A

#### Board of Directors Membership

<table>
<thead>
<tr>
<th>Membership Demographics</th>
<th>Asian/Pacific Islander</th>
<th>African American</th>
<th>Native American/Alaskan</th>
<th>Hispanic Origin</th>
<th>Persons with Disabilities</th>
<th>Female</th>
<th>Total Membership</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Board Member Name</th>
<th>Geographic Area</th>
<th>Affiliation</th>
<th>Elected Official</th>
<th>Appointed</th>
<th>Community Representative</th>
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<tbody>
<tr>
<td>Art Adleman</td>
<td>Mecosta County</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>Marilyn Snell</td>
<td>Newaygo County</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>Marilyn Burns</td>
<td>Lake County</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Richard Karns</td>
<td>Osceola County</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Com. Don Black</td>
<td>Allegan County</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Stuart Peet</td>
<td>Allegan County</td>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td>Com. Larry Tiejema</td>
<td>Ionia County</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Jane Morris</td>
<td>Ionia County</td>
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<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>Co. Carol Hennessy</td>
<td>Kent County</td>
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<tr>
<td>Nancy Nielsen</td>
<td>Kent County</td>
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<td>Yes</td>
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<tr>
<td>Com. Colleen Carrington-Atkins</td>
<td>Lake County</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Com. Bill Carpenter</td>
<td>Mason County</td>
<td>Yes</td>
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<tr>
<td>Patsy Hagerman</td>
<td>Mason County</td>
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<td></td>
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<tr>
<td>Com. Bill Routley</td>
<td>Mecosta County</td>
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<td></td>
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<tr>
<td>Com. John Johansen</td>
<td>Montcalm County</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ralph Harrington</td>
<td>Montcalm County</td>
<td></td>
<td></td>
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<tr>
<td>Com. Philip Deur</td>
<td>Newaygo County</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Name</td>
<td>Location</td>
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<td>---------------------</td>
<td>-------------------------</td>
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<tr>
<td>Com. Larry Emig</td>
<td>Osceola County</td>
<td>Yes</td>
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</tr>
<tr>
<td>Com. Elias Lumpkins</td>
<td>City of Grand Rapids</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Esther Van Hammen</td>
<td>City of Grand Rapids</td>
<td>Yes</td>
<td></td>
<td></td>
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</table>
### APPENDIX B

**Advisory Board Membership**

<table>
<thead>
<tr>
<th>Membership Demographics</th>
<th>Asian/Pacific Islander</th>
<th>African American</th>
<th>Native American/Alaskan</th>
<th>Hispanic Origin</th>
<th>Persons with Disabilities</th>
<th>Female</th>
<th>Total Membership</th>
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</thead>
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<td>0</td>
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<td>9</td>
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<tr>
<td>Aged 60 and Over</td>
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<td>3</td>
<td>0</td>
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<td>9</td>
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### Board Member Name

<table>
<thead>
<tr>
<th>Board Member Name</th>
<th>Geographic Area</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben Witbrodt</td>
<td>Montcalm County</td>
<td></td>
</tr>
<tr>
<td>Ojars Smits</td>
<td>Ionia County</td>
<td></td>
</tr>
<tr>
<td>Com. Harold Mast</td>
<td>Kent County</td>
<td></td>
</tr>
<tr>
<td>F. Robert Deane, M.D.</td>
<td>Kent County</td>
<td></td>
</tr>
<tr>
<td>John Luckett</td>
<td></td>
<td>Grand Rapids Home for Veterans</td>
</tr>
<tr>
<td>Nicolette McClure</td>
<td>Lake County</td>
<td></td>
</tr>
<tr>
<td>Nellie Blue</td>
<td>Lake County</td>
<td></td>
</tr>
<tr>
<td>Paula Estle</td>
<td>Mason County</td>
<td></td>
</tr>
<tr>
<td>Robert Sundholm</td>
<td>Mason County</td>
<td></td>
</tr>
<tr>
<td>Jerrilyn Strong</td>
<td>Mecosta County</td>
<td></td>
</tr>
<tr>
<td>Kenneth Thompson</td>
<td>Ionia County</td>
<td></td>
</tr>
<tr>
<td>Adele Hansen</td>
<td>Newaygo County</td>
<td></td>
</tr>
<tr>
<td>Josephine Tolliver</td>
<td>Newaygo County</td>
<td></td>
</tr>
<tr>
<td>Barbara Hazlett</td>
<td>Osceola County</td>
<td></td>
</tr>
<tr>
<td>Mary Lou Proefrock</td>
<td>Osceola County</td>
<td></td>
</tr>
<tr>
<td>Keith Vandercook</td>
<td>City of Grand Rapids</td>
<td></td>
</tr>
<tr>
<td>Priscilla Kimboko</td>
<td></td>
<td>Grand Valley State University</td>
</tr>
</tbody>
</table>
APPENDIX C
Proposal Selection Criteria

<table>
<thead>
<tr>
<th>Date criteria approved by Area Agency on Aging Board:</th>
<th>03/23/2015</th>
</tr>
</thead>
</table>

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

New providers (who are not assessed by a third party) will be asked to provide a letter from collaborative partners detailing how they communicate with their constituents, their timeliness, attention to detail and responsiveness.
APPENDIX D
Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

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

| Estimated number of meals these funds will be used to produce is: | 326,961 |

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate OSA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to OSA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.
APPENDIX E
Waiver of Minimum Percentage For a Priority Service Category

<table>
<thead>
<tr>
<th>Priority Service Category for which Waiver is being requested:</th>
<th>Legal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Funds</td>
<td>Amount of Funds</td>
</tr>
<tr>
<td>Kent County Senior Millage</td>
<td>54,286</td>
</tr>
</tbody>
</table>

**Rationale Statement:** Explain how waiving the respective required minimum percentage will enhance the service delivery system to be implemented under this plan. (For additional context, refer to OSA Transmittal Letter 2005-107, July 27, 2005.)

AAAWM administers the Kent County Senior Millage (KCSM), which funds Legal Aid of West Michigan for legal services in the amount of $54,286. In addition to the KCSM dollars, AAAWM also funds legal services from IIB in the amount of $43,030 and from IIE in the amount of $10,000. Because of these various sources of funds, we respectfully request a waiver from the required amount of 6.5 percent of IIB funds to be allocated for legal services. IIB funds are used to support other services that have limited funding streams.