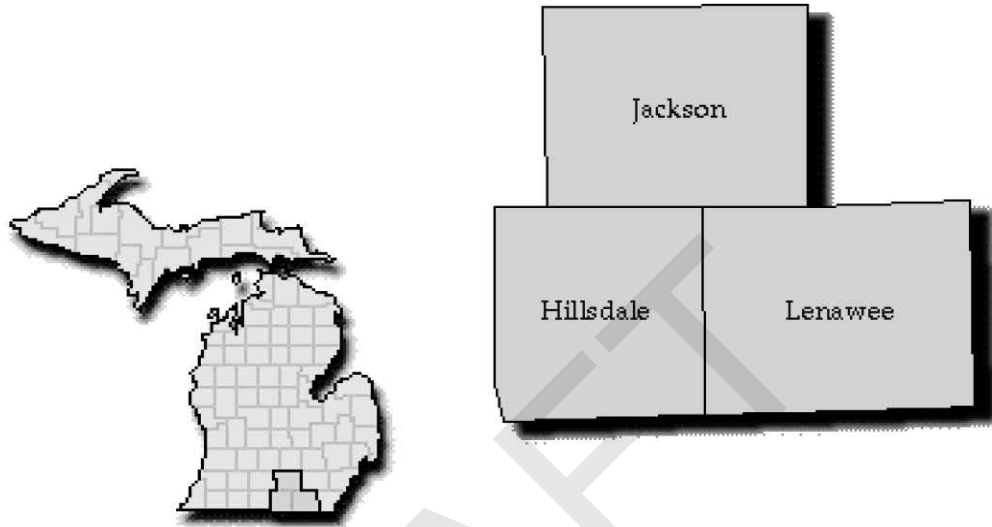


2023-2025 Multi Year Plan
FY 2023 ANNUAL IMPLEMENTATION PLAN
REGION 2 AREA AGENCY ON AGING



Planning and Service Area

Hillsdale, Jackson,
Lenawee

Region 2 Area Agency on Aging

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Table of Contents	Page Number
Executive Summary	2
County/Local Unit of Government Review	7
Public Hearings	8
Regional Service Definitions	9
Access Services	14
Direct Service Request	16
Regional Direct Service Request	24
Program Development Objectives	25
Scope of Services	30
Planned Service Array	38
Planned Service Array Narrative	41
Strategic Planning	42
Advocacy Strategy	46
Leveraged Partnerships	48
Community Focal Points	50
Other Grants and Initiatives	52

Executive Summary

1. Region 2 Area Agency on Aging (R2AAA) is pleased to present the FY 2023-2025 Multi-Year Plan. This plan is mandated by the Federal Older Americans Act to address how Older Americans Act and Older Michigianians Act programs and services will be administered to older adults within the boundaries of Hillsdale, Jackson and Lenawee Counties, Michigan.

Region 2 Area Agency on Aging was established on October 1, 1974 and is a private, not-for-profit agency, serving Hillsdale, Jackson and Lenawee Counties.

MISSION

To improve conditions affecting the lives of the older adults and individuals with disabilities in the region by : Identifying concerns of those persons and developing a comprehensive and coordinated network of services in Hillsdale, Jackson and Lenawee Counties that will enable older persons and individuals with disabilities to function as independently as possible in their homes and communities; Providing advocacy, information, planning, program development, contracting and the funding necessary to accomplish this purpose.

The Region 2 Planning and Service Area is varied in its demographics and its geographical highlights. Anchored by our two largest urban areas, Jackson (Jackson County) and Adrian (Lenawee County) are home to the most diverse populations, while Hillsdale County is the smallest and most rural county in the service area. Each county is home to several colleges, universities, and major health systems. Among the highlights of Region 2 are the deep, long lasting ties between the Region 2 Area Agency on Aging and our providers and contractors. Our three Community Focal Points are each recipients of County-supported Senior Millages, which work in tandem with R2AAA to serve older adults, adults with disabilities, and caregivers.

POPULATION & DEMOGRAPHICS

In the Region 2 planning and service area, there are approximately 77,456 persons 60 years and older, with 4,596 individuals identifying themselves to be 60+ and minorities, and 5,725 residents who are 60+ identify as living below 100% of the poverty level.

STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS

Strengths:

- Our Staff
- Customer Service
- Our Access to Resources
- Teamwork
- Unique Programs
- Strong Leadership
- Relationships with Community Partners and Contractors
- Integrity
- Our Shared Mission
- Upbeat place to work
- Commitment to Continual Improvement Process

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Weaknesses:

Lack of Awareness of the Agency and our Programs
Tiered Care Waitlist
Need for greater diversity among stakeholders (Board, Advisory, Others)
Caregiver Shortages
Capacity among staff
Training limitations for unlicensed staff
Misunderstanding of the role of R2AAA
Need for increased Staff Engagement

Opportunities:

Waiver Program and its Potential
More Presence in Community Events
New Building
Continued Diversification from MI Choice Waiver
Increased Funding Streams via Fund Raising
Expansion of Services
Marketing and Education of Services
More Transportation Opportunities
IT systems Interoperability

Threats:

Political Environment
Funding
Uncertainty of Inflation & Impact on Funding
Employee Shortage Directly or Indirectly
Staff Burnout
Volatility of Labor Market
Systemic Issues within the Healthcare System
Direct Care Worker Wages
Private For-Profit Care Entities

Primary Focus FY 2023-2025:

R2AAA has an aggressive plan for improving services and supports to older adults, adults with disabilities, and caregivers over the next three years. Much of our focus over the next three years will relate to supporting our staff and communities throughout our service area in their efforts to live with the "new normal" brought on by the pandemic. We have plans to implement the following key initiatives, as detailed in our Strategic Plan:

Increase name recognition in the community
Support those we serve and our staff
Seek and secure grants; capitalize on and develop fundraising opportunities
Develop resources in house (work, planning, experts, and time)
Monitoring the N4A and others on progress
Mentor: Medical students, school age children

Region 2 Area Agency on Aging

FY 2023

2. Special Projects and Partnerships

R2AAA is looking to partner with area health systems and physicians to better equip community partners with an understanding of when referrals are appropriate to the agency and to ensure understanding of available resources. This need was highlighted at each of our four community focus groups and cited in our Community Needs Survey responses. R2AAA is poised to begin a revised outreach approach which will capitalize on relationships formed and strengthened during the pandemic.

R2AAA has made considerable progress in our efforts to improve access to services and supports through our Assistive Technology department. Key partnerships include: smart device loaner and instructional programs with senior centers and libraries, the building of a statewide collaborative to offer evidence based workshops in web-based formats with other AAAs, a complete overhaul of our website to improve accessibility, and the expansion of our use of web-based options for caregiver support through the Trualta training portal and a Caregiver communication application developed in partnership with Henry Ford.

R2AAA is currently involved in three separate Michigan Health Endowment Fund projects: The Area Agency on Aging Association of Michigan (4am) is currently engaged in work to explore the potential for a statewide IT interoperability solution, our Wellness through In-Home Physical Activity Partnering is an in-home physical activity program designed to help improve wellness for home-bound older adults and their caregivers, and we are engaged with an IT consultant to assist in altering our current software capacity to allow for improved Social Determinants of Health screening questions.

Safe Haven program continues to partner with Adult Protective Services, area landlords and other community agencies/initiatives to provide safe, temporary housing and service coordination for older adults and adults with disabilities who have experienced abuse, neglect and exploitation. We are working to assist other AAAs in replicating this successful program model in other areas.

3. Management Initiatives

R2AAA is working to achieve better training goals for Information and Referral and Options Counseling staff that will include AIRS certifications for all department employees, as well as Motivational Interviewing.

R2AAA is currently engaged in a consultant contract with the Grand Rapids Chamber Inclusion Team to perform a series of trainings and an agency-wide assessment to create a plan and roadmap for our Diversity, Equity, and Inclusion work.

R2AAA achieved our second 3-year accreditation from NCQA in 2021 and the Agency will work to keep this accreditation and will evaluate the benefits of pursuing additional accreditations.

Our use of Community Health Workers (CHW) has proven invaluable, as evidenced by our overwhelmingly positive participant satisfaction surveys, and we believe that this has been made possible by our commitment to providing ongoing training and initial CHW certifications for all CHWs with Michigan Community Health Worker Alliance (MiCHWA).

We are looking to continue the success we've seen with investing in preventative care. Our Tiered Care Program model has increased efficiency in service delivery by expanding the amount of individuals served with

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

more efficient resources, such as telephonic check ins for individuals with lower level of care needs, the use of CHWs and interns to reach participants before a crisis. This program has been nationally recognized and is receiving a 2022 USAging Innovation Award.

4. COVID-19 Pandemic Response

If there is a silver lining to the pandemic, it is the amazing partnership and teamwork among human service agencies, health departments, local government, and health systems. Without these partnerships, Region 2 AAA could not have had the impact in our communities that we did.

Since the start of the pandemic, Region 2 AAA and its partners have facilitated the following in Jackson, Hillsdale, and Lenawee Counties:

Added 360 seniors to home delivered meal programs (Meals on Wheels)

Distributed 450 quarantine food boxes to seniors

Distributed 250 personal care boxes to seniors

Expanded access to telehealth devices and Personal Emergency Response System units

Provided senior benefits with unmet needs program funds to fill gaps

Free access to Trualta platform, offers free virtual caregiver trainings

Thousands of masks and other PPE distributed to participants and providers

More than 1,000 vaccine appointments scheduled

Dedicated message lines for community members to request support with scheduling their vaccine appointments in all three of our counties

Dozens of vaccine clinics either hosted or staffed by Region 2 Area Agency on Aging and its providers

Provide Transportation and Respite services for those going to vaccine appointments

Nearly 200 Friendly Reassurance well-check calls to seniors each month

Ongoing partnerships with County Health Departments to support the needs of residents and to review County Emergency Management Procedures to ensure the needs of older adults, adults with disabilities, and caregivers are considered.

In looking ahead, R2AAA sees that our work in response to the pandemic is far from over. The toll that COVID-19 has taken on older adults, adults with disabilities, and caregivers has been particularly devastating. The caregiver shortage has been exacerbated by the pandemic, and R2AAA sees this as an area of focus for the foreseeable future. We will continue to look for creative approaches to reducing caregiver burdening and offering caregiver trainings in accessible venues. R2AAA remains dedicated to responding to the increase in social isolation and depression among older adults and will continue to offer Friendly Reassurance and new opportunities for engagement.

5. New Priorities and Objectives

While we're only adding two services to our FY 2023-2025 MYP, we have seen a continued need for the supports and services we added during the COVID-19 pandemic, which include: expanded access to Personal Emergency Response Systems (PERS), Friendly Reassurance, Unmet Needs/Gap Filling, Community Living Supports (CLS) and we plan to continue offering them.

We will be adding one new service, and returning a previously offered service back into our MYP. R2AAA will

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

offer Care Transitions services to our FY 2023-2025 MYP. The aim of this program is to deliver equitable care, promoting quality proactive discharge planning, extensive coaching, and post discharge supports to adults 60+. Poor transition support can lead to readmissions, increased costs and prolonged recovery.

We will also reintroduce Nutrition Counseling to our MYP. R2AAA previously offered this service, however, it did not receive much interest. Over the last year and a half, we have seen an uptick in individuals looking for this service to better manage their diabetes, heart disease and other chronic conditions. R2AAA is fortunate to have a fruitful partnership with a Registered Dietician (RD) in our service area, whom we contract with for a variety of projects. Our contracted RD will provide Nutrition Counseling services to older adults in our planning and service area.

6. Assessment Need

R2AAA, in compliance with Operating Standards, completed a Community Needs Assessment as a means of analyzing the needs of older adults, adults with disabilities, and caregivers in our planning and service area. The R2AAA Community Needs Assessment is a comprehensive survey which seeks to identify areas of need for those living in the Region 2 service area. Many people contribute to the formulation of the assessment, the questions and the wording of the questions. R2AAA strives to give as many options as possible for assessment respondents to complete the survey. The survey was available in English and Spanish (additional languages available upon request) through our website, by mail (with SESE included), packaged with home delivered meals, available for pick up at R2AAA office, offices of providers and senior centers, and available to be administered over the phone with a staff member.

In addition to the Community Needs Survey, R2AAA facilitated four community focus groups, where individuals were asked to provide feedback regarding the needs of older adults, adults with disabilities, and caregivers in their communities. Focus groups were held at each of our Community Focal Point locations as well as the R2AAA office. Two of the four focus groups were offered both in person and virtual options for participation. These groups provided invaluable insight into the needs in our planning and service area, and afforded R2AAA the opportunity to learn more about the difference in needs in each of the three counties we service.

All of the information gathered during focus groups and from the Community Needs Survey were used to build the FY 2023-2025 Multi Year Plan. A summary of these efforts will be available on the R2AAA website.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

County/Local Unit of Government Review

Region 2 Area Agency on Aging's (R2AAA) plan to elicit feedback during the planning process, distribute a draft of the FY 2023-2025 Multi Year Plan and gain support from the County Commissions in Hillsdale County, Jackson County, and Lenawee County will consist of the following:

The Chairs of Hillsdale, Jackson and Lenawee County Commissions will receive invitations to four community focus groups and two Public Hearings.

Upon R2AAA Board of Directors approval of the FY 2020-2022 Multi-Year Plan (tentatively scheduled for June 23, 2022), a copy will be mailed, return receipt requested, to the Chairs of Hillsdale, Jackson and Lenawee County Commissions, including a letter requesting approval of the document prior to July 12, 2022.

R2AAA will include the offer to meet with County Commissioners for further discussion, if requested. In addition, the plan will be emailed to each Commission Secretary with a request that R2AAA be notified when the plan has been reviewed.

Prior to July 18, 2022, Ashley Ellsworth, ACLS Bureau Field Representative, will be notified of each counties' status on review of the FY 2023-2025 Multi-Year Plan.

Region 2 CEO, Julie Wetherby, will appear before the Human Services Committees of each County Commission, per committee's agenda. Updates of the Area Plan will be shared with each County.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
05/18/2022	Grass Lake Senior Center	12:00 PM	Yes	23
06/21/2022	R2AAA Office	10:00 AM	Yes	0

Information from June 21st Public Hearing has not yet been added.

Legal notices appeared in newspapers throughout the Planning and Service Area, including publications known to have wide circulation to minority and LGBTQ+ individuals.

Notice of the Hearings were announced on R2AAA's website along with notice of how the draft plan could be received. The Public Hearing notice and copies of the DRAFT Plan were made available to Board of Directors and Advisory Council members at their monthly meetings and on our R2AAA website. Notice of Public Hearings were also given to MI Choice Waiver Providers and sent as a 2-1-1 Blast.

Both meetings complied with the Open Meetings Act, in that both were held in person (one with a virtual option) in barrier-free venues.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Regional Service Definitions

Service Name/Definition

The Tiered Care Program provides options for service intervention, based on an individual's level of care needs. This program serves individuals 60 years of age and older throughout the planning and service area (Hillsdale, Jackson, Lenawee Counties). The program employs a system that allows individuals to stay with the AAA for a longer period of time, in that individuals will have the opportunity to move through the tiers of care in accordance with their level of need in an effort to minimize the number of individuals coming to our Agency already in crisis. This program promotes a more comprehensive and inclusive approach to service delivery, while streamlining the variety of Access services offered by R2AAA. This program may also be utilized by individuals on waiting lists.

Rationale (Explain why activities cannot be funded under an existing service definition.)

There are currently no minimum standards that support a program that focuses on using multiple levels of intervention while the person is on a waiting list for long term care services. There are also no other service options that emphasize a tiered approach allowing individuals to work with the AAA prior to reaching a crisis level of need.

Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input checked="" type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input checked="" type="checkbox"/> State Alternative Care <input checked="" type="checkbox"/> State Access <input checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	One hour of client contact.

Minimum Standards

Tier 1: Telephonic -

Community Health Worker (CHW) will perform a telephonic interview, using a standardized assessment to determine current level of need, current health status, review of existing supports, home environment, benefit review and cognitive concerns. Clients will receive an abbreviated Care Plan detailing the services needs identified during the assessment, as well as goals and objectives developed in partnership with the client and any identified informal supports. At least quarterly, clients will receive telephonic support from CHW to determine changes in health/service needs, satisfaction using a standardized progress note template. Clients in Tier 1 may also receive Home Delivered Meals, PERS (Personal Emergency Response System), Homemaker services and Options Counseling.

Tier 1 clients will, ideally, have a strong connection to other community service agencies, i.e. CMH, support groups, strong social network, primary care physician, etc.

Tier 2: Care Management -

A Registered Nurse (RN) and CHW will complete an enhanced assessment and care plan, utilizing a person-centered planning approach. Monthly phone calls to monitor progress, satisfaction and level of care will be documented in the client record. Tier 2 clients can receive the supports and services described in Tier 1, as well as Medication Management (with a 90 day reassessment), In-home Options Counseling and Personal Care.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Tier 3: Targeted Case Management (TCM) -

Current CM and TCM standards are utilized. A RN will complete a comprehensive assessment and care plan, using a person-centered planning approach, annually. TCM clients will receive a monthly in-person RN visit. Tier 3 clients can receive all the supports and services available in Tiers 1 and 2, with the addition of monthly in-person RN visits.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Service Name/Definition				
<p>Gap Filling/Unmet Needs services provide resources to assist older adults in obtaining needed items and interventions that if gone unfilled, would negatively impact the older adult's health or safety. Recipients of this service will have previously exhausted other available services from Region 2 AAA and other known community services providers. Requests for assistance utilizing Gap Filling/Unmet Needs funds will be submitted to the Region 2AAA Unmet Needs Committee for review.</p>				
<p>Rationale (Explain why activities cannot be funded under an existing service definition.)</p> <p>Region 2 AAA has seen a significant increase in needs of older adults which cannot be filled with existing supports and services.</p>				
Service Category	Fund Source			Unit of Service
<input checked="" type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title VII <input type="checkbox"/> State In-home <input type="checkbox"/> Other _____	<input type="checkbox"/> Title III PartD <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Respite	<input checked="" type="checkbox"/> Title III PartE <input type="checkbox"/> State Access	One good/supply/service purchased

Minimum Standards

1. Individuals must be age 60 and over.
2. Payments directly to individuals are not permitted.
3. Requested supplies will be determined to be safe and in working condition.
4. Recipients of this service will have previously exhausted other available services from Region 2 AAA and other known community services providers.
5. Requests will be submitted to the Region 2AAA Unmet Needs Committee for review.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Service Name/Definition		
<p>Community Living Support services are used to increase or maintain personal self- sufficiency, facilitating an individual's achievement of goals of community inclusion and participation , independence or productivity. The supports may be provided in the participant's residence or in community settings .</p> <p>Community Living Support services include Homecare Assistance and Respite .</p>		
<p>Rationale (Explain why activities cannot be funded under an existing service definition.)</p> <p>Homecare Assistance and Respite services are bundled together into Community Living Supports (CLS) so that we can utilize purchase of service contractors who do not recognize the two services, separately. CLS services provided by purchase of service contractors are utilized when wait lists are too long or when current OAA-funded contractors are unable to accommodate a client's in-home care needs.</p>		
Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input checked="" type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	<p>One 15 minute increment</p>

Minimum Standards

In addition to the following minimum standards, it is expected that CLS service providers also adhere to Operating Standards for Service Programs, General Requirements for In-Home Service Programs.

Homecare Assistance:

1. Each program must have written eligibility criteria.
2. All workers performing home care assistance services must be trained by a qualified person and must be tested for each task to be performed prior to being assigned to a client. The supervisor must approve tasks to be performed by each worker. Completion of a recognized nurse's aide training course by each worker is strongly recommended.
3. Individuals employed as home care assistance workers must have previous relevant experience or training and skills in assisting with personal care needs, housekeeping, household management, good health practices, observation, and recording and reporting client information.
4. Semi-annual in-service training is required for all home care assistance workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.

Respite:

1. Each program must establish written eligibility criteria which include at a minimum:
 - a. That clients must require continual supervision in order to live in their own homes or the home of a primary care giver, or require a substitute care giver while their primary care giver is in need of relief or otherwise unavailable; and/or
 - b. That clients may have difficulty performing or be unable to perform activities of daily living (ADLs) without assistance as a result of physical or cognitive impairment.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

2. Respite care services include:
 - a. Attendant care (client is not bed-bound) - companionship, supervision and/or assistance with toileting, eating and ambulation; and,
 - b. Basic care (client may or may not be bed-bound) - assistance with ADLs, routine exercise regimen, and assistance with self-medication.
 - c. Respite care may also include chore, homemaking, home care assistance, home health aide, meal preparation and personal care services. When provided as a form of respite care, these services must also meet the requirements of that respective service category.
3. Each program shall ensure that the skills and training of the respite care worker to be assigned coincides with the service plan of the client, client needs, and client preferences. Client needs may include, through are not limited to, cultural sensitivity, cognitive impairment, mental illness, and physical limitation.
4. An emergency notification plan shall be developed for each client, in conjunction with the client's primary caregiver.
5. Each program shall establish written procedures to govern the assistance to be given participants in taking medications, which includes at a minimum:
 - a. Who is authorized to assist participants in taking either prescription or over the counter medications and under what conditions such assistance may take place. This must include a review of the type of medication to be taken and its impact upon the client.
 - b. Verification of prescriptions and dosages. All medications shall be maintained in their original, labeled containers.
 - c. Instructions for entering medications information in client files, including times and frequency of assistance.
 - d. A clear statement of the client's and client's family responsibility regarding medications to be taken by the client while participating in the program and provision for informing the client and client's family of the program's procedures and responsibilities regarding assisted self -administration of medications.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Access Services

Care Management

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars		Total of State Dollars	\$215,913.00

Geographic area to be served
Hillsdale, Jackson, Lenawee County

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

Goal 1: Continued integration of Community Health Worker (CHW) into new program staff dynamics.

Activity - Clarify RN/CHW roles with the formation of amended policies and procedures, in accordance with Care Management standards.

Activity - Regular team meetings to assess job duties and functionality, efficiencies, etc.

Goal 2: Involve additional community resources, develop more community partnerships to work in tandem with R2AAA.

Activity - Attend County/Regional meetings with community players to promote Tiered Care Program and generate referrals.

Activity - Establish a relationship with 2-1-1 whereby their services and R2AAA services can compliment each other.

Activity - Move towards an inclusive, wrap around service that does not focus only on in-home supports, but instead facilitates targeted relationships with community resource agencies.

Activity - Examine proven models from other regions/states to expand staff's understanding of the services and the program's potential.

Goal 3: Further development of self-sustaining Targeted Case Management (TCM) program.

Activity - Continue to revise billing guidelines and protocols within the agency.

Activity - Educate community partners on the benefits of TCM to generate referrals (APS, DHHS, CMH).

Number of client pre-screenings:	Current Year:	330	Planned Next Year:	550
Number of initial client assessments:	Current Year:	155	Planned Next Year:	290
Number of initial client care plans:	Current Year:	155	Planned Next Year:	290
Total number of clients (carry over plus new):	Current Year:	155	Planned Next Year:	290
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:39	Planned Next Year:	1:45

Options Counseling

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$56,958.00	Total of State Dollars	

Geographic area to be served
Hillsdale, Jackson, Lenawee County

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

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

1. Utilize Older Americans Act funds to assist in supporting two full time Options Counselors .

-Explore alternative funding sources to support these positions

-Continue to reconcile operating standards with current protocols and procedures to ensure compliance

-Enhance 2-1-1 relationship and understanding of roles of each in providing information to community members

-Marketing focus on Options Counseling benefits

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

client.

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

Information from June 21st Public Hearing has not yet been added.

During Public Hearings (May 18, 2022 and June 21, 2022) and community focus groups, Medication Management was discussed. The general consensus among attendees was that the service should continue, due to a high level of need and lack of alternative options available to individuals throughout the planning and service area.

Personal Emergency Response System (PERS)

Total of Federal Dollars \$6,454.00

Total of State Dollars

Geographic Area Served Hillsdale, Jackson, Lenawee County

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

Goal: Provide support to older adults to live independently in their homes and communities.

Objective: Provide access to emergency services to seniors in the planning and service area.

Activities: Provide PERS units to those who live alone and are at risk for falls.

Activities: Continue to refine procedures to prioritize offering PERS units on wait lists.

Objective: Provide assistive devices to increase older adults independence.

Activities: Utilize screening tools to determine eligibility for Assistive Technology intervention.

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

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

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

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

Provisions (A) and (C) are applicable.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

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

Cost analysis: R2AAA has been able to negotiate a more cost effective option for older adults to receive PERS units, given the large number of clients we can offer them (group discount).

Needs assessment: It's been determined that the number of older adults living alone in our planning and service area has increased. There is not another provider able to offer this service. Assisitive Technology is not offered by any other providers in the planning and service area .

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

Information from June 21st Public Hearing has not yet been added.

Public Hearings were held on May 18, 2022 and June 21, 2022. The need for PERS units and Assisitive Technology was discussed at both public hearings. The general consensus among attendees is that there is a need for these services in communities throughout the PSA. Questions were answered for attendees to clarify the types of intervention that can be support with these funds.

Friendly reassurance

Total of Federal Dollars \$21,983.00 Total of State Dollars

Geographic Area Served Hillsdale, Jackson, Lenawee County

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

Goal: Decrease social isolation among older adults and adults with disabilities in the planning and service area.

Objective: To provide older adults and adults with disabilities with intermittent telephonic support.

Activities: Weekly/monthly/quarterly phone interviews to determine current status of client.

Activities: Utilize information gathered during telephonic interventions to suggest in-home and community supports as necessary, to promote client's ability to remain in their homes and connected to their communities.

Activities: Continue refining trainings and protocols for volunteers offering this service .

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

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

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

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

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

Provisions (A) and (C) are applicable.

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

Cost analysis: R2AAA is able to absorb the minimal technology costs and it will allow us to serve more people and deter crisis situations with the help of an existing relationship with the Agency .

Needs assessment: The increased number of older adults and adults with disabilities living alone and those who are unsure where to get information about services, will be helped by this service. There are no such comparable services in the planning and service area.

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

Information from June 21st Public Hearing has not yet been added.

Public Hearings were held on May 18, 2022 and June 21, 2022. Telephonic support is needed now more than ever with social isolation and depression at an all-time high due in part to the pandemic. Attendees were interested in R2AAA offering an option for care that can be used to support preventative intervention to older adults and adults with disabilities.

Disease Prevention/Health Promotion

Total of Federal Dollars \$18,593.00

Total of State Dollars

Geographic Area Served Hillsdale, Jackson, Lenawee County

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

Goal: Provide a variety of Evidence-Based Programs to community members across the planning and service area.

Objective: Empower individuals to take an active role in their health and well-being.

Activities: Offer trainings in accommodating locations and online through virtual formats.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Activities: Provide meaningful programming through continued review of community needs.

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

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Provisions (A) and (C) are applicable.

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

Cost analysis: we have found that we are able to offer programming throughout our planning and service area at a lower rate, as we have volunteers and employ Master Trainers, as well as many credentialed staff members.

Needs Assessment: we utilize needs assessment results to inform our program decisions, i.e. programs that offer education on topics of interest to community members. It has previously been difficult to gain program availability and quality consistency among the three counties in our planning and service area; this has improved since R2AAA has begun offering these services as a Direct Service.

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

Information from June 21st Public Hearing has not yet been added.

Public Hearings were held on May 18, 2022 and June 21, 2022. Evidence-Based Programs were discussed briefly at the public hearing. The general consensus among attendees was that the service should continue, due to the need for more preventative interventions and the lack of alternative options available to individuals throughout the planning and service area.

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$5,000.00

Total of State Dollars

Geographic Area Served Hillsdale, Jackson, Lenawee County

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

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Goal: Support elder abuse prevention efforts in Hillsdale, Jackson and Lenawee Counties.

Activities: Offer mini-grants to prevention-focused groups and efforts.

Activities: Encourage mini-grant applicants to partner with local service agencies for innovative programming.

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

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Provisions (A) and (C) are applicable.

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

Cost analysis: R2AAA is able to manage this effort in a mini-grant with minimal administrative costs.

Needs Assessment: Needs assessment data shows that the community continues to regard the abuse of older adults and adults with disabilities among the biggest issues facing communities in the planning and service area. Mini-grants supporting prevention efforts have been successful in bringing awareness to the cause .

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

Information from June 21st Public Hearing has not yet been added.

Public Hearings were held on May 18, 2022 and June 21, 2022. Elder abuse prevention was discussed at both of the public hearings. Attendees unanimously agreed that the services/efforts supported by this funding should continue.

Nutrition Counselling

Total of Federal Dollars \$2,500.00

Total of State Dollars

Geographic Area Served Hillsdale, Jackson, Lenawee County

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

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Goal: Provide non-biased Nutrition Counseling to older adults in the Region 2 planning and service area.

Objective: Offer Nutrition Counseling to older adults from a Registered Dietician.

Activities: Promote the availability and eligibility requirements for the service.

Activities: Develop standardized treatment plan document.

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

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Cost analysis: R2AAA employs a contractual Registered Dietician who has experience working with community members in their homes to provide this service. The additional cost to the agency is minimal.

Needs Assessment: Nutrition Counseling is unavailable in the planning and service area without involved insurance companies, many of whom have reported biases to providers and interventions. There is a demonstrated need for individuals to receive this service in their homes when possible.

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

Information from June 21st Public Hearing has not yet been added.

Public Hearings were held on May 18, 2022 and June 21, 2022. Nutrition Counseling was discussed as being a need among older adults.

Creating Confident Caregivers

Total of Federal Dollars \$3,456.00

Total of State Dollars

Geographic Area Served Hillsdale, Jackson, Lenawee County

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

Goal: Provide support to informal caregivers of persons with dementia/memory loss who are living at home.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Objective: Offer Creating Confident Caregivers classes to informal caregivers in the planning and service area with deliberate, targeted scheduling practices to reach caregivers in the most need.

Activities: Continue to refine virtual format to ensure ease of access for participants.

Activities: Share the benefits of CCC class participation with community partners to generate interest and knowledge among caregivers.

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Cost analysis: Because R2AAA has employed the leaders and has many staff members with the suggested credentialing, it has been more cost effective for R2AAA to lead the classes.

Needs Assessment: Data suggests that the number of people with memory issues has increased, and the number of qualified caregivers has decreased, creating the need for R2AAA to have a standardized, evidence-based curriculum to support caregivers.

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

Information from June 21st Public Hearing has not yet been added.

Public Hearings were held on May 18, 2022 and June 21, 2022. Creating Confident Caregivers classes were discussed briefly at the public hearing. The general consensus among attendees was that the service should continue, due to the increased need for informal caregivers throughout the PSA.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Regional Direct Service Request

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

Program Development Objectives

Area Agency on Aging Goal

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

State Goal Match: 3

Narrative

Region 2 AAA looks forward to continuing this important and timely focus in the FY 2023-2025 Multi Year Plan. As an agency, being sensitive to the needs of all older adults in the State of Michigan is of utmost importance. It is our intention to use this Program Development objective to further identify potential barriers that communities and people of color, immigrants and LGBTQ+ individuals may encounter when seeking and receiving services from our agency and its providers.

Region 2 AAA eagerly anticipates the results of the Agency-wide Diveristy, Equity, and Inclusion assessment, whereby a consultant group will review policies and practices to make recommendations on upcoming DEI work plans.

It is a privilege to serve the older adults and adults with disabilities in Hillsdale, Jackson and Lenawee Counties and any/all efforts towards inclusivity are welcomed by Region 2 AAA.

Objectives

1. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.

Timeline: 10/01/2023 to 09/30/2025

Activities

Activity #1: Engage boards, staff and subcontractors in discussions about diversity, equity and inclusion to better understand perspectives of key stakeholders.

Activity #2: Explore applicable trainings and certifications for staff, subcontractors and boards.

Expected Outcome

Outcome #1: Build trust and rapport with key stakeholders to encourage honest and productive discussions.

Outcome #2: The addition of targeted trainings and certifications will promote more inclusive supports and services will be available to the older adults and adults with disabilities in Hillsdale, Jackson and Lenawee Counties.

2. Increase availability of linguistic translation services and communications based on the cultural needs in Region 2.

Timeline: 10/01/2023 to 09/30/2025

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Activities

Activity #1: Identify potential cultural and linguistic barriers that may be inadvertently imbedded in traditional outreach methods utilized by Region 2 AAA and its providers.

Activity #2: Providers will be offered access to cultural sensitivity trainings and materials .

Expected Outcome

Outcome #1: The identification of potential barriers to culturally and linguistically appropriate outreach will promote increased awareness among Region 2 AAA and its providers, enabling older adults and adults with disabilities throughout the planning and service area to enjoy more inclusive supports and services.

Outcome #2: The increased understanding of diverse individuals and their needs among service providers.

3. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.

Timeline: 10/01/2023 to 09/30/2025

Activities

1. Activity #1: Ensure that programming and outreach is culturally sensitive and welcoming to all.

Activity #2: Diversity, Equity and Inclusion workgroup will identify different cultures within the planning and service area and engage these key stakeholders in discussion in how to most effectively and equitably serve all individuals in the planning and service area.

Activity #3: Compare program participant demographics with those of individuals living in the planning and service area.

Expected Outcome

Expected Outcome #1: Program participant feedback will provide evidence of the Agency's cultural sensitivity and equitable service delivery.

Expected Outcome #2: Stakeholders will engage in planning and assessment discussions, which will inform the Agency's approach to increases services to vulnerable populations.

Expected Outcome #3: Accurate Agency and community demographic data will aid in the evaluation of the results of the Agency's DEI efforts.

B. Region 2 AAA Hospital Prevention Program will prevent the increase of hospitalization rates among older adults in the planning and service area.

State Goal Match: 2

Narrative

Region 2 Area Agency on Aging created the Hospital Prevention Program in the first quarter of FY 2020 and implemented in February 2020 just prior to the COVID pandemic. We are utilizing aspects of the MI Capable Model of Care and resources provided to us from Michigan State University to reduce the hospitalization rates of Participants by focusing on those participants with repeat admissions.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Objectives

1. Region 2 AAA will create a comprehensive work plan with identifiable measures to track progress
Timeline: 10/01/2023 to 09/30/2025

Activities

Activity #1: Develop trainings for Service Providers on The Hospital Prevention Program so that they may assist participants with the necessary changes to prevent further admissions. In addition those providers would be aware of the warning signs and assist participant in making an appointment with the primary care physician.

Activity #2: Use Community Health Workers in various stages of the program.

Activity #3: Collaborate with Various community partners and health systems and possibly use Community Health workers in other venues.

Activity #4: Run reports to find participants with top admission diagnoses and focus training and attention on these individuals.

Appoint caregivers to be a focal point of these efforts by offering Trualta online caregiver training platform .

Expected Outcome

Outcome #1: Reduced hospitalization rates across Agency programs.

Outcome #2: Positive feedback from participants and their caregivers regarding the expansion of the program

C. Region 2 AAA will explore potential options for the addition of Regional Transportation Options.

State Goal Match: 2

Narrative

R2AAA will extend its fact-finding efforts to determine whether an additional Regional transportation option is needed and capable of being developed. This would be in addition to current providers as a way of closing gaps. Transportation is a topic that is brought up at every town hall and public hearing and mentioned in every survey facilitated by Region 2 AAA and its partners. The Agency is focused on identifying potential solutions through a collaborative effort with community partners.

Objectives

1. Region 2 AAA will convene a transportation work group comprised of Agency staff, community members and partners to establish a baseline of the transportation needs in the PSA and develop potential solutions and innovations to meet this growing need.
Timeline: 10/01/2023 to 09/30/2025

Activities

Activity #1: Approach community partners and key stakeholders who can assist with identifying baseline transportation needs of the community.

Activity #2: Develop work plan with measures to guide the Agency's transportation efforts.

Activity #3: Identify older adults, adults with disabilities and their caregivers who are willing to work collaboratively with the region work group to review and evaluate potential ideas and solutions.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Expected Outcome

Outcome #1: Region 2 AAA seeks to have developed a viable work plan for addressing the transportation needs of Hillsdale, Jackson and Lenawee Counties.

D. Streamline regional access to Caregiver resources, supports and information.

State Goal Match: 2

Narrative

Supporting caregivers promotes the health and independence of older adults and adults with disabilities and enables them to safely stay in their homes and communities. Accessing information on caregiver resources and supports in Region 2 can be difficult for community members, due to the nature of changing programs and involved community partners. Having a regional information hub will better equip community members with the services and supports available to them.

Objectives

1. Create a comprehensive Caregiver work plan to guide the Agency's efforts towards caregiver services.
Timeline: 10/01/2023 to 09/30/2025

Activities

Activity #1: Engage local contractors and community partners to develop a comprehensive caregiver supports database.

Activity #2: Establish internal Agency procedures which will allow staff to make appropriate referrals to area support options.

Activity #3: Identify potential funding streams to support caregiver services.

Expected Outcome

Outcome #1: By engaging local contractors and community partners to develop a comprehensive caregiver supports database, the community will be better served and better informed. Building rapport with key stakeholders will promote better supported programs.

Outcome #2: By establishing internal Agency procedures to allow staff to make appropriate referrals to caregivers provides stability to the Agency's caregiver efforts and prevents the likelihood of available resources and supports not being shared with community members.

Outcome #3: Identifying diversified funding streams to support caregiver services at R2 AAA helps ensure availability of caregivers services.

E. Promote increased independence for older adults and adults with disabilities using Assistive Technology supports.

State Goal Match: 2

Narrative

Assistive Technology enables older adults and adults with disabilities to maintain their health and independence at home and in their communities. R2AAA's Assistive Technology program ensures that clients receive a custom modification plan. With a comprehensive assessment, R2AAA Assistive Technology services can offer devices and supports that promote increased independence.

Objectives

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

1. The R2AAA Assistive Technology program will diversify fund sources and seek community partnerships to support sustainability.

Timeline: 10/01/2023 to 09/30/2025

Activities

Activity #1: Expand revenue from existing contracts.

Activity #2: Develop new referral sources for fee-based services.

Activity #3: Secure grants to support new services as they are developed.

Activity #4: Raise awareness of available AT services through outreach to communities in the service area to generate new referrals.

Expected Outcome

Outcome #1: With a self-sustainable AT program, R2AAA will position its clients to receive improved services through consistent, dependable funding and a more robust path for referrals.

F. Increase the impact of R2AAA in communities throughout the planning and service area.

State Goal Match: 1

Narrative

Supplying older and disabled adults in the planning and service with unbiased, comprehensive information on the supports and services available to them serves as a stepping stone to empowerment. R2AAA strives to offer appropriate service options, based on the needs of the client, not based on the programs available within the the Agency. Implementing outreach and marketing efforts which highlight the trust we enjoy with individuals in the communities we serve will bring increased name recognition and understanding of our mission.

Objectives

1. Build a comprehensive and consistent marketing plan to support the Agency's growth and capacity.

Timeline: 10/01/2023 to 09/30/2025

Activities

Activity #1: Combine traditional marketing approaches with those which have proven innovative during the pandemic.

Activity #2: Regularly assess effectiveness of marketing strategies by engaging sub-contractors, policy boards, referral sources, and staff.

Expected Outcome

Outcome #1: Combining traditional marketing approaches with those which have proven innovative during the pandemic will allow the Agency to continue its growth and acceptance in new and underserved populations .

Outcome #2: By regularly assessing the effectiveness of marketing strategies by engaging sub-contractors, policy boards, referral sources, and staff we will promote trustworthy, reliable and equitable outreach practices which will be supported by key stakeholders.

Scope of Services

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

In the Region 2 planning and service area:

There are approximately 77,456 persons 60 years and older, compared to 68,455 in the 2020-2022 MYP cycle.

There are 4,596 individuals identifying themselves to be 60+ and minorities, compared to 2,297 in the 2020-2022 MYP cycle.

There are 5,725 residents 60+ who identify as living below 100% of the poverty level, compared to 4,535 in the 2020-2022 MYP cycle.

By County, these totals are represented by the following:

Hillsdale County:

12,580 residents are 60+ years old

352 residents who are 60+ identify as minority

1,116 residents who are 60+ identify as living below 100% of the poverty level

Jackson County:

39,073 residents are 60+ years old

2,696 residents who are 60+ identify as minority

2,660 residents who are 60+ identify as living below 100% of the poverty level

Lenawee County:

25,803 are 60+ years old

1,548 residents who are 60+ identify as minority

1,949 residents who are 60+ identify as living below 100% of the poverty level

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

In the Region 2 planning and service area, according to 2020 Census data, on average:

39.34% (or 30,474.7) of residents 60+ report living alone

40.6% (or 31,447.14) of residents 60+ report having graduated high school or earning a GED or equivalent

19.2% (or 14,871.55) of residents 60+ report having earned a bachelor's degree or higher

3% (or 2,323.68) of residents 60+ report living with one or more of their grandchildren

0.83% (or 642.88) of residents 60+ report being the primary caregiver for their grandchildren

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

29.5% (or 22,849.52) of residents 60+ report having one or more disabilities
2.83% (or 2,192) of residents 60+ report speaking a language other than English

1.36% (or 1,053.40) of residents 60+ report receiving cash assistance in the last 12 mos.
7.4% (or 5,731.74) of residents 60+ report receiving food stamps in the last 12 mos

In the Region 2 planning and service area, according to R2AAA Community Needs Assessment survey data, on average:

69.6% of survey respondents report being Medicare subscribers
25.36% of survey respondents report being Medicaid subscribers

33.3% of survey respondents report having fallen in the last 12 mos

35.82% of survey respondents identify as a caregiver
64.62% of survey respondents who identify as a caregiver report providing care for a family member
58.8% of survey respondents who identify as a caregiver report that caregiving has caused them physical health changes, financial strain and/or emotional stress

30.9% of survey respondents report not having reliable internet access

18.84% of survey respondents report having been either somewhat or very concerned about getting enough food

19.77% of survey respondents report not having access to food options which reflect their cultural or ethnic customs and preferences

Survey respondents cited the following (in descending order) when asked about the biggest hardships faced by older adults and adults with disabilities:

1. Loneliness and isolation
2. Lack of transportation options
3. Lack of safe, affordable, and accessible housing options
4. Lack of affordable in-home care
5. Insufficient access to healthy foods
6. Inadequate medical care
7. Abuse, neglect, and exploitation

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

As required in the RFP process, FY 2023-2025 targeting focus will ensure that preference is given in the delivery of services funded under the Older Americans Act to older persons with the greatest economic or

Region 2 Area Agency on Aging

FY 2023

social need with particular attention to low-income minority individuals; older persons who reside in rural areas; older persons who are frail; homebound by reason of illness or disability; older persons who are isolated and those with limited English speaking proficiency.

R2AAA Planner monitors all contractors monthly financial reports, NAPIS (National Aging Program Information Systems) data and quarterly contractor reports. This allows for the tracking of funding, unit and client counts, and the number of low income, minority, and rural clients served. Conversations are held with contractors if data does not match contracted requirements, which are based on the most up to date demographics in each County and approved by the Board of Directors during the RFP selection process. Monthly financial reports are monitored for budget compliance and providers are contacted if there are discrepancies. R2AAA fiscal and program staff are available for technical assistance and guidance with contractors.

In a continuing effort to reach those with the greatest social and economic need R2AAA attends local health and senior fairs in all three counties, many of which target the most in need. R2AAA staff also attend TRIAD meetings, human service network meetings, tri-county housing commission and Elder Abuse Prevention coalition continuum of care, law-makers' coffee hours and other events to advocate for our clients.

In addition:

We have Spanish speaking staff members and offer their services as needed; R2AAA works with community agencies to offer interpreter services when needed, in addition to BoostLingo (a phone and web-based interpreter service).

R2AAA offers education and presentations in our community including our evidence based classes in venues such as housing complexes, senior gathering sites, human service agencies, YMCA and churches.

Contractors agree to target their services to those most in need and this is monitored throughout the term of the contract.

Person centered planning is utilized by R2AAA Information and Referral staff as they take calls. MMAP counselors also use this approach in their work with individuals and their unique situations. The person centered planning approach is also utilized when performing assessments and building care plans. All staff are trained in person centered planning both during orientation and then at least annually.

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

In the past we only offered the Creating Confident Caregivers program (a.k.a. Savvy Caregiver program for people caring for someone with dementia), which was an Evidence-Based 6-week program requiring caregivers to meet in-person once a week for two hours for a duration of 6 weeks. While respite care was offered to help make this doable, we found that many caregivers didn't feel they had the time and availability to attend this program.

Previously, we did everything we could to promote and provide the Creating Confident Caregivers program in-person in all 3 counties, but with very low attendance. Historically, we only offered it once or twice a year per each county. Post-Covid, we successfully transitioned our programming over to a virtual format.

In 2020 we started providing the Developing Dementia Dexterity program to caregivers via zoom. We have found that this time-condensed version of Creating Confident Caregivers is a much more user-friendly format for caregivers. Developing Dementia Dexterity is offered as a 3-part webinar that meets once a week for 1.5 hours per week, and caregivers are finding this format and time frame more conducive to their roles as a

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

caregiver. It is easier for them to carve out this amount of time, and the basic concepts of CCC are still delivered with time for question and answer at the end of the webinar each week.

As an organization, Region 2AAA has mandated all supports coordinators and tiered care staff to attend the Developing Dementia Dexterity program as part of staff training. This has significantly increased referrals to the program once staff understood the content and the benefit of the program. We also have been providing DDD as a free training to our contract Community Living Supports providers for their staff to gain added skill with providing good quality care to people living with dementia.

R2AAA is now offering "caregiver consultations" with our Master-trained dementia specialist (Community Education Coordinator) spending time with caregivers to review their current situation and needs and making sure they are connecting to added supports through our Intake and Referral staff. We also have added the Dealing with Dementia program to our roster of programming specific to dementia caregiving, which includes the Evidence-Informed materials from the Rosalyn Carter Institute and provides the caregivers with a 300 page guidebook filled with helpful information specific to dementia caregiving. We are in the process of creating a caregiver assessment tool that can be utilized within our agency and help with screening and referral to specific programs and services, plus align that with our documentation system in Wellsky and compass to help ensure we are tracking data on caregiver support.

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

As we receive requests for services we are unable to provide directly, we refer callers to community partners who can meet their need. R2AAA staff (often times, Options Counselors) conduct a thorough interview to determine needs and offer non-biased information on services and supports. We assist with making appointments with other organizations and entities, assist in gathering needed proofs for community programs, facilitate warm handoff's and follow up with the referral agency and the individual to ensure their needs were met. We have also created an unmet needs fund that is used to meet various client needs which don't fall easily into an existing service category.

R2AAA will continue to address unmet needs within the PSA in FY 2023-2025. R2AAA will collaborate with other agencies by attending meetings; receiving 2-1-1 e-blasts announcing available programs/funding and by researching alternative funding sources available within the PSA. R2AAA staff share information gleaned from meetings regarding available programs/services, etc. Information is available on R2AAA website (www.r2aaa.net) and social media pages.

Additionally, unmet needs requests and other trends gleaned from Information and Referral data are taken into account when building each Multi Year Plan to determine if these needs could fit under the Older Americans Act services umbrella.

When requests for services not funded by R2AAA are received, Options Counselors suggest options such as 2-1-1, local churches, service clubs, etc. County Resource Guides are mailed if appropriate. If requested, a person centered transfer to another agency can be made.

We have waiting lists for Home Care Assistance. Referrals are given to clients on the wait list for private pay agencies that could meet their needs. In some instances, contractors may put clients requesting services on a "to be assigned" list if they've requested a specific day/time or worker that may not be available immediately to

Region 2 Area Agency on Aging

FY 2023

meet their need.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

R2AAA will attend senior outreach events in the service area to distribute information on available services to older adults, persons with disabilities and caregivers and funding will be allocated to focal points to address caregiver/kinship unmet needs. We're always looking for ways to partner with other agencies to bridge gaps in care and welcome innovative solutions. For instance, R2AAA has partnered with several grassroots organizations to assist in offering personal needs and food pantry giveaways. We have found this approach to be mutually beneficial, as these organizations are often embedded in underserved areas and are trusted by the persons participating, and our funds can help expand access to these needed interventions.

R2AAA is currently seeking additional grant funding to support as many individuals as possible. R2AAA Board of Directors understands the need for gap filling/unmet needs and has voted several times to increase this budget. Unmet needs budgets at R2AAA are often used to help individuals obtain groceries, transportation, prescriptions, and medical equipment (not covered by insurance).

R2AAA will continue to offer Assistive Technology Services to help maintain or improve the ability of people with disabilities and older adults to be full participants in their chosen lives. In collaboration with our local Center for Independent Living, R2AAA has increased our impact with adults with disabilities, as our two agencies working together can often meet more individuals needs than we could separately.

7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.

When requests for services not funded by R2AAA are received, Information and Referral Specialists and Options Counselors suggest options such as 2-1-1, local churches, service clubs, etc. County Resource Guides are mailed if appropriate. If requested, a person centered transfer to another agency can be made.

Region 2 has waiting lists for Home Care Assistance in each of our three counties. Referrals are given to clients on the wait list for private pay agencies that could meet their needs. In some instances, contractors may put clients requesting services on a "to be assigned" list if they've requested a specific day/time or worker that may not be available immediately to meet their need. Gap filling measures are also taken whenever possible. As the aging population increases waiting lists have become an issue. Clients are placed on waiting lists, prioritizing those that are most vulnerable.

Historically, in Region 2, wait lists have been kept to a minimum as a result of each of our three community focal points (Departments on Aging) being recipients of senior millages. However, during FY 2021 and FY 2022, we've seen dramatic changes in the number of individuals on wait lists and the length of time they remain there before being served. The Direct Care Worker shortage, rising costs, and reductions in volunteers have contributed to these increases.

At R2AAA, direct service wait lists (Care Management, Medication Management), continue to increase with need for these services in our service area. We continue to see more need than we are able to immediately

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

meet, even with our increased staff (since the beginning of the pandemic, we have more than doubled the staffing in our biggest program to meet the increased need using disaster funding and reserves). Despite conducting more and more New Assessments each week to add individuals from wait lists to these programs, more community members are added to the wait list each month than we have the ability to assess.

We offer Targeted Case Management services to Medicaid-eligible individuals with a Nursing Facility Level of Care in our service area. We also have substantially increased our unmet needs programs to help meet the increased needs of individuals in our service area. Individuals on waiting lists are offered Personal Emergency Response System (PERS) units, Friendly Reassurance, Unmet Needs, food boxes/vouchers, transportation, Options Counseling, Community Resources, and private pay options.

8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.

R2AAA's Advisory Council is made up of older adults, contractors, and members of the general public in the PSA. Some of whom attend congregate meal sites and other senior center activities and advocate on behalf of OAA-funded services.

The Advisory Council plays a major part in the Area Plan and Multi-Year Plan process. Updates on the goals of the plan are presented to the Advisory Council on a monthly basis. These updates are also shared with the Board of Directors. The Advisory Council remains an essential part of R2AAA's Community Outreach. Members of our Advisory Council regularly attend the Michigan Senior Advocates Council meetings and advocate on behalf of our older adults and adults with disabilities.

Information from June 21st Public Hearing has not yet been added.

9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

R2AAA uses Options Counseling, staff outreach presentations, events, and collaboration with partner agencies to empower individuals and caregivers with accurate knowledge on available resources and services. Our healthy aging workshops offer participants skills to better manage their health which assist them to remain independent longer.

MMAAP counseling helps beneficiaries to navigate the health care system and to learn to access preventative services. We assist individuals in applying for food benefits, SERs, Medicaid coverage and utility assistance.

We have updated our website in order to make it easier to navigate to provide needed information to those who visit.

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

The five services that receive the most funding (based on current projections):

1. Home Delivered Meals

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

2. Congregate Meals
3. Home Care Assistance
4. Care Management
5. Respite Programs

The five services with the most participants (anticipated):

1. Home Delivered Meals
2. Senior Center Operations
3. Information & Assistance
4. Friendly Reassurance
5. Congregate Meals

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

R2AAA staff and subcontractors will receive unconscious bias training over the course of the summer, with staff enrolled in the course on June 6th and June 22nd and providers enrolled in the course on June 29th (with the option for additional sessions to be added as needed). R2AAA staff and providers were also invited to attend SAGE trainings and many did. Four management team members participated in the MPHI-led Advancing Equity through Systems Change course and we also took part in our local Jackson Collaborative Network's Affinity Group meetings, where organizations from the area met regularly to discuss best practices for equity among services, staffing and community presence. Additionally, many R2AAA staff members attended conferences and webinars focusing on DEI practices and theories.

We've forged new partnerships with minority-led groups and organizations which has allowed R2AAA to reach more individuals. For instance, we are currently in the process of incorporating volunteers from the local Pride Center to become Friendly Reassurance volunteers specializing in providing support and companionship for LGBTQ+ older adults.

Our DEI Committee is in its second year and is going strong. We've added new members and have made pathways to expanding the work of this committee with our Board of Directors and Advisory Council through presentations, monthly updates, and a broadening of knowledge among these key stakeholders to enhance support of DEI efforts. We have added two bilingual staff to our agency which enhances our ability to effectively communicate with individuals in our service area. We've also made considerable process on reviewing policies, procedures, and forms to ensure these documents and practices are culturally sensitive.

Perhaps most exciting is the start of R2AAA's Agency Assessment and training curriculum with the Grand Rapids Chamber Inclusion Services Team. This consultation contract has been more than a year in the making and is set to kickoff in June 2022. R2AAA looks forward to the results of the Agency Assessment heavily influencing our DEI Workplan moving forward

Region 2 AAA convened its DEI Committee just prior to the start of FY 2021. The first objective of the group was to develop a workplan, which we were able to complete. The committee meets at least monthly and provides monthly updates to all staff, advisory council and the board of directors. R2AAA believes that the trainings completed over the last year, as well as the formation of the DEI committee have already improved

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

access to equitable supports and services, as evidenced by the focus on the expansion of our partnerships with diverse organizations, a more thoughtful approach to hiring and the regular examination of how the ethnic makeup of our planning and service area is reflected in our participant base and provider network.

Members of the Region 2 AAA DEI Committee have completed implicit bias training and found it to be enormously helpful and impactful. It is the recommendation of the committee that all Agency staff complete implicit bias training and have formally requested that the Grand Rapids Chamber of Commerce's DEI Consultant Group facilitate this training, as a part of our partnership to complete the agency-wide assessment.

Region 2 AAA has begun tracking, comparing and reporting on the average number of diverse populations throughout our planning and service area and their representation among our staff and participants. This information will be shared monthly with all staff, advisory council, board of directors and published yearly in our annual report. The R2AAA DEI Committee has included in its request for a consultant a priority to include ways in which to promote cultural sensitivity both internally at the Agency, as well as in our dealings with community partners and provider agencies.

R2AAA is committed to identifying barriers offering culturally and linguistically appropriate outreach. Additionally, the R2AAA DEI Committee has begun the process of reviewing all Agency forms used by staff and/or participants for signs of these potential barriers so that we might update these tools as soon as possible. Included in the group who are reviewing these forms are members of the community, an advisory council member, several DEI Committee members and program-specific Agency staff.

R2AAA encourages providers to develop DEI statements and helps in locating applicable trainings for staff on related topics. DEI statements and work plans will be required of all RFP bidders beginning with the FY 2023-2025 RFP. Targeting requirements are enforced and policies are reviewed annually to assure compliance.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Planned Service Array

	Access	In-Home	Community
Contracted by Area Agency	<ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Outreach • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Homemaking • Home Delivered Meals • Personal Care • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Legal Assistance • Long-term Care • Ombudsman/Advocacy • Senior Center Operations • Senior Center Staffing • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training
Local Millage Funded	<ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Homemaking • Home Delivered Meals • Personal Care • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Senior Center Operations • Senior Center Staffing • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support and Training

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

<p>Provided by Area Agency</p>	<ul style="list-style-type: none"> • Care Management • Options Counseling • The Tiered Care Program provides options for service intervention, based on an individual's level of care needs. This program serves individuals 60 years of age and older throughout the planning and service area (Hillsdale, Jackson, Lenawee Counties). The program employs a system that allows individuals to stay with the AAA for a longer period of time, in that individuals will have the opportunity to move through the tiers of care in accordance with their level of need in an effort to minimize the number of individuals coming to our Agency already in crisis. This program promotes a more comprehensive and inclusive approach to service delivery, while streamlining the variety of Access services offered by R2AAA. This program may also be utilized by individuals on waiting lists. • Gap Filling/Unmet Needs services provide resources to assist older adults in obtaining needed items and interventions that if gone unfilled, would negatively impact the older adult's health or safety. Recipients of this service will have previously exhausted other available services from Region 2 AAA and other known community services providers. Requests for assistance utilizing Gap Filling/Unmet Needs funds will be submitted to the Region 2AAA Unmet Needs Committee for review. 	<ul style="list-style-type: none"> • Medication Management • Assistive Devices & Technologies • Friendly Reassurance • The Tiered Care Program provides options for service intervention, based on an individual's level of care needs. This program serves individuals 60 years of age and older throughout the planning and service area (Hillsdale, Jackson, Lenawee Counties). The program employs a system that allows individuals to stay with the AAA for a longer period of time, in that individuals will have the opportunity to move through the tiers of care in accordance with their level of need in an effort to minimize the number of individuals coming to our Agency already in crisis. This program promotes a more comprehensive and inclusive approach to service delivery, while streamlining the variety of Access services offered by R2AAA. This program may also be utilized by individuals on waiting lists. • Gap Filling/Unmet Needs services provide resources to assist older adults in obtaining needed items and interventions that if gone unfilled, would negatively impact the older adult's health or safety. Recipients of this service will have previously exhausted other available services from Region 2 AAA and other known community services providers. Requests for assistance utilizing Gap Filling/Unmet Needs funds will be submitted to the Region 2AAA Unmet Needs Committee for review. • Community Living Support services are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of goals of community inclusion and 	<ul style="list-style-type: none"> • Nutrition Counseling • Disease Prevention/Health Promotion • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Creating Confident Caregivers
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STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

		participation, independence or productivity. The supports may be provided in the participant's residence or in community settings. Community Living Support services include Homecare Assistance and Respite.	
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* Not PSA-wide

DRAFT

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Planned Service Array Narrative

The services funded under the FY 2023-2025 Multi-Year Plan will follow outcomes of the Needs Assessments and Community Focus Groups conducted prior to the writing of this plan. Funded services are those that not only meet the mission of R2AAA but that of the wishes of those residing in the Region 2 planning and service area:

Those services that allow people to live in their homes and communities such as Home Delivered Meals and Home Care Assistance (assistance with Personal Care and Homemaker).

To assist those in caregiving situations: Adult Day Care, Respite care, Caregiver Supplemental services and assistance with Kinship relationships (such as grandparents raising grandchildren).

To avoid social isolation, services such as Congregate meals sites, health aging workshops, Friendly Reassurance, and senior centers are funded.

R2AAA works to coordinate existing programs by partnering with community organizations and pursuing new funding resources to enhance/create new programs.

For those that are looking for socialization and healthy living activities: Congregate meal sites, Disease Prevention/Health Promotion programs and Senior Centers are available.

R2AAA, through a Request for Proposal (RFP) process, contracts with agencies to provide services to older adults, persons with disabilities and caregivers within their respective communities.

R2AAA is committed to maintaining a comprehensive person centered range of services to older adults , persons with disabilities and caregivers.

R2AAA relies on collaboration and partnerships with the aging network to achieve goals . Advocacy at the state and federal levels remains crucial to the Agency's ability to serve residents in the planning and service area.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Strategic Planning

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

STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS

Strengths:

Our Staff
Customer Service
Our Access to Resources
Teamwork
Unique Programs
Strong Leadership
Relationships with Community Partners and Contractors
Integrity
Our Shared Mission
Upbeat place to work
Commitment to Continual Improvement Process

Weaknesses:

Lack of Awareness of the Agency and our Programs
Tiered Care Waitlist
Need for greater diversity among stakeholders (Board, Advisory, Others)
Caregiver Shortages
Capacity among staff
Training limitations for unlicensed staff
Misunderstanding of the role of R2AAA
Need for increased Staff Engagement

Opportunities:

Waiver Program and its Potential
More Presence in Community Events
New Building
Continued Diversification from MI Choice Waiver
Increased Funding Streams via Fund Raising
Expansion of Services
Marketing and Education of Services
More Transportation Opportunities
IT systems Interoperability

Threats:

Political Environment
Funding

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Uncertainty of Inflation & Impact on Funding
Employee Shortage Directly or Indirectly
Staff Burnout
Volatility of Labor Market
Systemic Issues within the Healthcare System
Direct Care Worker Wages
Private For-Profit Care Entities

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

As the number of older adults and adults with disabilities requiring services within our planning and service area continues to grow the agency has continued to grow proportionately.

The current and growing lack of Direct Care Workers is of great concern.

The need for continued growth of the Mi Choice Waiver for Home and Community Based Services is evident. R2AAA continues to have a waiting list for these services in our three county area and that list is expected to grow as baby boomers continue to become eligible for these services. R2AAA's continued role may change when/if conflict free level of care determination and conflict free case management come to fruition in the State.

The effect of minimum wage increases without adjustments to the MiChoice capitation payments as well as the state and national need for direct care workers will have an adverse impact.

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

If all state and federal Older Americans Act funding categories were cut by 10%, R2AAA would ensure funds be spent in the highest need categories, cut administrative costs by reducing staff hours and expenses, and potentially implement a cost share option when allowable. R2AAA's priority would continue to be to serve those with the greatest need, and to seek alternate funding where possible.

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

R2AAA received its second 3-year NCQA accreditation (the highest available) in FY 2021. Continued efforts to maintain this designation are of paramount importance.

During the life of this MYP we will work to make our entire Information & Referral department fully AIRS certified.

Preparing for these certifications will ensure that our policies and procedures are in place and meet quality standards. These certifications will also showcase our high quality of service provision and benefit us when contracting with Integrated Care

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

Organizations and others.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

We are in the process of reviewing our technological systems to ensure they provide optimal functionality . We will be focusing on data gathering systems and ways to optimize reporting methods to better meet the needs of our staff and our clients .

We continue to use the Relias program (an on-line curriculum) that provides customizable trainings for our staff. Trainings are web-based, which help to reduce conference fees, travel and staff time required to take the training.

R2AAA recently changed software to increase productivity and user functionality in the Finance department , and agency wide to improve quality. Our transition to Microsoft Office 365 and SharePoint has streamlined our internal communications and data/storage protocols.

We are studying processes in all areas of the agency in an effort to institute leaner processes , electronic forms/signatures, etc. R2AAA staff are participating in the State Lean Initiatives and are part of the team upgrading the CIM software to provide additional efficiencies .

The Agency website has been updated to allow for online donations , class registration, living well program information and senior issues. Social media, including Facebook, YouTube, LinkedIn, and Instagram, are utilized as well.

We have utilized our smart device projects to support the need for older adults to engage in TeleHealth . We make smart devices available to community members to engage with medical professionals, attend trainings and workshops, and meet virtually with our Support Coordinators and staff members .

We are ready to begin our third year in partnership with the caregiver training platform , Trualta. This platform allows caregivers to access evidence based trainings at their convenience, and we've seen considerable success:

- There are a total of 70 users engaged on the portal and we have seen consistent growth in the # of users each month.

There have been 866 pieces of content viewed and 268 quizzes completed.

The most popular topics resonating with our caregivers are:

- Diabetes Care
- Grief and Loss
- Activities and Recreation

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

Client data is stored offsite in a database program maintained by the Center for Information Management (CIM). Similarly, the email and calendar database is hosted by Microsoft Office 365.

Local servers are backed up nightly on external hard drives. Each week, the external hard drives are

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

switched. One set is stored in a fire proof lock box and a second set is stored off site .

The Safety Committee at R2AAA reviews Emergency Planning documents and protocols annually, at a minimum. This group meets quarterly to review current happenings and trends.

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Advocacy Strategy

Current Priority Issues and Advocacy Method(s),

Issue: Lack of direct care workers in home and community-based services.

Methods: Lobbyist working with legislators, letters sent to MDHHS director and Governor regarding the use of ARPA funds, collecting personal stories from individuals receiving inadequate services or denied enrollment in HCBS programs.

Issue: Caregiver Shortage

Methods: Advocating for improved salary and benefits, creating an infrastructure which will professionalize the workforce and create career pathways through improved training, credentialing, and certification opportunities. Participate in coalitions formed to advocate for DCW such as the IMPART Alliance, the Essential Jobs, Essential Care Coalition, the Wage Coalition, and others.

Issue: Increase support for Informal Caregivers.

Methods: Improve access to meaningful training, educate legislators on the needs and importance of informal caregivers, increase funding to and investment in supportive programming.

Issue: Increase access to safe, affordable transportation.

Methods: Gather personal statements to share with public and private transportation providers, share hard facts and data with legislators, rely on community partners to help create innovative solutions.

Issue: Promote the strengths of the Michigan model of long-term services and support.

Methods: Provide education to legislators and key stakeholders: The model builds on the strengths of Area Agencies on Aging (AAAs) to blend/braid MI Choice, Older Americans Act (OAA) and Older Michiganders Act (OMA) funding to assure seamless access for older adults and persons with disabilities regardless of ability to pay or insurance coverage. AAAs add value by integrating community support and local networks into care planning and service delivery and by coordinating program and planning efforts to address unmet community needs.

Issue: Expand seamless and equitable access to home and community-based services for persons not eligible for Medicaid.

Methods: Educate legislators on the importance of these programs, capitalize on potential opportunities for funding increases through targeted outreach to lawmakers.

R2AAA's Advocacy Plan draws parallels to the State Commission on Services to the Aging, in that with sustainable service funding for Mi Choice Waiver and OAA-funded programming through the reauthorization of the Older American Act, wait lists can be decreased/eliminated.

The Direct Care Worker shortage is directly impacted by the lack of services and supports for informal caregivers. Without qualified formal and informal caregivers, the increasing number of older adults will continue to be underserved.

R2AAA is heavily involved with other state and national advocacy efforts, including but not limited to: USAging,

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

4am, Silver Key Coalition. Our Agency is also involved in targeted caregiver shortage advocacy groups looking at a variety of potential solutions, including innovative recruitment strategies, training models and credentialing.

DRAFT

Leveraged Partnerships

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:

- a. Commissions Councils and Departments on Aging.**
- b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)**
- c. Public Health.**
- d. Mental Health.**
- e. Community Action Agencies.**
- f. Centers for Independent Living.**
- g. Other**

R2AAA will continue strong partnerships with the local department on aging's in our service area. R2AAA will do so by supporting existing services delivered by these entities, as well as, filling space in service capacity needs as the population served is growing.

R2AAA will approach opportunities within the Health Care Organizations/Systems by continuing to seek out, actively engage, collaborate and offer community based organization value added feedback within this system.

R2AAA will continue strong partnerships with the local Public, Mental Health, CAA, and CIL entities in our service area. R2AAA will periodically meet with these entities to discuss service updates to assure referral and resources are supporting our community. R2AAA will work together with these entities to offer and support community events which align with R2AAA service needs

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

Since the fall of 2020, Region 2 AAA pivoted to transform all of our Evidence-Based Disease Prevention Programs to a virtual format.

Additionally, Region 2 AAA has led a statewide collaborative with other Area Agencies on Aging to strengthen and build our capacity to offer virtual Evidence-Based Disease Prevention Programs. Because of this collaboration, we are able to co-lead workshops which has proven to be more efficient both with use of staff and volunteer time as well as by not having to cancel when workshops don't have enough participants in one region alone to fill the slots.

We also have broadened our marketing and outreach efforts with a growing database of case managers, nurse navigators, and other professionals in the human services industry and send them quarterly updates with programming options available to their network.

We have provided in-services for our R2AAA contracted providers and supports coordinator/tiered care staff to share how they can use HCPCS codes and add Evidence-Based Disease Prevention Programs to the Waiver care plan, noting that caregiver time can also be compensated to have the caregiver accompany the Waiver participant and also benefit and support the EBDPPs. This has resulted in increased referrals to our programs and the capacity to meet the needs is strong based on these AAA partnerships to share trained facilitators.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

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

At the start of FY 2021, R2AAA board of directors approved the addition of a part time Volunteer Recruitment Coordinator to assist in meeting the increased service demand. While the COVID-19 pandemic has negatively impacted our volunteer recruitment, we have seen some success with the addition of this position, especially when looking at our Friendly Reassurance program. We currently have 14 volunteers in this program, and we receive positive feedback from volunteers and participants.

Our contractors have reported the decrease in volunteers to be most impactful on Home Delivered Meal, MMAP, and Transportation programs. While some have returned to the volunteer positions they held prior to the pandemic, there are still a number of vacant volunteer positions. Without volunteers, these programs cannot continue at the elevated capacities they are currently operating. In addition to volunteer recruitment, R2AAA has also added a part time Donation Coordinator to assist in fundraising efforts.

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

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.

R2AAA's rationale for identifying community focal points was based on services provided and notoriety of the identified agencies. Each focal point provides in-home, access and community services as well as holding a contract to provide MIChoice Medicaid Waiver participants with Home Delivered Meals.

Each focal point is a designated Department on Aging/Senior Center that includes nutrition sites; is visible in the community and offers information and assistance and MMAP services. Each Community Focal Point serves one of the Region 2 planning and service area counties (Hillsdale County, Jackson County, Lenawee County). Focal Points were designated and voted on by the R2AAA Board of Directors and their continued support of these designations is reviewed regularly.

Focal Points work toward a mission of serving older adults with choice and dignity and focus services on keeping older adults in their homes and communities.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name:	Hillsdale County Senior Services Center
Address:	320 W. Bacon Rd., Hillsdale, MI 49242
Website:	www.hillsdaleseniorcenter.org
Telephone Number:	(517) 437-2422
Contact Person:	Terry Vear
Service Boundaries:	Hillsdale County
No. of persons within boundary:	11135
Services Provided:	Adult Day Care, Caregiver Education, Support and Training (Kinship), Caregiver Supplemental Services (Kinship), Congregate meals, Disease Prevention and Health Promotion, Home Care Assistance, Home Delivered Meals, Information and Assistance, MMAP, Outreach, Respite, Senior Center Operations, Volunteer Transportation

Name:	Jackson County Department on Aging
Address:	1715 Lansing Avenue, Ste.672 Jackson, MI 49202
Website:	www.co.jackson.mi.us/agencies/DeptAging/Aging.htm
Telephone Number:	(517) 788-4364
Contact Person:	Danielle Pequet
Service Boundaries:	Jackson County

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

No. of persons within boundary: 34510
Services Provided: Adult Day Care, Caregiver Education Support and Training (Kinship), Caregiver Supplemental Services (Kinship), Case Coordination and Support, Chore, Congregate Meals, Counseling, Disease Prevention and Health Promotion, Home Care Assistance, Home Delivered Meals, Information and Assistance, Respite, Senior Center Operations, MMAP

Name: Lenawee County Department on Aging

Address: 1040 S. Winter St., Adrian, MI 49221

Website: www.lenaweeseniors.org

Telephone Number: (517) 264-5280

Contact Person: Cari Rebottaro

Service Boundaries: Lenawee County

No. of persons within boundary: 22810

Services Provided: Adult Day Care, Caregiver Education, Support and Training (Kinship), Caregiver Supplemental (Kinship), Chore, Congregate Meals, Home Care Assistance, Home Delivered Meals, Information and Assistance, Outreach, Respite, Senior Center Operations, Volunteer Transportation, MMAP

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Other Grants and Initiatives

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

Region 2AAA has the following grants:

- Dementia Friends
- MMAP (Michigan Medicare/Medicaid Assistance Program)
- Age Friendly Public Health Systems
- Michigan Health Endowment Fund (currently four separate grants, with three others in the application phase)
- Lenawee Community Foundation
- PREVNT
- VOCA
- We are an equity partner with the Thome PACE program in Jackson
- No Wrong Door
- Vaccine Grants (two with ACLS, one with Public Health)
- Care Transitions project

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

- Dementia Friends brings awareness and understanding of Dementia and applicable interventions to community members.
- The Evidence-Based grants allow us to provide tools to people in our area which empower them to be more involved in their health and well-being. Programs such as MMAP enable us to help beneficiaries maneuver through very complicated systems and to obtain the information, answers and services they need.
- Age Friendly Public Health Systems grant has helped to facilitate partnerships among R2AAA and another AAA and our shared health department, resulting in positive relationships and avenues for sustainable collaboration.
- The Thome PACE program is a partnership that allows us to share referrals and offer broader services.
- Michigan Health Endowment Fund grants will help caregivers stay connected through new and innovative technological interventions, enable R2AAA to streamline and create more robust and reliable data systems, promote wellness through shared activities with caregivers and care recipients.
- Lenawee Community Foundation has assisted in efforts bring telehealth options to older adults.
- PREVNT and VOCA grants have enabled R2AAA to offer emergency services to older adults who have been the victims of abuse, neglect and exploitation.
- No Wrong Door grant has allowed R2AAA to reach more people through innovative smart device programs and interventions.
- Vaccine grants continue to allow R2AAA to create person centered inroads with community members to receive reliable and non-biased information about vaccines.
- Care Transitions project helps to provide preventative interventions to decrease re-hospitalizations.

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

These grants allow us to provide services in a person-centered manner to people in our service area. As we meet the needs of older adults and people with disabilities we are also able to empower them to be more

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

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Region 2 Area Agency on Aging

FY 2023

active in their aging process.

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