



AGENDA

**Committee on Intergovernmental Relations
Tuesday, July 19, 2016 @ 3:30 p.m.
City Hall, Council Conference Room; 10th Floor**

Councilmember Adam Hussain, Chair
Councilmember Judi Brown Clarke, Vice Chair
Councilmember Tina Houghton, Member

1. Call to Order

2. Public Comment

3. Approval of Minutes

- June 21, 2016

4. Discussion/Action:

A.) RESOLUTION - Tri County Office on Aging Fiscal Year 2017-2019
Multi-Year Plan

B.) DISCUSSION – Wake Policy and Safe Boating on the Grand River

5. Other

6. Adjourn



MINUTES
Committee on Intergovernmental Relations
Tuesday, July 19, 2016 @ 3:30 p.m.
10th Floor Conference Room, City Hall

CALL TO ORDER

The meeting was called to order at 3:33 p.m.

ROLL CALL

Council Member Adam Hussain, Chair
Council Member Judi Brown Clarke, Vice Chair
Councilmember Tina Houghton, Member-absent

OTHERS PRESENT

Sherrie Boak, Council Staff
Council Member Carol Wood
Kristen Simmons, Assistant City Attorney
Brett Kaschinske, Parks & Recreation Director
Eric Novak, Moores River Association
Sgt. Sean Mills, LPD
Sgt. Bryan Curtis, LPD
Tammy Lemmer, TCOA
Kate Long, TCOA
Marion Owen, TCOA
Zack Russell, Parks & Recreation
Jeffrey Venn

PUBLIC COMMENT ON AGENDA ITEMS

Public Comment will be discussed at each agenda item.

MINUTES

MOTION BY COUNCIL MEMBER BROWN CLARKE TO APPROVE THE MINUTES FROM JUNE 21, 2016 AS PRESENTED. MOTION CARRIED 2-0.

Council Member Hussain amended the agenda to address the Wake Policy first.

DISCUSSION – Wake Policy and Safe Boating on the Grand River

Council Member Hussain recapped the issue of excessive noise, erosion of the river bank, and the issue of safe boating. The discussion began in 2004 and centered on a no-wake policy.

The discussion at the last meeting broached the ideas of abating or negating with education such as signage, flyers from officers, or flyers from neighborhoods when seeing something happening. Mr. Hussain then apologized to the public for not providing individual notification of the meeting.

Mr. Kaschinske provided an example of signage that stated, “*Please Practice Safe and Legal Boating Habits. *Be Mindful of other boaters and homeowners, keep a safe distance. *Be aware of your wake, especially when close to shore or in shallow water. *Be respectful of the legal quiet hours between Sunset and Sunrise, please no high speed boating, skiing, or tubing during this time. Please keep these safe practices in mind while you’re enjoying the river.” This sign was recommended to be placed near the boat launch at Grand River Park. Mr. Russell added that the DNR also has a manual that has information that can be provided, however they will then have to maintain the debris when they are disposed of. Mr. Kaschinske noted that there are no staff members or LPD at the launch unlike other areas such as Lake Lansing. Council Member Hussain asked if there was any further information found on the previous year’s statements by Mr. Murdock that signs would go up. Mr. Kaschinske stated Mr. Murdock could not recall stating the signs would go up, but did recall discussion of a no wake zone. At that time Lansing Township did not come along on the plan for a no wake zone, so it did not occur. Council Member Brown Clarke suggested minimizing the wording on the proposed sign and adding “fines up to...” placed on the bottom. Council Member Hussain agreed on the suggestion of more concise, stronger language.

Sgt. Mills and Sgt. Curtis introduced themselves with the LPD dive team, and addressed the questions and concerns from the last meeting. Council Member Hussain asked them to address what State laws and local ordinance address the issues, any ordinance on noise, etc. and are there ways to empower local neighborhood groups, and/or create a river watch group. Sgt. Curtis confirmed that the speed limit on an inland waterway is 55 mph. Noise is excessive and can be enforced, but only with the assistance of a noise meter, however that is not available, and would also require calibration to be enforceable in court. The question regarding bass boats, this does occur in the early morning, however it must be noted there are 50-60 boats which do bring revenue into the City during the limited times they have their tournaments. On the topic of reckless boating, this can be enforced by any police officer who does observe it. The erosion on the banks, with the current unseasonable drought, has the river down 1’-2’ below. Sgt. Mills and Curtis both spoke in support of the signage and support handing out pamphlets, but agree it could be litter. It was also noted by LPD that at one time the Mayor suggested launch fees or annual permit. Lastly they noted they did not encourage enforcement by a no wake policy. Lastly, they spoke in support of the MSU water skiing club and rowing club because they do have a great partnership and represent Lansing in a good aspect.

Council Member Hussain agreed that a no wake might make it unusable, so the Committee needs to look at ways to abate. The question was asked when someone calls 911 about a situation, what should they say. Sgt. Curtis noted it would be the same as identifying a vehicle violation, so make, size, number of people, and vehicle description. It was noted that reckless boating will not be considered a priority and that was discussed with the LPD Chief. The officers on the water, the dive team, are search and recovery. The LPD does not keep a vessel on the river so they have to catch the boaters at the ramp, but because there are not regular patrols there they cannot promise. In regards to the no wake measurement, no wake is categorized as slow down to no propulsion. Now they should not be above wake near shore lines and that can be enforced. If Committee decided to enforce a no wake they would have to get Lansing Township and Ingham County to agree. They could also apply to DNR for a variance to lower to 40 mph.

Council Member Brown Clarke suggested placing the signage on the bridge as to create consciousness. Mr. Novak suggested signage on buoys in the water. Council Member Hussain asked Mr. Kaschinske if signage on the bridge was possible, and Mr. Kaschinske stated it would not be Parks and Recreation, but the County Road Commission. Council Member Hussain suggested pursuing signage on the bridge.

Mr. Novak supported the fishing tournaments, MSU crew and MSU ski club, however also supported signage to monitor it. There was a question on statistics for accidents and water citations. Sgt. Curtis noted that there is not a lot reported or document so they do not have statistics.

Council Member Hussain asked Ms. Simmons for the best practice for complaints, and Ms. Simmons noted they should report to Police and file a citizen complaint with the City Attorney office.

Council Member Hussain then asked Mr. Kaschinske to research launch fees to generate funds for attendance. Mr. Kaschinske stated they would need to do a study, but does have concerns with having funds at a park.

Sgt. Mills added that as far as enforcement they should call 911. It will be a low priority and there is no effective way for police to enforce. Sgt. Curtis acknowledged that it appeared the main concerns were regarding 3-4 groups, so offered contact information to Mr. Venn and Mr. Novak to contact the agency for assistance when they see something.

Mr. Venn spoke as a resident noting his concern on the wake board boats which also affect the resident's docks. There was also a concern with the noise.

Council Member Brown Clarke asked if there are offenders and repeat offenders they can receive a warning that might put people on guard they are being watched. Mr. Novak clarified that the wake board boats practice on the river for the races, and the boat race club could be informed of the rules.

Council Member Hussain informed the group that he would keep in contact with the Parks and Recreation Department on signage and working towards placement. It was also noted he would reach out to the public from the last meeting to update them.

Sgt. Mills presented DNR boating laws to the Committee.

RESOLUTION – Tri-County Office on Aging Fiscal Year 2017-2019 Multi Year Plan

The plan under older Michiganian ACT requires TCOA to get approval from the City. Ms. Owen noted that TCOA is one of 16 in the State and 600 nationally. TCOA is intergovernmental and includes Ingham, Eaton, Clinton, Lansing and East Lansing and is formed under the urban cooperation act. The demographics of the aging is changing in the tri-county so the need has gone up. TCOA currently does get federal funds and funds from Medicaid.

Ms. Lemmer added to the conversation that they did obtain input for the plan from a needs assessment with community forums, online surveys and printed surveys. Ms. Long referred the Committee to page 38-45 of the plan which outlined their goals and objectives. The first goal for the aging agency to do is conduct or obtain an agency and align with the AARP initiative. A goal includes improving the outreach, and focus on caregivers of dementia patients. TCOA continues to try to protect the elderly from abuse and neglect, and are pursuing funding sources to help.

Council Member Brown Clarke asked if in the funding model, the funds are leveraged across tri-county by program, by effort or by initiative. Ms. Owen clarified it is based on need and sometimes comes out close to population. TCOA does have Federal dollars and State dollars and consortium dues are determined using a formula-based calculation.

MOTION BY COUNCIL MEMBER BROWN CLARKE TO APPROVE THE RESOLUTION FOR THE TRI-COUNTY OFFICE AND AGING FISCAL YEAR 2017-2019 MULTI- YEAR PLAN.
MOTION CARRIED 2-0.

Council Member Wood asked the Committee to check into the issue with Comcast and AT & T providing the coverage from City TV. Currently there is a franchise fee stating the customers will get City TV however they are not getting it. The City is spending the franchise fees however are unallocated. Council Member Hussain asked Ms. Simmons to provide for discussion at the August 2, 2016 meeting. After that the Committee will invite Comcast in to a meeting.

Submitted by,
Sherrie Boak, Recording Secretary,
Lansing City Council
Approved by the Committee on August 3, 2016
Adjourn 4:11 p.m.



MINUTES

Committee on Intergovernmental Relations Tuesday, June 21, 2016 @ 3:30 p.m. Tenth Floor Conference Room – Lansing City Hall

CALL TO ORDER

The meeting was called to order at 3:35 p.m.

ROLL CALL

Councilmember Adam Hussain, Chair
Councilmember Judi Brown Clarke, Vice Chair
Councilmember Tina Houghton, Member - Absent

OTHERS PRESENT

Courtney Vincent, City Council Administrative Assistant
Joe Abood, Interim City Attorney- arrived at 3:42 p.m.
Carol Wood, Lansing City Council Member
DeYeya Jones, Applicant
Robert Selig, Capital Region Airport Authority President & CEO
Brett Kaschinske, Parks and Recreation Director
Zach Russell, Lansing Parks and Recreation Intern
Thaddeus Owen, Moores River Drive Association
Edward Gunter, Rowing Clubs
Debora Bloomquist, CADL
Liam Clink
John Wojack
Marjorie Fronckel
Eric Novak, Moores River Drive Association
Ari Grode, MSU Water Ski Team
Brooke McMahan, MSU Water Ski Team
Jeff Venn, Lansing Boat Club Member
Row Wojack

Public Comment on Agenda Items

Councilmember Hussain announced public comment would be taken as items were addressed. He then stated the discussion regarding wake policy and safe boating on the Grand River would take place after addressing the appointment of Mr. Jones.

Discussion/Action:

RESOLUTIONS – Appointment of DeYeya Jones as a City of Lansing Representative to the Capital Area District Library Board for a term to expire April 15, 2020

Mr. Jones stated he was born in Chicago and had moved to Michigan. He later attended Northwood University, graduating with his BBA in 2001 and his MBA in 2010. Since then, he has been an active member of the community including serving 15 years as a youth coach and mentor, serving as an executive board member of the Mid-Michigan Youth Football League (MMYFL), and putting together events for kids in the city.

Councilmember Brown Clarke asked Mr. Jones if he envisioned using an athletic platform to build on literacy. Mr. Jones replied the MMYFL planned to try tutoring children along with the athletics program or possibly implementing study tables to encourage education.

Councilmember Hussain encouraged Mr. Jones to work with the CADL Board to find more effective methods of marketing the programs offered by the libraries. Councilmember Brown Clarke suggested finding a way to engage parental participation to promote literacy.

Councilmember Hussain acknowledged the information provided in the meeting packet stated administration had vetted Mr. Jones and that he met the qualifications for the position.

MOTION BY COUNCILMEMBER BROWN CLARKE TO APPROVE THE RESOLUTION TO APPOINT DEYEYA JONES AS THE CITY OF LANSING REPRESENTATIVE TO THE CAPITAL AREA DISTRICT LIBRARY BOARD FOR A TERM TO EXPIRE APRIL 15, 2016. MOTION CARRIED 2-0.

DISCUSSION – Wake Policy and Safe Boating on the Grand River

Councilmember Hussain stated public comment would be taken after the discussion. He then stated the wake issue was previously addressed in 2004. There are currently no wake regulations on the Grand River. The area being addressed today spans from the MLK Bridge to the Waverly Bridge. Councilmember Hussain noted that changes to regulations would require a collaborative effort of several governing bodies and that it would require each of those entities to draft resolutions aligned in language asking the State to write an ordinance. He stated the issue had not been resolved at the time because of questions regarding enforcement. The purpose of today's discussion is to restart the conversation.

Councilmember Wood stated the decision from the last meeting regarding this issue had been for the Parks and Recreations Department to post signage, but she did not know if any signage had been posted. Mr. Kaschinske noted no record of a request for signage had been in the minutes from the previous meeting. Councilmember Wood replied it had been a verbal commitment from the former director of that department. Mr. Kaschinske asked if there was record of what the signs would have said. Councilmember Wood said no, but it was meant to encourage people to be aware of other boaters.

Councilmember Brown Clarke asked if there was signage directing specific types of boats to different areas on the river. Councilmember Wood noted the signs would have been posted at the boat launch.

Mr. Novak stated there was currently a State law prohibiting watercraft from exceeding speeds of 55 MPH and there were two City ordinances addressing noise limits and muffler requirements for boats. He mentioned he and his family moved to live on the Grand River to enjoy watersports in an area without a no-wake zone. He opined it was no more than six to ten people acting irresponsibly driving boats without mufflers at high speeds and/or causing large wakes in their path. He noted speaking with someone from the Michigan Department of Natural Resources (DNR) and asked if he could contact them regarding his evidence of the transgressions, but his request had been declined. He also commented on new technology

allowing boats to create huge wakes which were a hazard to both people and property along the river. He suggested enforcing the laws already in place.

Councilmember Hussain asked if a true no-wake zone meant there could be no water trail created by a vessel. Mr. Kaschinske confirmed that was correct and added he did not know of any special laws on the local bodies of water. Councilmember Hussain asked what the ability was of the City to enforce the law and ordinances. Mr. Kaschinske replied it would involve Ingham County and the DNR.

Councilmember Brown Clarke suggested addressing the six to ten repeat offenders would spread word to other boaters that the laws were being enforced and help mitigate violations. She also noted that the City had capacity to enforce the laws at the boat launch, which was in Lansing. Mr. Kaschinske added that an officer could monitor speed and other issues from land.

Mr. Owen stated hydroplane racing boats were on the river almost every weekend and created a lot of noise. He has also spotted other types of watercraft not appropriate for a river, though it is not an everyday occurrence. He reported seeing wake board boats on the river creating three-foot waves that eroded both the properties at the edge of the river and the opposite shoreline. Members of the crew team have also been witnessed having their vessels swamped from careless boaters. Mr. Owen believed there were more than six to ten offenders causing problems.

Councilmember Brown Clarke commented on the positive influence having an officer patrol could have.

Councilmember Wood asked if the City Attorney's Office would investigate should a citizen submit a signed complaint against someone not following a City Ordinance. Mr. Abood replied the City Attorney's Office evaluated every case on an individual bases and will investigate if someone is breaking the law. Councilmember Wood stressed the importance of citizens submitting the signed complaints with information to identify the transgressor. Mr. Abood encouraged residents to call the police first if they witness someone breaking the law.

Councilmember Hussain asked Mr. Novak and Mr. Owen if either had called the police regarding the boaters. Mr. Owens replied he had but nothing had been done. Mr. Novak stated he had called the police half a dozen times. He expressed concern for the safety of his children playing in the water and suggested implementing something similar to a neighborhood watch for that area of the river. Councilmember Brown Clarke noted those breaking the law were being reckless, not just causing large wakes, and the fact that they were driving recklessly needed to be conveyed when calling the police to give the complaint the appropriate sense of urgency. Mr. Novak noted there were smartphone apps that could show speed or decibels, and these tools could help when making a complaint. Councilmember Hussain commented that Mr. Novak should consider filing a citizen's complaint with the City Attorney's Office.

Mr. Gunter stated boats traveling down the 600 foot section between the two docks for the rowing clubs where the river narrows and has a depth in places of three feet or less should not be creating a wake. This would be an enforcement of laws already on the books.

Councilmember Hussain opened the floor for public comment.

Mr. Venn stated his comments were not in representation of the Lansing Boat Club. He discussed the types of boats docked at the Boat Club, noting the majority were pontoons that

did not go over a maximum of 20 MPH. He mentioned there were early morning fishing contests occurring around 5:30 a.m. with as many as 30 to 40 boats participating. He noted this particular section of the Grand River was the only place in Ingham County where residents could put in a boat to water ski or go tubing other than Lake Lansing, which he opined was not ideal for those types of water sports. He did not believe the members of the Boat Club were the ones causing trouble. He also expressed concern regarding the issue of jurisdiction for enforcement of current laws.

Councilmember Hussain suggested continuing the discussion at the July Committee meeting and recommended Mr. Kaschinske attend as well as to extend an invitation to Chief Yankowski and a representative of the Ingham County Sheriff's Office.

Councilmember Brown Clarke suggested reviewing what signage said for municipal counterparts with larger rivers used for boating. Mr. Kaschinske stated his office would look at examples of language, but the wording would have to be concise in order to remain impactful.

Councilmember Brown Clarke suggested empowering residents to patrol the area and report violations.

Mr. Kaschinske asked if there were any new rules regarding the boats sporting the technology to create large wakes. Mr. Novak replied he was not aware of any at this time.

Minutes

MOTION BY COUNCILMEMBER BROWN CLARKE TO APPROVE THE MINUTES FROM FEBRUARY 9, 2016 AS PRESENTED. MOTION CARRIED 2-0.

UPDATE – Capital Region Airport Authority

Mr. Selig provided an update on the Capital Region Airport Authority referencing the City of Lansing – Ingham County Update 2016 information provided in the meeting packet. The airport has a total of 43 employees and Fiscal Year 2016/17 budget of nearly \$13.5 million. The total Certified Mill Levy is 0.6990 Mills with a projected tax revenue of \$4.6 million, 61 percent of which comes from Ingham County residents. The estimated 2013 Regional Impact was \$1.055 billion. Mr. Selig discussed the 2016-2017 Passenger Flight Schedule and mentioned American Airlines would begin service to Washington D.C. on July 6th, with flights departing Lansing at 6:30 a.m. and Washington D.C. at approximately 5:30 p.m. Councilmember Brown Clarke asked why the flights were timed as they were and Mr. Selig explained the airline set the schedule.

Councilmember Hussain asked if there had been discussion of having a flight to China. Mr. Selig replied there was ongoing discussion, but it was an expensive venture and difficult to arrange. He explained proposing a new route required startup capital and a supporting market. Councilmember Hussain opined there was a means for the market support. Mr. Selig noted they would still have to prove the case to the airline, which came down to cost benefit to the company. He also commented on the airline pilot shortage and the impact it had on routes.

Councilmember Hussain asked about having aviation training and school on site. Mr. Selig stated LCC had previously had a aviation training school on site, but LCC closed down all but the aircraft maintenance program which was relocated to Mason Jewett Airfield. LCC has been prohibited by the CRAA from building a flight school at Mason Jewett Airfield; they will only allow a flight school at the international airport. There has been no movement from LCC to restart the program. Councilmember Brown Clarke commented on the recent availability of

federal funding in order to bring more pilots into the industry and suggested the CRAA Board approaching LCC about the possibility of resuming the program.

Councilmember Hussain asked if the CRAA had discussed increasing cargo. Mr. Selig replied they were increasing cargo, mentioning cargo flights received for General Motors and UPS. He discussed the attempt by the CRAA to convince FedEx to consolidate their operations through Lansing instead of continuing with their current cargo model. He also noted there were no State incentives to develop that type of business in Lansing and the cargo transportation industry did not generate many jobs.

Councilmember Brown Clarke suggested the CRAA talk to LCC about assistance in rebranding the airport to better showcase Mid-Michigan, Ingham County, and/or Lansing. She also suggested Mr. Selig tour the LCC campus to see examples of their skills at rebranding.

Councilmember Hussain asked what could be done to counter the Michigan Flyer and commented on the price of flights from Lansing being higher than those at Detroit, Flint, or Grand Rapids. Mr. Selig explained the larger airports had a higher volume of lower-cost seats and stated costs were comparable between airports on a seat-by-seat basis. He also discussed the overall cost of flying from Lansing, which saved several hours, gas, and money on parking compared to Detroit.

Councilmember Brown Clarke mentioned the possibility of refundable tickets and the customers such a service might offer. Mr. Selig replied he did not agree with the policy of refundable tickets, but he would challenge the CRAA to look into it.

Councilmember Hussain asked what the parking fee was. Mr. Selig replied it was \$10 per day and \$50 per week. Councilmember Hussain asked if the CRAA had considered reducing parking fees to compete with the Michigan Flyer. Mr. Selig replied they could not reduce parking fees because it would cause a reduction in revenue that they could not afford at this time.

Councilmember Hussain commented on people being told to take Waverly when leaving the airport instead of taking Grand River out of concern for the type of first impression Grand River would give to visitors. He suggested prioritizing the Grand River corridor in order to provide a better first impression for the city. Mr. Selig replied that issue was not within the control of the CRAA, but supported the idea.

OTHER

ADJOURN

The meeting was adjourned at 5:06 p.m.

Submitted by,

Courtney Vincent, Administrative Assistant

Lansing City Council

Approved: _____



Tri-County Office on Aging

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

RECEIVED

JUL 05 2016

LANSING CITY COUNCIL

June 27, 2016

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

Dear Lansing City Council:

Enclosed is a copy of Tri-County Office on Aging's (TCOA) Fiscal Year 2017-2019 Multi-Year Plan. This planning document is required under the Older Americans Act and Older Michiganians Act.

The Michigan Aging and Adult Services Agency (AASA) requires TCOA to ask major cities and county commissions to approve the plan. We are asking this plan be approved by August 1, 2016. A resolution endorsing the plan would be appreciated. If the Lansing City Council does not respond by August 3, 2016, TCOA will consider passive approval of the plan.

The City of Lansing, along with Clinton, Eaton and Ingham counties and the City of East Lansing, is a member of the Tri-County Aging Consortium. The Consortium members appoint representatives to serve on TCOA's Administrative Board, which has the responsibilities of agency operations, and must endorse and recommend approval of the Plan to AASA. Kathie Dunbar, Joan Jackson-Johnson and Chris Swope represent the City of Lansing on the Administrative Board. The Board endorsed the plan on June 20, 2016. Three older adults, Emly Horne, Mary Estes and Penny Gardner, appointed by the City of Lansing also serve on the Advisory Council that reviewed and recommended approval to the Consortium Administrative Board.

The plan and sample resolution are enclosed in this mailing. Please email the resolution to longk@tcoa.org at your earliest convenience. If you have further questions, please feel free to contact me. I can be reached at 517-887-1348.

Thank you for your attention to this issue.

Sincerely,

Kate Long
Planner

Enclosure

CC: Tri-County Aging Consortium Board Members Chris Swope, Joan Jackson-Johnson & Kathie Dunbar.

5303 S. Cedar Street, Suite 1, Lansing, MI 48911-3800 ~ Telephone: (517) 887-1440 or (800) 405-9111
Fax: (517) 887-8071 ~ www.tcoa.org

BY THE COMMITTEE ON INTERGOVERNMENTAL RELATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Tri-County Aging Consortium, known as Tri-County Office on Aging, produced the Fiscal Year 2017-2019 Multi Year Plan as required by the Older American Act and the Older Michiganians Act; and

WHEREAS, the Committee on Intergovernmental Relations reviewed the document at its meeting on Tuesday, July 19, 2016; and

WHEREAS, the Lansing City Council has reviewed the Tri-County Office on Aging Fiscal Year 2017-2019 Multi Year Plan.

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

RESOLUTION

Lansing City Council

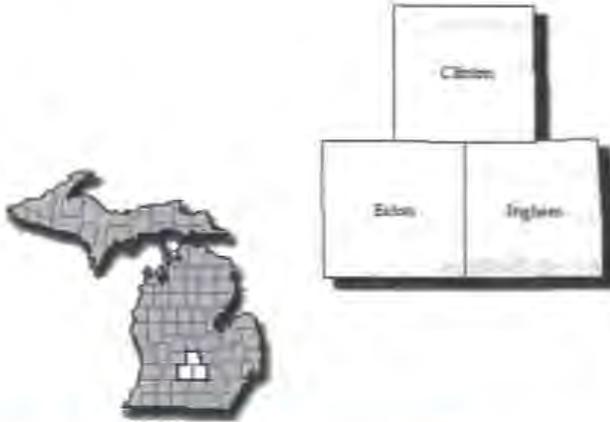
June 2016

WHEREAS, the Tri-County Aging Consortium, known as Tri-County Office on Aging, produced the Fiscal Year 2017-2019 Multi-Year Plan as required by the Older Americans Act and the Older Michiganians Act; and

WHEREAS, Lansing City Council has reviewed the Tri-County Office on Aging's Fiscal Year 2017-2019 Multi-Year Plan; and now therefore, be it

RESOLVED; that the Lansing City Council approves said document as presented.

FY 2017 - 2019
MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN
TRI-COUNTY OFFICE ON AGING 6



Planning and Service Area
Clinton, Eaton, Ingham

Tri-County Office on Aging
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Suite 1
Lansing, MI 48911-3800
517-887-1440 (phone)
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Marion Owen, Executive Director
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ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017-2019

Tri-County Office on Aging

FY 2017

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ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017-2019

Tri-County Office on Aging

FY 2017

County/Local Unit of Govt. Review

The Area Agency on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi-Year Plan (MYP) by no later than June 30, 2016, to the chairperson of each County Board of Commissioners within the PSA requesting their approval by August 1, 2016. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2016, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2016, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the Multi-Year Plan. To employ this option the area agency must:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

Describe the efforts made to distribute the MYP to, and gain support from, the appropriate county and/or local units of government.

The Tri-County Office on Aging Administrative Board (Tri-County Aging Consortium) is made up of representatives from five local units of government: Clinton, Eaton & Ingham counties, and the cities of Lansing & East Lansing. TCOA Advisory Council older adult members are appointed by their respective local units of government. Both the Advisory Council and Board review, recommend approval of and approve the Multi-Year Plan (MYP).

TCOA sent a letter and a copy of the 2017-2019 MYP to local units of Government via certified mail and signature confirmation by June 30, 2016 requesting approval of the MYP no later than August 1, 2016. The letter will state that if a response is not received by August 3, 2016, it will then be considered passively approved.



Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2017-2019. Please note there are separate text boxes for the responses to each item. The Plan Highlights must include the following:

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.
2. A summary of the area agency's service population evaluation from the Scope of Services section.
3. A summary of services to be provided under the plan, which includes identification of the five service categories receiving the most funds, and the five service categories with the greatest number of anticipated participants.
4. Highlights of planned program development objectives.
5. A description of planned special projects and partnerships.
6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
7. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.
8. Highlights of strategic planning activities.

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

Tri-County Office on Aging (TCOA) is the Area Agency on Aging for Region 6 serving Clinton, Eaton and Ingham Counties. The Consortium is a regional Administrative Board governing TCOA and consists of elected officials representing the three counties and the cities of Lansing and East Lansing. The Consortium was established in 1974 through a regional cooperative agreement under the Michigan Urban Cooperation Act of 1967. TCOA was designated the Area Agency on Aging through the Michigan Aging and Adult Services Agency as a response to the 1973 amendments of the federal Older Americans Act. TCOA's mission is to promote and preserve the independence and dignity of the aging population. This mission is at the core of all programs and services the agency provides in its service area and the foundation of the agency's 2017-2019 Multi-Year Plan. This plan was created using the input of local seniors and persons with disabilities, staff members and members of the agency's Advisory Council and Administrative Board.

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

In 2004, the Tri-County Aging Consortium Charter was amended to include adults with disabilities in addition to older adults as a target population. Although the funds through the Older Americans Act and the Older Michiganians Act are directed to persons over age 60, TCOA has administered the Michigan Medicaid Home



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Tri-County Office on Aging

FY 2017

and Community Based Services Waiver to the Aged and Disabled since 1992 and was one of the first three pioneer agencies for the Waiver.

Between the 2000 national census and the 2014 national census estimate, the three counties that make up TCOA's service area have seen a significant increase in the 60 and older population. In 2000 the tri-county population of adults age 60 and older was 59,807. In 2014 this population had grown to 85,737, just over 18% of the total tri-county population. This is an increase of over 25,000 seniors. TCOA has continued prioritizing services to focus on serving individuals considered high risk and needing the most assistance.

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

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

Five Service Categories Receiving the Most Funds:

1. Home Delivered Meals (Meals on Wheels)
2. Congregate Meals (Senior Dining Sites)
3. Homemaker
4. Care Management
5. Respite Care

Five Service Categories with the Greatest Number of Anticipated Participants:

1. Outreach
2. Home Delivered Meals (Meals on Wheels)
3. Congregate Meals (Senior Dining Sites)
4. Information and Assistance
5. Legal Assistance

4. Highlights of planned Program Development Objectives.

With the hopes that more communities in the tri-county area will conduct an aging-friendly community assessment and apply for recognition to Aging and Adult Services Agency as a Communities For a Lifetime (CFL), TCOA would like to work to secure the City of Lansing as a recognized CFL by September 2019 and increase the number of CFLs in TCOA's Planning and Service Area.

In order to ensure older adults have access to information and services to improve their ability to make an educated decision regarding their independence, TCOA hopes to improve access to programs and services for underserved populations, expand housing assistance to increase access to community housing options, provide information about benefits and help people solve problems with health benefit programs and related insurance products, improve transportation options and usability, focusing on TCOA's consumer demographic needs, increase access to kinship care services in the tri-county area, work to advance community integration and



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outreach efforts and work to advance advocacy efforts in the tri-county area.

By continuing to expand access to evidence-based disease prevention programs in the tri-county area, providing access to healthy and affordable meals to nutritionally at risk older adults, reducing unnecessary re-admittance to hospitals for high-risk adults and exploring opportunity to assist community members in securing a Senior Millage for vital unmet needs, TCOA is hoping to improve access to health, wellness and nutrition supports.

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

With the hopes to better support individuals with dementia living in the community, as well as their caregivers, TCOA would like to work to expand access to programs and services available for individuals with Alzheimer's Disease and other forms of dementia who are residing in the community, as well as their formal and informal caregivers.

5. A description of planned special projects and partnerships.

* AARP - Partner with AARP to advance efforts to help people live easily and comfortably in their homes and communities as they age. As a result of the partnership, TCOA hopes to secure recognition of the City of Lansing as a Communities For a Lifetime (CFL) by September 2019.

* Capital Area Collaborative for Care Transitions: Attend meetings with this cross-provider collaborative to reduce unnecessary hospital readmissions. Work with local hospitals, health plans and community providers on the Capital Area Community-Based Care Transitions Program to reduce hospital readmissions for high-risk Medicare beneficiaries by 20%.

* Medicare/Medicaid Assistance Program – Continue to partner with Capital Area Community Services and Disability Network Capital Area to provide MMAP services in the tri-county area. Recruit and train new MMAP volunteers including using social media and outreach to obtain new volunteers to keep up with growing demand from the changing health care system.

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

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

Strategic planning and prioritizing is essential in continuing to provide quality person-centered programs and services in an efficient and effective way. This means prioritizing services to the most vulnerable individuals who are at-risk of institutional placement. This could involve shifting funds from one program to another, where allowable. All strategies to reduce agency expenditures are explored. Reducing services, primarily in-home supports, is the last avenue. This requires creative and strategic planning, which can be daunting, but is preferable to reducing consumer services. Contingency plans are continually reviewed and revised as new challenges and opportunities arise throughout the year.

TCOA is continually searching out methods to improve efficiency and save money. Some ways the agency is working on improving efficiency include:

- * Careful shopping of all agency purchases and holding off on non-essential purchases.
- * Negotiating better contracts with vendors
- * Continue with lower cost IT service providers
- * Migration to internal file servers
- * Convert telephone lines to fiber connection

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

Each year over 1,600 individuals volunteer with TCOA and contribute over 43,000 hours of service. These hours are the equivalent of over 28 full time employees. TCOA's Meals on Wheels program could not run without the generosity of these volunteers. The local Medicare/Medicaid Assistance Program also is a beneficiary of many of these service hours and was able to assist over 2,300 tri-county residents last year because of this support. Finally, TCOA supplements its state and local funding with grant writing and fundraising activities throughout the year. New fund development staff will build on the success of FY 2016 by continuing to identify and explore additional funding opportunities. These activities help to pay for additional client services and office supplies and equipment that the agency could not otherwise afford.

8. Highlights of strategic planning activities.

Regarding Communities For a Lifetime (CFL), TCOA plans to partner with AARP to advance efforts to help people live easily and comfortably in their homes and communities as they age, participating in an aging-friendly community assessment for the City of Lansing and applying for recognition to Aging and Adult Services Agency as a CFL. To possibly increase the number of CFL's in TCOA's Planning and Service Area, TCOA would like to explore other communities in the tri-county area that may be willing to align their efforts with the qualifications and requirements to become a CFL.

In order to attempt to improve access to programs and services for underserved populations, TCOA would like to secure the services of a Community Health Worker/Resource Navigator, facilitate connections with culturally and/or linguistically specific community based organizations, provide access to assistance with MMAP and other public benefits, connect with medical community, physician organizations, and health plans, connect with neighborhood organizations and promote cultural competency issues impacting underserved local seniors and persons with disabilities, including non-English speaking and Lesbian, Gay, Bisexual and Transgender individuals.

With hopes to expand housing assistance to increase access to community housing options, TCOA will strive to create and distribute a directory of all known senior housing, low income and accessible housing options in the tri-county area, including a directory of private landlords, and convene and possibly facilitate regular meetings for managers of senior complexes and landlords.

Continuing to recruit and train new MMAP volunteers and utilizing traditional and social media to outreach and



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obtain new volunteers may allow TCOA to provide information about benefits and help people solve problems with health benefit programs and related insurance products.

Regarding the transportation objective, TCOA is hoping to schedule appointments and fund non-emergency medical transportation for waiver clients, maintain a supply of bus passes on hand for non-waiver clients and promote a Michigan Transportation Connection (MTC) partnership. MTC is a separate 501 (c)(3) charitable nonprofit from Michigan Public Transit Association to network together both public and private resources in a public/private partnership to maximize existing taxpayer dollars while protecting public transit agency interests and the interests of Michigan-based private carriers.

TCOA would also like to increase access to kinship care services in the tri-county area through strengthening an existing partnership with the Kinship Care Coalition.

Advancing community integration and outreach efforts could be made possible by expanding public awareness and education efforts, maintaining the Long Term Care Collaborative/Aging and Disability Resource Center partnership, developing a TCOA Newsletter and communication materials and expanding partnerships with doctors' offices, physician groups, health plans and community based organizations.

With hopes to advance advocacy efforts in the tri-county area, TCOA will support local seniors that represent the tri-county area on the Michigan Senior Advocates Council to advocate for older Michiganians, continue to have Tri-County Office on Aging staff and Advisory Council representation on the planning committee for Older Michiganians Day and encourage Advisory Council members and other local advocates to meet with local state legislators to advocate on issues impacting older adults and persons with disabilities as identified in the Older Michiganians Day Platform.

Discussed in more detail throughout this document are the hopes to continue to expand access to evidence-based disease prevention programs in the tri-county area. TCOA will continue to work with the Area Agencies on Aging Association of Michigan as well as location providers to increase the number of Enhanced Fitness, A Matter of Balance, Personal Action Toward Health and Creating Confident Caregivers (CCC/SAVVY) classes offered in the tri-county area, explore alternative and additional fund sources available to expand and sustain evidence-based programs, seek out community partners and train new Coaches, Lay Leaders and Master Trainers for these programs, seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals, maintain Medicare certification and explore the possibility of expanding to Medicaid and other health plans for reimbursement for evidence-based programs and work to provide oral health programs in partnership with nutrition and dental organizations.

With the hope of providing access to healthy and affordable meals to nutritionally at risk older adults, TCOA anticipates continuing and expanding Project Fresh, exploring expansion of a frozen food pantry to improve participant choice and variety and exploring additional funding sources to support the Nutrition Program.

Expanding partnerships to more hospitals for the Care Transitions Program, working to expand reimbursement sources to Medicare Advantage Plans, Medicaid and private insurances for the Care Transitions Program and sustaining Advanced Care Planning training will all advance TCOA's efforts to reduce unnecessary re-admittance.



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to hospitals for high-risk adults.

Should communities in our service area want to pursue a millage for seniors, TCOA would support the millage planning committee, including providing data and information to inform the campaign.

In order to raise awareness of domestic abuse, physical and sexual abuse and financial exploitation occurring in the older adult population and how to better respond to these situations, TCOA would like to continue to participate in the Ingham County Coordinated Community Response team, explore funding for domestic and sexual violence prevention and response, continue to participate in vulnerable adults networks in the tri-county area and utilize social media to assist in publicizing information about current scams and fraud occurrences that are being reported locally.

A population that is growing in size and demand of services are persons with dementia and their caregivers. TCOA would like to expand access to programs and services available for individuals with Alzheimer's Disease and other forms of dementia who are residing in the community, as well as their formal and informal caregivers, by expanding SAVVY/Creating Confident Caregivers training to reach more caregivers of minority populations, maintaining the Resource Directory for Caregivers with an emphasis on dementia supports in partnership with other community organizations, create opportunities for persons with dementia to receive personal music therapy and partnering with AASA and AAAAM to secure funding for evidence-based programs relating to dementia.



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Public Hearings

The area agency must employ a strategy for gaining MYP input directly from the following: the planned service population of older adults, caregivers and persons with disabilities, elected officials, partners, providers and the general public. The strategy should involve multiple methods and may include a series of input sessions, use of social media, online surveys, etc.

At least two public hearings on the FY 2017-2019 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty (30) day period beginning when the summary of the MYP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency's website, along with communication via e-mail and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

Complete the chart below regarding your public hearings. Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including e-mails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP. Describe all methods used to gain public input and the resultant impact on the MYP.

Date	Location	Time	Is Barrier Free	No. of Attendees
05/12/2016	Tri-County Office on Aging	01:00 PM	Yes	20
05/23/2016	Delta Township Enrichment C.	11:00 AM	Yes	3

Narrative:

TCOA initiated a needs assessment process in February, and through a series of community forums and surveys has gathered information on how the agency can better serve older adults in the community. Press releases regarding the dates, times and locations of the community forums were communicated with local news organizations.

A needs assessment survey focusing on individuals 55 and older, as well as persons with disabilities, was

distributed during February, March and April 2016. Over 150 responses to this survey were received. Reviewing the results of this survey it was clear that the 2017-2019 multi-year plan needed to focus on a few key areas.

The data from the Needs Assessment Surveys showed the vast majority of respondents were over 60 years old, retired, living with a spouse/partner or alone. From the respondents tallies, the top 5 services most critical to seniors over the next three years are Caregiver Supports, Chore Services, Senior Centers, Home Delivered Meals, and Food/Nutrition Programs. Respondents expressed the desire for greater access to information and Adult Day Care. Well over half of the respondents were in favor of a Senior Millage. More respondents are unable to access basic needs without their own car than those who can access basic needs without their own car. Most respondents did not experience a barrier to receiving services, however those who did experience barriers reported unable to find information, cost or other reasons as to why they were unable to receive a service. Most respondents expressed interest in Alzheimer's/Dementia education or Exercise/Fitness classes if they were offered for free in the tri-county area. Most felt there needed to be more options for safe, accessible and affordable housing option in the tri-county area such as Assisted Living Facilities, Independent Living Facilities including affordable housing that is non-subsidized, Subsidized Housing for those under 62 with disabilities and also for seniors, as well as Retirement Villages or Communities. Cost and availability were the top barriers listed in finding safe and affordable housing in the tri-county area.

The Tri-County Office on Aging also dedicated a significant portion of the needs assessment to caregiving. The organization understands that non-professional caregivers caring for family and friends play a very important role in keeping individuals safe and happy in the community. These individuals also can give a unique perspective on what they need to continue caregiving and what the person they are caring for needs. 32 caregivers completed the needs assessment survey. The data from the Needs Assessment Surveys showed the vast majority of respondents are either an adult child caring for a parent or a spouse/partner. Caregivers were often responsible for assisting their care recipient with multiple activities of daily living and errands, as well as providing companionship and social interaction. Just over half of the care recipients were reported as having Alzheimer's or Dementia. Respondents expressed the desire for greater access to information and Adult Day Care services.

In addition to conducting two needs assessment surveys, 16 Community Forums were held across the tri-county area; 10 in Ingham County, including one in Spanish, 3 in Clinton County and 3 in Eaton County. From these forums it was obvious that across the three counties, transportation and the lack of information or access to information were the two most prominent barriers to getting programs and services. All locations mentioned public transportation is their main source of travel, however, the experience is not enjoyable as the service is not user-friendly. Most locations would like to have increased access, with little to no cost, to exercise/fitness classes. Residents in Ingham County expressed a need for little to no cost chore service providers. Most attendees did not feel their community was age friendly. A majority of respondents were in close proximity to healthy foods, but only for part of the year or had little to no access to transportation to get to the healthy food. Many locations expressed great interest in participating in games, puzzles and community outings or events. Also identified is a lack of Spanish Speaking senior centers in the tri-county area.

Finally, two public hearings were held to solicit input on the MYP draft objectives. The public hearings were announced at TCOA's Advisory Council and Administrative Board April meetings and posted on TCOA's



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website, Facebook page and also posted in community newspapers. One public hearing was held at the main offices for the Tri-County Office on Aging in Lansing, MI. This hearing was held on May 12, 2016 at 1:00 P.M. prior to the monthly Tri-County Office on Aging Advisory Council meeting. The second public hearing was held at the Delta Township Enrichment Center on May 23, 2016 at 11:00 A.M. Great interest was shown toward the Medicare Medicaid Assistance Program (MMAP) and attendees at the Delta Township Enrichment Center expressed interest in hosting opening enrollment at their location. A suggestion for exploration of community efforts included intergenerational playgrounds. Individuals in attendance were pleased to see the inclusion of Evidence Based Disease Programs and continuation of a health and wellness initiative in the area plan. Attendees also agreed transportation needs are obvious at the local level.

Scope of Services

The number of potentially eligible older adults who could approach the area agency's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations are increasing. There is an exponentially growing target population of the "old-old" (85-100+) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports coordination and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long term care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 65 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "Caregivers of older individuals with Alzheimer's disease" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via ADRCs, 211 Systems, and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges it is essential that the area agency carefully evaluates the potential, priority, targeted and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

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

Between the 2000 national census and the 2014 national census estimate, the three counties that make up TCOA's service area have seen a significant increase in the 60 and older population. In 2000, the tri-county population of adults age 60 and older was 59,807. In 2014, this population had grown to 85,737, over 18% of the total tri-county population. This is an increase of over 25,000 seniors. TCOA has continued prioritizing services to focus on serving individuals considered high risk and needing the most assistance.

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

There are currently several areas of need that have been identified by Tri-County Office on Aging within the

agency's service area. First, there is a need for programs that specialize in serving minority and non-English speaking populations. Currently, there is a community center in Lansing that focuses on serving the Spanish-speaking, Hispanic population in the area. However, this organization alone is not enough to meet the needs of other minority and non-English speaking groups in the area.

Second, there is a need for improved transportation services within the tri-county area. It was identified that this is especially needed for individuals who are seeking transportation that crosses the county borders. Multiple individuals, as well as the needs assessment data and community forum responses, identified that crossing the county lines to seek programs and services, including routine medical assistance, can be very cumbersome and time consuming to coordinate and individuals limit their activities due to this burden.

Finally, there is an increasing need for services to serve individuals with middle and late stage Alzheimer's disease and dementia. At this time, no adult day services programs serve these high-needs individuals, except the PACE Program. Serving this population would not only ensure that the individuals participating in programs have adequate and safe care, it would also significantly assist the family and friends who are acting as caregivers. Relieving the stress associated with care giving will help to ease caregiver burn-out and allow for more individuals to remain living in the community.

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

In the Region 6 planning and service area (Clinton, Eaton and Ingham counties) several populations have been identified as being underserved. These populations include racial minorities, non-English speaking individuals, and caregivers caring for individuals with Alzheimer's disease or dementia.

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

In order to better serve non-professional caregivers who are caring for loved ones with Alzheimer's Disease and dementia, TCOA would like to work to expand access to programs and services available for individuals with Alzheimer's Disease and other forms of dementia who are residing in the community, as well as their formal and informal caregivers. During FY 2017-2019, TCOA would like to maintain the Resource Directory for Caregivers with an emphasis on dementia supports in partnership with other community organizations. Opportunities for persons with dementia to receive personal music therapy will be explored as well as partnering with AASA and AAAAM to secure funding for evidence-based programs relating to dementia.

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

Although TCOA has no formal protocols, informal conversations held by the I&A Specialist and Options Counselor parallel many of the protocol topics in the ACL/AoA *Dementia Capability Quality Assurance Assessment Tool* and could be developed into formal protocols. TCOA has piloted an assessment tool, AD-8, and there are hopes to implement this or a similar tool in the future. Through the conversations previously mentioned, caregivers often self-identify. TCOA currently has two (2) Master Trainers that did receive formal training on dementia. In addition, some employees choose to participate in continuing education classes/seminars related to dementia care. Regarding component #3 in the Assessment Tool, TCOA does have dementia specific service providers; however, TCOA cannot endorse one provider over another. There is a list of all providers available to clients and some providers on that list provide dementia-specific care. Some areas for improvement would be training more staff on dementia and/or cognitive impairments and also creating a systematic process to inform staff/support coordinators of providers related to dementia care. The need for caregiver supports is growing. TCOA is open to implementing processes to help accommodate this on-going need.

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

Every request that is made to TCOA is addressed using a person-centered process. Staff members listen to individuals and their expressed needs and wants and work to find a way to fulfill them. Not every service needed or requested can be funded or provided by TCOA. In order to better support individuals, TCOA has an active I&A program and Community Resource Directory that can help connect individuals with the programs and services requested. Additionally, TCOA staff work closely with staff members in other organizations and agencies to more efficiently utilize resources and cross-refer between programs. Finally, when a person is looking for more in-depth assistance, TCOA employs an Options Counselor that is available to work with the individual, and the support persons of their choice, to create a person-centered plan.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.

MDHHS requires the use of their priority system for individuals on the waiting list for MI-Choice services. For the Care Management program, potential clients are put on a waiting list by order in which they contacted the agency if they do not meet any of the criteria set forth in the MDHHS system. Individuals on the waiting lists have the opportunity to have Personal Emergency Response Systems (PERS) provided to them. Additionally, individuals on waiting lists for in-home services receive a call quarterly from TCOA staff to monitor changes in health status and needs. Referrals are made to the local FACE Program (Community Care of Michigan) and to DHHS Home Help Program.



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

TCOA tries to focus on individuals who are most vulnerable. Some are at risk for nursing facility placement or may have a social or economic need. Some examples include those who are low-income or live in a rural area. The intake specialist works with Information & Assistance (I&A) to assist those to be found ineligible for Care Management. They offer I&A on community resources and alternatives to the Care Management program. As with other I&A situations the individuals are referred to other programs and services as appropriate and Options Counseling based on the approved ADRC standards.

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

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

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

TCOA is proactive in reaching out in the community with information, education and prevention methods. Efforts include Options Counseling, Information and Assistance, MMAP and Evidence Based Programs. Options Counseling offers older adults and their caregivers assistance in planning to meet their long term supports and service needs before or as they arise for individuals to remain in the community as they age. Information & Assistance staff provide information on topics related to older adults and persons with disabilities, such as in-home services, community resources, and housing information, and directs callers to appropriate agency programs. This information can aid in the preparation of services for aging adults.

Michigan Medicare/Medicaid Assistance Program counselors can help individuals understand Medicare & Medicaid, enroll in Medicare prescription drug coverage, review supplemental insurance needs, apply for Medicare Savings programs, identify and report fraud and abuse or scams, and explore long term care insurance.

Evidence-based programs include Advanced Care Planning, Personal Action Toward Health (PATH), Diabetic Personal Action Toward Health (D-PATH), Matter of Balance (MOB), SAVVY/Creating Confident Caregivers, Care Transitions and Medical Nutrition Therapy. Advanced Care Planning discussions are intended to provide, enhance, and improve end-of-life health care through practice, education, evaluation, research, and consultation specifically related to advance care planning, ethics, and medical humanities, including the Investigational Review Board. PATH is a self-management program for persons with chronic disease to help them take control of their own disease process using the Stanford Model. D-PATH is an accredited self-management program to help diabetic persons take control of their own disease process using the Stanford Model. MOB is a structured group intervention proven to help older adults reduce their risk of falling and assist in working to overcome the fear of falling. SAVVY/Creating Confident Caregivers is a six-week education series for caregivers of persons with dementia. Content focuses on understanding the disease, caregiver self-care to prevent burnout and providing structure and support for the person with dementia. Respite care is provided. Care Transitions is a social work program aimed at decreasing unnecessary hospital admissions by addressing the psycho-social determinants of health care. Medical Nutrition Therapy (MNT) is defined as the use of specific nutrition services to treat an illness, injury, or condition and involves two phases: 1) assessment of the nutritional status of the client and 2) treatment, which includes nutrition therapy, counseling, and the use of specialized nutrition supplements. Evidence exists demonstrating that MNT can improve clinical outcomes while possibly decreasing the cost of managing diabetes to Medicare.



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Planned Service Array

Complete the 2017-2019 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide. There is a required narrative related to the Planned Service Array in the following section. The narrative should describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

	Access	In-Home	Community
Participant Private Pay	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chores • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Nutrition Counseling • Nutrition Education • Health Screening • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Vision Services
Funded by Other Sources	<ul style="list-style-type: none"> • Disaster Advocacy and Outreach Program 	<ul style="list-style-type: none"> • Friendly Reassurance 	<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Assistance to the Hearing Impaired and Deaf • Home Repair • Legal Assistance • Senior Center Operations • Senior Center Staffing • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Kinship Support Services
Provided by Area Agency	<ul style="list-style-type: none"> • Case Management • Case Coordination and Support • Information and Assistance • Outreach • Transportation 	<ul style="list-style-type: none"> • Home Delivered Meals 	<ul style="list-style-type: none"> • Congregate Meals • Disease Prevention/Health Promotion • Caregiver Education Support and Training



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<p>Contracted by Area Agency</p>	<ul style="list-style-type: none"> • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Injury Control • Homemaking • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Long-term Care Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Kinship Support Services
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• Not PSA-wide



Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the Multi-Year Plan in contrast to the services funded by other resources within the PSA, especially for services not available PSA wide.

The Planned Services Array diagram serves as a snapshot of how programs and services will be provided in Region 6. However, the array does not explain the reasoning for why programs and services are formatted in such a manner. There are several unique characteristics about TCOA's region that shape the way programs and services are made available.

There are no programs or services funded by local millages because there are no senior millages in Clinton, Eaton or Ingham Counties at this time. Because TCOA is legally a consortium of the counties and the Cities of Lansing and East Lansing each of these municipalities contribute consortium dues to the agency that help meet match requirements and cover some administration costs. Most programs and services are available in the service area via contracts to service providers. Additionally, many of these programs are also available via private pay to individuals who are able to afford accessing these services on their own.

TCOA directly provides both Home Delivered Meals and Congregate Meals. This is due to the fact that no organization has responded to the Request For Proposal process for these programs that occurs every three years. Due to this the Michigan Office of Services to the Aging (now Aging and Adult Services Agency/AASA) asked TCOA to assume this role in 1976 and the agency has done so since this time. However, TCOA does continue to solicit for proposals regularly to provide this service.

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

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

There are several senior centers in the region, however, these programs are funded through sources outside of TCOA. In-home services that are being "Contracted by the Area Agency", along with Home Repair and Counseling Services are provided under the umbrella of Community Living Supports Services which is a regional service definition in this plan.

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

Strategic Planning

Strategic Planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

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

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

Agency strengths include providing person-centered supports, over 40 years of service, being a leader in advocacy at the local and state/regional levels, participating as a pilot for new programs (AASA and Medicaid), longevity of leadership, recognized as the Governor's prosperity region due to regional cooperation, debt bond due to expire in 2017 and continued efforts to reduce expenses. TCOA also prides itself on putting the client's need above all else, being fiscally responsible and secure, executing effective advocacy, and providing a viable pension for employees. Clients feel well-served due to TCOA's customer service, being able to talk to a live person instead of a recording, timely responses from staff and good follow-up.

Agency weaknesses or areas for improvement include increased access to info, service access for non-English speaking populations, expanded caregiver supports/services, user-friendly website, and enriched media relations. The community forum participants voiced many are unaware of services available through TCOA due to lack of access to information. This also translates to lack of visibility in community. Clients may feel unsatisfied due to continued wait lists for specific programs and services. Quality assurance surveys have been completed by existing clients and one factor mentioned that made them feel dissatisfied was the need for more service hours.

Agency opportunities that have been identified include creating a Community Health Worker/Resource Navigator position, collaboration with physician groups, Michigan Transportation Connection, Refugee Services and Development Center, etc., improve outcome reports, and explore the opportunity to assist community members in securing a Senior Millage for the tri-county area. Trends that have been identified include the senior population explosion due to aging baby boomer constituents. TCOA has also recognized that seniors are aging in place and wanting to be more active and are using or wanting to use technology more. Additionally, the minimum wage increase promotes a more stable workforce and alludes to easier staff recruitment. Same sex marriage has offered and will continue to offer the opportunity for education and training staff.

Agency threats or obstacles include lack of user-friendly transportation, funding received in relation to demand and the expansion of managed integrated care would threaten the MI Choice Medicaid Waiver.

locally Project Choices. The quality standards or specifications for your job, products or services that are changing include the minimum wage increase causing a strain on funding and budget, as well as an interest in increased HIPAA compliance and educating staff and providers on best practices.

2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.

The implementation of the new Medicare/Medicaid integrated health system, Mi HealthLink, could potentially cause a huge reduction in services for the agency due to the loss of the Waiver. This could include staff reduction and client reduction while increasing the demand and output of services like Information and Assistance and Evidence Based Programs, including Care Transitions. Health plans could theoretically buy services through the agency and would allow TCOA to develop a relationship with Mi Health Link and contractors. The AAA association is working on enhancing collaboration and contractual arrangements with integrated care organizations.

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

As previously explained, strategic planning and prioritizing is essential in continuing to provide quality person-centered programs and services in an efficient and effective way. All strategies to reduce agency expenditures would be explored while reducing services, primarily in-home supports, would be the last avenue. A 10% reduction in funding from AASA could result in shifting funds from one program to another, where allowable. The Nutrition program through TCOA could require a reduction in operations and the possibility of contracting or partnering with outside vendors. Additionally, employees would not receive a cost of living wage adjustments, as has been done in the past.

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 Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations and why.

TCOA recently became Medicare certified to secure reimbursement for D-PATH and other Medicare covered services. In FY 2015, TCOA worked through an outside vendor to promote and provide Matter of Balance and Personal Action Toward Health classes. TCOA also possesses the American Association of Diabetes Educators (AADE) certification allowing the agency to bill Medicare for diabetes self-management programs.

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

TCOA recognizes the need for technological assimilations into programs, services, operations and client relations. Some things TCOA will continue and improve upon are offering the Quality Assurance and Quality Improvement surveys electronically and the use of electronic records and databases in the field allowing the agency to be more HIPAA compliant and efficient. Some areas that TCOA hopes to explore and evolve are outcome reports from existing databases such as NAPIS, MICIS and I&A databases. The agency hopes to always be relevant and timely with technology upgrades and implementations.



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Regional Service Definitions

If the area agency is proposing to fund a service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, include unit of service, minimum standards, and rationale for why activities cannot be funded under an existing service definition.

Service Name/Definition

Crisis Services for the Elderly - Assistance paying for such things as a utility bill, prescription medications and emergency shelter with a maximum of \$200 spent per unduplicated client each fiscal year.

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

This program is designed to assist individuals in facing non-medical emergencies, specifically prescription, shelter and utility crises. Assistance is limited to a maximum \$200 per person per fiscal year and individuals never directly receive money. This program serves as a vital role in helping to keep individuals living in the community and does not fit with any current AASA service definitions. During the 2015 fiscal year, over 600 individuals were served by this program.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE	One unit equals one individual served.
<input type="checkbox"/> In-Home	<input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access	
<input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite	
	<input checked="" type="checkbox"/> Other Fundraising	

Minimum Standards

1. This service will provide assistance to individuals sixty years of age and older living in Clinton, Eaton or Ingham counties.
2. Program staff shall assess each request for assistance through the Crisis Services for the Elderly process by obtaining name, address, phone number, utility bill information and other resources the individual has approached for assistance.
3. The program shall maintain linkages with Information and Assistance programs, utility companies, local Department of Human Services and other local agencies that provide assistance for utilities.
4. The program shall develop a network of community resources to refer individuals to when other needs are identified.
5. Program staff shall be knowledgeable of community resources and have the ability to share information in a manner which empowers individuals and/or their family.

Service Name/Definition

Community Living Services (CLS) - CLS facilitate an individuals independence and promote reasonable participation in the community. CLS can be provided in the participant's residence or in community settings as necessary in order to meet support and services needed sufficient to meet nursing facility level of care needs.



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

This service provision will facilitate the seamless delivery of supports and services to clients regardless of the payment source being used.

Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE	Comprehensive Community Support Services - per
<input type="checkbox"/> In-Home	<input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access	
<input type="checkbox"/> Community	<input type="checkbox"/> State In-home <input type="checkbox"/> State Respite	
	<input type="checkbox"/> Other _____	

Minimum Standards

Minimum Standards for Traditional Service Delivery

- Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Service Providers."
- Community Living Services (CLS) include: a. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: (i) meal preparation; (ii) laundry; (iii) routine, seasonal, and heavy household care and maintenance; (iv) activities of daily living such as bathing, eating, dressing and personal hygiene and, (v) shopping for food and other necessities of daily living. b. Assistance, support, and/or guidance with such activities as: (i) money management; (ii) non-medical care (not requiring nursing or physician intervention); (iii) social participation, relationship maintenance, and building community connections to reduce personal isolation; (iv) transportation (excluding to and from medical appointments) from the participant's residence to community activities, among community activities, and from community activities back to the participant's residence; (v) participation in regular community activities incidental to meeting the individual's community living preferences; (vi) attendance at medical appointments and, (vii) acquiring or procuring goods and services necessary for home and community living. c. Reminding, cueing, observing and/or monitoring of medication administration. d. Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.
- When transportation incidental to the provision of CLS is included, the Area Agency on Aging shall not also authorize it as a separate service for the participant. The Medicaid state plan covers transportation to medical appointments through the Department of Human Services and the Area Agency on Aging shall not authorize the same as a component of CLS.
- CLS does not include the costs associated with room and board.
- The Area Agency on Aging shall authorize CLS when necessary to prevent the institutionalization of the participant served.
- The Area Agency on Aging cannot provide CLS in circumstances where the service duplicates services available under the Medicaid state plan, through the MI Choice waiver, or elsewhere. When more than one service is included in the participant's plan of care, the Area Agency on Aging must clearly distinguish services by unique hours and units approved.
- Individuals providing CLS must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions.
- Members of a participant's family may provide CLS to the participant. However, Area Agency on Aging shall not directly authorize CLS funds to pay for services furnished to a participant by that person's spouse.

9. Family members who provide CLS must meet the same standards as providers who are unrelated to the individual.

10. The Area Agency on Aging and/or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

11. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

12. When the CLS services provided to the participant include tasks specified in 2.a.iv, 2.b.ii, 2.c and 2.d above, the direct service providers furnishing CLS must also: a. Be supervised by a registered nurse (RN) licensed to practice nursing in the State of Michigan. At the state's discretion, other qualified individuals may supervise CLS providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing CLS services. b. Develop in-service training plans and assure all workers providing CLS services are confident and competent in the following areas before delivering CLS services to program participants, as applicable to the needs of that participant: safety, body mechanics, and food preparation including safe and sanitary food handling procedures. c. Provide an RN to individually train and supervise CLS workers who perform high-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required. d. Be trained in first aid and cardio-pulmonary resuscitation. e. It is strongly recommended that each worker delivering CLS services complete a certified nursing assistance training course.

13. Each direct service provider who chooses to allow staff to assist participants with self-medication, as described in 2.c above, shall establish written procedures that govern the assistance given by staff to participants with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or RN and shall include, at a minimum: a. The provider staff authorized to assist participants with taking their own 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 the participant takes and its impact upon the participant. b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers. c. Instructions for entering medication information in participant files. d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family for the provider's procedures and responsibilities regarding assisted self-administration of medications.

14. When the CLS services provided to the participant include transportation described in 2.b.iv and 3 above, the following standards apply: a. Area Agency on Aging may not use funding to purchase or lease vehicles for providing transportation services to participants. b. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by CLS funds. The provider must cover all vehicles used with liability insurance. c. All paid drivers for transportation providers supported entirely or in part by CLS funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly



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prohibited by either a labor contract or insurance policy. d. The provider shall train all paid drivers for transportation programs supported entirely to in part by CLS funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy. e. Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.



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Access Services

Some access services may be provided to older adults directly through the area agency without a service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and MATF/State Caregiver Support funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2017-2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2017-2019 and provide the information requested. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Direct Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Case Coordination and Support

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$4,086.00	Total of State Dollars	\$15,301.00

Geographic area to be served
Clinton, Eaton and Ingham counties.

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

Goals for the program, including timeline and expected outcome:

Provide Case Coordination and Support services to a minimum of 75 clients in Region 6 from 10/01/16 through 9/30/17.

Conduct assessments for all new clients and reassessments every 6 months for a minimum of 75 clients from 10/01/16 through 9/30/17.

Secure and monitor appropriate in-home services from 10/01/16 through 9/30/17.

Refer clients to other services as needed from 10/01/16 through 9/30/17.

Adhere to all minimum standards from 10/01/16 through 9/30/17.

Expected Outcome: Individuals not eligible for Home and Community Based Waiver (MI Choice) will have services to assist them in remaining in the community, if funding allows. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices.

Outreach

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$22,469.00	Total of State Dollars	\$27,105.00

Geographic area to be served
Clinton, Eaton and Ingham counties



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

Goals for the program, including timeline and expected outcome:

Provide outreach services to a minimum of 1000 individuals sixty years of age and older living in Clinton, Eaton and Ingham counties from 10/01/16 through 9/30/17.

Provide a minimum of 24 presentations to senior, caregiver or community groups regarding agency services, averaging two per month, from 10/01/16 through 9/30/17.

Participate in a minimum of 10 planning meetings regarding disaster preparedness from 10/01/16 through 9/30/17.

Participate in a minimum of 6 health and information fairs in the community from 10/01/16 through 9/30/17.

Expected Outcome: Greater community awareness of TCOA resources for older adults, their family members and agencies that assist older adults and persons with disabilities.

TCOA will be more prepared to assist the community in case of emergency and/or disaster.

Older adults with utility or prescription crises will have access to assistance with paying utility bills by hearing about the Crisis Services for the Elderly program.

Kinship caregivers will be better equipped to handle caregiving responsibilities because of access to self-care resources and information on avoiding burnout.

Information and Assistance

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$25,490.00	Total of State Dollars	\$26,155.00

Geographic area to be served

Clinton, Eaton and Ingham counties.

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

Goals for the program, including timeline and expected outcome:

Provide Information and Assistance services throughout Clinton, Eaton and Ingham Counties.

Provide I&A services to a minimum of 2,000 older adults, family members or community members each fiscal year.

Secure signed contracts for general I&A services that were selected through a Request for Proposal process.

Monitor I&A contracts with service providers for compliance, including person centered thinking, annually.

Monitor the number of individuals assisted through I&A, including individuals who are considered minority, each quarter.

Provide Caregiver I&A services to a minimum of 500 caregivers each fiscal year.

Refer caregivers to identified services through a person centered process.

Adhere to all AASA minimum standards.

Expected Outcome:

There will be a more informed population through Information and Assistance services available in Clinton, Eaton and Ingham counties.

Caregivers will seek needed assistance to reduce the stress associated with their caregiving role.

Care Management

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$0.00	Total of State Dollars	\$215,913.00

Geographic area to be served



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Clinton, Eaton and Ingham counties.

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

Goals for the program, including timeline and expected outcome:

Care Management will be provided in Clinton, Eaton and Ingham Counties.

Provide Care Management services to a minimum of 130 clients in Region 6 from 10/01/16 through 9/30/17.

Conduct a minimum of 100 initial assessments from 10/01/16 through 9/30/17.

Develop a minimum of 80 care plans from 10/01/16 through 9/30/17.

Conduct reassessments every 3 months on all active clients or every 6 months if a client is on maintenance from 10/01/16 through 9/30/17.

Arrange and monitor services as needed from 10/01/16 through 9/30/17.

Transition eligible Care Management clients to the MI Choice program as funding allows from 10/01/16 through 9/30/17.

Comply with all minimum standards and quality assurances from 10/01/16 through 9/30/17.

Expected Outcome: A minimum of 130 individuals will be able to remain in their own home. Individuals not eligible for Home and Community Based Waiver (MI Choice) will have services to assist them in remaining in the community, if funding allows. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices.

Number of client pre-screenings:	Current Year:	500	Planned Next Year:	500
Number of initial client assessments:	Current Year:	100	Planned Next Year:	100
Number of initial client care plans:	Current Year:	80	Planned Next Year:	80
Total number of clients (carry over plus new):	Current Year:	130	Planned Next Year:	130
Staff to client ratio (Active and maintenance per Full time care	Current Year:	38	Planned Next Year:	38



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Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, a service provision request may be approved by the Michigan Commission on Services to the Aging. Direct service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting". Direct service provision by the area agency may be appropriate when in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency's administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete this section for each service category.

Select the service from the list and enter the requested information pertaining to basis, justification, and public hearing discussion for any Direct Service Request for FY 2017-2019. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Please skip this section if the area agency is not planning to provide any in-home, community, or nutrition services directly during FY 2017-2019.

Disease Prevention/Health Promotion

Total of Federal Dollars \$40,921.00

Total of State Dollars

Geographic Area Served Ingham, Eaton and Clinton Counties

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

Diabetes Personal Action Toward Health (D-PATH) is an accredited self-management program to help diabetic persons take control of their own disease process using the Stanford Model. Matter of Balance (MOB) is a structured group intervention proven to help older adults reduce their risk of falling and assist in overcoming the fear of falling. D-PATH informs class participants through diabetes education and disease management strategies and MOB helps class participants to view falls as controllable, set realistic goals for increasing activity and increase balance through exercise in order to promote and preserve independence and dignity.

Goals:

- Continue to expand access to evidence-based disease prevention programs in the tri-county area.
- To help older adults and persons with disabilities function as independently as possible.

- To provide support to families assisting aging and disabled relatives.
- To increase awareness of Diabetes Self-Management and fall prevention strategies.
- To enable clients to take charge of their health and healthcare through interactive education, self-management coaching and empowerment.
- To provide current evidence-based education in an open and conducive environment.

Planned Activities:

- Work with the Area Agencies on Aging Association of Michigan as well as location providers to increase the number of Matter of Balance and D-PATH classes offered in the tri-county area.
- Seek out community partners and train new Coaches, Lay Leaders and Master Trainers for these programs.
- Seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals.
- Serve 75 people in the tri-county area per year providing initial Diabetes Self-Management Training.
- Serve 150 people in the tri-county area per year providing Matter of Balance classes.
- Hold 12 D-PATH classes a year.
- Hold 20 Matter of Balance classes a year.
- Serve 65 people in the tri-county area per year providing Medical Nutrition Therapy

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

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

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

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

In the fall of 2014 the Area Agencies on Aging Association of Michigan was awarded a two-year grant from the Michigan Health Endowment Fund for the purpose of expanding the availability of two evidence based programs, Matter of Balance (MOB) and Diabetes-PATH (D-PATH). As the grant will end in the fall of 2016, TCOA is taking steps to help continue these important offerings. The agency has received a Medicare provider number and will be developing a billing plan. Additional efforts included hiring a full time Registered Dietician to oversee the programs in November 2015. Supplementary funding sources, including the possibility of expanding to Medicaid and other health plans for reimbursement, will also be explored.



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

No discussion on the topic of D-PATH or Matter of Balance occurred at a Public Hearing.

Congregate Meals

Total of Federal Dollars \$527,381.00 Total of State Dollars \$9,081.00

Geographic Area Served Clinton, Eaton and Ingham Counties

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

List each goal of the program, including timeline and expected outcome of the program.

GOAL: Provide a minimum of 82,500 hot, nutritious meals to a minimum of 1,400 seniors at Senior Dining Sites from 10/01/16 through 9/30/2017.

EXPECTED OUTCOME: 1,350 older adults will be provided with 1/3 of their minimum daily nutritional requirements and have an opportunity to socialize with their peers.

Work plan including activities and expected outcome.

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

Provide a minimum of 300 congregate meals through the Senior Dine Card program targeting low-income and rural older adults.

Conduct a minimum of 6 nutrition council meetings.

Comply with all minimum standards.

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

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

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

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

Although all of the above provisions are applicable to some degree, provisions (A) and (C) are the most accurate and applicable to the Congregate Meals program.

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

Tri-County Office on Aging (TCOA) has actively sought other providers to administer the Congregate Nutrition Program by putting out a Request for Proposal for providing this service every three years and no one has answered the requests. Aging and Adult Services Agency asked TCOA to assume the Congregate Nutrition



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Program, therefore, TCOA has assumed the role. This provision is necessary to assure an adequate supply of congregate meals in Region 6.

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

No discussion on the topic of Congregate Meals occurred at a Public Hearing.

Home Delivered Meals

<u>Total of Federal Dollars</u>	\$533,589.00	<u>Total of State Dollars</u>	\$398,209.00
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Geographic Area Served Clinton, Eaton and Ingham Counties

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

Each goal of the program, including the timeline and expected outcome of the program.

GOAL: Provide a minimum of 487,500 well balanced, nutritious meals to a minimum of 2,200 older adults who qualify for Meals on Wheels from 10/1/2016 through 9/30/2017.

EXPECTED OUTCOME: Meals on Wheels participants will receive 1/3 of their daily nutritional minimum requirements and have at least a 75% satisfaction rate with the food.

Work plan including activities and expected outcome.

Assess/reassess Meals on Wheels participants to assure they qualify for Meals on Wheels and that they are receiving the meal options of their choice.

Prepare and offer a hot meal 5 days per week

Prepare and offer frozen meals available 7 days per week for those who choose that option and qualify.

Prepare and make available a cold sack evening meal available 7 days per week, for those who choose that option and qualify.

Recruit and maintain a volunteer pool adequate to deliver meals throughout the Tri-county region.

Conduct a minimum of 4 Nutrition Council meetings each fiscal year.

Comply with all minimum standards.

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

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

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

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

Although all of the above provisions are applicable to some degree, provisions (A) and (C) are the most accurate and applicable to the Home Delivered Meals program.



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

TCOA has been providing Home Delivered Meals since 1976. To date, Home Delivered Meals has never had a waiting list, we receive local donations and other in-kind supports to help maintain this program. TCOA has actively sought out other providers by putting out a Request for Proposal for this program every three years and no one has answered the request. Michigan Aging and Adult Services Agency asked TCOA to assume the Home Delivered Meals program, therefore, TCOA has assumed the role. This provision is necessary to assure an adequate supply of home delivered meals in Region 6.

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

No discussion on the topic of Home Delivered Meals occurred at a Public Hearing.

Creating Confident Caregivers

Total of Federal Dollars \$6,883.00 Total of State Dollars \$0.00

Geographic Area Served Clinton, Eaton and Ingham Counties

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

Each goal of the program, including the timeline and expected outcome of the program.

Goal: Recruit and train at least one additional trainer.

Activities: Communicating with local organizations such as the Alzheimer's Association to reach individuals who would be interested in becoming a CCC trainer.

Provide at least 5 Creating Confident Caregivers classes to at least 40 caregivers in PSA 6 in FY 2016-17.

Activities: Attend local events and promote CCC program.

Activities: Staff members will organize, publicize and teach the Creating Confident Caregivers classes to non-professional caregivers in the planning and service area.

Work plan including activities and expected outcome.

Region 6 AAA began providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, the agency has two Creating Confident Caregivers Trainers capable of teaching classes.

Both are Master Trainers. Since the statewide grant expired on September 30, 2012, TCOA plans to continue to provide these classes using Title III-E funding in FY 2017.



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

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

The Creating Confident Caregivers curriculum is one of the most popular evidence based disease prevention programs in the planning and service area. This program meets the needs of a population of caregivers that no other evidence based disease prevention program in the area does. The direct provision of this service is necessary to assure that there is an adequate supply of this program in PSA 6 during FY 2017.

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

Region 6 AAA has been providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, the agency has two Creating Confident Caregivers Master Trainers and efforts to recruit additional trainers are being explored for the upcoming fiscal year, particularly in the minority populations. TCOA would like to continue to provide these classes using Title IIIB funding in FY 2017.

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

No discussion on the topic of Creating Confident Caregivers occurred at a Public Hearing.



Regional Service Request

It is expected that regionally-defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the Michigan Commission on Services to the Aging. Regional direct service provision by the area agency may be appropriate when in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency's administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that request to provide a regional service must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly-added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for a regional service request for FY 2017-2019. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Regional Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Please skip this section if the area agency is not planning to provide any regional services directly during FY 2017-2019.

Crisis Services for the Elderly

Total of Federal Dollars \$14,324.00

Total of State Dollars \$15,300.00

Geographic Area Served Region 6: Clinton, Eaton and Ingham

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

Assistance paying for such things as a utility bill, prescription medications and emergency shelter with a maximum of \$200 spent per unduplicated client each fiscal year.



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

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

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

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

Crisis Services for the Elderly (CSE) is a twenty-four hour hotline for seniors with non-medical emergencies and is designed to help older adults resolve problems in times of crisis. For this program, a crisis is defined as a situation an older adult encounters that needs an immediate response for which the client sees no clear or obvious resolution. CSE is available to older adults in the Greater Lansing area age sixty or older. There is also an energy assistance component to the Crisis program which serves seniors in all of Clinton, Eaton and Ingham counties who have received a utility shut-off notice, or who heat their homes with deliverable fuel and in a crisis situation. In Fiscal Year (FY) 2015, 602 individuals were served by the program. This is an increase of 18% compared to the data provided in the MYP for fiscal years 2014-2016. An average of 37.75% of the individuals served in FY 2015 were minority. It is projected that this program will continue to grow and serve more seniors as the need grows. In order to assist the number of individuals with these urgent needs, the Area Agency needs to continue to provide this service.

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

No discussion was offered by the public on this service provision at the public hearings.

Community Living Services

Total of Federal Dollars \$56,735.00 Total of State Dollars

Geographic Area Served Region 6: Clinton, Eaton and Ingham

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

Community Living Services (CLS) facilitate an individual's independence and promote reasonable participation in the community. CLS can be provided in the participant's residence or in community settings as necessary in order to meet support and services needed sufficient to meet nursing facility level



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of care needs.

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

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

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

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

CLS facilitate an individual's independence and promote reasonable participation in the community. CLS can be provided in the participant's residence or in community settings as necessary in order to meet support and service needs for clients who meet nursing facility level of care. This helps to ensure that older adults and persons with disabilities are able to stay in their own homes, should they choose, instead of residing in nursing facilities. This saves the state money and improves the quality of life for the individuals served.

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

No discussion was offered by the public on this service provision at the public hearings.

Care Transitions

Total of Federal Dollars \$1,000.00 Total of State Dollars

Geographic Area Served Clinton, Eaton and Ingham Counties

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

1. To decrease the 30 day hospital readmission rate.

Planned Activities:

- Maintaining an open dialogue with clients and their supports so that preferences can be honored to the greatest degree possible.
- Seeking ways to support and assist caregivers without replacing them.
- Assist the client navigating the silos of healthcare.
- Advocating on behalf of clients to assure that they are receiving the services and benefits to which they



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are entitled.

Linking clients with their preferred services and programs that support independent living.
Monitoring of the service providers to assure that services are being delivered properly.

2. Expand the number of hospitals and other community partners participating in the Care Transitions Program.

Planned Activities:

Continue to provide outreach to hospitals and community partners highlighting the benefits of the Care Transitions Program to their at-risk clients.

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

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

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

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

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

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

The Care Transitions Program is a short term care management program playing a key role in the mission and goals of the Tri-County Office on Aging (TCOA). TCOA has been providing care management services since 1985. The Care Transitions program provides assistance to people who are likely to readmit to the hospital. The purpose of the Care Transitions Program is to offer services not covered under the typical discharge planning protocol to enable persons to navigate the health care system, gain knowledge of their health status and address long term care needs which will help decrease hospital readmissions. The most important aspect of the Care Transitions Program is it is community-based and Care Transition Social Workers are connected with participants in the hospital and follow them for 30 days after discharge. Through Care Transitions, clients and their families learn of the various services and supports that are available through a person centered process which honors a person's preferences.

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

No specific discussion on the Care Transitions Direct Service Program occurred at the Public Hearings.



Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed during the MYP.

New Required Goal/Objective: There is a new priority program development goal/objective area that is required. This is a goal that centers on aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime (CFL) and help them to retain and attract residents of all ages so the communities can thrive and have access to goods, services and opportunities for quality living across the lifespan:

CFL Goal: More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a CFL.

The Minimum Objective: One new community in the PSA will receive recognition as a CFL by 9/30/19.

For technical assistance with developing CFL objectives, narratives, timelines, planned activities and expected outcomes, contact the AASA Lead staff for the CFL Program, Dan Doezema at doezemad@michigan.gov, or 231-929-2531.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal. A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

Area Agency on Aging Goal

- A. More communities in the tri-county area will conduct an aging-friendly community assessment and apply for recognition to Aging and Adult Services Agency as a Communities For a Lifetime (CFL).

State Goal Match: 1

NARRATIVE

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

OBJECTIVES

- 1. Work to secure the City of Lansing as a recognized CFL by September 2019.

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

Activities

-Partner with AARP to advance efforts to help people live easily and comfortably in their homes and communities as they age.

Conduct an aging-friendly community assessment for the City of Lansing and apply for recognition to Aging and Adult Services Agency as a CFL.

Expected Outcome

City of Lansing will be recognized as a Communities for a Lifetime and help them to retain and attract residents of all ages so the communities can thrive and have access to goods, services and opportunities for quality living across the lifespan.

2. Increase the number of CFL's in TCOA's Planning and Service Area.

Timeline: 10/01/2018 to 09/30/2019

Activities

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

Expected Outcome

Additional communities in the tri-county area will work to align their efforts with the qualifications and requirements to become a CFL and potentially complete the assessment to be recognized as a CFL.

- B. Ensure older adults have access to information and services to improve their ability to make an educated decision regarding their independence.

State Goal Match: 0

NARRATIVE

TCOA holds the independence and dignity of the aging population to high regard and hopes to improve the ability for local residents to access information. Feedback from the needs assessments and community forums will help the agency get information about available programs and services to the target population and their families and caregivers through the preferred avenues expressed by the attendees of those events, as well as additional methods implemented by the agency.

OBJECTIVES

1. Improve access to programs and services for underserved populations.

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

Activities

Secure services of a Community Health Worker/Resource Navigator.

Facilitate connections with culturally and/or linguistically specific community based organizations.

Provide access to assistance with MMAP and other public benefits.

Connect with medical community, physician organizations, and health plans.

Connect with neighborhood organizations.

Promote cultural competency issues impacting underserved local seniors and persons with disabilities, including non-English speaking and Lesbian, Gay, Bisexual and Transgender individuals.

Expected Outcome

Tri-county residents will have greater access to available information and services.

2. Expand housing assistance to increase access to community housing options.

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

Activities

-Create/distribute directory of all senior housing, low income and accessible housing options in the tri-county area.

Convene/facilitate regular meetings for Managers of Senior Complexes and Landlords.

Create/distribute directory of Private Landlords

Expected Outcome

Tri-county residents will have increased access to community housing options.

3. Provide information about benefits and help people solve problems with health benefit programs and related insurance products.

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

Activities

-Recruit and train new MMAP volunteers.

Utilize traditional and social media to outreach and obtain new volunteers.

Expected Outcome

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

4. Improve transportation options and usability, focusing on TCOA's consumer demographic needs

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

Activities

-Waiver program staff to schedule appointments and fund non-emergency medical transportation for waiver clients.

Maintain supply of bus passes on hand for non-waiver clients.



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Promote Michigan Transportation Connection partnership.

Expected Outcome

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

5. Increase access to kinship care services in the tri-county area

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

Activities

Strengthen partnership with Kinship Care Coalition

Expected Outcome

Tri-county residents will have increased access to kinship care services.

6. Work to advance community integration and outreach efforts. (also fits agency Goals C, D and E)

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

Activities

Expand public awareness and education efforts.

Maintain Long Term Care Collaborative/Aging and Disability Resource Center partnership.

Develop TCOA Newsletter and communication materials.

Expand partnerships with doctors' offices, physician groups, health plans and community based organizations.

Expected Outcome

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

7. Work to advance advocacy efforts in the tri-county area.

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

Activities

Have local seniors represent the tri-county area on the Michigan Senior Advocates Council to advocate for older Michigianians.

Continue to have Tri-County Office on Aging staff and Advisory Council representation on the planning committee for Older Michigianians Day.

Encourage Advisory Council members and other local advocates to meet with local state legislators to advocate on issues impacting older adults and persons with disabilities as identified in the Older Michigianians Day Platform.

Expected Outcome

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

C. Improve access to health, wellness and nutrition supports.

State Goal Match: 0

NARRATIVE

The needs assessments conducted in early 2016 indicated a great deal of interest in fitness and wellness classes in the tri-county area. Evidence-based disease prevention programs will help to fill this local need. This may also assist in retaining and attracting residents so the communities can thrive across the lifespan.

OBJECTIVES

1. Continue to expand access to evidence-based disease prevention programs in the tri-county area.

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

Activities

Work with the Area Agencies on Aging Association of Michigan as well as location providers to increase the number of Enhanced Fitness, A Matter of Balance (MOB), Personal Action Toward Health (PATH), Diabetes PATH (D-PATH) and Creating Confident Caregivers (CCC/SAVVY) classes offered in the tri-county area.

Explore alternative and additional fund sources available to expand and sustain evidence-based programs.

Seek out community partners and train new Coaches, Lay Leaders and Master Trainers for these programs.

Seek out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals.

Maintain Medicare certification and explore the possibility of expanding to Medicaid and other health plans for reimbursement.

Work to provide oral health programs in partnership with nutrition and dental organizations.

Expected Outcome

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

2. Provide access to healthy and affordable meals to nutritionally at risk older adults.

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



Activities

Continue and work to expand Project Fresh.

Explore expansion of frozen food pantry to improve participant choice and variety.

Explore additional funding sources.

Expected Outcome

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

3. Reduce unnecessary re-admittance to hospitals for high-risk adults.

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

Activities

Expand partnership to more hospitals for the Care Transitions Program.

Work to expand reimbursement sources to Medicare Advantage Plans, Medicaid and private insurances.

Sustain Advanced Care Planning training.

Expected Outcome

Unnecessary re-admittance to hospitals will be reduced and the Care Transitions Program will expand hospital partnerships.

4. Explore the opportunity to assist tri-county community members in securing a Senior Millage for vital unmet needs.

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

Activities

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

Expected Outcome

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

D. Protect older adults from abuse and exploitation.

State Goal Match: 0

NARRATIVE

TCOA's mission to "promote and preserve the independence and dignity of the aging population."

Protecting the health and safety of older adults and persons with disabilities is of the highest importance to



TCOA. This agency goal is directly tied to the agency's mission.

OBJECTIVES

1. Raise awareness of domestic abuse, physical and sexual abuse and financial exploitation occurring in the older adult population and how to better respond to these situations.

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

Activities

- Continue to participate in the Ingham County Coordinated Community Response team.
- Explore funding for domestic and sexual violence prevention and response.
- Continue to participate in county vulnerable adult networks in the tri-county area.
- Utilize social media to assist in publicizing information about current scams and fraud occurrences that are being reported locally.

Expected Outcome

Awareness of domestic abuse, physical abuse, sexual abuse and financial exploitation will be increased and tri-county residents will be better equipped to respond to and potentially prevent these situations.

- E. Support individuals with dementia living in the community, as well as their caregivers.

State Goal Match: 0

NARRATIVE

The 2016 needs assessments and community forums indicated interest in expanding services to support individuals with dementia living in the community, as well as their caregivers.

OBJECTIVES

1. Work to expand access to programs and services available for individuals with Alzheimer's Disease and other forms of dementia who are residing in the community, as well as their formal and informal caregivers.

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

Activities

- Expand SAVVY/Creating Confident Caregivers training to reach more caregivers of minority populations.
- Maintain the Resource Directory for Caregivers with an emphasis on dementia supports in partnership with other community organizations.
- Create opportunities for persons with dementia to receive personal music therapy.
- Partner with AASA and AAAAM to secure funding for Evidence-Based Programs relating to dementia



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Expected Outcome

There will be a decreased rate of caregiver burn-out in the tri-county area and persons with dementia will have increased access to programs and services specific to their disease.

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2017-2019. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

The Tri-County Office on Aging (TCOA) advocates for seniors and persons with disabilities to help assure that they can live as independently as possible. The second goal of TCOA's mission statement, "to promote and preserve the independence and dignity of the aging population," is to advocate for adequate resources and sound public policy.

Advocacy is done on the national, state and local levels. TCOA's membership in the Area Agencies on Aging Association of Michigan (AAAAM) and the National Association of Area Agencies on Aging (NAAA) provides timely information on important issues and bills being discussed and voted on in the National and State Legislatures. Through the AAAAM, TCOA has participated in efforts to promote the MI Choice Program, locally known as Project Choices, in Region 6 and state-wide. Many agencies, programs and individuals in Region 6 are also on the statewide coalition in support of MI Choice.

The TCOA Advisory Council appoints three representatives to the Michigan Senior Advocates Council (MSAC). The MSAC representatives report to the Advisory Council at their monthly meetings on proposed legislation and issues being worked on. The Advisory Council's opinion is also sought and at times a resolution is passed in support of an issue. Typical concerns of this group are health coverage (Medicare & Medicaid), income (Social Security, Supplemental Security Income and pension security) elder abuse and public utility costs and regulation. One local senior is a representative to the Michigan Aging and Adult Services Agency Advisory Council. The local State Advisory Council member attends the State Advisory Council meetings and reports to the TCOA Advisory Council.

When the TCOA Advisory Council membership has a concern, they seek out more information and may support an issue through a resolution or write a letter expressing their opinion. This information is then shared with the appropriate individual(s) or organizations. Periodically, information on how to advocate as an individual is provided, this includes data on current topics, tips on advocacy, pertinent statistics and names and addresses of National and State elected officials. The Advisory Council members are encouraged to personally express their ideas and to encourage other groups they are involved with to do the same.

TCOA is actively involved in Older Michiganians Day at the state capital. Seniors are encouraged to let elected officials know their opinion on an issue with tips on advocacy and how to contact elected officials with names, e-mail addresses and phone numbers provided.

Partnerships with the disability community have also strengthened through collaboration with Disability Network Capital Area, formerly Capital Area Center for Independent Living. Along with Disability Network Capital Area, the executive director of TCOA is a part of the Olmstead Coalition to advocate for seniors and persons with disabilities.

The Tri-County Aging Consortium Board is kept informed of national and state issues and also expresses their concern or support on issues. Because they are all elected officials or their appointees, these individuals are



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advocates at their respective unit of government in support of older adults.

Leveraged Partnerships

Describe the area agency's strategy for FY 2017-2019 to partner with providers of services funded by other resources, as indicated in the Planned Service Array. Complete each dialog box below.

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

In addition to the Long Term Care Collaborative (LTCC) and ADRC-Capital Area partnerships, TCOA has numerous local partnerships and collaboratives to identify the needs and wants of community members. Many of these groups include the membership of Community Action Agencies; Clinton Eaton and Ingham Community Mental Health, and Disability Network Capital Area (formerly known as Capital Area Center for Independent Living/CACIL).

TCOA is planning to continue partnership with Capital Area Collaborative for Care Transitions to reduce unnecessary re-admittance to hospitals for high-risk adults. TCOA directly provides care transitions services to individuals admitted into the hospital using agency staff. This program was funded through the Center for Medicare/Medicaid Services using money provided by Section 3026 of the Patient Protection Affordable Care Act (ACA) and has since secured funding through a private hospital contract.

In 2017-2019, TCOA will continue to work with collaborative members to expand the Capital Area Community-Based Care Transitions Program. The goal is to collaborate with other organizations/agencies to reduce hospital readmission rates for high risk patients in the tri-county area and to work with people in the hospital and out of the hospital to provide intervention tools to empower patients.

2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.

TCOA, in partnership with the region's Long Term Care (LTC) Collaborative, formally voted to develop an Aging & Disability Resource Center locally. The LTC Collaborative was formed in 1999 with membership including TCOA, Disability Network Capital Area (formerly Capital Area Center for Independent Living/CACIL), CEI Community Mental Health, Sparrow Specialty Hospital, Ingham County Medical Care Facility, Lansing Community College, Ingham County Health Department, Department of Human Services, home health care agencies, and MPRO. This body keeps the membership informed of activity in the area of LTC and works on special projects. The ADRC partnership within the public service area started as a way of utilizing existing long term care resources to develop a "No Wrong Door" model for LTC supports and services. The ADRC model recognizes that all stakeholders function as equal partners. Tri-County Office on Aging staff connected with the local Center for Independent Living and discussed ways of building an effective partnership with each other as

well as other partners in the Community. There is currently no funding for the ADRC, however, TCOA and partners continue to meet bi-monthly as part of the Long Term Care Collaborative whose efforts align with the ADRC.

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

One of TCOA's goals for FY 2017-2019 is to continue to expand access to evidence-based disease prevention programs in the tri-county area. To help accomplish this goal, TCOA is hoping to explore alternative and additional fund sources available to *develop, expand and sustain* evidence-based programs, as well as, maintain Medicare certification and explore the possibility of expanding to Medicaid and other health plans for reimbursement. TCOA will also try to seek out community partners and train new Coaches, Lay Leaders and Master Trainers for these programs and community organizations that serve minorities and underserved populations as partners to *build capacity* and offer these programs to otherwise overlooked individuals. Partnering with AAAAM and location providers to increase the number of Enhanced Fitness, A Matter of Balance and Personal Action Toward Health classes offered in the tri-county area will also be explored. Other evidence-based programs that the agency is interested in developing are oral health programs in partnership with nutrition and dental organizations. As mentioned above, TCOA is planning to continue the partnership with Capital Area Collaborative for Care Transitions to reduce unnecessary re-admittance to hospitals for high-risk adults. Expanding partnerships to more hospitals, investigating the ability to expand reimbursement to Medicare Advantage Plans, Medicaid and private insurances and sustaining Advanced Care Planning trainings are all activities that may help the re-admittance rates from rising. Additionally, TCOA plans to work to expand access to programs and services available for individuals with Alzheimer's Disease and other forms of dementia who are residing in the community, as well as their formal and informal caregivers, by expanding SAVVY/Creating Confident Caregivers. In order to accomplish this, the agency hopes to partner with AASA and AAAAM to secure funding for evidence-based programs relating to dementia.

Community Focal Points

Please review the listing of Community Focal Points for your PSA and update as necessary. Please specifically note whether or not updates have been made. 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.

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

The Tri-County Office on Aging defines a community as a specific geographical location where persons live within a larger society and share a common interest, or a group of persons sharing a common cultural background. In the tri-county area, those living in a designated geographical boundary within an area will be identified as living in the same community. For example, an older person living within the geographical boundaries of St. Johns in Clinton County will share the same community and identify with the Information and Assistance (I&A) offices as well as the Clinton County Senior Citizens Drop-In Center in St. Johns. A cultural center in the community where persons of similar heritage congregate and/or access services is also identified as a focal point. The Tri-County Aging Consortium Administrative Board is made up of County Commissioners from Clinton (2), Eaton (3) and Ingham (3) Counties and Lansing (4) and East Lansing (1) City Council members or their designee (See Appendix B). Also, the aforementioned local units of government appoint the senior members of the Advisory Council and this Board approves agency representatives. The Administrative Board is charged with the responsibility of overseeing the functions of the Tri-County Office on Aging and is responsible for all phases of the Area Plan. This includes the identification of Community Focal Points in the region. The Advisory Council reviews documents and makes recommendations to the Board. With the consensus of the Administrative Board, Advisory Council, senior citizens and Tri-County Office on Aging staff, community focal points are to be identified as the I&A Offices (senior citizens offices) senior centers in each county, and TCOA. The senior community identifies their local senior centers, senior citizens offices and/or community centers as a place to go to receive information and/or services for senior citizens in their respective communities. In the Tri-County Area, there are two focal points identified in Clinton County; four in Eaton County; four in Ingham County other than the cities of Lansing and East Lansing; and three in the City of Lansing and one in the City of East Lansing.

In addition to the I&A Offices located in each county and Tri-County Office on Aging, several senior/community centers are identified as focal points. The seniors in the community meet at senior/community centers for various reasons and identify them as a place to go if they need additional services and/or information about senior citizen resources. The agency is particularly sensitive to the needs of minorities in the community and identified three centers where the majority of participants are from minority ethnic/cultural backgrounds. For those focal points, the definition is an ethnic/cultural boundary where persons sharing similar cultural backgrounds gather.

The rationale used for defining a community is based on the input from staff and senior citizens in the region. In terms of identifying a community, staff has taken into consideration certain factors such as geographical area; where people go to buy groceries, shop for clothing, receive medical care and attend religious services; and where seniors go to ask for information/assistance. Also, community includes where seniors of a specific ethnic/cultural background gather and/or go to receive information/assistance.



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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: Capital Area Community Services Clinton County Service Center
 Address: 1001 S. Oakland, St. Johns, MI 48879
 Website: www.cacs-inc.org
 Telephone Number: (989) 224-7998
 Contact Person: Pauline Baert
 Service Boundaries: N: Gratiot Rd., S: Sheridan Rd., W: Hubbardston Rd. (Lebanon Twp.)
 (Clintonia Rd., Dallas, Westphalia, Eagle Twpl.), E: Meridian Rd.
 No. of persons within boundary: 7515
 Services Provided:

Name: Capital Area Community Services Eaton County Service Center
 Address: 1370 N. Clinton, Charlotte, MI 48813
 Website: www.cacs-inc.org
 Telephone Number: (517) 543-5465
 Contact Person: Jeff Keener or Jewell Snipes
 Service Boundaries: N: Eaton Hwy., S: Baseline Hwy., W: Hager Rd., E: Waverly Rd.
 No. of persons within boundary: 12667
 Services Provided:

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

Name: Cristo Rey Comm. Center
 Address: 1717 N. High St., Lansing, MI 48906
 Website: www.cristoreycommunity.org
 Telephone Number: (517) 372-4700
 Contact Person: Joe Garcia



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Service Boundaries: Tri-County Focal for Seniors of Hispanic Origin in Clinton, Eaton, Ingham Co.

No. of persons within boundary: 902

Services Provided:

Name: Delta 39ers Senior Center

Address: 4538 Elizabeth, Lansing, MI 48917

Website: www.deltami.gov/parks/deltawaverly39sprogram.htm

Telephone Number: (517) 484-5600

Contact Person: Tammy Opdyke-Mejia

Service Boundaries: N: Eaton Hwy, W: Royston Rd, E: Waverley Rd, S: Davis Hwy

No. of persons within boundary: 3949

Services Provided:

Name: Eaton Area Senior Center

Address: 804 S. Cochran, Charlotte, MI 48813

Website:

Telephone Number: (517) 541-2934

Contact Person: Cindy Miller

Service Boundaries: All of Eaton County

No. of persons within boundary: 23284

Services Provided:

Name: Letts Community Center

Address: 1220 W. Kalamazoo, Lansing, MI 48915

Website: www.lansingmi.gov/letts_community_center

Telephone Number: (517)483-4311

Contact Person: Jodi Ackerman

Service Boundaries: City of Lansing

No. of persons within boundary: 18526

Services Provided:

Name: Meridian Senior Center

Address: Chppewa Middle School, 4000 N. Okemos Rd, Okemos, MI 48864

Website:

Telephone Number: (517)705-5045

Contact Person: Cherie Wisdom

Service Boundaries: N: Ingham County Line, S: Jolly Rd., W: Abbot/Hagadorn/Timberland/College, e: Meridian Rd.



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No. of persons within boundary: 4306

Services Provided:

Name: Prime Time, East Lansing
Address: 819 Abbott Rd., E. Lansing, MI 48823
Website: www.elprimetime.org
Telephone Number: (517) 337-1113
Contact Person: Kelly Arndt
Service Boundaries: N: 2 Miles N. of Lake Lansing Rd., S: Mt. Hope/Forest/Bennett, W: US 127/Collins, E: Abbott/Hagadom/College

No. of persons within boundary: 3015

Services Provided:

Name: Rocking Chair Deserters-Eaton Rapids Senior Center
Address: 201 Grand, Eaton Rapids, MI 48827
Website:
Telephone Number: (517) 663-2335
Contact Person: Deb Malewski
Service Boundaries: N: Davis Hwy. /Kinsel Hwy, S: Baseline Hwy., W: Five Point-Curtis, E: Waverly Road

No. of persons within boundary: 4886

Services Provided:

Name: Sam Corey Senior Center
Address: 2108 N. Cedar, Holt, MI 48842
Website:
Telephone Number: (517) 268-0096
Contact Person: Mark Jenks
Service Boundaries: N: Jolly, Willoughby and I-96, S: Nichols Rd., W: Waverly Rd., E: College Rd.

No. of persons within boundary: 2400

Services Provided:

Name: Tri-County Office on Aging
Address: 5303 S. Cedar St., Lansing, MI 48911
Website: www.tcoa.org
Telephone Number: (517) 887-1440
Contact Person: Deb Arendsen
Service Boundaries: Clinton, Eaton and Ingham Counties

No. of persons within boundary: 85737



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Services Provided:

Name: Williamston Senior Center
Address: 201 School St., Williamston, MI 48895
Website: www.williamstonseniorcenter.com
Telephone Number: (517) 655-5173
Contact Person: Nancy Williams
Service Boundaries: N: Milton Rd., W: Meridian Rd., E: Wallace Rd
No. of persons within boundary: 3980
Services Provided:

Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your agency is participating in with AASA and/or other partners. Grants and/or initiatives to be included in this section may include, but not be limited to the following:

- Tailored Caregiver Assessment and Referral (TCARE)
- Creating Confident Caregivers (CCC)
- Chronic Disease Self-management Programs, such as PATH
- Building Training...Building Quality
- Powerful Tools for Caregivers
- PREVENT Grant
- Programs supporting persons with dementia
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)

Describe other grants and/or initiatives the area agency is participating in with AASA or other partners. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA. Further, describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

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

TCOA received notification of a grant award for FY 2017 from the Lansing Rotary Foundation for funding to maintain a supply of shelf stable meals for distribution to Meals on Wheels (MOW) clients during or in advance of weather related events and other emergencies such as power outages. A shelf stable meal has several food items in one container that, when combined, constitute a complete meal. Each container is packaged with food from the following food groups to offer a well-balanced meal option: bread or bread alternative, vegetables, fruit, dairy and meat or meat alternative. TCOA attempts to purchase and maintain a supply of these meals to address any anticipated barrier to meal delivery for those most vulnerable among us.

In the fall of 2014 the Area Agencies on Aging Association of Michigan was awarded a two-year grant from the Michigan Health Endowment Fund for the purpose of expanding the availability of two evidence based programs, Matter of Balance (MOB) and Diabetes-PATH (D-PATH). As the grant will be ending in the fall of 2016, TCOA is taking steps to help continue these important offerings. The agency has received a Medicare provider number and will be developing a billing plan. Additional efforts included hiring a full time Registered Dietician to oversee the programs in November 2015. Supplementary funding sources will also be explored in the next three fiscal years.

Through a partnership with Capital Area Community Services, Michigan Medicare/Medicaid Assistance Program (MMAP) counselors can help to understand Medicare & Medicaid, enroll in Medicare prescription drug coverage, review supplemental insurance needs, apply for Medicare Savings programs, identify and report fraud and abuse or scams, and explore long term care insurance. AASA sends federal MMAP funding directly to MMAP Central who in turn sends a portion to TCOA. AASA may also send TCOA directly a small

amount of MIPPA-ADRC funds.

Care Transitions is a social work program aimed at decreasing unnecessary hospital admissions by addressing the psycho-social determinants of health care. TCOA directly provides care transitions services to individuals admitted into the hospital using agency staff. This program was funded through the Center for Medicare/Medicaid Services using money provided by Section 3026 of the Patient Protection Affordable Care Act (ACA) and has since secured funding through a private hospital contract.

SAVVY/Creating Confident Caregivers (CCC) is a six-week education series for caregivers of persons with dementia. Content focuses on understanding the disease, caregiver self-care to prevent burnout and providing structure and support for the person with dementia. Respite care is provided. SAVVY/CCC is currently funded through Title III-B funds.

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

TCOA Nutrition Program/MOW makes a significant, positive difference and serves some of the area's most vulnerable individuals through home delivered meals and congregate dining sites. Considering the weather emergencies experienced in recent years, MOW clients have benefited greatly by receiving these crucial shelf stable meals in lieu of the hot meals. By arranging to provide food to them in advance, TCOA ensures that the recipient will have food available to get them through the emergency, even without power.

Continuing MOB and D-PATH will serve to greatly expand the number of older adults who will have increased knowledge of how to manage their fear of falling and/or disease. Research has shown that individuals who complete the D-PATH course have a much higher success rate with managing their Type 2 Diabetes. Not only does this improve the quality of life for the individual and their loved ones, it also helps to keep a large number of seniors living independently which is beneficial to the community as a whole. Accidental falls among seniors are considered to be a major cause of injuries, hospitalizations and nursing facility institutionalization in the United States. Research has shown that MOB classes have a significant impact in reducing an individual's risk of falling along with the fear of falling. This can greatly improve the quality of life for class participants long after the course has been completed.

The Medicare/Medicaid Assistance Program (MMAP) provides free health benefits counseling services to Medicare beneficiaries, those who are 65 years of age or older and those who are Medicare eligible due to a disability, and their families. MMAP provides timely, objective and accurate information as well as support to Michigan beneficiaries so they can make informed decisions about their health care. Information and assistance is provided in the areas of Medicare, Medicaid, Medicare Prescription Drug Coverage, Medicare Advantage plans (health plans), Medicare supplemental insurance, Medicare Savings Programs, identification and report of Medicare and Medicaid fraud/abuse and scams and exploration of long term care insurance options. MMAP Counselors are not connected with any insurance company and are not licensed to sell insurance. The MMAP program in the tri-county area continues to serve more people each year than the previous.

The Care Transitions program seeks to intervene and correct possible triggers for hospital readmissions by encouraging a community to come together and work together to improve quality, reduce cost, and improve patient experience. Care transition services will be used to effectively manage Medicare patients' transitions



and improve their quality of care. The program hopes to reduce hospital readmissions for high-risk Medicare beneficiaries by 20%.

SAVVY/CCC provides persons caring for a loved one with dementia in their home with information, skills and attitudes to manage stress and increase effective caregiving skills. Two-hour sessions, led by dementia-care specialists, are held once each week for six weeks. This program utilizes the research-based Savvy Caregiver Program.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

Prior to the Michigan Health Endowment Fund, Matter of Balance classes were being funded through Federal Title IIID funding. Now that those funding streams have ceased, the receipt of money through Medicare reimbursement, and potentially other insurances, will allow TCOA to work with the Area Agencies on Aging Association of Michigan as well as location providers to increase the number of evidenced-based program classes offered in the tri-county area. Additional efforts that the initiative reinforces are seeking out community partners and train new Coaches, Lay Leaders and Master Trainers for these program and seeking out community organizations that serve minorities and underserved populations as partners to offer these programs to otherwise overlooked individuals.

The implementation and expansion of shelf stable meals as a result of the grant award for FY 2017 from the Lansing Rotary Foundation will help TCOA in partnership with MOVs to improve access to health, wellness and nutrition supports. Access to healthy and affordable meals to nutritionally at risk older adults will also be increased.

Promoting MMAP supports the agency's goal to ensure older adults have access to information and services to improve their ability to make an educated decision regarding their independence. Working to achieve this goal with and through MMAP will also improve access to programs and services for underserved populations. Outreach and volunteer recruitment/management are two important aspects of MMAP. Advertisements, such as television, radio, printed materials and flyers, outreach at health fairs, group presentations to the public and outside agencies and word of mouth are the main forms of outreach used in the tri-county area. TCOA's website and Facebook page have also been utilized for outreach.



Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix.

- A. Policy Board membership
- B. Advisory Council membership
- C. Proposal selection criteria
- D. Cash-in-lieu-of-commodity agreement
- E. Waiver of minimum percentage of a priority service category
- F. Request to transfer funds



**ANNUAL & MULTI YEAR IMPLEMENTATION PLAN
FY 2017-2019**

Tri-County Office on Aging

FY 2017

APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	1	0	6	12
Aged 60 and Over	0	1	0	0	0	3	12

Board Member Name	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Kathie Dunbar	Lansing	Lansing City Council	Yes		
Joan Jackson-Johnson	Lansing	Appointee Lansing City Council		Yes	
Chris Swope	Lansing	Lansing City Council	Yes		
Mark Meadows	East Lansing	Mayor East Lansing	Yes		
Howard Spence	Eaton County	Commissioner	Yes		
Blake Mulder	Eaton County	Commissioner	Yes		
Barbara Rogers	Eaton County	Commissioner	Yes		
Kara Hope	Ingham County	Commissioner	Yes		
Carol Koenig	Ingham County	Commissioner	Yes		
Bryan Crenshaw	Ingham County	Commissioner	Yes		
Anne Hill	Clinton County	Commissioner	Yes		
Ken Mitchell	Clinton County	Commissioner	Yes		

APPENDIX B
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	1	21	24
Aged 60 and Over	0	1	0	0	1	11	24

Board Member Name	Geographic Area	Affiliation
Bud (Felix) Fliss	East Lansing	East Lansing
Carol Halsey	Eaton County	Eaton County
Martha Yoder	Eaton County	Eaton County
Penny Gardner	Lansing	Lansing
Emly Horne	Lansing	Lansing
Mary Estes	Lansing	Lansing
Dawn Sargent	Tri-County	Community Mental Health Older Adult Services
Laurie Parker	Tri-County	Disability Network Capital Area
Kelly Neve	Tri-County	Clinton/Eaton County, DHHS
Linda Keilman	Tri-County	MSU, College of Nursing
JJ Jackson	Tri-County	CATA
Chad Johnson	Tri-County	JWR
Phyllis Monroe	Tri-County	Tri-County Nutrition Council
Gary Pollitz	Tri-County	Senior Alliance for Education
Tina Gross/Toby Powell	Tri-County	Sparrow Specialty Hospital
Karen Truszkowski	Tri-County	Sixty Plus Elderlaw Clinic
Jennifer Sexton	Tri-County	McLaren Orthopedic Hospital GEMS Unit



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Tri-County Office on Aging

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Janet Clark	Tri-County	Senior Companion Program
Ruth Voisinet	Clinton County	Clinton County
Eileen Heideman	Clinton County	Clinton County
Susann Baker	Ingham County	Ingham County
Jane Wallin	Ingham County	Ingham County
June Morse	Ingham County	Ingham County
Robyn Ford	Tri-County	Social Security Administration



APPENDIX C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	05/16/2016
Outline new or changed criteria that will be used to select providers:	
No new or changed criteria was proposed.	



APPENDIX D

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

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

Estimated number of meals these funds will be used to produce is:	550,000
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These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

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

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

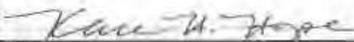


ANNUAL & MULTI YEAR IMPLEMENTATION PLAN FY 2017 - 2019

SIGNATURES

This document covers Fiscal Year 2017. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Signature of Chairperson, Board of Directors 	Date June 20, 2016
Print Name Kara Hope	
Signature of Area Agency on Aging Director 	Date June 20, 2016
Print Name Marion Owen	
Area Agency on Aging Tri-County Office on Aging	
Documents referenced by the signature page: <ul style="list-style-type: none">• FY 2017 Area Plan Grant Budget• FY 2017 Direct Service Budgets• Request to Transfer Funds• Waiver for Direct Service Provision• Assurance and Certifications• Assurance of Compliance With Title VI of Civil Rights Act of 1964• Regional Service Definitions• Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly• Waiver of Minimum Percentage for a Priority Service Category	

RESOLUTION
OF
Tri-County Aging Consortium
Administrative Board

June 20, 2016

Fiscal Year 2017-2019
Multi-Year Plan

WHEREAS, the Consortium Advisory Council reviewed the *Tri-County Office on Aging's Fiscal Year 2017-2019 Multi-Year Plan* on June 9, 2016, with comments from public hearings on May 12, 2016 and May 23, 2016 endorsed said Plan for approval; and

WHEREAS, the Consortium Administrative Board received updates on the *Fiscal Year 2017-2019 Multi-Year Plan Needs Assessment* on April 18 and May 16, 2016 with comments from the public hearing; and

WHEREAS, the Consortium Administrative Board finds that the *Fiscal Year 2017-2019 Multi-Year Plan* addresses the needs of the Public Service Area VI of Clinton, Eaton and Ingham counties; now therefore, be it

RESOLVED, that the Consortium Administrative Board hereby approves the draft *Fiscal Year 2017-2019 Multi-Year Plan* and authorizes the submission to the Michigan Aging and Adult Services Agency for their approval.

FY 2017 AREA PLAN GRANT BUDGET

Rev. 4/2016

Agency: Tri County Office on Aging

Budget Period: 10/01/16 to 09/30/17

PSA: 6

Date: 06/08/16

Rev. No.: Original Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	359,552		359,552
2. Fed. Title III-C1 (Congregate)		452,658	452,658
3. State Congregate Nutrition		9,081	9,081
4. Federal Title III-C2 (HDM)		234,699	234,699
5. State Home Delivered Meals		398,209	398,209
8. Fed. Title III-D (Prev. Health)	24,921		24,921
9. Federal Title III-E (NPCSP)	154,814		154,814
10. Federal Title VII-A	11,525		11,525
10. Federal Title VII-EAP	6,181		6,181
11. State Access	27,105		27,105
12. State In-Home	212,271		212,271
13. State Alternative Care	106,702		106,702
14. State Care Management	215,913		215,913
16. St. ANS & St. NHO	60,946		60,946
17. Local Match			
a. Cash	23,990	-	23,990
b. In-Kind	130,841	115,087	246,928
18. State Respite Care (Escheat)	71,403		71,403
19. MATF & St. CG Support	139,943		139,943
20. TCM/Medicaid & MSO	9,485		9,485
21. NSIP		373,616	373,616
22. Program Income	3,100	410,000	413,100
TOTAL:	1,535,892	1,993,947	3,529,839

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	106,299	21,690	127,989
State Administration	23,747		23,747
MATF & St. CG Support Administration	10,859		10,859
Other Admin			
Total AIP Admin:	170,899	21,690	192,589

Expenditures

	FTEs	
1. Salaries/Wages	2.50	120,551
2. Fringe Benefits		40,932
3. Office Operations		18,305
Total:		189,889

Cash Match Detail

Source	Amount
Clinton County	3,226
Easton County	5,360
Ingham County	5,334
City of Lansing	7,090
City of East Lansing	90
Total:	21,690

In-Kind Match Detail

Source	Amount
Total:	Total:

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


Signature


Finance Director
Title

06/30/16
Date

FY 2017 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Tri-County Office on Aging
PSA: 6

Budget Period: 10/01/16
Date: 06/08/16

to 09/30/17
Rev. No.: Original

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SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	St. ANS	St. Respite (Escheat)	MATF & St. CG Sup.	TCM	Program Income	Cash Match	In-Kind Match	TOTAL	
1. Access																	
a. Care Management								215,913						23,990			239,903
b. Case Coord/supp	4,169								15,630							2,196	21,964
c. Disaster Advocacy																	
d. Information & Assis	86,816		28,997						26,698							15,529	155,050
e. Outreach			33,617													5,658	56,589
f. Transportation	4,781						27,105									531	5,312
2. In-Home																	
a. Chrs	1,600															111	1,711
b. Home Care Assis																	
c. Home Injury Cntrl																	
d. Homemaking	67,811							106,702								19,369	193,689
e. Home Health Aide																	
f. Medication Mgt																	
g. Personal Care	50,353															37,513	127,877
h. Assistive Device&Tech																	
i. Respite Care			44,822							30,146	46,084		309		19,460		134,502
j. Friendly Respite																	
3. Legal Assistance	23,402																
4. Community Services														1,200		2,734	27,934
a. Adult Day Care										41,887	17,630		1,700		12,267		122,874
b. Dementia ADC											15,370				3,707		17,077
c. Disease Prevent	10,000	24,521														8,547	45,468
d. Health Screening																	
e. Assist to Deaf																	
f. Home Repair																	
g. LTC Ombudsman	5,878			11,525												8,192	31,518
h. Sr Ctr Operations																	
i. Sr Ctr Staffing																	
j. Vision Services																	
k. Elder Abuse Prevnt				8,181												507	8,688
l. Counseling																	
m. Carel Conf. CG6 CCC	7,071															780	7,851
n. Caregiver Support																889	8,601
o. Caregiver E,S,T																	
5. Program Develop	71,910															4,345	76,955
6. Region Specific																	
Ordn Services	14,510					15,000										1,290	32,900
CLS	5,098		51,037													6,304	63,039
Care Transitions	1,010															111	1,111
a.																	
b.																	
7. CLP/ADRC Services																	
8 MATF & St CG Sup Adm											10,859						10,859
SUPPRT SERV TOTAL	330,662	24,821	154,814	17,716	27,105	212,271	116,702	218,513	60,945	71,403	139,947	9,485	3,100	23,990	130,841	1,658,952	

FY 2017 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 4/2016

Agency: Tri County Office on Aging Budget Period: 10/01/16 to 9/30/17
 PSA: 6 Date: 06/08/16 Rev. Number Original

page 3 of 3

FY 2017 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
Nutrition Services									
1. Congregate Meals	452,658		9,081		74,728	180,000		35,332	731,794
2. Home Delivered Meals		234,696		398,209	298,893	250,000		79,755	1,261,553
3. Nutrition Counseling									-
4. Nutrition Education									-
5. AAA RD/Nutritionist*									-
Nutrition Services Total	452,658	234,696	9,081	398,209	373,616	410,000	-	115,087	1,993,347

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

FY 2017 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	6,678	11,525		18,678	9,485	-	-	5,152	51,518
2. Elder Abuse Prevention	-	-	6,181	-	-	-	-	687	6,868
3. Region Specific	-	-	-	-	-	-	-	-	-
LTC Ombudsman Ser. Total	6,678	11,525	6,181	18,678	9,485	-	-	5,839	58,386

FY 2017 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2017 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only									
1. Caregiver Sup. Services	-	-				-	-	-	-
2. Kinship Support Services	-	7,741				-	-	860	8,601
3. Caregiver E.S.T	-	-				-	-	-	-
4.	-	-				-	-	-	-
Kinship Services Total	-	7,741	-	-	-	-	-	860	8,601

Planned Services Summary Page for FY 2017 PSA: 6

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 239,903	6.75%			X
Case Coordination & Support	\$ 21,964	0.62%			X
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 155,090	4.37%		X	X
Outreach	\$ 56,580	1.59%			X
Transportation	\$ 5,312	0.15%		X	
IN-HOME SERVICES					
Chore	\$ 1,111	0.03%	X		
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 193,688	5.45%	X		
Home Delivered Meals	\$ 1,261,553	35.52%			X
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ 275,137	7.75%	X		
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 134,502	3.79%	X		
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 122,874	3.46%		X	
Dementia Adult Day Care	\$ 17,077	0.48%			
Congregate Meals	\$ 731,794	20.60%		X	X
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 45,468	1.28%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 27,334	0.77%		X	
Long Term Care Ombudsman/Advocacy	\$ 51,518	1.45%		X	
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse	\$ 6,868	0.19%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers@ (CCC)	\$ 7,801	0.22%			X
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 8,601	0.24%		X	
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 79,955	2.25%			
REGION-SPECIFIC					
Crisis Services	\$ 32,900	0.93%			X
CLS	\$ 63,039	1.77%	X		X
Care Transitions	\$ 1,111	0.03%			X
d.	\$ -	0.00%			
e.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
MATF & ST CG ADMINISTRATION	\$ 10,859	0.31%			X
TOTAL PERCENT		100.00%	18.64%	13.60%	67.67%
TOTAL FUNDING	\$ 1,552,039		\$661,770	\$486,610	\$2,403,659

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns, due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

FY 2017 BUDGET REVIEW SPREADSHEET

Rev. 10/16

Agency:	To County Office:	GA No.	Fiscal Year:
Date of SGA:	06/08/16	Revision No.	Original
Date of Budget:	06/08/16	Revision No.	Original
SGA CATEGORY	SGA AWARD	C/D AMOUNT	TOTAL
AAA COMMENTS			
Title III Administration	\$ 136,293		\$ 136,293
State Administration	\$ 23,747		\$ 23,747
Title III-B Services	\$ 359,552		\$ 359,552
Title III-C-1 Services	\$ 452,658		\$ 452,658
Title III-C-2 Services	\$ 234,696		\$ 234,696
Federal Title III-D (Prev. HAMA)	\$ 24,921		\$ 24,921
Title III-E Services (NFCSP)	\$ 154,814		\$ 154,814
Title III-A Services (LTC Ombuds)	\$ 11,525		\$ 11,525
Title III-EAP Services	\$ 6,181		\$ 6,181
St. Access	\$ 27,105		\$ 27,105
St. In Home	\$ 212,271		\$ 212,271
St. Congregate Meals	\$ 9,081		\$ 9,081
St. Home Delivered Meals	\$ 398,209		\$ 398,209
St. Alternative Care	\$ 106,702		\$ 106,702
St. Aging Network Srv. (St. AKS)	\$ 42,268		\$ 42,268
St. Respite Care (Exchange)	\$ 71,403		\$ 71,403
Merit Award Trust Fund (MATF)	\$ 124,573		\$ 124,573
St. Caregiver Support (St. CG Sup.)	\$ 16,370		\$ 16,370
St. Nursing Home Ombuds	\$ 18,676		\$ 18,676
MSO Fund-LTC Ombudsman	\$ 9,485		\$ 9,485
St. Care Mgt.	\$ 215,913		\$ 215,913
NSIP	\$ 373,616		\$ 373,616
SGA TOTALS:	\$ 3,029,061		\$ 3,029,061
AASA COMMENTS			
Administrative Match Requirements:			
ADMINISTRATION	BUDGET	SGA	DIFFERENCE
Federal Administration	\$ 136,293	\$ 136,293	\$ -
State Administration	\$ 23,747	\$ 23,747	\$ -
Sub-Total:	\$ 160,040	\$ 160,040	\$ -
MATF & St. CG Sup. Administration	\$ 10,859		
Local Administrative Match	\$ 21,890		
Local Cash Match	\$ -		
Local In-Kind Match	\$ -		
Sub-Total:	\$ 21,890		
Other Admin	\$ -		
Total Administration:	\$ 192,589	\$ 192,589	\$ -
SERVICES:	BUDGET	SGA	% BUDGETED
Federal Title III-B Services	\$ 359,552	\$ 359,552	100.00%
Fed. Title III C-1 (Congregate)	\$ 452,658	\$ 452,658	100.00%
State Congregate Nutrition	\$ 9,081	\$ 9,081	100.00%
Federal C-2 (HDM)	\$ 234,696	\$ 234,696	100.00%
State Home Delivered Meals	\$ 398,209	\$ 398,209	100.00%
Federal Title III-D (Prev. HAMA)	\$ 24,921	\$ 24,921	100.00%
Federal Title III-E (NFCSP)	\$ 154,814	\$ 154,814	100.00%
St. Access	\$ 27,105	\$ 27,105	100.00%
St. In Home	\$ 212,271	\$ 212,271	100.00%
St. Alternative Care	\$ 106,702	\$ 106,702	100.00%
St. Care Mgt.	\$ 215,913	\$ 215,913	100.00%
St. LTC Ombudsman	\$ 18,676	\$ 18,676	100.00%
St. AKS	\$ 42,268	\$ 42,268	100.00%
Sub-Total:	\$ 2,256,868	\$ 2,256,868	100.00%
Local Service Match	\$ 23,990		
Local Cash Match	\$ 245,928		
Sub-Total:	\$ 269,918		
Title III-A Services (LTC Ombuds)	\$ 11,525	\$ 11,525	100.00%
Title III-EAP Services	\$ 6,181	\$ 6,181	100.00%
NSIP	\$ 373,616	\$ 373,616	100.00%
St. Respite Care (Exchange)	\$ 71,403	\$ 71,403	100.00%
MATF & St. CG Support	\$ 139,943	\$ 129,084	108.41%
MSO Fund-LTC Ombudsman	\$ 9,485	\$ 9,485	100.00%
TCM-Medicad / CM	\$ -	\$ -	
Program Income	\$ 413,100		
Total Services:	\$ 3,552,032		
Grand Total: Ser + Admin:	\$ 3,744,628		
Miscellaneous Budget Requirements / Constraints			
Amounts budgeted for OAA / AASA Priority Services:			
Access:			\$94,865
In-Home:			\$118,970
Legal:			\$23,400
Sub-Total:			\$237,235
Total Budgeted for Priority Services:			
Title III-B Services	\$ 359,552	\$ 359,552	100.00%
Title III-E Services	\$ 154,814	\$ 154,814	100.00%
NSIP	\$ 373,616	\$ 373,616	100.00%
St. Respite Care (Exchange)	\$ 71,403	\$ 71,403	100.00%
MATF & St. CG Support	\$ 139,943	\$ 129,084	108.41%
MSO Fund-LTC Ombudsman	\$ 9,485	\$ 9,485	100.00%
TCM-Medicad / CM	\$ -	\$ -	
Program Income	\$ 413,100		
Total Services:	\$ 3,552,032		
Grand Total: Ser + Admin:	\$ 3,744,628		

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Case Management	\$0
b. Case Coord/Supp	\$4,108
c. Disaster Advocacy	\$0
d. Information & Refs	\$85,916
e. Outreach	\$0
f. Transportation	\$4,781
<hr/>	
Access Total:	\$94,865

(AAA Regional Access Service)
(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$1,000
b. Home Care Assts	\$0
c. Home Injury Prev	\$0
d. Home Modifc	\$87,817
e. Home Health Aide	\$0
f. Medication Mgt.	\$0
g. Personal Care	\$50,253
h. Assistive Device/Tech	\$0
i. Respite Care	\$0
j. Family Reissue	\$0
<hr/>	
In Home Services Total:	\$139,070

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Support - Kinship Amount Only	\$0
2. Kinship Support	\$7,741
3. Caregiver E,S,T - Kinship Amount Only	\$0
4.	\$0
<hr/>	
Kinship Services Total:	\$7,741

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

III-B Award	III-B Budget Amount
III-B Award (see only once in total)	\$359,552
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
<hr/>	
As4 Title III-B Award Total:	\$359,552

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)



**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries			111,455					111,455
Fringe Benefits			33,150					33,150
Travel			4,000					4,000
Training			300					300
Supplies			1,300					1,300
Occupancy			19,157					19,157
Communications			2,500					2,500
Equipment								0
Other:			9,025					9,025
Service Costs			11,146					11,146
Purchased Services			23,880		23,990			47,870
								0
Totals	0	0	215,913	0	23,990	0	0	239,903

SERVICE AREA:

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Fund Raising Program	23,990			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Crisis Services

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	in-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:	14,324		15,000		3,258			32,582
Service Costs								0
Purchased Services								0
								0
Totals	14,324	0	15,000	0	3,258	0	0	32,582

SERVICE AREA: _____

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? _____

No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA	3,258			

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Case Coordination and Support

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	2,985		12,001			1,740		16,726
Fringe Benefits	1,101		3,300			381		4,782
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	4,086	0	15,301	0	0	2,121	0	21,508

SERVICE AREA:

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TGOA		2,121		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Outreach

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	16,674		19,282			3,995		39,951
Fringe Benefits	7,143		7,823			1,663		16,629
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
Totals	23,817	0	27,105	0	0	5,658	0	56,580

SERVICE AREA: _____

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA		5,658		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Time II)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	17,840		18,311			4,017		40,168
Fringe Benefits	7,650		7,844			1,722		17,216
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	25,490	0	26,155	0	0	5,739	0	57,384

SERVICE AREA:

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP?

No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #5

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA		5,739		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Congregate Meals

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	283,053							283,053
Fringe Benefits	125,736							125,736
Travel	22,502							22,502
Training								0
Supplies	7,320							7,320
Occupancy						35,332		35,332
Communications			9,081					9,081
Equipment								0
Other	14,047	74,723		170,000				258,770
Service Costs								0
Purchased Services								0
								0
Totals	452,658	74,723	9,081	170,000	0	35,332	0	741,794

SERVICE AREA: _____

(List by County/City if service area is not entire PSA) _____

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

SCHEDULE OF MATCH & OTHER RESOURCES #6

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA		35,332		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #7**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Home Delivered Meals

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	161,878		225,268					387,146
Fringe Benefits	69,377		96,642					165,919
Travel						79,755		79,755
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:	3,441	298,893	76,399	231,000				609,733
Service Costs								0
Purchased Services								0
								0
Totals	234,696	298,893	398,209	231,000	0	79,755	0	1,242,553

SERVICE AREA:

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA		79,755		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #8**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: SAVVY, Creating Confident Care Givers

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	4,820					535		5,355
Fringe Benefits	2,063					230		2,293
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
Totals	6,883	0	0	0	0	765	0	7,648

SERVICE AREA: _____

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA		765		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #9**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: CLP

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	39,708					4,412		44,120
Fringe Benefits	17,027					1,892		18,919
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	56,735	0	0	0	0	6,304	0	63,039

SERVICE AREA:

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA				

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #10**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Disease Prevention/Health Promotion(D-PATH)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	5,400							5,400
Fringe Benefits	600							600
Travel								0
Training								0
Supplies								0
Occupancy						667		667
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	6,000	0	0	0	0	667	0	6,667

SERVICE AREA: _____

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCOA		667		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #11**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: Care Transitions Program - CTP

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	700					76		776
Fringe Benefits	300					35		335
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	1,000	0	0	0	0	111	0	1,111

SERVICE AREA: _____

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? No

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
TCCA		111		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #12**

AAA: Tri County Office on Aging - Region 6

FISCAL YEAR: FY 2017

SERVICE: _____

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	0	0	0	0	0	0	0	0

SERVICE AREA: _____

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

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

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

COMMUNITY SERVICES

Op Std	Community Services	Federal Funds				State Funds						
		Title III-B	Title III-D **	Title III-E	Title VII	St. Nursing Home Ombudsman	St. Alternative Care	St. Respite Care (Escheats)	St. In-Home	St. Merit Award Trust Fund (MATF)	St. Caregiver Support (St. CG Sup.)	St. Aging Network Services (St. ANS)
C-1	Adult Day Service	X		X			X	X		X	X	X
C-2	Dementia Adult Day Care	X		X			X	X		X	X	X
C-5	Disease Prevention/Health Promotion	X	X	X								
C-7	Health Screening	X										
C-8	Assistance to Hearing Impaired & Deaf	X										
C-9	Home Repair	X										
C-10	Legal Assistance	X		X								
C-11	Long Term Care Ombudsman	X			Title VII A X	X						
C-12	Senior Center Operations	X										
C-13	Senior Center Staffing	X										
C-14	Vision Services	X										
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP X							
C-16	Counseling Services	X		X								
C-17	Creating Confident Caregivers® (CCC)	X	X	X								
C-18	Caregiver Supplemental Services	X		X								
C-19	Kinship Support Services	X		X								
C-20	Caregiver Education, Support & Training	X		X								

NUTRITION SERVICES

Op Std	Nutrition Service	Title III-C1 & State Congregate	Title III-C2 & State Home Delivered Meals	Title III-E	*NSIP	Requirements from AASA Transmittal letters that establish Fundable Service Categories: § 87.2(1)(b) § 87.2(1)(c) § 87.2(1)(d) § 87.2(1)(e) § 87.2(1)(f) § 87.2(1)(g) § 87.2(1)(h) § 87.2(1)(i) § 87.2(1)(j) § 87.2(1)(k) § 87.2(1)(l) § 87.2(1)(m)
C-3	Congregate Meals	X			X	
B-5	Home Delivered Meals		X	X	X	
C-4	Nutrition Counseling	X	X	X		
C-5	Nutrition Education	X	X	X		

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

** Note for Title III D – All funds have to be used for Evidence-Based programs.

Full Program Title Name

Title III Administration	Federal
State Administration	State
Title IIIB Supportive Services	Federal
Title IIIC-1 Services Congregate Meals	Federal
Title IIIC-2 Services Home Delivered Meals	Federal
Title IIID Services (Preventive Health)	Federal
Title IIIE Services (NFCSP) National Family Caregiver Support	Federal
Title VII/A Services (LTC Ombudsman)	Federal
Title VII/EAP Services Elder Abuse Prevention	Federal
State Access Services	State
State In-Home Services	State
State Congregate Meals	State
State Home Delivered Meals	State
State Alternative Care	State
State Aging Network Services (St. ANS)	State
State Caregiver Support	State
State Respite Care	State
State Merit Award (Tobacco Respite Care)	State
State Nursing Home Ombs	State
Michigan State Ombudsman (MSO)	State
State Care Management	State
Nutrition Services Incentive Program (NSIP)	Federal

MATCHING REQUIREMENTS

Revision date 1/26/2018

Revision to Transmittal Letter 42016-320

FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%

STATE 15%⁽²⁾ (AASA)

LOCAL 10% (AAAs)

FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

Table 1 AAA Local Matching Requirement by Fund Source

Funding Source	Fund Source Name	AAA Local Match Requirement	Reference
Federal	Administration	15% (a)	OAA of 1965 (d)
Federal	B	10%	OAA of 1965
Federal	C1	10%	OAA of 1965
Federal	C2	10%	OAA of 1965
Federal	D	10%	OAA of 1965
Federal	E	10%	OAA of 1965
Federal	EAP	No Match Required	ACL CFDA
Federal	VII-A	No Match Required	AoA Fiscal Guide (b)
Federal	NSIP	No Match Required	AoA Fiscal Guide
State	Administration	No Match Required	AASA
State	Access	10%	AASA
State	In-Home	10%	AASA
State	Congregate Meals	10%	AASA
State	Home Delivered Meals	10%	AASA
State	State Nursing Home Ombudsman	10%	AASA
State	Alternative Care	10%	AASA
State	State Ombudsman Funds (MSO)	10%	AASA
State	Merit Award Trust Fund	No Match Required	AASA TL #1006 (7/28/09)
State	State Caregiver Support	10%	AASA
State	Respite Escheats	No Match Required	Public Act 171 of 1990
State	Care Management	10%	AASA
State	State Aging Network Services Grant	10%	AASA

(a) 15% is an approximate amount and may vary slightly after applying the state match amount.

(b) AoA is the acronym for the federal Administration on Aging

(c) Michigan Office of Long Term Care Supports and Services (OLTCSS)

(d) OAA is the acronym for the Older Americans Act

Per AoA requirements, if the required non-federal share is not provided by the completion date of the funded project period, to meet the match percentage, AoA will reduce the Federal dollars awarded when closing out the award, which may result in a requirement to return Federal funds. AASA verifies compliance with local matching requirements based upon a review of AAA FSRs.

(2) The exact percentage amount may vary slightly in order to meet the federal requirement.

AREA AGENCY ON AGING—OPERATING BUDGET

PSA: 6
Agency: TCOA

Budget Period: 10/01/16

to: 09/30/17

Date of Budget: 06/28/16

Rev. No.: Original Page 1 of 2

	Operations		Program Services/Activities										TOTAL	
	Admin	Program Develop	Congregate Nutrition	Home Del Meals	Care Mgmt	HCBS Waiver	Merit Award Trust Fund	Care Giver	CLP/ADRC	Outreach	Information & Assistance	Case Coordination		Other
REVENUES														
Federal Funds	136293	71910	527381	533589		20065378		6883	56735	23817	25490	4168		21451644
State Funds	23747		9081	398209	215913			10859			27105	26155	15600	728889
Local Cash	21680													21680
Local In-Kind		8045	35332	79755				785	6304	5658	5739	2197		143795
Interest Income	16000													16000
Fund Raising/Other	350000		160000	250000	23990									1375350
TOTAL	547730	79955	731794	1261553	239903	20065378		10859	7648	63039	56580	57384	21965	591360

	Operations		Program Services/Activities										TOTAL	
	Admin	Program Develop	Congregate Nutrition	Home Del Meals	Care Mgmt	HCBS Waiver	Merit Award Trust Fund	Care Giver	CLP/ADRC	Outreach	Information & Assistance	Case Coordination		Other
EXPENDITURES														
Contractual Services			25000											25000
Purchased Services	25000				23990	10693078								16742068
Wages and Salaries	309757	43100	188767	575368	114600	1874280	0	6900	43880	42475	41750	16410	382400	3638667
Fringe Benefits	83634	16805	50967	154885	30942	503895		450	16109	12742	12525	4923	114720	1002577
Payroll Taxes	21683	3100	6215	40275	8022	130640		298	3070	1383	3109	632	26768	245175
Professional Services	15000	2350	7850	8500	5700	76000								114400
Accounting & Audit Services	5000	750	42500	43500	12500	17500	10859						7500	140109
Legal Fees	400					5000								5400
Occupancy	75400		94000	25000	7039	146873								348312
Insurance	1800	750				5000								7550
Office Equipment						32500								32500
Equip Maintenance & Repair			5500	24500		186000								215000
Office Supplies	1000	750	21000		1500	58000							7500	89750
Printing & Publication	750	5500				24500							1500	32250
Postage	500	450				36000							1000	37950
Telephone	1250	650	11500	23500	3000	135000							1200	178100
Travel	600	500	27500	47500		45000							12500	133900
Conferences	1500	1250			350	17500								20600
Memberships	3000	1500				2000							750	7250
Miscellaneous	1166	2590	45000	15000	5500	76612							5000	152768
Food			205995	303545										509540
Contractor Services					26760									57282
TOTAL	522730	79955	706794	1261553	215913	3372300		10859	7648	63039	56580	57384	21965	591360

AREA AGENCY ON AGING--WAGES AND SALARIES

PSA: 6
Agency: TCOA

Budget Period: 10/01/16 to: 09/30/17

Date of Budget: 06/28/16
Rev. No.: Original

JOB CLASSIFICATION	FTEs	Operations		Program Services/Activities										TOTAL			
		Admin	Program Develop	Congregate Nutrition	Home Del Meals	Care Mgmt	HCBS Waiver	Merit Award Trust Fund	Care Giver	CLP/ADRC	Out Reach	Information & Assistance	Case Coordination		Other		
Executive Director	1.00	43,200	12,800			1000	41,250										98250
Assistant Director	1.00	6200					51750				11000						68950
Nutrition Director	1.00			10580	42320												52900
Finance Director	1.00	27500					41250										68750
Waiver Director	1.00					5700	65500										71200
Human Resources Mgr	1.00	21400					32100										53500
Comm Rltms & Grants Mgr	1.00	15800	8900							24650							49350
Care Transitions SW/RN	8.00															382400	382400
Contract Manager	1.00						40250				6250						46500
Planner	1.00	46507															46507
Nursing Supervisor	1.00					4250	48900										53150
Social Worker Supervisor	1.00					4300	49450										53750
Care Manager RN	11.75					44500	511650										556150
Care Manager SW	10.75					40900	470450										511350
Eligibility/Asses Specialist	4.50					3300	84940						16410				104650
I&A Coordinators	4.50					2950	89690			19210		41750					153600
PC MICIS/Data Operator	2.00						67950										67950
Out Reach Specialist	1.00						18100		6900		18000						43000
Staff Accountant	1.00	23050					15350										38400
Finance Assistant	1.00	12800					19200										32000
Office/Clerical	6.25	11950		16540	66160	7700	88650										191000
Housing Specialist	1.00						36200										36200
MMAP Coordinator	1.00		12900				26150				1950						41000
Receptionist	1.00	13300					5700										19000
Kitchen Superv FD Mgr	3.00			19195	76780												95975
Community Nutrition Mgr	1.00			30925							5275						36200
Cooks	3.50			16320	65280												81600
Porter	6.25			24267	97068												121335
Transition Housing Suprv	1.00						49600										49600
Van Driver/Food Trans	5.75			26760	107040												133800
Dining Site Coordinators	2.50			43700													43700
MOW Coordinators	4.00				118800												118800
Dietician	1.00	45400		480	1920												47800
Reimbursement Specialist	0.75	8650					20200										28850
Information Systems Spcl	1.00	34000	8500														42500
																	0
																	0
																	0
																	0
TOTAL	94.50	309757	43100	188767	575368	114600	1874280	0	6900	43860	42475	41750	16410	382400		3639667	

DUAL SERVICE COORDINATION CONTINUUM

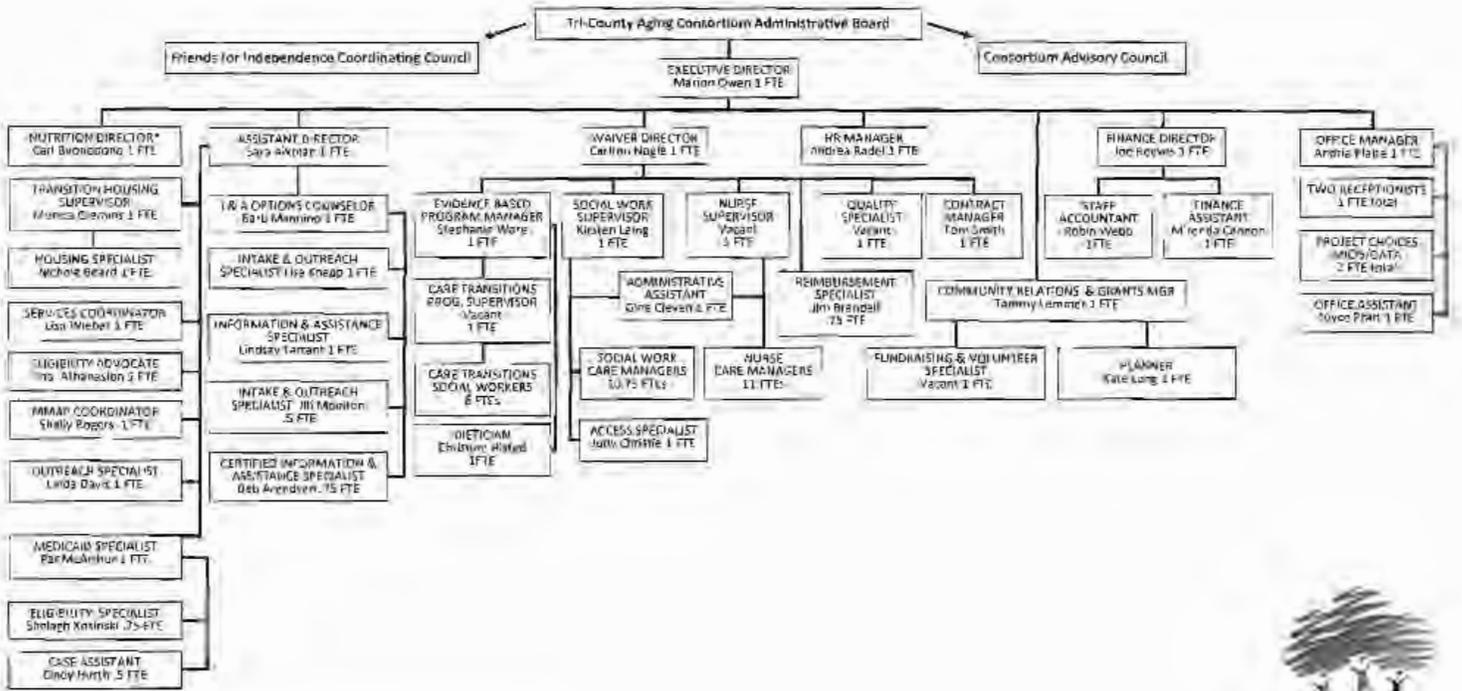
Community-Based Aging and Health Care System

The Dual-Service Coordination Continuum serves as a way to graphically represent two service coordination continuums. The upper continuum represents health care services and the lower continuum represents community-based services. Together they show the entire range of service coordination options available to the consumer. Area agency-related options are primarily reflected on the community-based continuum. Boxes 2-5 are to describe service coordination program options. Box 1, Education and Prevention, describes early-on options that can help avoid premature use of more costly service coordination options.

Enter specific information in the continuum boxes provided to show the coordination of service program options available in the planning and service area. If you cannot fit all area programs in the space provided, list only the primary ones. Upload your completed continuum under the Budget and Other Documents tab. (For technical assistance, see completed sample in the Documents Library.)

Planning & Service Area	Region 6				
Type of Continuum	Education and Prevention	Access I&A	Options Counseling	Case Coordination & Support	Care Management
Healthcare and Medical Continuum	Hospital wellness classes, County Health Department wellness classes	Sparrow Senior Health Center, Family Assistance Center (veterans), County Veteran offices	Sparrow Senior Health Center, County Veteran offices	Skilled Home Health Care	Skilled Home Health Care
Community-Based Support Continuum	AAA EBDP Programs, PATH, MOB, CCC, AAA Nutrition Counseling, AAA Options Counseling, RSVP, Poverty Law Center	AAA I & A Services, 211 Systems, LTCC/ADRC's, Senior Resource Directory, Web-Based senior information, CACS, Senior Preferences publication, AAA Care Transitions Social Workers, CMH, AAA Long-term Services and Supports Guide, Disability Network Capital Area	AAA Options Counseling services, LTCC/ADRC's, AAA Care Transitions Social Workers, NFI Supports Coordinators and AAA Housing Specialists, CMH and Disability Network Capital Area	AAA Case Coord., Senior Companion Program, DHHS Adult Services, CMH, In-Home Respite programs, Disability Network Capital Area	AAA Care Mgt., DHHS Adult Services, MI Choice Waiver Program, NFI Services, DHHS Adult Services, CMH and Private Care Management

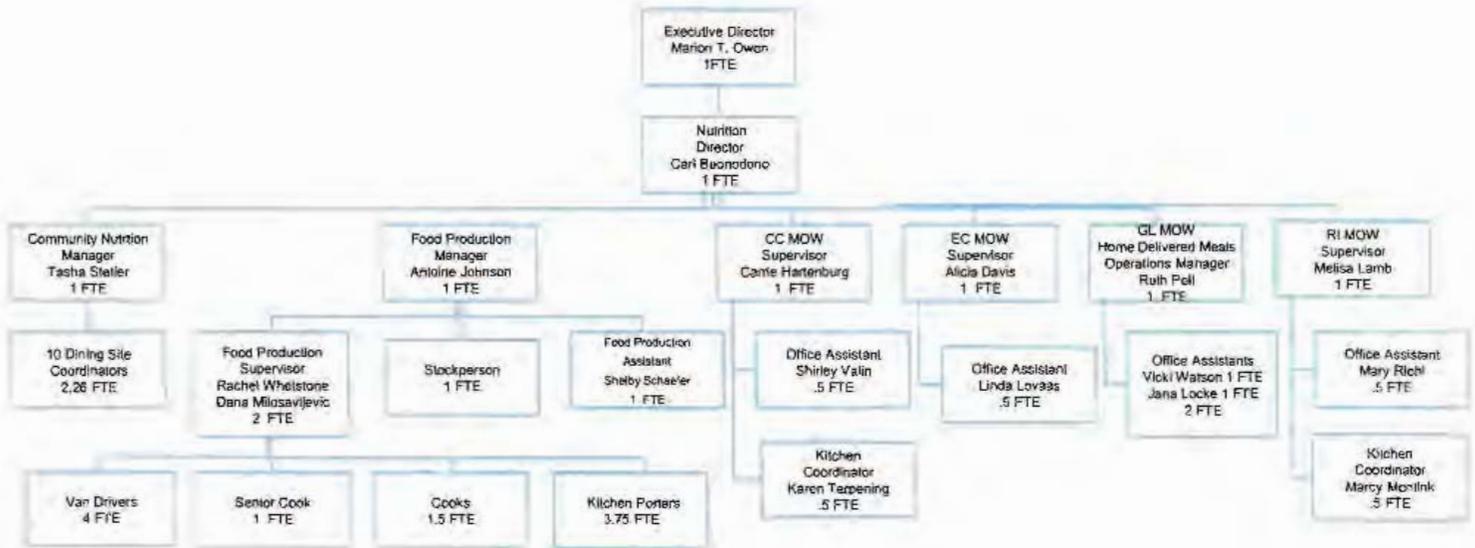
Tri-County Aging Consortium



June 2010



Tri-County Office on Aging - Nutrition Program



November 2015

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2017

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D:

Beginning October 1, 2016 (FY 2017), Title III-D funds can only be used on health promotion programs that meet the highest level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2017.

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount
Matter of Balance (MOB)	TBD	150	\$4,378
Diabetes Personal Action Toward Health (D-PATH)	TBD	75	\$2,166
Enhanced Fitness	YMCA	330	\$20,882

August 19, 2015

Lansing City Counsel
C/O Councilperson Carol Wood
Lansing City Hall
120 W. Michigan Ave
Lansing, MI 48933

Dear Lansing City Council:

We are contacting you on behalf of the Moores River Drive Neighborhood Association, and the rowing programs affiliated with the Michigan State University Athletics Department, the Lansing Rowing Club and the Michigan State University Intramural Sports Clubs in regard to creating a no-wake zone on the Grand River along the confines of Grand River Park, Lansing, Michigan. There has been an increase in powerboat activity in this section of the river, and it is creating safety issues to athletes and equipment.

There are three rowing docks located within the park. Rowing docks are floating docks that have a free board of approximately seven inches. The unsafe behavior of power boaters, the amount of wakes, and the large size of wakes hitting our docks in the fall of 2014 forced us to contact the Michigan DNR. In addition, the wakes created by the powerboats are eroding our shorelines and the noise is a constant nuisance to the residents of the Moores River Drive Neighborhood Association (MRDNA) and the citizens who look to enjoy the Grand River.

In the fall of 2014, the MSU Women's Rowing Staff met with DNR Officer Jeff Walker in Grand River Park. He suggested to document the problems on the river with a video camera then pursue a request for a no-wake zone in the area. The attached photos were taken from video footage in the fall of 2014. The first three photos show the close proximity of powerboats to our dock and athletes. This area of the river is approximately 250 feet across and the powerboats frequently pass within 100 feet of the docks. The second group of three pictures shows the effect of the wakes on the rowing docks. These docks are not built to withstand wakes of this magnitude.

In addition to the damage of property and shoreline by the wakes created by these powerboats, there is an ongoing safety risk to the rowers. The wakes from these boats are so large that they force the rowers to stop rowing or risk the potential of sinking boats if they try to row through them. Powerboats have the freedom to go as fast as they can on this very narrow portion of the river. This creates potential collision risk as rowing shells have a low profile, low visibility (rowers face backwards) and low maneuverability.

The final photo is an overhead picture of Grand River Park with the proposed no-wake area. This is a small section of the river and will have little to no impact on the experience of recreational boaters, but will have a great and positive impact on the quality of life and safety for the hundreds of rowers who utilize this portion of the river along with the residents of the MRDNA.

RECEIVED

JUN 13 2016

LANSING CITY COUNCIL

Please feel free to contact any of us with questions pertaining to this request.

Sincerely,



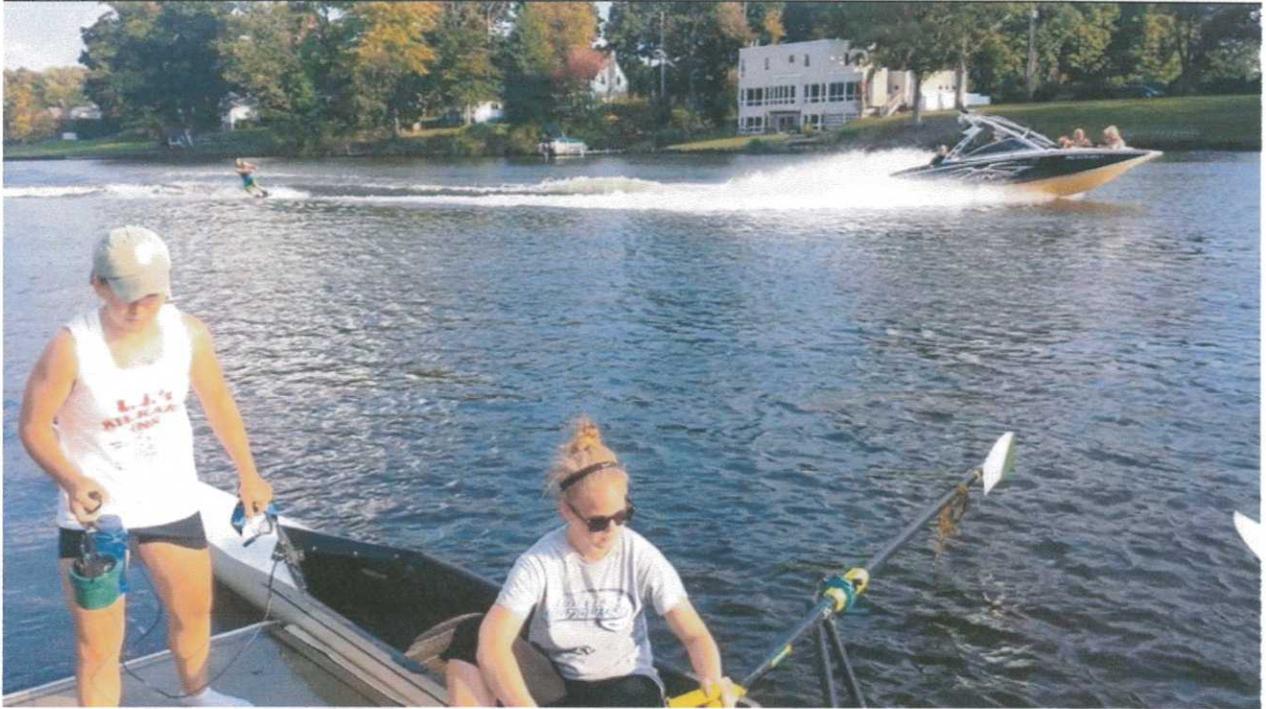
Matthew Weise
Head Women's Rowing Coach
Michigan State University
weisemat@ath.msu.edu
(517)256-9043

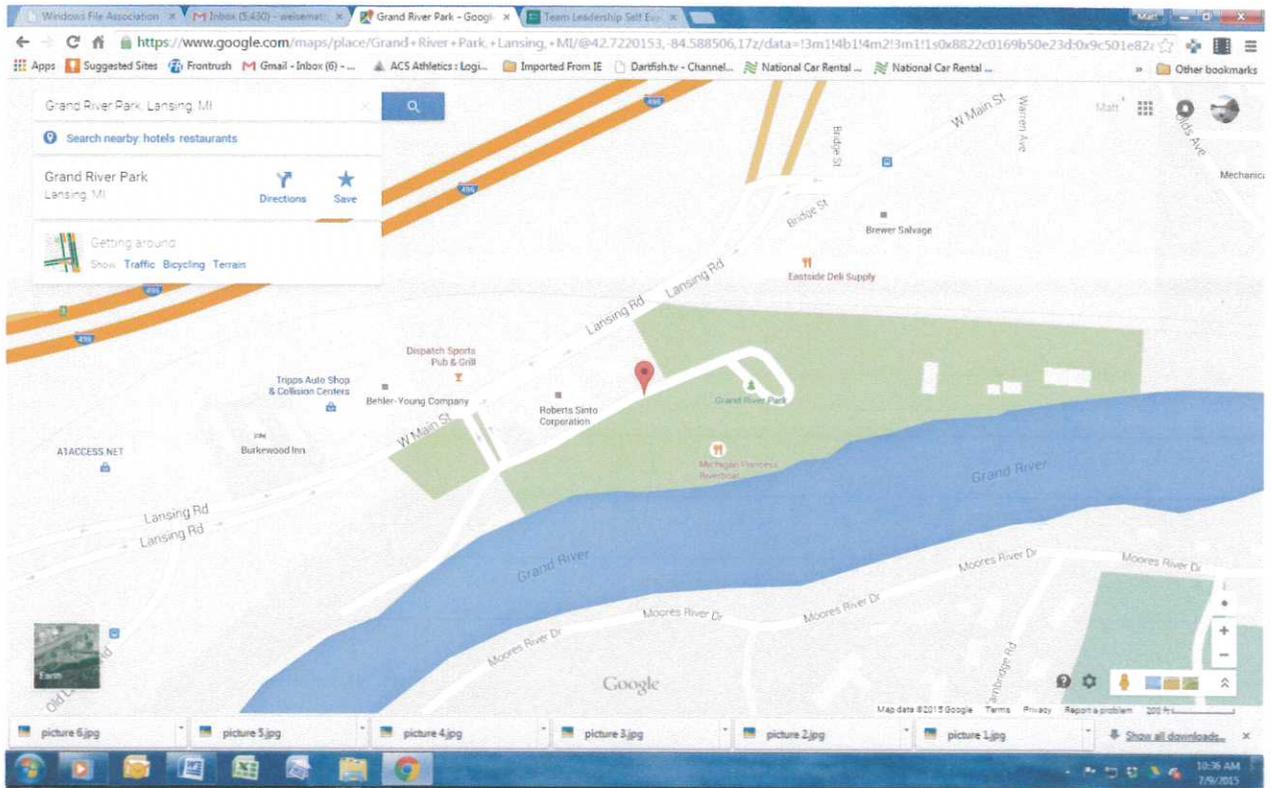
XXXXXXXXXXXXX
Head Coach Crew Club
Michigan State University
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX

Timothy Fisher
President
Lansing Rowing Club
fisherfinecarpentry@yahoo.com
(517) 420-4272



Thaddeus Owen
President
Moores River Drive Neighborhood Association
thaddeus-owen@comcast.net
(517) 420-2878









Dr. Eric W. Novak
1700 Moores River Drive
Lansing, MI 48910
517-575-9962
ericnovak@mac.com

I am a proud City of Lansing resident who lives on the Grand River with his family to enjoy its full water sports activities. I moved my family(wife Cathy, daughter Courtney-8, and son Troy-5) from the suburbs of DeWitt on a no-wake lake to the City of Lansing 6 years ago to be able to water ski, pontoon, and fish on the Grand River in our back yard.

I very strongly oppose any efforts to make the Grand River a no wake zone.

I am happy to discuss with any and all parties what it is like to live on the river and what an average day is like for our family. We currently use the river for waterskiing and boating on average of 3-4 days a week.

My wife and I met each other and grew up using the Grand River while skiing for the Michigan State University Waterski Team from 1991-1995. The Michigan State University Waterski Team currently practices on the Grand River in the area immediately adjacent to our house and has done so uneventfully since the late 1970's or earlier.

People who will be displaced if the Grand River were to become a no-wake zone:

1. Tax paying City of Lansing residents who choose to live and play on the Grand River for full water sports activities.
2. Michigan State University Division I Womens Crew Team
3. Michigan State University Mens Crew Club
4. Michigan State University Waterski Team
5. Rowing groups who use powered coaching boats
6. Pontoon boat enthusiasts
7. Fishermen and women

It appears that a few issues are of concern to residents who live on and enjoy using the Grand River.

These three issues in my mind are:

1. Boats using excessive speed.
2. Boats making excessive noise.
3. Boats using equipment to make artificially large wakes.

What concerns me is the fact the #1 and #2 are already illegal per state and city guidelines.

#1 State guideline specify that no boat can legally travel faster than 55 mph. State Civil infraction MCL 324.80146. This is simply not enforced at all on the river. A small handful of boats(which are race style boats) clearly break this rule and do it on an occasional basis in my opinion. On average 1-2 times per week.

#2 City of Lansing Ordinances clearly state that boats need a muffler (654.13) and that boats have a maximum noise level of 86dBA for boats 1975 and older and 80 dBA for boats made

submitted @ mtg
6-21-16

after 1975. These same boats from #1 are also the ones that do not have mufflers and are making excessive noise.

#3 This is a new phenomenon in boating from a few years ago. New equipment is being produced to make abnormally large wakes. This is a smaller issue of frequency as I only saw 1 boat last year who did this and he was out approximately 6 times last season. I have not seen this boat one time in 2016 or any other boats with this type of wake enhancing equipment.

I hope in closing we can simply inform users of the river of the existing laws and enforce them. I am unaware of any signs that would inform users of the river of these laws and ordinances. I hope we might be able to use city assistance with community support to help encourage responsible usage of the river to the benefit of us all. Thank you for your time and consideration.