THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, JUNE 17, 2013 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

Agenda

Call to Order
Approval of the June 3, 2013 Minutes
Additions to the Agenda
Limited Public Comment

1. Tri-County Office on Aging - Resolution Approving Tri-County Office on Aging’s 2014-2016 Multi-Year Plan

2. Ingham Health Plan - Resolution Honoring Chuck Steinberg for his Service to the Ingham Health Plan Corporation

3. Health Department
   a. Resolution to Authorize a 2013-2014 Agreement with the City of Lansing
   b. Resolution to Authorize an Agreement with the National Association of County and City Health Officials (NACCHO) to Coordinate “Building Networks” Initiative in Michigan
   c. Resolution to Authorize an Amendment to the Memorandum of Understanding Between St. Vincent Catholic Charities, Microenterprise Childcare Program of Michigan
   d. Discussion: Clinical Site Planning

4. Board of Commissioners - Resolution Supporting Ingham County Veterans

Announcements
Public Comment
Adjournment

PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES OR SET TO MUTE OR VIBRATE TO AVOID DISRUPTION DURING THE MEETING

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at www.ingham.org.
HUMAN SERVICES COMMITTEE
June 3, 2013
Minutes

Members Present: Todd Tennis, Kara Hope, Sarah Anthony, Brian McGrain, Don Vickers, and Randy Maiville

Members Absent: Deb Nolan

Others Present: Jared Cypher, Chuck Gray, Renée Branch Canady, Su’Alyn Holbrook, Barb Mastin and others

The meeting was called to order by Chairperson Tennis at 6:33 p.m. in the Personnel Conference Room “D & E” of the Human Services Building, 5303 S. Cedar Street, Lansing.

Approval of the May 20, 2013 Minutes

The May 20, 2013 Minutes were amended as follows:

Item 1a, 2ND sentence, change “Social” to “Environmental”:

She stated that the County’s Health Equity and Social Justice (HESJ) Coordinator and Social Environmental Justice Coordinator met the Director of ISAIAH while attending a training workshop.

Additions to the Agenda

2a. Substitute - Resolution to Authorize an Agreement with the Michigan Public Health Institute (MPHI) to Implement the Michigan Pathways to Better Health Grant

3. Pulled - Board of Commissioners - Resolution Supporting Ingham County Veterans

Limited Public Comment

None.

1. Presentation: DHS Director Su’Alyn Holbrook

Handouts: Eviction Diversion Program Ingham County, Community Housing Information Hour, Rural Ingham Housing Hour and DHS Get Online not in line card.

Su A’lyn Holbrook informed the Committee that DHS is now paperless. Individuals may apply online at home, Smartphone or make use of the twenty kiosks in the lobby. She explained there was some concern for seniors or others who may need assistance and for that reason DHS has partnered with MiCAFE. Ms. Holbrook described the system and how this has helped staff process the information faster.
Ms. Holbrook stated that DHS is working on becoming a one-stop shop. She informed the Committee that in a one-month period 11,000± people come into the lobby for cash assistance alone. She explained that because of these numbers many community partners want to come into the lobby to serve the DHS customers. She provided an example of a company that provides free cell phones in the lobby wanting to come back and provide the service Monday through Thursday. She also indicated the interest of community partners such as the Advent House, the County Treasurer, MSU Extension, Volunteers of America, and the Health Department. Ms. Holbrook stated this is a golden opportunity to service the clients by having the collaboration and it makes sense that while people are sitting here the services come here.

Ms. Holbrook informed the Committee that DHS now has a community room in order to provide classes. She stated that DHS did a survey asking clients what types of classes they would be interested in and subsequently different speakers came in to discuss those topics. She noted that DHS has been looking into partnering with Lansing Community College. DHS recently discovered that children between 7th and 12th grade that have been on Medicaid for 24 months within a 36-consecutive-month period as identified by the Michigan Department of Human Services are eligible for the Tuition Incentive Program (TIP). She stated 17,000 children were served last year and current statistics suggest there are already 16,000 TIP eligible children. She expressed her concern that qualified individuals are getting a letter informing them of eligibility, why they are not applying and questioned if there is a disconnect. She suggested classes for parents and students to let them know how to apply for college, TIP, as well as, the Lansing Promise and Hope Promise. Ms. Holbrook stated those are the types of services DHS wants to provide in the lobby.

Ms. Holbrook described the Meet the Need program in the city of Lansing stating DHS is looking to partner. She gave the example of people coming into the lobby not for DHS services but asking for, say, legal services phone number. Meet the Need data resource in the lobby would provide that service.

Ms. Holbrook stated not only is DHS a hub for the community but they are going out into the community. She explained that there are currently DHS eligibility specialists at Sparrow and McLaren Hospitals, as well as, CMH. The DHS workers are responsible to go into the emergency room or a patient’s room and help them apply for Medicaid. She described how this helps the hospital collect payments.

Additionally, DHS is at the 55th District Court helping clients facing eviction. Judge Allen and Judge Boyd are talking with tenants and landlords to work out mutually agreed upon settlements. Ms. Holbrook explained that DHS, CACS, VOA, MSU Law Clinic and Legal Services are at the courts trying to assist clients with funding or legal advice to avoid eviction. She stated since September DHS has completed 201 settlement offers. This is a big deal because the shelters are full and that is a concern. She explained there is little turn-over in the shelters and it appears they are becoming permanent housing; therefore, one eviction becomes a problem of where do they go. She stated DHS is also looking to partner with the Health Department on the Eviction Diversion Program.
Ms. Holbrook informed the Committee the Veteran’s Coalition meeting will be held June 19th. She stated DHS has determined there are 800 Veteran’s cases and they recently hired a retired Army Captain to help Veterans apply for benefits or additional benefits.

Ms. Holbrook stated DHS has partnered with the Financial Empowerment Center for the next three years and the service is free of charge. Financial counseling is available three times per week and includes help with budgeting, credit reports and establishing bank accounts.

Ms. Holbrook informed the Committee that for the first time this year DHS provided income tax services and that did quite well. She stated they are looking to increase the number of volunteers next year and have one person available year round.

Ms. Holbrook informed the Committee that DHS has partnered with the Health Department focusing on safe sleep. Parents are referred to the Health Department and Pathway to Better Health to better serve those clients who are struggling with bedding and medical services.

Ms. Holbrook stated she would like to see monitors in the hallways to help people navigate their way through the building and lessen staff interruptions.

Comm. Anthony asked if those who provide services are bilingual. Ms. Holbrook stated that some are bilingual but that is still a struggle. Comm. Anthony stated she was pleased to hear about the assistance with tax returns then asked if there is assistance with FAFSA completion and TIP eligibility. Ms. Holbrook answered yes stating today she met with LCC and she has previously met with the College Access Network noting she will be joining that group.

Chairperson Tennis informed the Committee that Comm. Nolan requested Item #3 be pulled from the Agenda until Ms. Schmidt can be in attendance. The Committee agreed and Chairperson Tennis pulled Item #3 from the Agenda.

2. Health Department
   b. Resolution to Authorize an Agreement with Michigan State University’s College of Human Medicine to Provide a Part-Time Family Medicine Physician for the Provision of Primary Medical Care Services

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. MAIVILLE, TO APPROVE THE RESOLUTION TO AUTHORIZE AN AGREEMENT WITH MICHIGAN STATE UNIVERSITY’S COLLEGE OF HUMAN MEDICINE TO PROVIDE A PART-TIME FAMILY MEDICINE PHYSICIAN FOR THE PROVISION OF PRIMARY MEDICAL CARE SERVICES.

MOTION CARRIED UNANIMOUSLY. Absent: Comm. Nolan

Dr. Branch Canady introduced Barb Mastin as the interim CEO of the Community Health Center.
a. Resolution to Authorize an Agreement with the Michigan Public Health Institute (MPHI) to Implement the Michigan Pathways to Better Health Grant

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. ANTHONY, TO APPROVE THE RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE MICHIGAN PUBLIC HEALTH INSTITUTE (MPHI) TO IMPLEMENT THE MICHIGAN PATHWAYS TO BETTER HEALTH GRANT.

Dr. Branch Canady explained the time constraints of the original pilot funding then described the requirements along with funding expansion that led into the contract extension.

Comm. McGrain disclosed Peggy Vaughn-Payne with the Northwest Initiative is also on the Board of Directors where he is employed.

MOTION CARRIED UNANIMOUSLY. Absent: Comm. Nolan

b. Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for 2012-2013

MOVED BY COMM. HOPE, SUPPORTED BY COMM. ANTHONY, TO APPROVE THE RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY FOR 2012-2013.

Dr. Branch Canady informed the Committee this is a renewal of a prior grant. She explained that the DEQ has done some reorganization and as a result this environmental quality work will be done at the local level. Comm. Vickers asked if this is a break even contract. Dr. Branch Canady explained the County is obligated to do this work further explaining that there are many State requirements that are not funded.

MOTION CARRIED UNANIMOUSLY. Absent: Comm. Nolan

c. Discussion: Clinical Site Planning

Mr. Cypher informed the Committee that he has met with a local real estate broker to discuss various occupancy options. Dr. Branch Canady stated that since the last meeting she has met with the Controller’s Office, Facilities, MIS to discuss the Health Department’s needs and costs. She stated that Ms. Mastin is preparing for the return of their consultant next week and will also be meeting with Mr. Terrill and Mr. Cypher to determine expenses for renovation or acquisition. Mr. Cypher stated he and Mr. Terrill will meet with the consultant next Thursday to discuss costs.

Chairperson Tennis reminded the Committee that also of interest is what happens with the existing space. He stated the question should be is there a cost savings by means of new construction, renovation or vacating space taking into consideration utilities, repairs and/or overcrowding.
Chairperson Tennis stated there will be more information forthcoming and he will also be inviting the CHC Board for discussion. Comm. McGrain referenced a tour of the Jackson Center for Family Health that the County would like to emulate. He suggested Commissioners Maiville, Anthony and Hope take a look at that facility.

**Announcements**
Comm. McGrain described the Building Communities Conference Transportation Simulation and thanked the Health Department for allowing participants to pick up brochures.

**Public Comment**
None.

The meeting adjourned at approximately 7:15 p.m.

Respectfully submitted,

Julie Buckmaster
JUNE 17, 2013 HUMAN SERVICES AGENDA
STAFF REVIEW SUMMARY

ACTION ITEMS:

The Assistant Deputy Controller is recommending approval of the following resolutions:

1. **Tri-County Office on Aging** – Resolution Approving Tri-County Office on Aging’s 2014-2016 Multi-Year Plan

   This resolution approves the Fiscal Year 2014-2016 Multi-Year Plan as required by the Older Americans Act and the Older Michiganians Act.

3. **Health Department**
   a. Resolution to Authorize a 2013-2014 Agreement with the City of Lansing

   This resolution authorizes an agreement in the amount of $80,000 to provide financial support for various services provided by or through the Ingham County Health Department that benefit Lansing residents.

   b. Resolution to Authorize an Agreement with the National Association of County and City Health Officials (NACCHO) to Coordinate “Building Networks” Initiative in Michigan

   This resolution authorizes an agreement with NACCHO in the amount of $10,000 to serve as the State Network Coordinator for its “Building Networks” initiative. The purpose of this initiative is to build a state network of local health departments and community organizers in Michigan.

   c. Resolution to Authorize an Amendment to the Memorandum of Understanding Between St. Vincent Catholic Charities, Microenterprise Childcare Program of Michigan

   This resolution authorizes an agreement with St. Vincent Catholic Charities (STVCC) for the Office for Young Children (OYC) to provide child care orientation training components, business training and licensing support services for the Refugee Microenterprise Childcare Program of Michigan. This will enable some refugee families to access reimbursement for their childcare services and other refugee families the ability to seek employment, confident that their children will be cared for in a culturally appropriate manner. STVCC is providing $20,080 to support these services, which are provided by an existing staff person at the Health Department.

OTHER ITEMS:

2. **Ingham Health Plan** - Resolution Honoring Chuck Steinberg for his Service to the Ingham Health Plan Corporation

3d. **Health Department** – Discussion: Clinical Site Planning

4. **Board of Commissioners** - Resolution Supporting Ingham County Veterans
Agenda Item 1

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION APPROVING TRI-COUNTY OFFICE ON AGING’S 2014-2016 MULTI-YEAR PLAN

WHEREAS, the Tri-County Aging Consortium, known as Tri-County Office on Aging, produced the Fiscal Year 2014-2016 Multi-Year Plan as required by the Older Americans Act and the Older Michiganian’s Act; and

WHEREAS, the Ingham County Board of Commissioners has reviewed the Tri-County Office on Aging’s Fiscal Year 2014-2016 Multi-Year Plan.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners approves the Tri-County Office on Aging’s Fiscal Year 2014-2016 Multi-Year Plan as presented.
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Tri-County Office on Aging

County/Local Unit of Govt. Review

THE AAA must send a letter requesting approval of the final MYP by no later than July 1, 2013 as well as a copy of the final AIP, with delivery and signature confirmation to the chairperson of each county Board of Commissioners with the PSA requesting approval by August 1, 2013. 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 with the PSA. If the AAA does not receive a response from the county or local unit of government by August 1, 2013, the MYP is deemed passively approved. The AAA must notify their OSA field representative by August 2, 2013 whether their counties or local units of government formally approved, passively approved, or disapproved the MYP.

The AAA may use electronic communication, including email and website based documents, as an option for acquiring local government review and approval of the Area Plan. To employ this option, the AAA must:

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 AIP/MYP on the Area Agency’s website. Instructions for how to view and print the document must be included.
Offer to provide a printed copy of the AIP/MYP via US mail or an electronic copy via email if requested.
Be available to discuss the AIP/MYP with local government officials, if requested.
Request email notification from the local unit of government of their approval of the AIP/MYP, or their related concerns.

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

AAA Response:

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 will send a letter and a copy of the 2014-2016 MYP to local units of Government via certified mail and signature confirmation requesting approval of the MYP no later than July 29, 2013. The letter will state that if their approval is not received within 10 business days of this due date it will then be considered passively approved.
Plan Overview

THE purpose of the Plan Overview is to provide a succinct description of the priorities being set by the Area Agency for the use of Older Americans Act and state funding during the MYP cycle: FY 2014 through FY 2016. The Plan Overview should include, in 1000 words or less if possible, the following:
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.
Highlights of planned program development objectives.
A description of goals and strategies for accomplishing them.
A description of planned special projects and partnerships.
A description of significant changes in demographics, resources available and service priorities that have occurred since the previous MYP was developed.

AAA Response:

The Tri-County Aging Consortium (commonly known as the Tri-County Office on Aging or TCOA) is the Area Agency on Aging for Region 6 serving Clinton, Easton and Ingham Counties. The Consortium is a regional Executive 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 Office of Services to the Aging as a response to the 1973 amendments of the federal Older Americans Act.
The mission of the agency is to "promote and preserve the independence and dignity of the aging population." The goals to accomplish the mission include:
- To help people function as independently as possible;
- To advocate for adequate resources and sound public policy;
- To develop and support a comprehensive coordinated system of services;
- To increase awareness of aging issues and services; and
- To provide support to families assisting aging relatives.

In 2004, the Tri-Counting 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 and Community Based Services Waiver to the Aged and Disabled since 1992 and was one of the first three pioneer agencies for the Waiver.

The Multi-Year Plan proposes to provide a blueprint for what TCOA intends to accomplish during the year and the Multi-Year Plan process gives the agency direction for the next three years. This Plan is developed with input from consumers, Board Members and a team of staff members including directors from various departments. Input and direction from the Advisory Council is an ongoing process and is crucial to a successful Plan. Strategic planning and prioritizing is essential in continuing to provide quality
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS

Osa
Office of Services to the Aging

2014-2016

Tri-County Office on Aging

person-centered programs and services. TCOA has extensive experience with continuing to provide quality services with decreased funding. 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 including:

- Maintaining low administrative costs
- Careful shopping of all agency purchases and holding off on non-essential purchases
- Negotiating better contracts with vendors
- Changing IT service providers to reduce costs while improving services
- Changing financial institutions to reduce banking fees and expand service options

All strategies to reduce agency expenditures are explored while 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.

Fiscal Year 2012 Accomplishments:

- In 2012 the local Medicare/Medicaid Assistance Program served 2,192 individuals in the tri-county area. This is an increase of 653 people compared to 2011.

- In the spring of 2013 TCOA partnered with students from Michigan State University for the free production of three short videos to educate the community on TCOA programs and services.

- Assisted 516 individuals through the Crisis Services for the Elderly program to prevent utility shut-offs and provide emergency medication assistance.

- TCOA completed a website conversion that will allow easier editing for employees and significantly reduce annual maintenance costs.

- Continued bi-monthly meetings with the Quality = Choice, Satisfaction & Independence (CSI) consumer group to advise on policy and quality issues.

- The ADRC-Capital Area partnership received its “Emerging” status from the Michigan Office of Services to the Aging as well as a $10,000 mini-grant to work on public outreach and assessing community needs.

- TCOA, along with the Capital Area Collaborative for Care Transitions, received federal funding through Section 3026 of the Patient Protection Affordable Care Act to improve care transitions in the tri-county area and reduce avoidable 30-day hospital readmissions for high-risk Medicare beneficiaries.

- TCOA began working with the Ingham County Health Department on the Michigan Pathways to Better Health (MPBH) initiative. MPBH goals include: a) improve enrollees’ health, b) increase enrollees’ utilization of primary care services, and c) decrease the cost of enrollees’ health care by decreasing utilization of the Emergency Department and hospitalizations.
IN order to gather information regarding the needs of older adults in the PSA, the Area Agency must employ a strategy for gaining input directly from older persons throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the MYP must be held in the PSA. The hearings must be held in accessible facilities. Persons need not be present at the hearing in order to provide testimony; e-mail and written testimony must be accepted for at least a (30) thirty-day period beginning when the summary of the MYP is made available. 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. Persons who should be notified of the public hearing include elected officials, service providers, older adults, Native Americans both on and off reservation, and the general public. 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 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 Area Plan. Describe all methods used to gain public input and the resultant impact ont he Area Plan.

AAA Response:

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<th>Date</th>
<th>Location</th>
<th>Time</th>
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<tr>
<td>03/21/2013</td>
<td>Williamston Area Senior Center</td>
<td>12:30 PM</td>
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Narrative:

The Tri-County Office on Aging conducted a needs assessment survey, held two public hearings and an input session to gain input from the public on the services they need and want in Region 6.

A needs assessment focusing on individuals 55 and older as well as persons with disabilities was distributed to during February and March 2013. Over 200 responses to this survey were gathered. The questions in this survey were designed to build upon the statewide survey Michigan Department of Services to the Aging conducted in 2012. Reviewing the results of this survey it was clear that the 2014-2016 multi-year plan needed to focus in a few key areas:

From the Needs Assessment the following information was gathered:

- Transportation is an area that needs improvement in the tri-county area.
- The vast majority of respondents voted in the last election.
- Many seniors are concerned about rising gas prices and have begun to change their driving habits due to this.
- Many individuals are interested in evidence based disease prevention programs, especially related to
fitness, diabetes management and caregiving.

- Cost, or perceived cost, was cited as the number one barrier to receiving services.
- A large number of individuals stated that they could not access basic needs (food, clothing, medication) without owning their own car. Even more stated that they would not be able to access basic needs without a family or friend who drives them places.
- Mail or telephone are still the preferred methods to receive information. Many people stated that they either do not know how to use a computer or cannot afford to purchase one.

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. 29 caregivers completed the needs assessment.

From these assessment responses the following information was gathered:

- Most caregivers are caring for a spouse or partner.
- A number of caregivers were actually seniors caring for their adult children who have disabilities.
- Caregivers were often responsible for assisting their care recipient with multiple activities of daily living.
- There is significant interest in increased access to adult day services and in-home services to aide with caregiving.

In addition to conducting two needs assessments, the Tri-County Office on Aging also held two public hearings to solicit input on this multi-year plan. One public hearing was held at the main offices for the Tri-County Office on Aging in Lansing, MI. This hearing was held on March 14, 2013 at 1:00 P.M. prior to the monthly Tri-County Office on Aging Advisory Council meeting.

From this meeting the following information was gathered:

- Individuals in attendance were pleased to see the inclusion of cultural competency as a focus for 2014-2016. Especially relating to LGBT issues and concerns.
- T-CARE was not a widely known, or utilized, program in the tri-county area.
- It was suggested that classes or seminars about health and nutrition would be valued.
- There were concerns about the ability of individuals with limited mobility to access services and programs, especially those provided by government agencies.

The second public hearing was held at the Williamston Area Senior Center on March 21, 2013 at 12:30 P.M. From this meeting the following information was gathered:

- Transportation in areas outside of Lansing needs to be made a priority.
- Attendees were very supportive, and thankful, for the congregate meals program.
- There was a large amount of interest in the Creating Confident Caregivers/SAVVY Caregiver program.
- Rising gas prices are a concern for individuals who drive their own vehicles.
- Attendees do not want to drive into Lansing in order to access services, they would like services in their local areas.

Finally, an input session was held on April 18, 2013 at 1:30pm in conjunction with Tri-County Office on...
Tri-County Office on Aging

Aging's Quality = Choice, Satisfaction and Independence consumer advisory group meeting. At this meeting attendees were asked to talk about programs and services that are important to them and what issues should be considered priorities. From this meeting five priority areas were identified:

- Housing assistance.
- Improving and expanding transportation options.
- The availability of reliable in-home care.
- Employment opportunities.
- Helping individuals know their legal rights.
Scope of Services

Describe the AAAs process for identifying unmet needs within the PSA: (i) identify the data sources used to determine needs; (ii) identify major unmet needs for the PSA; and (iii) describe the AAAs priorities for addressing identified unmet needs within the FY 2014-16 MYP.

AAA Response:
Tri-County Office on Aging

Tri-County Office on Aging uses multiple methods to continuously identify unmet needs in the planning and service area. In addition to listening to the needs and wants of our clients on a daily basis, the agency also works closely with three groups to maintain a connection with the community during its decision making processes. Each month the agency’s Advisory Council, which consists of local seniors and service providers, meets to discuss and provide input on agency needs, coordinate advocacy activities and provide advisement and recommendations to the Tri-County Office on Aging Administrative Board. The agency also meets with its consumer advisory group (Quality = Choice, Satisfaction, Independence) six times a year to receive input from individuals receiving in-home services. This group gives a unique and important perspective on programs, services and policies that impact the daily lives of individuals receiving services through Tri-County Office on Aging. Finally, the agency’s Administrative Board meets monthly to provide agency oversight as well as approve programmatic and financial policies. This Board consists of local governmental officials from Clinton, Eaton and Ingham Counties as well as the cities of Lansing and East Lansing. This composition gives the agency a close relationship with government officials who can inform agency staff of needs arising within their individual communities.

Additionally, for the creation of this Multi-Year Plan Tri-County Office on Aging held an input session with the Quality = Choice, Satisfaction, Independence to solicit input on community needs; received over 200 responses to a written needs assessment survey distributed during February and March 2013, and held two public hearings to solicit input from local seniors and service providers in March 2013.

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 expanded adult day services in the “out-county” areas of the tri-county region. The two primary adult day services programs in the area are located within the greater Lansing area. While these programs fill an essential need, there are individuals and families who live outside of the Greater Lansing area that would benefit from having similar programs within the smaller communities throughout the tri-county area.

Third, 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, 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 a need for increased adult day services programming to serve individuals with middle and late stage Alzheimer’s Disease and dementia. At this time, none of the adult day services programs serve these high-needs individuals. Serving this population would not only ensure that the individuals
participating in the 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.

Since these areas have been identified as being of high need, they will be the focus of improvement and outreach efforts during the 2014-2016 fiscal years.

When a customer desires services not funded under the AIP/MYP of where they live, describe the area agency response. Indicate the PCP protocols that have been put into place for such circumstances.

AAA Response:

Every request that is made to TCOA is addressed using a person-centered process. Staff members work with individuals to ascertain their 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 assist individuals, TCOA has an active Information and Assistance 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.
## Planned Service Array

<table>
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<th>In-Home</th>
<th>Community</th>
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| **Contracted by Area Agency** | • Information and Assistance  
• Transportation | • Chore  
• Home Care Assistance  
• Home Injury Control  
• Homemaking  
• Home Health Aide  
• Medication Management  
• Personal Care  
• Personal Emergency Response System (PERS)  
• Respite Care | • 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 |
| **Participant Private Pay** | • Transportation | • Chore  
• Home Care Assistance  
• Home Injury Control  
• Homemaking  
• Home Delivered Meals  
• Home Health Aide  
• Medication Management  
• Personal Care  
• Personal Emergency Response System (PERS)  
• Respite Care | • Adult Day Services  
• Nutrition Counseling  
• Nutrition Education  
• Health Screening  
• Assistance to the Hearing Impaired and Deaf  
• Home Repair  
• Legal Assistance  
• Vision Services |
| **Provided by Area Agency** | • Care Management  
• Case Coordination and Support  
• Information and Assistance  
• Outreach | • Home Delivered Meals | • Congregate Meals  
• Disease Prevention/Health Promotion  
• Caregiver Education, Support and Training |
| **Funded by Other Sources** | • Friendly Reassurance | • 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 |

* not PSA-wide
Targeting

Describe the Area Agency's targeting strategy for the MYP cycle including planned outreach efforts with underserved populations. Indicate how specific goals or targets are developed for service contracts. Refer to available demographic data as may be useful and appropriate.

Describe the Area Agency's targeting strategy for services to be provided under the Area Plan for the MYP cycle including planned outreach efforts for underserved populations.

AAA Response:

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 conducted a Request for Proposal process in early Fiscal Year 2013 to contribute $10,000 toward the start-up costs for a new adult day services and wellness program for minority individuals and non-English speaking individuals. The program selected is located in central Lansing, is minority owned and has staff members who speak multiple languages. During FY 2014-2016, TCOA plans to work with this new program to expand its community presence and the services it provides. Additionally, TCOA has a longstanding history of partnering with Cristo Rey Community Center to provide Spanish speaking Information and Assistance services to the local Hispanic community. As FY 2013 comes to a close, and the agency is soliciting Requests for Proposals from local service providers for FY 2014-2016, TCOA will once again look for a local provider to offer Spanish speaking Information and Assistance in the tri-county area.

Finally, to better serve minority and non-English speaking populations TCOA conducted a Request for Proposal (RFP) process in early Fiscal Year 2013 to award a $10,000 contract to a local service provider to offer Personal Action Toward Health (PATH) classes specifically targeting minority and non-English speaking individuals. The result of this RFP was to award a contract for FY 2013 to the Ingham County Health Department for the provision of these classes. In FY 2014-2016, TCOA would like to continue to find similar creative ways to work with community organizations to offer these types of programs.

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 with local adult day care programs to expand the ability to provide respite services for individuals with these diagnoses. Currently, there are no adult day services programs in the tri-county area that serve individuals with middle to late stage Alzheimer’s Disease. During FY 2014-2016, TCOA would like to work with current providers to help them access further resources and training on Alzheimer’s Disease and dementia for their program staff. With the proper training and resources, these organizations may be able to expand their programs to serve these individuals and provide respite to families with limited resources.
Tri-County Office on Aging

Identify the specific goals or targets that have been developed for service contracts for the MYP cycle.

AAA Response:

The Request for Proposal process to receive funding for providing services in the tri-county area has been updated from the last multi-year planning cycle. Applicants now are required to include information on how they will target providing services and programs to underserved populations. They also are required to answer whether they have services available in multiple languages. Applicants will also be given the opportunity to explain additional certifications and trainings their staff have received to improve their quality of service. With these additions it is expected that service providers receiving annual contracts during this multi-year planning cycle will provide services to a broader array of individuals and their families, including serving a high number of minority individuals, individuals with dementia or Alzheimer's Disease and better representing the geographic distribution of the tri-county population.
Regional Service Definitions

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Fund Source</th>
<th>Unit of Service</th>
</tr>
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<tbody>
<tr>
<td>Access</td>
<td>Title III PartB, Title III PartD, Title III PartE</td>
<td>Each unit equals one in Home</td>
</tr>
<tr>
<td>In-Home</td>
<td>Title VII, State Alternative Care, State Access</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>State In-home, State Respite</td>
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<tr>
<td></td>
<td>Other</td>
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Service Definition

Crisis Services for the Elderly - Assistance paying for a utility bill or emergency prescription assistance with a maximum of $200 spent per unduplicated client each fiscal year.

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.

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 and utility crises. Assistance is limited to a maximum of $200 per person per year and individuals never directly receive money. This program serves a vital role in helping to keep individuals living in the community and does not fit with any current OSA service definitions. During the 2012 FY over 500 individuals were served by this program.

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<thead>
<tr>
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<tbody>
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<tr>
<td></td>
<td>Other</td>
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</tr>
</tbody>
</table>

Service Definition

Community Living Supports - Community Living Supports facilitate an individuals independence and promote reasonable participation in the community. Community Living Supports 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.

Minimum Standards
Minimum Standards for Traditional Service Delivery
1. 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."
2. Community Living Supports (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
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 of 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
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.
3. When transportation incidental to the provision of CLS is included, the waiver agent shall not also authorize it as a separate waiver service for the participant. The Medicaid state plan covers transportation to medical appointments through the Department of Human Services and waiver agents shall not authorize the same as a component of CLS.
4. CLS does not include the costs associated with room and board.
5. Waiver agents authorize CLS when necessary to prevent the institutionalization of the participant served.
6. Waiver agents 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 waiver agency must clearly distinguish services by unique hours and units approved.
7. 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.
8. Members of a participant's family may provide CLS to the participant. However, waiver agents shall not directly authorize MI Choice 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 waiver agent 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.ii, 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 MI Choice 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 worker's confidence and competence in the performance of each task required.
   d. Be trained in first aid and cardio-pulmonary resuscitation.
   e. MDCH strongly recommends 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. Waiver agents may not use waiver funds to purchase or lease vehicles for providing transportation services to waiver participants.
   b. The Secretary of State must appropriately license and inspect all drivers and vehicles used for
transportation supported all or in part by MI Choice funds. The provider must cover all vehicles used with liability insurance.
c. All paid drivers for transportation providers supported entirely or in part by MI Choice 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 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 MI Choice 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.

Minimum Standards for Self-Determination Service Delivery
1. When authorizing Community Living Supports (CLS) for participants choosing the self-determination option, waiver agents must comply with items 2 – 6 of the Minimum Standards for Traditional Service Delivery specified above.
2. Each chosen provider must

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.
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 Program, Information and Assistance, Outreach, and MATF Transportation.

If the Area Agency is planning to provide access services directly during FY 2014, complete this tab. Place a checkmark in the box next to the name of the service and complete the chart for each Access Service your agency plans on providing during FY 2014. Also provide a detailed FY 2014 work plan, including a list of goals, expected outcomes and timelines, in the appropriate text box for each service category. Provide budget detail information as appropriate.

Indicate whether or not your agency is planning on providing TCARE Caregiver Assessment and Care Planning, by checking yes or no as indicated under I&A for Caregiver Information and Assistance or under Care Management for Caregiver Case Management.

Care Management

Starting Date: 10/01/2013  Ending Date: 09/30/2014
Total of Federal Dollars: $0.00  Total of State Dollars: $215,913.00

Geographic area to be served:
Care Management will be provided in Clinton, Eaton and Ingham counties.

List each goal for the program, including timeline and expected outcome:
1. Provide Care Management services to a minimum of 160 clients in Region 6 from 10/01/13 through 9/30/14.
2. Conduct a minimum of 100 initial assessments from 10/01/13 through 9/30/14.
3. Develop a minimum of 80 care plans from 10/01/13 through 9/30/14.
4. Conduct reassessments every 3 months on all active clients or every 6 months if a client is on maintenance from 10/01/13 through 9/30/14.
5. Arrange and monitor services as needed from 10/01/13 through 9/30/14.
6. Transition eligible Care Management clients to the MI Choice program as funding allows from 10/01/13 through 9/30/14.
7. Comply with all minimum standards and quality assurances from 10/01/13 through 9/30/14.

Expected Outcome: A minimum of 160 individuals will be able to remain in their own home. There will be a seamless system for older adults going from Case Coordination and Support to Care Management.

Number of client pre-screenings: Current Year: 500  Planned Next Year: 500
Number of initial client assessments: Current Year: 100  Planned Next Year: 100
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS

Tri-County Office on Aging

Number of initial client care plans: Current Year: 80 Planned Next Year: 80
Total number of clients (carry over plus new): Current Year: 160 Planned Next Year: 160
Staff to client ratio (Active and maintenance per Full time care)

MATCH:
Source of Funds Cash Value: $23,990.00 In-kind
Source of Funds Cash Value: In-kind
Source of Funds Cash Value: In-kind

OTHER RESOURCES:
Source of Funds Cash Value: In-kind
Source of Funds Cash Value: In-kind
Source of Funds Cash Value: In-kind

Case Coordination and Support
Starting Date 10/01/2013 Ending Date 09/30/2014
Total of Federal Dollars $4,086.00 Total of State Dollars $15,000.00

Geographic area to be served:
Case coordination and support will be provided in Clinton, Eaton and Ingham counties.

List each goal for the program, including timeline and expected outcome:
1. Provide Case Coordination and Support services to a minimum of 55 clients in Region 6 from 10/01/13 through 9/30/14.
2. Conduct assessments for all new clients and reassessments every 6 months for a minimum of 55 clients from 10/01/13 through 9/30/14.
3. Secure and monitor appropriate in-home services from 10/01/13 through 9/30/14.
4. Refer clients to other services as needed from 10/01/13 through 9/30/14.
5. Adhere to all minimum standards from 10/01/13 through 9/30/14.

Expected Outcome: Individuals not eligible for Home and Community Based Waiver (Project Choices) will have assessments and services to assist them in remaining in the home of their choice. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/Project Choices.

Information and Assistance
Starting Date 10/01/2013 Ending Date 09/30/2014
Total of Federal Dollars $15,587.00 Total of State Dollars

Geographic area to be served:
Information and Assistance will be provided in Clinton, Eaton and Ingham counties.

List each goal for the program, including timeline and expected outcome:
1. Provide I&A services to a minimum of 2,000 older adults, family members or community members each fiscal year.
2. Secure signed contracts for general I&A services that were selected through a Request for Proposal process by 9/30/2016.
3. Monitor I&A contracts with service providers for compliance, including person centered thinking, annually.
4. Monitor the number of individuals assisted through I&A, including individuals who are considered minority, each quarter.
5. Provide Caregiver I&A services to a minimum of 100 caregivers each fiscal year.
6. Refer caregivers to identified services through a person centered process during FY 2014-2016.
7. Adhere to all OSA minimum standards.

Expected Outcomes:
1. There will be a more informed population through Information and Assistance services available in Clinton, Eaton and Ingham counties.
2. Caregivers will seek needed assistance to reduce the stress associated with their caregiving role.

Outreach
Starting Date 10/01/2013 Ending Date 09/30/2014
Total of Federal Dollars $8,696.00 Total of State Dollars $24,952.00
Geographic area to be served:
Outreach will be provided in Clinton, Eaton and Ingham counties.

List each goal for the program, including timeline and expected outcome:
1. Provide outreach services to a minimum of 500 individuals sixty years of age and older living in Clinton, Eaton and Ingham counties each fiscal year.
2. Provide a minimum of 15 presentations to senior, caregiver or community groups regarding agency services each fiscal year.
3. Participate in a minimum of 10 planning meetings regarding disaster preparedness each fiscal year.
4. Participate in a minimum of 5 health and information fairs in the community each fiscal year.
Expected Outcomes:

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

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

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

4. Kinship caregivers will be better equipped to handle caregiving responsibilities by alleviating caregiver burn out.
Other Service Provisions

It is expected that in-home services, community services and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, a service provision request may be approved by the State Commission on Services to the Aging. 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." Service provision by the Area Agency may be appropriate when in the judgement of OSA: (1) provision is necessary to assure an adequate supply; (2) the service is directly related to the Area Agency's administrative functions, and (3) a service can be provided by the Area Agency more economically than any available contractor and with comparable quality. Area Agencies on Aging that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Please check the box next to the service and enter the required data for any service provision request for FY 2014. All service provision requests must be approved for each multi-year planning cycle. If you are not planning to offer any in-home, community, or nutrition services directly, please skip this tab.

The FY 2014 work plan and budget detail forms are required to be completed for each service provided. (Work plan and budget forms to be completed are located in the Document Library and are to be uploaded under the Budget and Other Documents tab.)

Caregiver Education, Support and Training

Total of Federal Dollars $7,648.00 Total of State Dollars

Geographic area to be served:

AAA Response:

Region 6: Clinton, Eaton and Ingham Counties

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.

AAA Response:

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 2014.
Tri-County Office on Aging

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.

AAA Response:

Region 6 AAA has been providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, our agency has three Creating Confident Caregivers Trainers capable of teaching classes. One of these trainers is also working on achieving her Master Trainer certification. Since the statewide grant expired on September 30, 2012, TCOA would like to continue to provide these classes using Title IIIIE funding in FY 2014.

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

AAA Response:

The direct provision of Caregiver Education, Support and Training by providing Creating Confident Caregivers/SAVVY Caregiver classes was included in each of the two public hearings discussing the FY 2014-2016 Multi-Year Plan.

Congregate Meals

<table>
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<th>Total of State Dollars</th>
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<tbody>
<tr>
<td>$498,198.00</td>
<td>$7,909.00</td>
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Geographic area to be served:

AAA Response:

Region 6: Clinton, Eaton and Ingham Counties

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.

AAA Response:

This provision is necessary to assure an adequate supply of congregate meals in Region 6.
Tri-County Office on Aging

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.

AAA Response:

Tri-County Office on Aging 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. Michigan Office of Services for the Aging asked TCOA to assume the Congregate Nutrition Program, therefore, TCOA has assumed the role.

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

AAA Response:

During the public hearings an overview of the Multi-Year Plan was presented to attendees. It was stated that a Request for Proposal process coincides with the multi-year plan and which programs would be part of the Request for Proposal. This included stating that the Congregate Meal Program was included in this. No questions or comments were made by attendees regarding this topic.

Home Delivered Meals

| Total of Federal Dollars | $325,111.00 | Total of State Dollars | $286,458.00 |

Geographic area to be served:

AAA Response:

Region 6: Clinton, Eaton and Ingham Counties

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.

AAA Response:

This provision is necessary to assure an adequate supply of home delivered meals in Region 6.
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.

AAA Response:

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 Office of Services to the Aging has asked TCOA to assume the Home Delivered Meals program, therefore, TCOA has assumed the role.

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

AAA Response:

During the public hearings an overview of the Multi-Year Plan was presented to attendees. It was stated that a Request for Proposal process coincides with the multi-year plan and which programs would be part of the Request for Proposal. This included stating that the Home Delivered Meals program was included in this. No questions or comments were made by attendees regarding this topic.
Regional Service Provisions

<p>A FY 2014 work plan and budget detail forms are required to be completed for each service provided.</p>

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Geographic area to be served:

AAA Response:

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.

AAA Response:

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.

AAA Response:

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

AAA Response:
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS
Office of Services to the Aging

2014-2016

Program Development Objectives (State)

Program development objectives should identify planned activities for each year of the multi-year plan cycle. Subsequent AIPs will allow for updates to existing objectives and the addition of new objectives. At a minimum, at least two program development objectives must relate to State goals as presented in the Michigan State Plan. Program development objectives may also relate to regional issues as determined by the Area Agency. Please identify each objective:

- Staff positions and time to be allocated to the objective (expressed as total FTEs per objective).
- The desired outcome.

The AMPS tab contains a separate page for each of the State goals, regional goals, and the required narrative. The program development narrative should explain how program development efforts for FY 2014 to FY 2016 relate to and strengthen the scope of services within the respective PSA as described earlier. Further, the narrative may include an assessment by the Area Agency of how prepared the Area Agency and service providers in the PSA are for any anticipated change in the demographics of older persons during the next ten years.

State Plan Goal: Goal 1
- Work to improve the health and nutrition of older adults

AAA Response:

Objective:
Promote and expand access to evidence based disease prevention programs in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 hours - $960 from Program Development funds.

Timeline:
FY 2014-2016

Activities:
- Work to expand Personal Action Toward Health (PATH) programming in the tri-county area, focusing on serving minority and non-English speaking populations.
- Work with a local service provider to research receiving Medicare reimbursement for evidence based diabetes self-management programs.
- Explore establishing a wellness program in the inner city Lansing area.

Expected Outcome:
Tri-county residents will have improved health due to greater access to evidence based disease prevention programs.

Narrative
The needs assessment conducted in early 2013 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 objective also fits with Proposed State Plan Goal #3.
Tri-County Office on Aging

AAA Response:

Objective:
Improve the quality of food provided through Meals on Wheels while maintaining low meal costs. R. Pell - Interim Nutrition Director - 80 hours - $2640 from Nutrition funding.

Timeline:
FY 2014-2016

Activities:
- Seek alternatives to current supply vendors to save money and improve the quality of ingredients purchased.
- Research the possibility of establishing a frozen meal pantry for Meals on Wheels clients.
- Conduct a client satisfaction survey to access the needs and desires of Meals on Wheels clients.

Expected Outcome:
- Conduct a client satisfaction survey to access the needs and desires of Meals on Wheels clients.

Clients will have access to a variety of high-quality meals through the Meals on Wheels program while the program maintains a low cost per meal.

Narrative
It is important to regularly assess both client satisfaction with quality of food being served through Meals on Wheels and the cost of preparing those meals. This is especially true as the cost of food and supplies continues to rise as the economy shifts. This objective also fits with Proposed State Plan Goal #2.

State Plan Goal: Goal 2
--Ensure that older adults have a choice in where they live through increased access to information and services.

AAA Response:

Objective:
Work with the ADRC-Capital Area partnership to receive fully functional status by September 30, 2014. J. Sanchez - I & A Specialist - 50 hours - $1050 from State Aging Network funding.

Timeline:
FY 2014

Activities:
- Work with the ADRC-Capital Area partnership to create a comprehensive handbook of policies, procedures and standards for the ADRC-Capital Area.
- Outreach to 50 people in Clinton, Eaton and Ingham counties about the ADRC-Capital Area.
Tri-County Office on Aging

Expected Outcome:
Tri-County residents will have greater access to available information and services.

Narrative
The ADRC-Capital Area partnership received its "Emerging" status from the Michigan Office of Services to the Aging in April 2012. The Partnership has continued to meet monthly to work on preparations to achieve its "Fully Functional" status. This objective also fits with Proposed State Plan Goal #2.

AAA Response:

Objective:
Improve access to adult day services programming for underserved populations in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 Hours - $960 from Program Development funding.

Timeline:
FY 2014-2016

Activities:
- Explore establishing an adult day services program in a rural area outside the city of Lansing.
- Work with local adult day services providers and the Alzheimer’s Association to examine expanding adult day services programming options for individuals with middle and late stage Alzheimer’s disease and dementia.

Expected Outcome:
There will be a decreased rate of caregiver burn-out in the tri-county area.

Narrative
The 2013 needs assessment and public hearings indicated interest in expanding adult day services programming in the tri-county area. This objective also fits with Proposed State Plan Goal #5.

AAA Response:

Objective:
Expand T-CARE services in the tri-county area. C. Nogle - Project Choices Director - 40 Hours - $140 from Care Management funding.

Timeline:
FY 2014-2016

Activities:
Explore training non-Care Management staff members in administering the T-CARE program.

Expected Outcome:
More caregivers will have access to the T-CARE program in the service area.

Printed On: 5/15/2013
Narrative

TCOA has previously offered limited T-CARE services in the service area. Expanding this program would offer caregivers greater access to support. This objective also fits with Proposed State Plan Goal #3.

State Plan Goal: Narrative

The narrative should explain how program development efforts for FY 2014 to FY 2016 relate to and strengthen the scope of services within the respective PSA as described earlier. Further, the narrative may include an assessment by the Area Agency of how prepared the Area Agency and service providers in the PSA are for any anticipated change in the demographics of older persons during the next ten years.

AAA Response:

Objective:

Timeline:

Activities:

Expected Outcome:

Narrative

The Tri-County Aging Consortium (commonly known as Tri-County Office on Aging or TCOA), the Area Agency on Aging for Region VI serving Clinton, Eaton and Ingham Counties is an agency that plans and develops services for older adults and persons with disabilities. The mission of the agency is to promote and preserve the independence and dignity of the aging population. The services and programs TCOA offers improve the quality of life for older adults, particularly the most vulnerable, and assist individuals in remaining as independent as possible in the community setting of their choice. The programmatic development objectives included in TCOA’s 2014-2016 Multi-Year Plan were designed to enhance and expand the quality of services TCOA provides. The goal of these programmatic development objectives is to bring low cost and free services to some of the area’s most vulnerable persons, provide important information to these individuals and enhance the skills of TCOA staff members providing services.

State Plan Goal: Goal 3

—Protect older adults from abuse and exploitation.

AAA Response:

Objective:
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS
Office of Services to the Aging
2014-2016

Tri-County Office on Aging
FY: 2014

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. K. Laing - Social Work Supervisor - 15 Hours - $373 from Care Management funding.

Timeline:
FY 2014

Activities:
- Continue with the Coordinated Community Response program after the expiration of the federal grant funding:
- Continue to advocate to the passage of elder abuse prevention bills by the Michigan legislature.

Expected Outcome:
More individuals will be aware of abuse and exploitation of older adults and will have access to resources to respond to and prevent these situations.

Narrative
Protecting the health and safety of older adults and persons with disabilities is of the highest importance to the Tri-County Office on Aging. This objective also fits with Proposed State Plan Goal #4.

AAA Response:

Objective:
Improve advocacy on behalf of older adults and persons with disabilities in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 Hours - $960 from Program Development funding.

Timeline:
FY 2014

Activities:
- Have local seniors represent the tri-county area on the Michigan Senior Advocates Council to advocate for older adults and persons with disabilities.
- Tri-County Office on Aging's Advisory Council outreach committee will work with local faith based organizations to increase TCOA's communication and outreach network in the community.
- Continue to have Tri-County Office on Aging staff member representation on the planning committee for Older Michiganders day.

Expected Outcome:
Community members and legislators will have increased awareness of Tri-County Office on Aging and issues impacting local seniors and persons with disabilities.

Narrative
Advocacy is a major component of TCOA's mission to "promote and preserve the independence and dignity of the aging population." Expanding advocacy in the service area is always considered a priority to the agency. This objective also fits with Proposed State Plan Goal #4.

AAA Response:
Tri-County Office on Aging

Objective:
Promote cultural competency on Lesbian, Gay, Bisexual and Transgender issues impacting local seniors and persons with disabilities. J. Sanchez - I & A Specialist - 80 Hours - $1680 from State Aging Network funding.

Timeline:
FY 2014-2016

Activities:
- Provide cultural competency training on diversity issues and concerns to a minimum of twenty TCOA staff members.
- Work to add Lesbian, Gay, Bisexual and Transgender inclusive language in TCOA created forms, documents and client materials.
- Include an analysis of the use of inclusive language in the decision making process of purchasing any new computer software or databases.

Expected Outcome:
The agency will have increased competency in working with a diverse group of populations.

Narrative
It is important to ensure that staff members and agency documents and policies continue to serve the needs of all individuals in a person-centered manner that recognizes the increasing diversity in the service area. This objective also fits with Proposed State Plan Goal #5.

AAA Response:

Objective:
Strive to maintain a volunteer pool of at least 5 Medicare/Medicaid Assistance Program (MMAP) volunteers. Stacey Humphrey, Regional MMAP Coordinator, 104 hours. A total of $2,450 from MMAP funds.

Timeline:
FY 2014

Activities:
- Recruit and train new MMAP volunteers
- Utilize social media and outreach to obtain new volunteers

Expected Outcome:
Beneficiaries in the community will be able to access information and assistance to better help with making an informed decision regarding Medicare, Medicaid, Prescription Drug Coverage, Supplemental Insurance, Long Term Care Insurance and Waste, Fraud, Abuse and Exploitation.

Narrative
MMAP is one of the most sought after programs in the tri-county area. Maintaining a consistent volunteer pool is necessary to keep up with community demand. This objective also fits with Proposed State Plan Goal #4.
AAA Response:

Objective:
Work to counteract the negative effects ageism has on the public perception of older adults in the tri-county area. L. Olson - Community Relations and Grants Specialist - 40 Hours - $960 from Program Development funding.

Timeline:
FY-2013

Activities:
- Utilize the social media and the TCOA website to counter negative stereotypes associated with aging.
- Include ageism as a topic in public outreach activities

Expected Outcome:
Community members will be better informed about the negative impact of ageism.

Narrative
Tri-County Office on Aging's mission is to "promote and preserve the independence and dignity of the aging population". This objective directly ties to the agency's mission. This objective also fits with Proposed State Plan Goal #4.

State Plan Goal: Goal 4
- Improve the effectiveness, efficiency, and quality of services provided through the Michigan Aging Network and its partners.

AAA Response:

Objective:
Increase access to Kinship Care services in the tri-county area. L. Olson - Community Relations and Grants Specialist - 20 Hours - $480 from Program Development funding.

Timeline:
FY 2014

Activities:
Explore partnering with community organizations to provide kinship care services in the tri-county area as a means to expand the program.

Expected Outcome:
There will be increased access to kinship care services in the tri-county area.

Narrative
Kinship Care services continues to be underutilized in the tri-county area. Focusing on expanding partnerships for this service will, hopefully, increase community awareness of this service. This objective
Objective:
Work with the Ingham County Health Department to improve the health of high-usage Medicare beneficiaries in the tri-county area. S. Aikman - Assistant Director - 100 Hours - $4400 from Administration funding.

Timeline:
FY 2014

Activities:
- Continue to partner with the Ingham County Health Department on Michigan Pathways to Better Health innovations grant through the Centers for Medicare and Medicaid Services to use Community Health Workers to work with high-usage Medicare beneficiaries in Ingham County to improve enrollees' health, increase enrollees' utilization of primary care services and decrease the cost of enrollees' health care.
- Serve at least 86 high-risk individuals through the Community Health Worker program annually.

Expected Outcome:
High-usage Medicare beneficiaries will have improved health in Ingham County.

Narrative
This is a new partnership with the Ingham County Health Department. It focuses on empowering individuals to make well-informed, positive health decisions. This objective also fits with Proposed State Plan Goal #5.

Objective:
Work with a cross-provider collaborative to improve the quality of care for high risk older adults and persons with disabilities. C. Nogle - Project Choices Director - 100 Hours - $352 from Care Management funding.

Timeline:
FY 2014

Activities:
- Attend meetings with a cross-provider collaborative to work on reducing unnecessary hospital readmissions.
- Work with CMS, local hospitals and community providers on the Capital Area Community Based Care Transitions Program to reduce hospital readmissions for high-risk Medicare beneficiaries by 20%.
- Work to expand the Capital Area Community Based Care Transitions Program to include payers other than CMS.

Expected Outcome:
Individuals who are at high-risk for hospital readmission will be less likely to return to the hospital.
Tri-County Office on Aging

Narrative

The cross-provider collaborative, currently known as the Capital Area Collaborative for Care Transitions, has been actively partnering with TCOA to work on improving the quality of care for individuals leaving hospitals in the service area. This partnership offers the opportunity to positively impact the health of some of the most vulnerable residents in the tri-county area. This objective also fits with Proposed State Plan Goal #5.
Advocacy Strategy

Describe the Area Agency on Aging’s comprehensive advocacy strategy for the fiscal year 2014. Describe how the Area Agency’s advocacy efforts will improve the quality of life of older adults within the PSA. Enter your advocacy strategy below.

AAA Response:
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 (N4A) 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, reopen and expand 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 Office of Service to the Aging 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 membership is encouraged to personally express their ideas and to encourage other groups they are involved with to do the same.

During FY 2012 the TCOA Advisory Council membership voiced their support for Michigan elder abuse legislation through written and verbal testimony at committee hearings. Additionally, some Advisory Council members made personal visits to Michigan State Senators and Representatives to voice their support. The Advisory Council Members plan to increase their advocacy efforts throughout the community including increasing outreach and networking with local faith based communities. As a result of some of their efforts, there have been petitions and letters sent to Local and State elected officials. 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.
Tri-County Office on Aging

The TCOA Executive Director is a member of the AAAAM Steering Committee that planned the first Older Michicanian's Day in June 2008; and is working on the event again for June 4, 2013. The event is held on the Michigan Capital lawn with elected officials speaking. In 2012, Region 6 had older adults, clients, staff, Advisory Council Members and Board Members attend along with MSAC members. Some visited local elected officials to seek support for the three part advocacy platform: increase senior accessibility to a full range of high quality long term care options, educating on the economic impact Michigan seniors have on the economy and protecting seniors from abuse and financial exploitation.

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 advocates at their respective unit of government in support of older adults.
Tri-County Office on Aging

Levagaged Partnerships

Include, at a minimum, plans to leverage resources with organizations in the following categories: Community Action Agencies; Public Health; Mental Health; Commissions and Councils on Aging; Centers for Independent Living (CILS); other

AAA Response:
Tri-County Office on Aging

In addition to the ADRC-Capital Area Partnership, TCOA works numerous local partnerships and collaboratives in the area 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 Capital Area Center for Independent Living. Currently, two partnerships the agency is participating in have resulted in new programs being offered in the service area.

Community Health Worker

At the beginning of 2013, TCOA began participating in the Michigan Pathways to Better Health (MPBH) initiative. This initiative is funded by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services through a Health Care Innovations Grant to the Michigan Public Health Institute. Locally, this program is administered by the Ingham County Health Department and has partners throughout the county serving the needs of high risk populations. The MPBH is based on the Pathways Community HUB Model and will serve adult Medicare and Medicaid beneficiaries with two or more chronic conditions. MPBH goals include: a) improve enrollees' health, b) increase enrollees’ utilization of primary care services, and c) decrease the cost of enrollees’ health care by decreasing utilization of the Emergency Departments and hospitalizations.

The MPBH initiative started on July 1, 2012 and began enrolling and serving clients on January 1, 2013. As an agency partner, TCOA currently employs one Community Health Worker through this program to help provide access to coordination of social services and healthcare services. It is hoped that this program will continue to build community connections and provide needed coordination of services in Ingham County throughout its three year grant period.

Capital Area Collaborative for Care Transitions

In 2010, TCOA began attending meetings of the Chronic Disease Management Collaborative (CDMC). This group is a cross-provider collaborative that meets monthly with the goal of collaborating with other organizations/agencies to reduce hospital readmission rates in the tri-county area. Throughout the duration of this collaborative, members have worked on several projects to improve the quality of care for high-risk individuals.

In 2012, collaborative members worked to submit a funding request for a Community-Based Care Transitions Program (CCTP) to the Centers for Medicare and Medicaid Services under section 3026 of the Affordable Care Act with TCOA as the lead organization and fiduciary for this proposed project. The purpose of this request is to use two evidence based programs, the Bridge Model of Transitional Care and BOOST, to improve care transitions and reduce unnecessary hospital readmissions in high-risk Medicare patients by 20%. In late January 2013, TCOA received notification that the submitted proposal for a CCTP was accepted and the program began to work with participants in April 2013.

In 2013-2014, TCOA will continue to work with collaborative members to implement the Capital Area Community-Based Care Transitions Program. Additionally, the collaborative has plans to finalize changes to its charter to officially change the organization’s name to the Capital Area Collaborative for Care Transitions and file for non-profit status as a 501(c)(3).
Describe how the development of ADRC partnerships within the PSA will support leveraged partnerships. Describe the (i) role and level of involvement of the AAA within the ADRC partnership; (ii) leadership group within the ADRC partnership; (iii) development activities of the ADRC partnership to date; (iv) perceived or actualized role of the AAA as a part of the ADRC partnership service delivery system.

AAA Response:

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, 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 Capital Area Center for Independent Living and discussed ways of building an effective partnership with each other as well as other partners in the Community. It was agreed that TCOA would contact community partners and coordinate a meeting. July 15, 2010 was the first meeting for the ADRC-Capital Area Partnership.

Partners continue to meet monthly. Tri-County Office on Aging was an interested participant from the beginning. Other interested partners who attended the meeting included the Medicare/Medicaid Assistance Program (MMAP, SHIP), Capital Area Center for Independent Living (CIL), Department of Human Services (DHS), Community Mental Health (CMH), Long Term Care Ombudsman, MPRO, Lansing Community College (LCC), Elder Law of Michigan (ELM), Sparrow Hospital, Burcham Hills Retirement Community, LAP Respite Center and McLaren Greater Lansing. As the partnership developed, the partners involved chose TCOA to facilitate the meetings. Agendas and minutes are prepared by staff at Tri-County Office on Aging.

In the beginning, partners appeared somewhat reluctant to get involved and were concerned about what role they would play. Meetings with the partnership occurred every month in 2010, 2011 and 2012. It was decided by the group that meetings would take place on the 3rd Wednesday of every month at 1:30pm at Tri-County Office on Aging. In 2011, the ADRC-Capital Area Partnership was awarded a $5,000 grant from the State Office of Services to the Aging to work on education and outreach within the tri-county service area. Another award of $10,000 was granted in 2012 to build upon the work in the first grant. Additionally, the ADRC-Capital Area Partnership was pleased to receive its “Emerging Partnership” status in 2012.

In 2013-2014 the ADRC-Capital Area partnership plans on continuing to work on planning and preparations needed to be declared a “Fully Functional” ADRC by September 30, 2014.
Tri-County Office on Aging

Describe how the area agency can support Aging Friendly Community/Community for a Lifetime initiatives within the PSA, with the following as requested (include any past or present efforts underway).

- Community assessments, senior survey results and demographic data that can be shared with community groups to enhance aging friendly assessments.
- Information that can be provided to community groups to enhance the quality of their aging friendly community assessment in such areas as; supportive community systems, health care access, transportation, disease prevention/health promotion, safety, home repair and other relevant areas.
- Technical assistance that can be offered to community groups in developing and collaborating on aging friendly community assessments or improvements.

Please identify the area agency staff contact regarding Aging Friendly Communities/Community for a Lifetime activities within the PSA:

AAA Response:

TCOA can support Aging Friendly Community/Community for a Lifetime initiatives by:

- Making available the results of the 2013 needs assessment to local communities.
- Supporting community outreach activities to local seniors.
- Provide education on long term care supports and services to community leaders.
- Support the establishment of senior advisory councils to local governments throughout the tri-county area.

The TCOA staff contact for Aging Friendly Community/Community for a Lifetime is LeeAnna Olson.
Community Focal Points

Please review the listing of Community Focal Points for your PSA below and update as necessary. Please specifically note whether or not updates have been made. Before entering new focal points, use link below and load previous year’s focal points for review.

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 rationale for the selection of the community focal points is to have a central place and/or cultural center within each community where seniors go or identify as a place to access or learn about services. Also, each identified focal point has a paid staff person who has responsibility to work with seniors.

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.

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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tri-County Office on Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>5303 S. Cedar St., Lansing, MI 48911</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.tcoa.org">www.tcoa.org</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 887-1440</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Deb Arendsen</td>
</tr>
<tr>
<td>Persons:</td>
<td>59806</td>
</tr>
<tr>
<td>Service Area:</td>
<td>Lansing &amp; East Lansing, serves Clinton, Eaton and Ingham Counties for Project Choices</td>
</tr>
<tr>
<td>Services:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Williamston Senior Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>201 School St., Williamston, MI 48895</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.wmston.k12.mi.us/communityseniorcenter">www.wmston.k12.mi.us/communityseniorcenter</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 655-5173</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Nancy Williams</td>
</tr>
<tr>
<td>Persons:</td>
<td>3880</td>
</tr>
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<td>Services:</td>
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<thead>
<tr>
<th>Name:</th>
<th>Delhi Twp. Senior Center</th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td>2108 N. Cedar, Holt, MI 48842</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 268-0096</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Mark Jenks</td>
</tr>
<tr>
<td>Persons:</td>
<td>2400</td>
</tr>
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<td>Services:</td>
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<thead>
<tr>
<th>Name:</th>
<th>Capital Area Community Services Eaton County Service Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1370 N. Clinton, Charlotte, MI 48813</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.cacs-inc.org">www.cacs-inc.org</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 543-5465</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Tina Ziegler</td>
</tr>
<tr>
<td>Persons:</td>
<td>12667</td>
</tr>
<tr>
<td>Services:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Rocking Chair Deserters Senior Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>201 Grand, Eaton Rapids, MI 48827</td>
</tr>
<tr>
<td>Website:</td>
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</tbody>
</table>

Printed On: 5/15/2013

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### Tri-County Office on Aging

**Telephone:** (517) 663-2335  
**Contact Person:** Jill Skinner  
**Persons:** 4886  
**Service Area:** N: Davis Hwy./Kinsel Hwy., S. Baseline Hwy., W: Five Point-Curtis, E: Waverly Road  
**Services:**

<table>
<thead>
<tr>
<th>Name: Eaton Area Senior Center</th>
<th>Address: 804 S. Cochran, Charlotte, MI 48813</th>
<th>Website:</th>
<th>Telephone: (517) 541-2834</th>
<th>Contact Person: Cindy Miller</th>
<th>Persons: 17751</th>
<th>Service Area: All of Eaton County</th>
<th>Services:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name: Letts Community Center</th>
<th>Address: 1220 W. Kalamazoo, Lansing, MI 48915</th>
<th>Website:</th>
<th>Telephone: (517)483-4311</th>
<th>Contact Person: Milton Alston</th>
<th>Persons: 18008</th>
<th>Service Area: City of Lansing</th>
<th>Services:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name: Capital Area Community Services Rural Ingham Service Center</th>
<th>Address: 218 East Maple Street Mason, MI 48854</th>
<th>Website: <a href="http://www.cacs-inc.org">www.cacs-inc.org</a></th>
<th>Telephone: 517-676-1091</th>
<th>Contact Person: Marina Poroshin</th>
<th>Persons: 13773</th>
<th>Service Area: S: Baseline Rd., St. State Rd., W: Waverly Rd., E: Herrington Rd./Locke Twp, Wallace/LeRoy Twp. Kane (White Oak and Stockbridge (twp))</th>
<th>Services:</th>
</tr>
</thead>
</table>

| Name: Meridian Senior Center | Address: Chippewa Middle School, 4000 N. Okemos Rd., Okemos, MI 48864 | Website: www.okemosschools.net/education | Telephone: (517) 706-5045 | Contact Person: Cherie Wisdom | Persons: 4306 | Service Area: N: Ingham-Clinton County Line, S: Jolly Rd., W: Abott/Hagadorn/Timberland/College, E: Meridian Rd. | Services: |
## ANNUAL & MULTI YEAR IMPLEMENTATION PLANS

Office of Services to the Aging  
2014-2016

### Tri-County Office on Aging  
**FY: 2014**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Prime Time, East Lansing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>819 Abbott Rd., E. Lansing, MI 48823</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.cityofeastlansing.com/primetime">www.cityofeastlansing.com/primetime</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 337-1113</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Kelly Arndt</td>
</tr>
<tr>
<td>Persons:</td>
<td>3015</td>
</tr>
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### Capital Area Community Services Clinton County Service Center

<table>
<thead>
<tr>
<th>Name:</th>
<th>Capital Area Community Services Clinton County Service Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1001 S. Oakland, St. Johns, MI 48879</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.cacs-inc.org">www.cacs-inc.org</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 224-7998</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Pauline Baert</td>
</tr>
<tr>
<td>Persons:</td>
<td>7515</td>
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### Cristo Rey Comm. Center

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>1717 N. High St., Lansing, MI 48906</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.cristorey.org">www.cristorey.org</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 372-4700</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Sally Arias</td>
</tr>
<tr>
<td>Persons:</td>
<td>902</td>
</tr>
<tr>
<td>Service Area:</td>
<td>Tri-County Focal for Seniors of Hispanic Origin in Clinton, Eaton &amp; Ingham Co.</td>
</tr>
</tbody>
</table>

### Delta 39ers Senior Center Waverly School (East)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Delta 39ers Senior Center Waverly School (East)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>4538 Elizabeth, Lansing, MI 48917</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.deltami.gov/parks/deltawaverly39sprogram.htm">www.deltami.gov/parks/deltawaverly39sprogram.htm</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(517) 484-5600</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Tammy Opdyke-Mejia</td>
</tr>
<tr>
<td>Persons:</td>
<td>3949</td>
</tr>
<tr>
<td>Service Area:</td>
<td>N: Eaton Hwy, W: Royston Rd, E: Waverley Rd, S: Davis Hwy</td>
</tr>
</tbody>
</table>

---

*Printed On: 5/15/2013*
Other Grants and Initiatives

Use this section to identify any other grants or initiatives that your AAA is participating in with OSA and other partners. Grants or initiatives to be included in this section may include TCARE, SAVVY Caregiver, Creating Confident Caregivers (CCC), Chronic Disease Self-Management Programs (CDSMP) such as PATH and programs supporting persons with dementia, and MMAP.

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 2014. For CCC initiatives, please provide the following information:

Will you be providing CCC training during FY 2014?
How many persons do you anticipate training?
What fund sources will be used to support staff providing the training?
The name of the persons who is the agency contact for CCC.

If you will be providing CCC training during FY 2014, it is expected that you will report to OSA the number of caregivers served on a quarterly basis to demonstrate sustainability.

For MMAP initiatives, please provide the following information:

Specific goals related to MMAP activities.
 Volunteer management and recruitment challenges and successes.

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

AAA Response:
TCOA previously partnered with OSA for grant funding for Creating Confident Caregivers and Personal Action Toward Health (PATH) initiatives. Both of these partnerships have expired. TCOA is not currently participating in any applicable grants or initiatives with OSA.

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

AAA Response:
TCOA is not currently participating in any applicable grants or initiatives with OSA.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2013.

AAA Response:
TCOA is not currently participating in any applicable grants or initiatives with OSA.

4. Describe the area agency's Creating Confident Caregivers initiative for FY 2013.

AAA Response:
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. Region 6 AAA has
been providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, our agency has three Creating Confident Caregivers Trainers capable of teaching classes. One of these trainers is also working on achieving her Master Trainer certification. Since the statewide grant expired on September 30, 2012, TCOA obtained permission to provide this program directly during the 2013 fiscal year. TCOA is requesting a direct service provision to continue to provide Creating Confident Caregivers classes during the 2014 fiscal year. The direct provision of this service is necessary to assure that there is an adequate supply of this program in PSA 6 during FY 2014.

5. Describe the Area Agency MMAP initiatives for FY 2014.

AAA Response:

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 assisted 2,192 individuals during the 2012 fiscal year (October 1, 2011 - September 30, 2012). This is an increase of 653 people served compared to the 2011 fiscal year. During FY 2014 the goal is to serve at least as many people as were served in FY 2012. Outreach and volunteer recruitment/management are two important aspects of this program. 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.

TCOA has made formal links with Capital Area Community Services through their annual contract to provide Information & Assistance that includes MMAP activities. There are also signed agreements between TCOA and the Capital Area Center for Independent Living, Elder Law of Michigan and Bethlehem Temple Church to conduct Medicare Improvements for Patients and Providers Act (MIPPA) enrollments.

The local MMAP program and its subcontractors are members of the ADRC-Capital Area Partnership and regularly attend meetings.
APPENDIX A

Board of Directors Membership

<table>
<thead>
<tr>
<th>Membership Demographics</th>
<th>Asian/Pacific Islander</th>
<th>African American</th>
<th>Native American/Alaskan</th>
<th>Hispanic Origin</th>
<th>Persons with Disabilities</th>
<th>Female</th>
<th>Total Membership</th>
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<tr>
<td></td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Aged 60 and Over</td>
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<td>0</td>
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<table>
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<tr>
<th>Name of Board Member</th>
<th>Geographic Area</th>
<th>Affiliation</th>
<th>Elected Official</th>
<th>Appointed</th>
<th>Community Representative</th>
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</thead>
<tbody>
<tr>
<td>Judy Washington</td>
<td>Lansing</td>
<td>Lansing City Council</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A'Lynne Robinson</td>
<td>Lansing</td>
<td>Lansing City Council</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Joan Jackson-Johnson</td>
<td>Lansing</td>
<td>Appointee Lansing City Council</td>
<td></td>
<td>Yes</td>
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</tr>
<tr>
<td>Chris Swope</td>
<td>Lansing</td>
<td>Lansing City Clerk</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diane Goddeeris</td>
<td>East Lansing</td>
<td>Mayor East Lansing</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jane Whitacre</td>
<td>Eaton County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Wayne Ridge</td>
<td>Eaton County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Roger Harris</td>
<td>Eaton County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Kara Hope</td>
<td>Ingham County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Rebecca Bahar-Cook</td>
<td>Ingham County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Deb Nolan</td>
<td>Ingham County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Eileen Heideman</td>
<td>Clinton County</td>
<td>Commissioner</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Jack Enderle</td>
<td>Clinton County</td>
<td>Commissioner</td>
<td>Yes</td>
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APPENDIX B
Advisory Board Membership

<table>
<thead>
<tr>
<th>Membership Demographics</th>
<th>Asian/Pacific Islander</th>
<th>African American</th>
<th>Native American/Alaskan</th>
<th>Hispanic Origin</th>
<th>Persons with Disabilities</th>
<th>Female</th>
<th>Total Membership</th>
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<tr>
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<tr>
<th>Name of Board Member</th>
<th>Geographic Area</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Bud (Felix) Fiiss</td>
<td>East Lansing</td>
<td>East Lansing</td>
</tr>
<tr>
<td>Regina Allen</td>
<td>Lansing</td>
<td>Lansing</td>
</tr>
<tr>
<td>Penny Gardner</td>
<td>Lansing</td>
<td>Lansing</td>
</tr>
<tr>
<td>Emly Horne</td>
<td>Lansing</td>
<td>Lansing</td>
</tr>
<tr>
<td>Gloria Kovnot</td>
<td>Eaton County</td>
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</tr>
<tr>
<td>John Greenslit</td>
<td>Eaton County</td>
<td>Eaton County</td>
</tr>
<tr>
<td>Duane Beach</td>
<td>Eaton County</td>
<td>Eaton County</td>
</tr>
<tr>
<td>Ruth Voisinet</td>
<td>Clinton County</td>
<td>Clinton County</td>
</tr>
<tr>
<td>Anne Hill</td>
<td>Clinton County</td>
<td>Clinton County</td>
</tr>
<tr>
<td>Robyn Ford</td>
<td>Tri-County</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>Maxine Rose</td>
<td>Tri-County</td>
<td>Tri-County Nutrition Council</td>
</tr>
<tr>
<td>Gary Pollitz</td>
<td>Tri-County</td>
<td>Senior Alliance for Education (SAFE)</td>
</tr>
<tr>
<td>Tina Gross</td>
<td>Tri-County</td>
<td>Sparrow Specialty Hospital</td>
</tr>
<tr>
<td>Kim O'Leary</td>
<td>Tri-County</td>
<td>Sixty Plus Elderlaw Clinic</td>
</tr>
<tr>
<td>Betsy Scala</td>
<td>Tri-County</td>
<td>Home Health Care of Sparrow</td>
</tr>
<tr>
<td>Janet Clark</td>
<td>Tri-County</td>
<td>Retired Senior Volunteer Program (RSVP)</td>
</tr>
<tr>
<td>Stacey Fox-Elster</td>
<td>Tri-County</td>
<td>Community Mental Health Older Adult Services</td>
</tr>
</tbody>
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### Tri-County Office on Aging

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Ellen Weaver</td>
<td>Tri-County</td>
<td>Capital Area Center for Independent Living (CACIL)</td>
</tr>
<tr>
<td>Abbey Brooks</td>
<td>Tri-County</td>
<td>Clinton/Gratiot Department of Human Services (DHS)</td>
</tr>
<tr>
<td>Jan Yonker</td>
<td>Tri-County</td>
<td>Michigan State University Geriatric Education Center</td>
</tr>
<tr>
<td>Rudy Wilson</td>
<td>Tri-County</td>
<td>National Association for the Advancement of Colored People (NAACP)</td>
</tr>
<tr>
<td>Chad Johnson</td>
<td>Tri-County</td>
<td>Bethlehem Temple Church/The Bread House</td>
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Printed On: 5/15/2013
### APPENDIX C

**Proposal Selection Criteria**

<table>
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<tr>
<th>Date criteria approved by Area Agency on Aging Board:</th>
<th>06/18/2007</th>
</tr>
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No changes have been made in the Proposal Review Criteria.
APPENDIX D
Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

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

<table>
<thead>
<tr>
<th>Estimated number of meals these funds will be used to produce is:</th>
<th>440,000</th>
</tr>
</thead>
</table>

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

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

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.
L. Olson called the public hearing to order at 1:04 pm. This public hearing was publicized in the Lansing State Journal and Community Newspapers in the tri-county area. Additionally, Tri-County Office on Aging Advisory Council members were invited to attend during the February 2013 meeting as well as via emailed agenda. Providers were invited in-person during programmatic assessments in February of 2013. Collaborative groups were invited during meetings in February 2013 and flyers were posted in the lobby and on outside doors of the agency.

L. Olson welcomed everyone to the public hearing and distributed copies of the draft of the Tri-County Office on Aging 2014-2016 Multi-Year Plan.

L. Olson explained that the Tri-County Office on Aging is required to submit a Multi-Year Plan for the 2014-2016 Fiscal Years to the Michigan Office of Services to the Aging. This plan will serve as a blueprint for agency activities and development over the next three years. The plan being discussed at this public hearing is in draft form and is subject to substantive and budgetary changes based on public comment as well as changes from the federal government sequester of funding. Approval of this document will not occur until April. The purpose of the public hearing is to solicit input from the community.

L. Olson then outlined the 2014-2016 Multi-Year Plan. This includes:
- Improving services for minorities
- Improving services for caregivers
- Continuing to provide services through the Crisis Services for the Elderly, Care Management, Care Coordination, Outreach, Home Delivered Meals, Congregate Meals, and SAVVY Caregiver/Creating Confident Caregiver programs.
- Increasing access to evidence based disease prevention programs in the service area
- Helping the ADRC-Capital Area partnership receive fully functional status by September 30, 2014
- Expanding adult day services programs in rural areas
- Expanding advocacy efforts on behalf of older adults and persons with disabilities
- Increased cultural competency with LGBT older adults
Tri-County Office on Aging
A Consortium of Clinton, Eaton & Ingham Counties
and the Cities of Lansing and East Lansing since 1974

- Expanding access to kinship care services
- Working with the Ingham County Health Department on the Community Health Worker Program
- Continuing to work with other local organizations through the Long Term Care Collaborative
- Continuing to work with the Capital Area Collaborative for Care Transitions
- Continue efforts to expand the local MMAP program
- Look into means to expand T-CARE in the tri-county area

L. Olson then opened up the meeting to public questions. It was also stated comments will be accepted anonymously via notecards distributed to attendees as well as via email and telephone following the public hearing until April 1, 2013.

P. Gardner was pleased to hear the agency is interested in improving cultural competency in relation to LGBT issues and concerns.

An attendee asked what T-CARE is. M. Owen explained that T-CARE is an evidence-based assessment system for working with caregivers to prevent caregiver burnout. This is a popular program across the state. Locally, it has not been used extensively, but the agency is looking at expanding the program in the future.

E. Home asked is there is an income requirement for the SAVVY Caregiver and T-CARE programs. M. Owen discussed how there are not income guidelines but the agency is required to target individuals most in need.

G. Kovnot suggested offering one day seminars on nutrition education.

B. Scala expressed concern about individuals who limited in their ability to leave their home being able to apply for Medicaid under the new application rules implemented by the Michigan Department of Human Services (DHS). A group discussion followed about possible solutions to this issue as well as filing complaints with the state DHS office on behalf of individuals lacking access.

Attendees were again encouraged to submit feedback to the agency until April 1, 2013 via email, phone or anonymous note.

The public hearing was closed at 1:16 pm.

26 people were in attendance, 4 individuals were minority.
You are invited to the
Tri-County Office on Aging’s
Multi-Year Plan
Fiscal Year 2014-2016

Public Hearing

► March 14, 2013 1:00 P.M.
Tri-County Office on Aging
5303 S. Cedar, Suite 1, Lansing
517-887-1440 or 1-800-405-9141
South East Corner of Cedar & Jolly

Please come learn about and share your views on what is available in the community through Tri-County Office on Aging with Federal, State & local funding.

***********************

Also learn about
Older Michiganian’s Day
On June 4, 2013

For more information call LeeAnna Olson at 517-887-1382.

A Consortium of Clinton, Eaton & Ingham counties; and the cities of Lansing and East Lansing since 1974.
www.tcoa.org
TO: Gannett Media  
   Attn: Carrie Savage   legals@gannett.com  
FROM: LeeAnna Olson  
DATE: February 12, 2013  
SUBJECT: Public Notice  

I would like this public notice published in The Lansing State Journal on February 14 and 15 and in the Eaton Rapids Community News, Ingham County News and Clinton County News on February 17, 2013. Please send a copy of the tear sheets publishing bill to:

LeeAnna Olson  
Tri-County Office on Aging  
5303 S. Cedar Street  
Lansing MI 48911-3800

If there are any questions about this request, please feel free to contact me by phone (517) 887-1382 or email olsonl@tcoa.org. Thank you.

PUBLIC NOTICE

The Tri-County Aging Consortium will be hold a public hearing to solicit input on its Fiscal Year 2014-2016 Multi-Year Plan on March 14, 2013 at 1pm at Tri-County Office on Aging, 5303 S. Cedar St. Suite 1 Lansing, MI 48911. A second public hearing will be held on March 21, 2012 at 12:30pm at Williamston Area Senior Center, 201 School St. Williamston, MI 48895.

The Fiscal Year 2014-2016 Multi-Year Plan will be posted on TCOA’s website, www.tcoa.org, beginning February 25, 2013. For more information, to submit written comment or to request a paper copy call (517) 887-1382 or write: LeeAnna Olson, Community Relations and Grants Specialist, Tri-County Office on Aging, 5303 S. Cedar Street, Suite 1 Lansing MI 48911.
AFFIDAVIT OF PUBLICATION
LSJ MEDIA
120 East Lenawee, Lansing 48919
State of Michigan, County of Ingham

IN THE MATTER OF: PUBLIC NOTICE

TRI-COUNTY OFFICE ON AGING

Being duly sworn, says that he/she is authorized by the publisher of Lansing State Journal, to swear that a certain notice, a copy of which is annexed here to, was published in the following publication:

1. Published in the English language for the dissemination of general and/or legal news, and
2. Has a bona fide list of paying customers or has been published at least once a week in the same community without interruption for at least 2 years, and
3. Has been established, published and circulated at least once a week without interruption for at least one (1) year in the community where the publication is to occur.

Lansing State Journal, 2/14/2013, 2/15/2013

SUZI SMITH

SUBSCRIBED AND SWORN TO BEFORE ME THIS 19th DAY OF February, 2013.

Kelly L. Page.

KELLY L. PAGE, NOTARY PUBLIC, STATE OF MICHIGAN, COUNTY OF EATON, MY COMMISSION EXPIRES JUNE 21st, 2019, ACTING IN THE County of Ingham:

0001060388-01, L00134

LSJ Legals:
AFFIDAVIT OF PUBLICATION
LSJ MEDIA
120 East Lenawee, Lansing 48919
State of Michigan, County of Eaton

IN THE MATTER OF: PUBLIC NOTICE

TRI-COUNTY OFFICE ON AGING

Being duly sworn, says that he/she is authorized by the publisher of Eaton Rapids News, to swear that a certain notice, a copy of which is annexed here to, was published in the following publication:

1. Published in the English language for the dissemination of general and/or legal news, and
2. Has a bona fide list of paying customers or has been published at least once a week in the same community without interruption for at least 2 years, and
3. Has been established, published and circulated at least once a week without interruption for at least one (1) year in the community where the publication is to occur.

Eaton Rapids News, 2/17/2013

Suzy Smith

SUBSCRIBED AND SWORN TO BEFORE ME THIS 19th
DAY OF February, 2013

Kelly L. Page

KELLY L. PAGE, NOTARY PUBLIC, STATE OF MICHIGAN, COUNTY OF EATON, MY COMMISSION EXPIRES JUNE 21st, 2019, ACTING IN THE County of Eaton

0001060390-01, L00134

LCN ERN:
AFFIDAVIT OF PUBLICATION
LSJ MEDIA
120 East Lenawee, Lansing 48919
State of Michigan, County of Ingham

IN THE MATTER OF: PUBLIC NOTICE

TRI-COUNTY OFFICE ON AGING

Being duly sworn, says that he/she is authorized by the publisher of Ingham County Community News, to swear that a certain notice, a copy of which is annexed here to, was published in the following publication:

1. Published in the English language for the dissemination of general and/or legal news, and
2. Has a bona fide list of paying customers or has been published at least once a week in the same community without interruption for at least 2 years, and
3. Has been established, published and circulated at least once a week without interruption for at least one (1) year in the community where the publication is to occur.

Ingham County Community News, 2/17/2013

SUZI SMITH

SUBSCRIBED AND SWORN TO BEFORE ME THIS _2/17/2013_
DAY OF February, 2013

KELLY L. PAGE, NOTARY PUBLIC, STATE OF MICHIGAN, COUNTY OF EATON, MY COMMISSION EXPIRES JUNE 21st, 2019, ACTING IN THE County of Ingham

0001060390-01, L00134

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LSJ MEDIA
120 East Lenawee, Lansing 48919
State of Michigan, County of Clinton

IN THE MATTER OF: PUBLIC NOTICE
TRI-COUNTY OFFICE ON AGING

Being duly sworn, says that he/she is authorized by the publisher of Clinton Community News, to swear that a certain notice, a copy of which is annexed here to, was published in the following publication:

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0001060390-01, L00134

LCN CCN::
PUBLIC HEARING
For
Tri-County Office on Aging 2014-2016 Multi-Year Plan

March 23, 2013, 12:15 P.M.
Williamston Area Senior Center
201 School St, Williamston, MI 48895

L. Olson called the public hearing to order at 12:13pm. This public hearing was publicized in the Lansing State Journal and Community Newspapers in the tri-county area. Additionally, individuals who attend the Williamston dining site were invited to attend. Providers were invited in-person during programmatic assessments in February of 2013. Collaborative groups were invited during meetings in February 2013.

L. Olson welcomed everyone to the public hearing.

L. Olson explained that the Tri-County Office on Aging is required to submit a Multi-Year Plan for the 2014-2016 Fiscal Years to the Michigan Office of Services to the Aging. This plan is a guide for agency activities and services over the next three years. The plan being discussed at this public hearing is in draft form and is subject to changes based on public feedback as well as changes from the federal government sequester on funding. Approval of this document will not occur until April and will be presented to the Commission on Aging in the late summer of 2013. The purpose of the public hearing is to get community input on what should be included in the plan.

L. Olson then outlined the draft of the 2014-2016 Multi-Year Plan. This includes:

- Improving services for minorities
- Improving services for caregivers
- Continuing to provide services through the Crisis Services for the Elderly, Care Management, Care Coordination, Outreach, Home Delivered Meals, Congregate Meals, and SAVVY Caregiver/Creating Confident Caregiver programs.
- Increasing access to evidence based disease prevention programs in the service area
- Helping the ADRC-Capital Area partnership receive fully functional status by September 30, 2014
- Expanding adult day services programs in rural areas
- Expanding advocacy efforts on behalf of older adults and persons with disabilities
- Increased cultural competency with LGBT older adults
- Expanding access to kinship care services
- Working with the Ingham County Health Department on the Community Health Worker Program
Continuing to work with other local organizations through the Long Term Care Collaborative
Continuing to work with the Capital Area Collaborative for Care Transitions
Continue efforts to expand the local MMAP program
Look into means to expand T-CARE in the tri-county area

L. Olson then opened up the meeting to public questions and comments. It was also stated that comments will be accepted anonymously via notecards distributed to attendees as well as via email and telephone until April 1, 2013.

One lady stated that transportation is an issue in rural areas. This is especially the case for medical appointments for veterans that get treatment in other parts of Michigan, such as Ann Arbor, Detroit and Battle Creek.

Another lady stated that she has a mild wheat allergy and has been very pleased with the dining site (congregate) meals because there is a good variety of grains in the meals.

One woman asked for a more detailed explanation of the Creating Confident Caregivers/SAVYY Caregiver program. L. Olson explained the program in more detail for the attendees.

One gentleman stated that they were appreciative of the meals at the dining site. A woman sitting with him noted that the quality has improved in the last year.

A lady asked if Capital Area Community Services was still providing medical transportation for individuals in rural Ingham County. L. Olson answered that this program is still in existence and being funded by Tri-County Office on Aging through a contract.

Several individuals stated that they would appreciate more services being provided in rural areas because they do not want to travel to Lansing.

Attendees were again encouraged to submit feedback to the agency until April 1, 2013 via email, phone or anonymous note.

The public hearing was closed at 12:36 pm.

28 people were in attendance: 13 men and 15 women.
On April 18, 2013 Tri-County Office on Aging’s Quality = Choice Satisfaction and Independence (Q=CSI) consumer advisory council met. Part of this meeting was devoted to seeking input from member consumers on services and programs members are utilizing and needs they see as being unmet. The following were key areas discussed in this input session.

Housing:
Sever individuals in the group expressed frustrations with housing opportunities. It was noted that in the greater Lansing area it is hard to find accessible and subsidized housing. Group members stated that management staff at many house complexes are not well trained to deal with accessibility and disability issues and regulations. Members thanked TCOA for its assistance in resolving issues, but wishes that it wasn’t necessary to involve TCOA in resolving problems. One member also stated that resolving housing issues is more about building relationships than fixing a problem. Finally, members stated that many available housing complexes are located in areas that are food deserts and other locations with limited resources nearby.

Transportation:
Overall, public transportation is functioning in the tri-county area, especially in Ingham County. However, there is still room for improvement. Crossing county borders using public transportation is very complicated to organize and cumbersome to use. This is an issue because the greater Lansing area spans three counties with most resources located in Ingham County. Additionally, group members stated that the 24-hour notice requirement to schedule a ride with special public transportation does not work well with attending medical appointments.

Access to Government Services and Information:
A couple group members noted in discussions that it is difficult to obtain information and forms from some governmental agencies. This is especially true with obtaining documents in braille and other issues with accessibility for those with sight limitations and individuals who have difficulty using computers. It was noted that TCOA is very accommodating in assisting individuals with different abilities.

Communication:
Group members overwhelmingly preferred traditional mail service as a means to get information. Several members noted that they did not own a computer, nor do most of their friends and neighbors. Computers are expensive and difficult to learn how to use. However, the exception to this view came from an individual with sight limitations. For this person computers are a “lifeline” for communication as well as other basic life tasks. Another sight limited individual stated a preference for technology that “talks” over relying on computers.
The 5 Major Areas of Concern:
One group member clearly expressed that there are 5 priority areas for individuals using services. Other group members quickly agreed with this statement. The sentiment was that these areas have improved over the last few decades but should still remain a priority.

1. Housing
2. Transportation
3. Reliable in-home care
4. Employment
5. Knowing legal rights
### AREA AGENCY ON AGING--OPERATING BUDGET

**Budget Period:** 10/01/13 to: 09/30/14  
**Date of Budget:** 04/23/13  
**Rev. No.:** original  
**Page 1 of 2**

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**TOTAL** 80.25 257520 43021 220207 478300 111630 1442244 0 5851 47847 37454 37409 17407 280800
**FY 2014 AREA PLAN GRANT BUDGET**

**Agency:** Tri-County Office on Aging

**Budget Period:** 10/01/13 to 09/30/14

**Date:** 04/23/13

**PSA:** 6

**REV. NO.:** original

### SERVICES SUMMARY

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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**

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### FY 2014 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

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<th>State HDM</th>
<th>NSIP</th>
<th>Program Income</th>
<th>Cash Match</th>
<th>In-Kind Match</th>
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*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA.

### FY 2014 AREA PLAN GRANT BUDGET - TITLE VII LTC OMBUDSMAN DETAIL

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<th>Title VII-EAP</th>
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<th>CMP Fund</th>
<th>Program Income</th>
<th>Cash Match</th>
<th>In-Kind Match</th>
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<td>5,690</td>
<td>18,678</td>
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### FY 2014 AREA PLAN GRANT BUDGET - RESpite SERVICE DETAIL

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<th>State Escheats</th>
<th>State In-Home</th>
<th>Merit Award Trust Fund</th>
<th>Program Income</th>
<th>Cash/In-Kind Match</th>
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<td>4. Home Health Aide</td>
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### FY 2014 AREA PLAN GRANT BUDGET - TITLE E- KINSHIP SERVICES DETAIL

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# Planned Services Summary Page for FY 2014

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<td>$ 6,322</td>
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<td>x</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>$ -</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Specialized Respite Care</td>
<td>$ 4,889</td>
<td>0%</td>
<td>x</td>
</tr>
<tr>
<td>Caregiver Supplemental Services</td>
<td>$ -</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Kinship Support Services</td>
<td>$ 8,235</td>
<td>0%</td>
<td>x</td>
</tr>
<tr>
<td>Caregiver Education, Support, &amp; Training</td>
<td>$ 7,648</td>
<td>0%</td>
<td>x</td>
</tr>
<tr>
<td>AAA RD/Nutritionist</td>
<td>$ 3,600</td>
<td>0%</td>
<td>x</td>
</tr>
<tr>
<td><strong>PROGRAM DEVELOPMENT</strong></td>
<td>$ 74,057</td>
<td>2%</td>
<td>x</td>
</tr>
<tr>
<td><strong>REGION-SPECIFIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Emergency Services</td>
<td>$ 17,778</td>
<td>1%</td>
<td>x</td>
</tr>
<tr>
<td>b. CLP/ADRC Services</td>
<td>$ 54,582</td>
<td>2%</td>
<td>x</td>
</tr>
<tr>
<td><strong>MATF ADMINISTRATION</strong></td>
<td>$ 10,837</td>
<td>0%</td>
<td>x</td>
</tr>
<tr>
<td><strong>TOTAL PERCENT</strong></td>
<td></td>
<td>100%</td>
<td>17% : 12% : 70%</td>
</tr>
<tr>
<td><strong>TOTAL FUNDING</strong></td>
<td>$ 3,084,565</td>
<td>$538,958 : $382,512 : $2,163,095</td>
<td></td>
</tr>
</tbody>
</table>
Please describe the planned use and allocation of State Escheats Respite Program Funds. Include all related caregiver service funding allocations in this FY Area Plan Grant Budget.

Please enter the narrative in the box below.

TCOA plans to use the State Escheats funds for the following services: 1) $35,612 for Adult Day Care which will go to existing service contractors 2) $36,838 for DPOS Respite Care 3) $6,793 to contract out for respite care services 4) $11,448 for Adult day care services 5) $4,400 contract out for special respite care services.
### FY 2014 Budget Review Spreadsheet

**Agency:** Tri-County Office on Aging  
**Fiscal Year:** FY 2014

| Date of SGA: | 3/28/2013 | SGA No.: | SGA 2013-2
| Date of Budget: | 04/23/13 | Revision No.: | original

<table>
<thead>
<tr>
<th>Title III Administration</th>
<th>$120,757</th>
<th>$120,757</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Administration</td>
<td>$20,952</td>
<td>$20,952</td>
</tr>
<tr>
<td>Title III-E Services</td>
<td>$333,661</td>
<td>$333,661</td>
</tr>
<tr>
<td>Title III-C 1 Services</td>
<td>$386,714</td>
<td>$386,714</td>
</tr>
<tr>
<td>Title III-C 2 Services</td>
<td>$199,404</td>
<td>$199,404</td>
</tr>
<tr>
<td>Federal Title III-D (Prev. Health)</td>
<td>$23,139</td>
<td>$23,139</td>
</tr>
<tr>
<td>Title III-E Services (NICPS)</td>
<td>$140,985</td>
<td>$140,985</td>
</tr>
<tr>
<td>Title III-A Services (LTC Ombuds)</td>
<td>$7,066</td>
<td>$7,066</td>
</tr>
<tr>
<td>Title VIII/EAP Services</td>
<td>$5,690</td>
<td>$5,690</td>
</tr>
</tbody>
</table>

**Total Administration:** $3,073,928

| St. Access | $24,952 | $24,952 |
| St. In Home | $82,216 | $82,216 |
| St. Congregate Meals | $7,909 | $7,909 |
| St. Home Delivered Meals | $286,458 | $286,458 |
| St. Alternative Care | $97,260 | $97,260 |
| St. Aging Network Svcs. (PL AND) | $36,610 | $36,610 |
| St. Respite Care (Excess) | $206,579 | $206,579 |
| St. LTC Ombudsman Fund | $9,845 | $9,845 |
| St. Care Mtg. | $215,913 | $215,913 |
| St. In Home | $237,791 | $237,791 |

**Total Services:** $2,566,150

**Grand Total:** $3,073,928

<table>
<thead>
<tr>
<th>Title III-E Kinship Services Program Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the services matched at a minimum 25%?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services:</th>
<th>Budget</th>
<th>SGA</th>
<th>% Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Title III-B Services</td>
<td>$333,661</td>
<td>$335,851</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal Title III-C 1 (Congregate)</td>
<td>$386,714</td>
<td>$386,714</td>
<td>100.00%</td>
</tr>
<tr>
<td>State Congregate Nutrition</td>
<td>$7,909</td>
<td>$7,909</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal C-2 (HCDA)</td>
<td>$199,404</td>
<td>$199,404</td>
<td>100.00%</td>
</tr>
<tr>
<td>State Home Delivered Meals</td>
<td>$286,458</td>
<td>$286,458</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal Title III-D (Prev. Health)</td>
<td>$23,139</td>
<td>$23,139</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal Title III-E (NCSFPC)</td>
<td>$140,985</td>
<td>$140,985</td>
<td>100.00%</td>
</tr>
<tr>
<td>Title VIII/EAP Services (LTC Ombuds)</td>
<td>$7,066</td>
<td>$7,066</td>
<td>100.00%</td>
</tr>
<tr>
<td>Title VIII/EAP Services</td>
<td>$5,690</td>
<td>$5,690</td>
<td>100.00%</td>
</tr>
<tr>
<td>St. Access</td>
<td>$24,952</td>
<td>$24,952</td>
<td>100.00%</td>
</tr>
<tr>
<td>St. In Home</td>
<td>$82,216</td>
<td>$82,216</td>
<td>100.00%</td>
</tr>
<tr>
<td>St. Alternative Care</td>
<td>$97,260</td>
<td>$97,260</td>
<td>100.00%</td>
</tr>
<tr>
<td>St. LTC Ombudsman</td>
<td>$215,913</td>
<td>$215,913</td>
<td>100.00%</td>
</tr>
<tr>
<td>St. In Home</td>
<td>$237,791</td>
<td>$237,791</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Service Match Requirements**

- Minimum service match amount required: $237,970

- Amounts budgeted for OAA / OSA Priority Services:
  - Access: $94,511
  - Local Cash Match: $59,090
  - Local In-Kind Match: $195,363

**Total Budgeted for Priority Services:** $254,473

- Are Access Services budgeted at minimum 10% of Original Title III-B? Yes
- Are Local Services budgeted at minimum 6.5% of Original Title III-B? Yes

**Miscellaneous Budget Requirements / Constraints**

- Title III-A Services: $333,661
- Title III-E Services: $140,985
- Title VIII/EAP Services: $7,066
- Title VIII/EAP Services: $5,690
- Local Service Match: $1,871,801

**Total Services:** $3,073,928

**Grand Total:** $3,245,575

**Title III-E Kinship Services Program Requirements**

- Are the services matched at a minimum 25%? Yes

**Administrative Match Requirements**

- Minimum federal administration match amount: $40,253

**Other Requirements**

- Merit Award Trust Administration Funds must be expended at or below 9% of Current SGA:
  - Total Merit Award Admin. Funds budgeted: $8,336
## PRIORITY SERVICE SECTION

### Access Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>III-B Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Care Management</td>
<td>$0</td>
</tr>
<tr>
<td>b. Case Coord/Wrap</td>
<td>$4,086</td>
</tr>
<tr>
<td>c. Disaster Advocacy</td>
<td>$0</td>
</tr>
<tr>
<td>d. Information &amp; Assist</td>
<td>$35,728</td>
</tr>
<tr>
<td>e. Outreach</td>
<td>$0</td>
</tr>
<tr>
<td>f. Transportation</td>
<td>$4,087</td>
</tr>
</tbody>
</table>

**Total** $94,511

### In Home Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>III-B Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chore</td>
<td>$1,000</td>
</tr>
<tr>
<td>b. Home Care Assis</td>
<td>$0</td>
</tr>
<tr>
<td>c. Home Injury Care</td>
<td>$0</td>
</tr>
<tr>
<td>d. Homemaking</td>
<td>$33,800</td>
</tr>
<tr>
<td>e. Home Health Aide</td>
<td>$0</td>
</tr>
<tr>
<td>f. Medication Mgt</td>
<td>$0</td>
</tr>
<tr>
<td>g. Personal Care</td>
<td>$43,823</td>
</tr>
<tr>
<td>h. Assistive Device &amp; Tech</td>
<td>$0</td>
</tr>
<tr>
<td>i. Respite Care</td>
<td>$0</td>
</tr>
<tr>
<td>j. Friendly Reassure</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total** $78,662

### Kinship Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>III-E Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caregiver Support - Kinship Amount Only</td>
<td>$0</td>
</tr>
<tr>
<td>2. Kinship Support</td>
<td>$7,411</td>
</tr>
<tr>
<td>3. Caregiver E.S.T - Kinship Amount Only</td>
<td>$0</td>
</tr>
<tr>
<td>4.</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total** $7,411

### Title III-B Award Without Carryover in SGA

- a. Am. Transferred into Title III-B $333,661
- b. Am. Transferred out of Title III-B $333,661

**Original Title III-B Award total:** $333,661
**Service to be provided**  
**Care Management**  
**Planned time frame**  
FY 2014

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

<table>
<thead>
<tr>
<th>Goals and Activities</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL:</strong> A minimum of 160 individuals will be able to remain in their own homes. There will be a seamless system for older adults going from Case Coordination and Support to Care Management.</td>
<td>195 individuals were enrolled in the Care Management program during the 2012 fiscal year.</td>
</tr>
<tr>
<td>a. Provide Care Management services to a minimum of 160 clients in Region 6 from 10/01/13 through 9/30/14.</td>
<td>All active clients were reassessed every 3 months and all clients on maintenance were reassessed every 6 months.</td>
</tr>
<tr>
<td>b. Conduct a minimum of 100 initial assessments from 10/01/13 through 9/30/14.</td>
<td>All OSA minimum standards were met.</td>
</tr>
<tr>
<td>c. Develop a minimum of 80 care plans from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
<tr>
<td>d. Conduct reassessments every 3 months on all active clients or every 6 months if a client is on maintenance from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
<tr>
<td>e. Arrange and monitor services as needed from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
<tr>
<td>f. Transition eligible Care Management clients to the MI Choice program as funding allows from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
<tr>
<td>g. Comply with all minimum standards and quality assurances from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
</tbody>
</table>

**Service to be provided**  
**Case Coordination and Support**  
**Planned time frame**  
FY 2014

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

<table>
<thead>
<tr>
<th>Goals and Activities</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL:</strong> Individuals not eligible for Home and Community Based Waiver (Project Choices) will have assessments and services to assist them in remaining in the home of their choice. There will be a seamless system for older adults going from Case Coordination and Support to Care Management/ Project Choices.</td>
<td>62 individuals were served by the Case Coordination and Support program during the 2012 fiscal year.</td>
</tr>
<tr>
<td>a. Provide Case Coordination and Support services to a minimum of 55 clients in Region 6 from 10/01/13 through 9/30/14.</td>
<td>Reassessments were conducted for Case Coordination and Support clients every 6 months.</td>
</tr>
<tr>
<td>b. Conduct assessments for all new clients and reassessments every 6 months for a minimum of 55 clients from 10/01/13 through 9/30/14.</td>
<td>All OSA minimum standards were met.</td>
</tr>
<tr>
<td>c. Secure and monitor appropriate in-home services from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
<tr>
<td>d. Refer clients to other services as needed from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
<tr>
<td>e. Adhere to all minimum standards from 10/01/13 through 9/30/14.</td>
<td></td>
</tr>
</tbody>
</table>
Michigan Office of Services to the Aging

DIRECT PROVISION OF SERVICES WORK PLAN
Fiscal Year 2014

Area Agency on Aging
Tri-County Aging Consortium (Tri-County Office on Aging)

Service to be provided
Information & Assistance

Planned time frame
FY 2014

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

<table>
<thead>
<tr>
<th>Goals and Activities</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL: Provide Information and Assistance services throughout Clinton, Eaton and Ingham Counties.</td>
<td>2,336 received Information and Assistance from Tri-County Office on Aging during the 2012 fiscal year, including 365 minority individuals.</td>
</tr>
<tr>
<td>ACTIVITIES: a. Provide I&amp;A services to a minimum of 2,000 older adults, family members or community members each fiscal year. b. Secure signed contracts for general I&amp;A services that were selected through a Request for Proposal process by 9/30/2016. c. Monitor I&amp;A contracts with service providers for compliance, including person centered thinking, annually. d. Monitor the number of individuals assisted through I&amp;A, including individuals who are considered minority, each quarter. e. Provide Caregiver I&amp;A services to a minimum of 100 caregivers each fiscal year. f. Refer caregivers to identified services through a person centered process during FY 2014-2016. g. Adhere to all OSA minimum standards.</td>
<td>All OSA minimum standards were met.</td>
</tr>
</tbody>
</table>

Service to be provided
Outreach

Planned time frame
FY 2014

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

<table>
<thead>
<tr>
<th>Goals and Activities</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS: Provide outreach in the tri-county area to promote greater community awareness of resources for older adults, their family members and agencies that assist older adults and persons with disabilities.</td>
<td>Over 7,000 individuals were reached through outreach activities during the 2012 fiscal year. Activities included presentation, health fairs, mailings, utilization of social media and local radio interviews.</td>
</tr>
<tr>
<td>ACTIVITIES: a. Provide outreach services to a minimum of 500 individuals sixty years of age and older living in Clinton, Eaton and Ingham counties each fiscal year. b. Provide a minimum of 15 presentations to senior, caregiver or community groups regarding agency services each fiscal year. c. Participate in a minimum of 10 planning meetings regarding disaster preparedness each fiscal year. d. Participate in a minimum of 5 health and information fairs in the community each fiscal year.</td>
<td></td>
</tr>
<tr>
<td>Service to be provided</td>
<td>Planned time frame</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Creating Confident Caregivers/SAVVY Caregiver</td>
<td>FY 2014</td>
</tr>
</tbody>
</table>

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

<table>
<thead>
<tr>
<th>Goals and Activities</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL: Have one or two current AAA staff Creating Confident Caregivers trainer complete Master Trainer certification.</td>
<td>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. Region 6 AAA has been providing Creating Confident Caregivers classes under a statewide grant since 2008. Currently, our agency has three Creating Confident Caregivers Trainers capable of teaching classes. One of these trainers is also working on achieving her Master Trainer certification. TCOA received permission to provide this service directly for the 2013 fiscal year.</td>
</tr>
<tr>
<td>ACTIVITIES: One current AAA staff member that is a Creating Confident Caregivers trainer will submit her final essay for review to complete her Master Trainer certification.</td>
<td></td>
</tr>
<tr>
<td>GOAL: Provide at least 6 Creating Confident Caregivers classes to at least 60 caregivers in PSA 6 in FY 2014.</td>
<td>In the 2012 fiscal year 101 individuals attended Creating Confident Caregivers classes in the Clinton, Eaton and Ingham counties.</td>
</tr>
<tr>
<td>ACTIVITIES: Staff members will organize, publicize and teach the Creating Confident Caregivers classes to non-professional caregivers in the planning and service area.</td>
<td></td>
</tr>
<tr>
<td>Service to be provided</td>
<td>Planned time frame</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>FY 2014</td>
</tr>
</tbody>
</table>

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

**Goals and Activities**

**GOAL:** Provide a minimum of 440,000 hot, nutritious meals to a minimum of 1,800 older adults who qualify for Meals on Wheels from 10/1/2013 through 9/30/2014.

**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.

**ACTIVITIES:**

a. Assess/reassess Meals on Wheels participants to assure they qualify for Meals on Wheels.

b. Prepare and make a hot meal available 7 days per week, at least 5 days delivered hot.

c. Prepare and make available a cold sack evening meal available 7 days per week.

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

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

f. Comply with all minimum standards.

**Accomplishments**

In fiscal year 2012 over 350,000 meals were provided through the Meals on Wheels program. The program is on track to provide over 400,000 home delivered meals during fiscal year 2013.

Meals on Wheels participants were assessed for initial qualification in the program and reassessed to ensure continued qualification.

Hot meals were made available 7 days per week, with delivery being available 5 days a week.

Cold evening meals were available to program participants and were delivered with hot noon meals.

Nutrition Council meetings were held regularly throughout the year during the 2012 and 2013 fiscal years.

All OSA minimum standards for home delivered meals were met.

<table>
<thead>
<tr>
<th>Service to be provided</th>
<th>Planned time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congregate Meals</td>
<td>FY 2014</td>
</tr>
</tbody>
</table>

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

**Goals and Activities**

**GOAL:** Provide a minimum of 95,000 hot, nutritious meals to a minimum of 2,400 seniors at Senior Dining Sites from 10/01/13 through 9/30/2014.

**EXPECTED OUTCOME:** 1,600 older adults will be provided with 1/3 of their minimum daily nutritional requirements and have an opportunity to socialize with their peers.

**ACTIVITIES:**

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

b. Provide a minimum of 800 congregate meals through the Senior Dine Card program targeting low-income and rural older adults.

c. Conduct a minimum of 6 nutrition council meetings.

d. Comply with all minimum standards.

**Accomplishments**

Over 85,000 congregate meals were provided to over 1,900 seniors at Senior Dining Sites during the 2012 fiscal year.

The Senior Dine Card program provided 945 meals to seniors in Clinton, Eaton and Ingham counties during the 2012 fiscal year.

Nutrition council meetings were held regularly throughout the 2012 fiscal year.

All OSA minimum standards for congregate meals were met.
The undersigned agency, designated by the Michigan Commission on Services to the Aging to act as the Area Agency on Aging within a given planning and service area, agrees to the following:

1. That the Annual Implementation Plan shall cover the current Fiscal Year.

2. To administer its Annual Implementation Plan in accordance with the Older Americans Act, the Older Michiganians Act, federal and state rules, and policies of the Michigan Commission on Services to the Aging as set forth in publications and policy directives issued by the Michigan Office of Services to the Aging.

3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from the Michigan Office of Services to the Aging.

4. That any proposed revisions to the Annual Implementation Plan initiated by the Area Agency on Aging will be made in accordance with procedures established by the Michigan Office of Services to the Aging.

5. That funds received from the Michigan Office of Services to the Aging will only be used to administer and fund programs outlined in the Annual Implementation Plan approved by the Michigan Commission on Services to the Aging.

6. That the Area Agency on Aging will undertake the duties and perform the project responsibilities described in the Annual Implementation Plan in a manner that provides service to older persons in a consistent manner over the entire length of the Annual Implementation Plan and to all parts of the planning and service area.

7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved Area Implementation Plan.

8. That all services provided under the Annual Implementation Plan are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the Michigan Commission on Services to the Aging and issued by the Michigan Office of Services to the Aging, including Care Management.

9. That the Area Agency on Aging will comply with all conditions and terms contained in the Statement of Grant Award issued by the Michigan Office of Services to the Aging.

10. That the Area Agency on Aging may appeal actions taken by the Commission on Services to the Aging with regard to the Annual Implementation Plan, or related matters, in accordance with procedures issued by the Michigan Office of Services to the Aging in compliance with the requirements of the Older Michiganians Act and Administrative Rules.

11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.

13. That the AAA will send copies of the Annual Implementation Plan to all local units of government seeking approval as instructed in the Plan Instructions.

14. That the Area Agency on Aging Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.

15. That the Area Agency on Aging will comply with Federal Regulation 2 CFR, part 180 and certifies to the best of its knowledge and belief that its employees and subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department.

16. That the Area Agency on Aging will comply with all conditions and terms of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975. The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

17. That the Area Agency on Aging will comply with all conditions and terms of The Elliot Larsen Civil Rights Act, PA 453 of 1976 and the Persons With Disabilities Civil Rights Act, PA 220 of 1976. The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

The signatory on the Signature Page indicates that the Area Agency on Aging is submitting the current Fiscal Year Annual or Multi-Year Implementation Plan that describes the initiatives and activities which will be undertaken on behalf of older persons within the planning and service area. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

**Non-Discrimination:** In the performance of any grant, contract, or purchase order resulting here from, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting here from will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.
Agenda Item 2

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING CHUCK STEINBERG FOR HIS SERVICE TO THE
INGHAM HEALTH PLAN CORPORATION

WHEREAS, the Ingham Health Plan Corporation was established on May 26, 1998, to provide health care
coverage and access to an organized system of care for residents of Ingham County who lack coverage; and

WHEREAS, the activities and initiatives of the Ingham Health Plan Corporation are governed by dedicated
persons who serve as voluntary members of the Corporation’s Board of Directors; and

WHEREAS, Chuck was among the first group of Directors to serve on the Corporation Board who initiated the
development of the Ingham Health Plan and its growth over the past fifteen years; and

WHEREAS, Chuck Steinberg supported the development of the Ingham Health Plan Corporation as a major
vehicle for the County’s goal of assuring that all County residents have access health care; and

WHEREAS, Chuck has been dedicated and steadfast in his commitment and support to the vision of the Ingham
Health Plan Corporation.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby honors Chuck
Steinberg for his years of dedicated service and the commitment he has demonstrated while serving on the
Ingham Health Plan Corporation Board of Directors.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners sincerely appreciates the
contributions he has made to the County of Ingham and its citizens and extends its best wishes to Chuck for
continued success in all his future endeavors.
TO: Human Services Committee  
    Finance Committee  
FROM: Renée B. Canady, PhD, MPA, Health Officer  
DATE: June 6, 2013  
RE: 2013-2014 Agreement with the City of Lansing  

As in previous years, the City of Lansing is proposing to provide financial support for various services provided by or through the Ingham County Health Department that benefit Lansing residents. For this year’s agreement the City is offering $80,000. The supported services include:

1. The City of Lansing will provide $11,000 to support the position of a nurse in the Adult Health Center, and will provide $1,000 for pharmaceuticals for low-income un- or under-insured people.

2. The City of Lansing will support a Day Care Scholarship Program with a total of $47,000 in funding. They will provide $40,000 in scholarship monies and $7,000 for an Account Clerk in the Office for Young Children which will administer the scholarships. Approximately 80 low-income families will benefit from this program.

3. The City of Lansing will support counseling and psychological treatment for youth in families affected by the sexual abuse of children with $21,000 in total funds. The youth are identified by the Health Department, the Department of Social Services, Probate Court, and other community agencies. If there is no other source of assistance, the youth are referred to the Lead Counselor at the High Risk Adolescent Program at Willow Plaza Services who makes referrals to psychologists or counselors who provide treatment at a discounted rate. The City has allocated $10,000 for psychological services for 25 youth and $11,000 to support part of the salary of the Lead Counselor.

This support from the City of Lansing helps maintain services the Department could not otherwise provide. The City of Lansing and Ingham County have had a good working relationship for many years. I urge the Board to authorize the continuation of that relationship by adopting the attached resolution.

c: John Jacobs w/attachment
Introducing by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A 2013-2014 AGREEMENT WITH THE CITY OF LANSING

WHEREAS, the City of Lansing has for many years provided funding to Ingham County to help support public health services for City of Lansing residents; and

WHEREAS, the City of Lansing is proposing to provide such support for the 2013-2014 fiscal year; and

WHEREAS, these revenues are anticipated in the Health Department's 2014 budget request; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize the agreement with the City of Lansing.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with the City of Lansing to provide financial support to certain services provided by or through the Ingham County Health Department.

BE IT FURTHER RESOLVED, that the period of the agreement shall be July 1, 2013 through June 30, 2014.

BE IT FURTHER RESOLVED, that the City of Lansing shall provide $80,000 to support the following services:

1. Adult Health/STI Clinic - $11,000
2. Health Care Access - $1,000
3. Child Care Scholarship Program - $47,000
4. High Risk Adolescent Program - $21,000

BE IT FURTHER RESOLVED, that the Board Chairperson be authorized to sign the agreement after review by the County Attorney.
MEMORANDUM

TO: Human Services Committee
    Finance Committee

FROM: Dr. Renée B. Canady, PhD, MPA, Health Officer

DATE: June 6, 2013

RE: Resolution to Authorize an Agreement with NACCHO

The Health Department’s Social Justice Initiative has developed significant expertise in health equity and social justice. This expertise has received broad recognition at the state and national level. In 2011, representatives from the Health Department began conversations with the National Association of County and City Health Officials (NACCHO) about serving as the State Network Coordinator for its “Building Networks” initiative. The purpose of this initiative is to build a state network of local health departments and community organizers in Michigan.

The Health Department has received a one year contract agreement in the amount of $10,000 to serve as the State Network Coordinator for Michigan. NACCHO is not requiring a line-item budget with this contract until after the agreement is completed. It is understood that funds may be used to support the convening of Health Department personnel and organizers (including meeting costs and some travel expenses for both ICHD personnel and partnering organizations), tracking progress in the development of the network, progress reports, and staff time associated with carrying out the department’s social justice efforts.

The attached resolution authorizes and agreement in the amount of $10,000 to support this work for the period of May 1, 2013 through April 30, 2014.

I recommend that the Board adopt this resolution to authorize the agreement.
Agenda Item 3b

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) TO COORDINATE “BUILDING NETWORKS” INITIATIVE IN MICHIGAN

WHEREAS, health equity – which is the elimination of the root causes of health disparity is one of the core values for the Ingham County Health Department; and

WHEREAS, since 2011, representatives of the Health Department have been building relationships with local, state, and national organizations about promising ways to align the objectives of public health practitioners with community organizers; and

WHEREAS, the National Association of County and City Health Officials (NACCHO) has proposed to enter into an agreement with the Ingham County Health Department to coordinate “Building Networks” activity in Michigan; and

WHEREAS, NACCHO will contract with Ingham County Health Department to act as the lead entity for this initiative in Michigan to build a state network of local health departments and community organizers in Michigan; and

WHEREAS, these responsibilities are consistent with Health Department’s plans to continue and broaden the work of the Social Justice Initiative it has been leading since 2005; and

WHEREAS, the Health Officer recommends that the Health Department enter into an agreement with NACCHO in the amount of $10,000, to coordinate “Building Networks” activity in Michigan for the period of May 1, 2013 through April 30, 2014.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes an agreement with NACCHO in the amount of $10,000 to coordinate “Building Networks” activity in Michigan for the period of May 1, 2013 through April 30, 2014.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make any necessary budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the agreement after review by the County Attorney.
MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: June 11, 2013

RE: Resolution to Authorize an Amendment to the MOU with St. Vincent Catholic Charities, Microenterprise Childcare Program

This is a recommendation to authorize an agreement with St. Vincent Catholic Charities (STVCC) for the Office for Young Children (OYC) to provide child care orientation training components, business training and licensing support services for the Refugee Microenterprise Childcare Program of Michigan. This will enable some refugee families to access reimbursement for their childcare services and other refugee families the ability to seek employment, confident that their children will be cared for in a culturally appropriate manner.

STVCC has developed programming to increase overall family self-sufficiency and life quality for refugees and in partnership with OYC will enhance the ability to provide microenterprise opportunities for refugee women as well as access to childcare services to members of this population still receiving cash assistance.

STVCC is providing $20,080 to support these services, which are provided by an existing staff person at the Health Department. The term of the proposed agreement is April 1, 2013 through September 30, 2013.

I recommend that the Board of Commissioners adopt the attached resolution and authorize the agreement with STVCC.

Attachment

c: Karen Jennings w/attachment
John Jacobs w/attachment
Jane Noice w/attachment
Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING BETWEEN ST. VINCENT CATHOLIC CHARITIES, MICROENTERPRISE CHILDCARE PROGRAM OF MICHIGAN

WHEREAS, the Ingham County Health Department provides services to refugee women; and

WHEREAS, St. Vincent Catholic Charities (STVCC), a Michigan non-profit corporation, operates the Microenterprise Childcare Program of Michigan (MCPM) to enable refugee women to enter the child care workforce and to increase access to child care within the refugee communities; and

WHEREAS, In Resolution 13-11, a Memorandum of Understanding (MOU) was authorized between STVCC and the Health Department’s Office for Young Children (OYC) to provide services on behalf of the MCPM including child care training, business training and licensing support services; and

WHEREAS, OYC provides these services using an existing staff member; and

WHEREAS, the MOU in the amount of $16,370 for these services was for the period of October 1, 2012 through March 31, 2013; and

WHEREAS, STVCC has proposed an amendment to the MOU and provide an additional amount of $20,080 for the period of April 1, 2013 through September 30, 2013; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize an amendment to the MOU with St. Vincent Catholic Charities.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an amendment to the Memorandum of Understanding with St. Vincent Catholic Charities in the amount of $20,080, where the Office for Young Children will provide child care training, business training and licensing support services for the Refugee Microenterprise Childcare Program of Michigan.

BE IT FURTHER RESOLVED, that the term of the amendment shall be April 1, 2013 through September 30, 2013.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make any necessary budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the MOU after review by the County Attorney.
Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION SUPPORTING INGHAM COUNTY VETERANS

WHEREAS, Alfreda Schmidt is a lifelong supporter of veterans and their families and began researching the situation for veterans in Ingham County; and

WHEREAS, Michigan has the 11th largest veteran population in the United States, including Puerto Rico and Guam; and

WHEREAS, Based on the United States Department of Veteran Affairs GDX Report Michigan veterans ranked 53rd in per capita total expenditures on veterans, and now ranks 50th; and

WHEREAS, there are 15,438 veterans in Ingham County with a per capita compensation of $3,691 per veteran annually; and

WHEREAS, according to the GDX report the national per capita average for expenditures on veterans benefits is $5,546; and

WHEREAS, our veterans are entitled to pension and compensation benefits, health care benefits, disability benefits, and G.I. Bill education benefits.

THEREFORE BE IT RESOLVED, that all Ingham County agencies will strive to identify our veterans and their families and help them receive the benefits they deserve and have earned.

BE IT FURTHER RESOLVED, that Ingham County will strive to achieve the national per capita average of veterans benefits of $5,546 annually or better by December 2015.

BE IT FURTHER RESOLVED, the Ingham County Board of Commissioners supports the efforts of the Veterans Affairs Department to attain this goal for veterans in our County.