

Agenda
Health & Human Services Committee
West Olive Administration Building – Board Room
12220 Fillmore Street, West Olive, Michigan 49460
Wednesday, July 14, 2010
8:30 a.m.

Consent Items:

1. Approval of the Agenda.
2. Approval of the Minutes from the June 9, 2010 meeting.

Action Items:

3. Senior Resources Annual Implementation Plan FY 2011
Suggested Motion:
To approve and forward to the Board of Commissioners the resolution approving the Senior Resources Annual Implementation Plan FY 2011.
4. Smoke Free Air Complaints – Proposed New Few Structure for Non-Food Establishment
Suggested Motion:
To approve and forward to the Finance and Administration Committee the resolution establishing fees and procedures for enforcement of the County non-smoking regulation and State non-smoking law. (MCL 333.12601 et seq.)
(Presentation by Amy Oosterink, Tobacco Compliance Coordinator and Adam London, Environmental Health Services Manager)

Discussion Items:

5. Ottawa County MSU Extension Journey 4-H Youth Mentoring Program Update, provided by Laura Schleeede
6. Department Updates

Adjournment

Comments on the day's business are to be limited to three (3) minutes.

HEALTH & HUMAN SERVICES COMMITTEE

Proposed Minutes

DATE: June 9, 2010

TIME: 8:30 a.m.

PLACE: Fillmore Street Complex

PRESENT: Joyce Kortman, James Holtvluwer, James Holtrop, Matthew Hehl, Robert Karsten

STAFF & GUESTS: Lisa Stefanovsky, Health Officer; Dr. Paul Heidel, Medical Director; Marcia Knol, Health Dept.; Bill Raymond, MI Works!/CAA Director; Sherri Sayles, Deputy Clerk; Sandy Boven, Health Dept.; Lindsay Hagar, Hagar Consulting; Lynne Doyle, CMH; Keith VanBeek, Assistant Administrator; Stephanie Slager, GVSU; Mark Sochocki, Public Housing Director Big Rapids; Mark Kornelis, MI Works!/CAA

SUBJECT: CONSENT ITEMS

HHS 10-010 Motion: To approve the agenda of today as presented and to approve the minutes of the April 14, 2010, meeting as presented.

Moved by: Holtvluwer

UNANIMOUS

SUBJECT: DISCUSSION ITEMS

1. YAS (Youth Assessment Survey) Results – A power point presentation was presented by Sandra Boven, Health Promotion Manager, and Marcia Knol, Health Educator. Eighth, tenth and twelfth graders from schools around Ottawa County complete the assessment every two years. A total of 2,319 students participated in this year's survey.
2. Update on suggestions given for Michigan Association of Counties Health & Human Resources Committee legislative platform – Commissioner Kortman reported working with Adam London, Environmental Health Manager, on suggestions and rationale on a number of public health issues and how outcomes could be improved.
3. Presentation/update regarding the status and role of the Ottawa County Public Housing Commission – Lindsay Hagar, consultant, gave a brief background and stated he reviewed several Ottawa County Housing Commission documents and related legislation in order to compare the OCHC to other housing commissions. Mark Sochocki explained the analysis of the OCHC Ordinance and that some areas may be contradictory to the Michigan Public Act 18. They reported data is being collected and is only in the informational stage at the present.

The full report should be available by early fall. The Committee is in consensus to move forward and have Corporation Counsel review the current Ottawa County Resolution and present an opinion with the final report.

4. Department Updates:

Health Department – Dr. Heidel reported 15 cases of whopping cough have been reported in Ottawa County so far this year. Most cases have been in the southern part of the County. This is a concern to health providers. The Health Department released a press release encouraging people to be vaccinated.

Dr. Heidel also gave an update on Lyme disease. There have been 18 cases in Ottawa County since 2005. A presentation on Lyme disease will be presented next Friday by the Health Department and the Parks and Recreation Department. Dr. Heidel is anticipating the number of reported cases will be increasing. The disease is treatable if caught early.

Lisa Stefanovsky gave a brief update on the new Grand Haven Health Center. The center has been open three times so far and is a big success. Lisa also reported Family Planning received high honors on the federal audit that was done.

Mental Health – Lynne Doyle reported the Department of Community Health's annual audit will take place next week in conjunction with Muskegon County. She also reported two block grant applications have been submitted, one for group counseling and one for peer support specialist, both look promising.

MI Works!/CAA – Bill Raymond gave updates on the MI Works! budget, new positions, and the Michigan Prisoner Re-entry Program. Bill did an interview with USA Today on the re-entry program and is waiting for the article to be published.

A few new subcontractors have been added to the Community Action Agency weatherization program. Bill will be participating in a Poverty Workshop at the July summer conference.

SUBJECT: ADJOURNMENT

HHS 10-011 Motion: To adjourn at 10:06 a.m.

Moved by: Hehl

UNANIMOUS

Action Request



Committee: Health and Human Services Committee

Meeting Date: 7/14/2010

Requesting Department: Administrator's Office

Submitted By: Keith Van Beek

Agenda Item: Senior Resources Annual Implementation Plan FY 2011

SUGGESTED MOTION:

To approve and forward to the Board of Commissioners the resolution approving the Senior Resources Annual Implementation Plan FY 2011.

SUMMARY OF REQUEST:

It is a requirement of the Michigan Office of Services to the Aging that area agencies on aging send a copy of their Area Plan and seek a resolution from County Boards by July 30 of each year. The Ottawa County Human Services Coordinating Council reviewed and recommends approval of this plan.

The request from Senior Resources also includes a \$20,000 local match for 2011 to leverage \$2,010,089 in federal and state funds. Action on this resolution does not commit the County to that amount, but rather reserves that appropriation decision for the budget cycle later in 2010.

FINANCIAL INFORMATION:

Total Cost: \$20,000.00 | County Cost: \$20,000.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #3

Objective: #4

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.07.07 10:35:39 -0400

Committee/Governing/Advisory Board Approval Date:

COUNTY OF OTTAWA

STATE OF MICHIGAN

RESOLUTION

At a regular meeting of the Board of Commissioners of the County of Ottawa, Michigan, held at the Fillmore Street Complex in the Township of Olive, Michigan on the ____ day of _____, 2010 at _____ o'clock p.m. local time.

PRESENT: Commissioners: _____

ABSENT: Commissioners: _____

It was moved by Commissioner _____ and supported by Commissioner _____ that the following Resolution be adopted:

WHEREAS, Senior Resources, the Area Agency for Aging serving the residents of Ottawa County, has filed its Annual Implementation Plan for FY 2011 ("the Plan") with the Ottawa County Board of Commissioners; and,

WHEREAS, the Ottawa County Board of Commissioners, upon review of the Plan, has determined that it is consistent with the goals and objectives of the County of Ottawa with regard to services for senior citizens, and has further determined that implementation of the Plan will protect and benefit the health, safety, and welfare of the senior citizens of Ottawa County, with County funding therefore, if any, subject to the availability of such resources in the County

budget as may be determined in the sole discretion of the Ottawa County Board of Commissioners;

NOW THEREFORE BE IT RESOLVED, that the Ottawa County Board of Commissioners receives and approves the Senior Resources Annual Implementation Plan for FY 2011, with County funding, if any, subject to the availability of such resources in the County budget, as may be determined in the sole discretion of the Ottawa County Board of Commissioners; and,

BE IT FURTHER RESOLVED, that all resolutions and parts of resolutions insofar as they conflict with this Resolution are hereby repealed.

YEAS: Commissioners: _____

NAYS: Commissioners: _____

ABSTENTIONS: Commissioners: _____

RESOLUTION ADOPTED.

Chairperson, Ottawa County
Board of Commissioners

Ottawa County Clerk

RECEIVED

JUN 01 2010

OTTAWA COUNTY
ADMINISTRATORS OFFICE

May 25, 2010

Philip D. Kuyers, Chairperson
Ottawa Board of Commissioner
12220 Fillmore Street, Suite 310

Dear Mr. Kuyers,

In past years, due to timing requirements at our State office, we have provided you with a copy of the area plan for Senior Resources for commission approval and wrote a letter of request for our local match under separate cover. This year we have the opportunity to combine them together and I strongly feel that this will help to make both items and the role of Senior Resources in Ottawa County more understandable. The area plan provides you a picture to understand a large part of how, in conjunction with the local service providers, we implement services for older adults in Ottawa County. By understanding what services are provided and how they are provided, it then becomes easier to understand how your local match ties in.

As the designated area agency on aging, a private not-for-profit entity, Senior Resources has the responsibility to oversee the federal and state aging services funds for Ottawa, Muskegon, and Oceana counties. We are also required to generate a 10% local match to leverage service funds and 25% to leverage administrative funds. Our most recent administrative cost for this responsibility was 2.48%. Your match investment and your matching funds are critical in leveraging the federal and state dollars we receive. This is similar to the match the county provides for mental health services.

Please consider this our request for fiscal year 2011 matching dollars for the federal and state funds we award for aging services in Ottawa County. We are requesting an amount of \$20,000 as local match for the \$2,010,089 of federal and state funds Senior Resources allocates to Ottawa County for services to older adults and persons with disabilities. We are pleased to point out that there was an increase of \$225,156 allocated over the previous fiscal year for Ottawa County. This can mostly be attributed to the MiChoice Medicaid Waiver program. The following paragraphs provide just a few examples of what occurs within the aging network in Ottawa County.

The MI Choice Medicaid Waiver-Care Management project operated by Senior Resources for Ottawa County allows us to purchase in-home services for persons who are nursing home eligible, but choose to stay in their own home with adequate care. To compliment

this program, we now have a residential settings program that allows us to assist nursing home residents in returning to their homes or an assisted living or adult foster care setting – which means home or more home-like settings for the client and a substantial cost savings for the State. Upon completion of a thorough in-home assessment, services are purchased from over 67 area providers and range from meals to in-home care to durable medical equipment. This service network has a considerable impact on the Ottawa County economy. The MiChoice Medicaid Waiver program provided by Senior Resources and non-Medicaid case coordination and support programs provided through contracts with the North Ottawa Council on Aging and Evergreen Commons assisted over 450 older adults and persons with disabilities in not only remaining in their homes but in their communities which is the most cost effective long term care option.

Senior Resources assures that specialized senior information & assistance services are made available through a contract with CALL 2-1-1. Last year 2-1-1 assisted over 650 older adults or their family members in the county. Our Medicare Medicaid Assistance Program (MMAP) also trained Ottawa MMAP volunteers who provide counseling, Part D enrollment assistance, and problem resolution for older adults on Medicare, Medicaid and supplemental insurance. These volunteers gave 2,375 hours of their time to assist 1,516 people locally.

In addition, 1,288 older adults or their caregivers utilized other services such as congregate and home delivered meals (Meals on Wheels); assessment and training services for caregivers, legal services, long term care ombudsman services, elder abuse education, and transportation. As you can see, the county's \$20,000 match has a huge impact in the services it can bring into the community and services are desperately needed for this booming population.

We could not do what we do without all of our community partners. These partners are local/community based agencies, businesses and organizations. In Ottawa County, some of our partners include: the North Ottawa County Council on Aging, Evergreen Commons, CALL-211, AgeWell Services, Citizens for Better Care, Legal Aid of West Michigan, Comfort Keepers of Holland, The Little Red House Adult Day Services, Georgetown Seniors, Holland Lifeline and Association for the Blind & Visually Impaired.

Despite the increase in service dollars to the Ottawa County area in the past year, Senior Resources has experienced an 18.7% reduction in our non-Medicaid funds. Obviously, the cuts are detrimental and combined with fairly static funding for most services we are unable to keep up with the growth in the older adult population for the county. This has made it difficult to respond to all the needs in your county and has unfortunately resulted in long waiting lists for much needed services. We currently have 94 people waiting to be assessed for non-Medicaid services and 399 people waiting to be assessed for our MiChoice Medicaid Waiver services. These waiting lists are expected to grow as we have already been forced to reduce the amount of in-home service hours received by current non-Medicaid case management clients. More cuts are expected for fiscal year 2011.

Enclosed you will find a copy of the FY'2011 Annual Implementation Plan for Senior Resources of West Michigan for your review and approval. It is a requirement by the Michigan Office of Services to the Aging that Area Agencies on Aging send a copy of their Area Plan and seek a resolution/adoption from the County Board by July 30, 2010. If the Commissioners do not approve the plan please identify the reason(s) that it was not approved. If we do not receive a resolution or minutes from you prior to July 30th then we will assume you approve the plan. As a matter of reference, the Senior Resources Program and Planning Advisory Board and the Board of Directors, both of which have representatives from all three of our counties, approved the Annual Implementation Plan for FY'2011 at their May meetings.

Senior Resources understands the difficult decisions that the Commissioners are forced to make during these tough economic times. We hope they will recognize the value that your local match leverages for the older adults and caregivers of Ottawa County. These services allow them to age in the place of their choosing and remain contributing members in their local communities.

On behalf of the Board of Directors, the community service providers and the older adults of Ottawa County, I thank you for your continuing support. If you have any questions, please feel free to contact me at my office at (231) 733-3521. I would be happy to meet with you and/or the Commissioners if that would be helpful.

Sincerely,



Pam Curtis
Executive Director

Enclosure

cc: Al Vanderberg, Administrator
Keith Van Beek, Assistant Administrator
Bill Raymond, Director, Community Action Agency

FY'2011 Annual Implementation Plan



Senior Resources of West Michigan

560 Seminole Rd.

Muskegon, MI 49444

(231) 739-5858 or 800-442-0054

Pam Curtis, Executive Director

Amy Florea, Community Services Director

Table of Contents

	Page
Introduction	3
Timetable	3
County/Local Unit of Government Review	3
Executive Summary	4
Available Resources and Partnerships	7
Access Services	9
Direct Service Waiver Request	11
State Program Objectives	12
Regional Program Objectives	14
Advocacy Strategy	15
Community Focal Points	17
Community Living Program	19
Aging and Disability Resource Center	20
Medicaid/Medicare Assistance Program	
Other Grants	21
Budgets	
FY'2011 Area Plan Grant Budget	24
FY'2011 Area Plan Service Detail	25
FY'2011 Area Plan Nutrition Service Detail	26
FY'2011 Planned Service Summary Page	27
FY'2011 Planned Operating Budget	28
Appendix A Board Members	29
Appendix B Program and Planning Advisory Board Members	31
Appendix C Provider Demographics	33
Appendix G Cash Payments NPE	34
Organizational Chart	35
Glossary of Acronyms	36

Introduction

According to the requirements of the Older Americans Act (OAA) of 1965, as amended, Section 306. (a) states, "Each area agency on aging designated...shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area." Each of Michigan's 16 area agencies on aging (AAA) shall submit their plan to the Michigan Office of Services to the Aging (OSA) for review and approval by the Michigan Commission on Services to the Aging. AAAs will utilize their plan to guide their work over the coming years, in order to lay the groundwork for new initiatives and expansion of current ones.

This Annual Implementation Plan (AIP) will cover the period of October 1, 2010 through September 30, 2011.

Timetable

First Draft of 2011 AIP: April 20, 2010

Public Hearing: May 5, 2010 at 1:00 pm. Tanglewood Park 560 Seminole Rd. Muskegon, MI 49444

Final AIP due: July 16, 2010

Final approval from counties/other municipalities: July 30, 2010

Presentation to Commission: August 20, 2010

County/Local Unit of government Review

Rationale:

All area agencies on aging (AAA) must seek approval of the Draft Annual Implementation Plan (AIP) as submitted to the Michigan Office of Services to the Aging (OSA) from each County Board of Commissioners within their respective Planning and Service Area (PSA).

Senior Resources will send a draft copy of the 2011 Annual Implementation plan via certified mail to each chairperson of the county commissioner's board and the administrator of the board for each county in our region no later than June 1, 2010. In a cover letter sent to the chairperson of each board of commissioners, Senior Resources will offer to attend the County Board meeting for each county in our region to respond to any questions related to the plan. The letter will indicate that if we do not hear from their local units of government prior to July 30, 2010 with a resolution or approval Senior Resources will assume the passive approval of the plan.

Executive Summary

Since its inception in 1965, the Older American's Act (OAA) has been the foundation of our national system of home and community based services for older Americans. The OAA provides funding to states for a range of community planning and service programs to older adults at risk of losing their independence. It has several objectives to assist persons sixty and older to secure equal opportunity for adequate retirements, improved physical and mental health, employment, nutrition and community services. Since its enactment, the OAA has been amended 15 times, most recently in 2006, to expand the scope of services, increase local control and responsibility, and add more protections for the elderly

To develop and implement the wide array of OAA services, a system of federal state and local agencies, known as the Aging Services Network, was established. The core of the Aging Services Network is the U.S. Administration on Aging (AoA), 56 State and Territorial Units on Aging, 632 Area Agencies on Aging, 240 Title VI Native American aging programs, and over 30,000 service provider organizations. This critical aging infrastructure is the backbone of our nation's home and community-based long-term care system offering support to older persons and persons with disabilities.

In 1981, the Older Michigianians Act (Public Act 180) was adopted. The act details the structure, roles and responsibilities of Michigan's aging network, including the Office of Services to the Aging, the Commission on Services to the Aging and area agencies on aging.

The wide range of OAA services administered by the Aging Services Network enables it to direct consumers to service choices that best meet individual needs. In particular, Senior Resources plays a pivotal role in assessing community needs and developing programs that respond to those needs. We serve as a portal to care, assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services.

The mission of Senior Resources is to provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa counties – a mission compelling us to focus on older persons in greatest need and to advocate for all. Senior Resources serves as a focal point and acts as an advocate for the elderly by advancing causes or issues that are vital to their welfare. It is the agency's specific goal to effectively implement the Older Americans Act by developing and administering a regional area plan for coordinating and contracting with viable agencies for services for persons 60 years and older. It is also a goal of the agency to inform and educate seniors, families and the public on available services and issues affecting older adults.

Providing an older adult with the services necessary to remain in their own home is the focus of the case management services. Individuals in need of homecare services must become clients of either one of the Case Coordination & Support programs or the Care Management program in order to receive services through our Purchase of Service system. The RN Services Coordinator, a RN and employee of Senior Resources, has direct approval of services authorized by the case managers throughout the region. Clients choose from a pool of personal care, homemaking, in-home respite, and adult day care providers. Clients are deemed appropriate and prioritized for

service by the RN Services Coordinator who also monitors level of service. Use of a purchase of service format allows clients and case managers more flexibility in arranging services and clients may choose their providers or change them if they are unhappy. Senior Resources has found this to be a more efficient and effective use of limited dollars.

Demand for services continues to exceed the supply of funds available. As funding gets tighter we continue to look for alternative sources to assist our clients and creative measures to work with what we have. Incremental funding increases in the OAA over the last several years have not kept pace with inflation or the growing population of individuals eligible for services for two decades. As a result, unmet needs and waiting lists for services exist throughout the country.

In response, Area Agencies on Aging have skillfully managed care for vulnerable aging populations by maximizing private and public resources to ensure that essential services are available to minority, frail and low-income older persons in need of comprehensive long-term services and supports. However, as the aging population grows – with more people living longer but facing chronic illness and frailty – and in the absence of significant funding increases, the Aging Service Network will increasingly be unable to meet the demands for care.

These challenges will only grow. In 2006, the first of the 77 million baby boomers became eligible for OAA services. In 2030, one in five Americans will be over the age of 65.

Case Coordinators for Oceana and Ottawa counties are located in the community. In Muskegon County the focal point is Senior Resources. In southern Ottawa County the focal point is Evergreen Commons Senior Center, in northern Ottawa County the focal point is North Ottawa County Council on Aging and in Oceana County the focal point is Oceana County Council on Aging. The case coordinators work closely with the RN Services Coordinator to maintain consistency of service provision across the region. Case Coordinators for Muskegon County are housed at Senior Resources, which has greatly improved Senior Resource's role as a single point of entry/focal point and allows for a centralized assessment and monitoring of services for the region. During FY'08 it became evident that Care Management clients were getting lost in the Medicaid Waiver mix and being served by the Case Coordination & Support program. To address these higher need clients and ease some of the burden on the case coordinators, Senior Resources hired a separate team dedicated to address the Care Management waiting list. These changes have been effective and have allowed for more client needs to be addressed. In FY'2009 Senior Resources received an 18 month federal grant for developing and implementing a Nursing Home Diversion Program. This grant was funded by the Administration on Aging and was administered by the Michigan Office of Services to the Aging. The primary objective of the grant was to identify older adults and persons with disabilities who are at risk of nursing home placement and going on Medicaid. The program helped those identified spend their own resources more wisely and make them last longer, and helps them develop a plan for their future giving them more options for affordable choices and greater control over the services they receive through the person centered thinking and self determination process. In FY'2011 we will be streamlining our system even further with a blending of our non-Waiver case management programs and the nursing home diversion services into a single program that will include case management services and long term care options counseling.

The National Family Caregiver Support Program and Tobacco Settlement Respite funds have allowed us to enhance and develop a variety of supportive programs for caregivers over the past six years. We are able to provide caregivers with much needed respite breaks through one of the four adult day care facilities in our region or in the client's place of residence if they are unable to get out of the home. A monthly newsletter, The Caregiver Link, is specifically designed to address the needs of area caregivers and has a distribution list of 800+. Senior Resources installed caregiver libraries in five different locations throughout the region. Caregivers have the opportunity to access books and videos on a variety of topics ranging from how to provide personal care to stress reduction to communicating with someone with Alzheimer's disease. We also offer a variety of caregiver trainings and support groups, including assistance and support for grandparents raising their grandchildren. A program specifically designed to meet the needs of the working caregiver is in development. Caregivers in the "sandwich" generation are in need of caregiving resources that are identified and accessible through the workplace.

Senior Resources has established chronic disease management programs throughout our three county area with 10 agencies and 30 lay leaders involved in facilitating programs to assist seniors in managing their chronic health conditions. Currently we are offering Personal Action Towards Health (PATH), Arthritis Exercise, Healthy Eating, TaiChi and Matter of Balance evidence based programming. In partnership with the Tri-County Area Agency on Aging, develop and train volunteers to facilitate the Savvy Caregiver Program within our region. •The regional team of PATH and Matter of Balance lay leaders will provide their respective evidence based disease prevention programs throughout the region. PATH is a six week workshop that has a wide range of activities and skill building exercises that help the participant learn to communicate with their medical provider, make better food choices, and become more active. Matter of Balance is an 8 session workshop that teaches practical coping strategies to reduce the fear of falling. While not a significant amount of money is awarded for Health Promotion/Disease Prevention these funds do have an effect on preventative health matters.

For years there has been an identified need for a Multi-Purpose senior center in Muskegon County. That center became a reality in the fall of 2008 when Tanglewood Park opened its doors. The center is a result of collaboration with three other multi-county senior serving agencies. Tanglewood Park boasts a beautiful café/coffee shop that is open to the public Monday through Friday 7am-4pm, a new 'Meals on Wheels' kitchen which serves the entire region and offers a variety of wellness and enrichment programs to benefit older adults. Half of the Tanglewood facility is home to the new Life Circles' Program of All Inclusive Care for the Elderly (PACE). This daily program will serve Medicare/Medicaid nursing home eligible elderly from Muskegon County and the North Ottawa area. AgeWell Services (formerly Nutritional Services for Older Americans/Meals on Wheels), the Community Access Line of the Lakeshore (CALL 2-1-1) and Senior Resources, occupy the other half of the former D&W grocery store. All four agencies serve multiple counties (Muskegon, Ottawa, and Oceana) and together serve over 2000 mature adults and their families every day. The Tanglewood Park collaboration was the recipient of two different awards for its collaborative effort. We continue to share a variety of staff positions and purchase supplies together to further our cost-saving measures.

In addition, in its first year and a half of operation, Tanglewood Park has provided medical equipment and supplies to over 2,870 older adults via the Senior Resource Community Loan

closet. We are anticipating a 20% increase in requests for the coming year. Requests come from not only Senior Resource care managers, but from local hospitals and other home care offices, churches, United Way agencies and CALL 2-1-1. The good news, due to increased public awareness more individuals, organizations and agencies are offering donated goods to maintain the inventory – such as adults diapers, liquid dietary supplements, walkers, bath chairs, wheel chairs and commodes.

The 2011 annual plan once again emphasizes security and independence for the elderly. Services are targeted to low-income, frail, minority, and medically underserved. It is the intent of Senior Resources to assure that the basic services, Home-Delivered Meals, Personal Care, Homemaker Services, Adult Day Care/In-Home Respite, Case Coordination & Support and Care Management are available throughout the three county area. In-put sessions, surveys, planning committee meetings, and public hearings were conducted throughout the region in preparation for the multi-year plan and this annual implementation plan. The goals reflect the views of the older citizens, advisory council members, service providers, community leaders, and our policy board who participated in the planning process.

Available Resources and Partnerships

The Senior Resources Board of Directors and staff have established as a priority providing services to the most in need. To that end, we partner with over 90 In-Home Care Agencies that are located and provide care throughout our three county area. In-home services including personal care, homemaking, respite, and home-delivered meals remain priority services as well as adult day care and caregiver services. We will strive to expand those and other services in the area and to coordinate with agencies to provide services such as chore services, home repair, telephone reassurance, and emergency assistance. Senior Resources will continue to work with area collaborative bodies to insure that services reach the frailest elderly.

The demand for services is expected to continue to grow with the rapidly aging population. The amount of funding Senior Resources receives for services are not able to keep up with that demand. To help alleviate some of the excess demand, we will continue to seek alternative funding to support services in our three county region.

In the past Senior Resources was able to set aside interest income to support requests for unmet needs throughout the region. As the economic crisis in Michigan continues, we have not had the interest income available and have been unable to meet these needs that are largely unfunded by other community agencies. In the past we have used these funds to purchase items such as dentures, glasses, furnace repairs, ramps, appliances, and emergency transportation. We hope to reinstate this program as the economy improves. We have applied for a grant to partner with a local hospital to assist seniors in our region with these types of requests. In the Senior Resources publication, Senior Perspectives, a segment is devoted to assist seniors in locating low cost services with individual workers that have indicated a skill in providing the requested

service. We also work with a variety of volunteer programs and youth summer camps to provide a variety of chore services.

Senior Resources contracts with a sophisticated 24 hour 7 days a week information and assistance call center with call specialists who help families clarify their situation and identify the best solutions. Information and Assistance is available region-wide through CALL 2-1-1. CALL 2-1-1 strives to be a visible and effective access point for persons needing health and human service programs, promoting consumer education and choice of options. Senior citizens, their families, or service agencies can access any of the available services in the region by contacting CALL 2-1-1. A phone call provides access to information and assistance regarding in-home services, case coordination & support, Care Management/Medicaid Waiver programs, insurance, prescriptions, taxes, transportation, support groups, home repair, housing, and a host of knowledge. The Information and Referral Specialists educate consumers, explore options, and make appropriate referrals as needed. Information and Assistance is the first step in our continuum of care. Additional information can be retrieved from the Call-211 website at www.call-211.org.

A number of our contractors, and Senior Resources, are recipients of United Way funds. Senior Resources will continue to work closely with the United Ways in an effort to provide the broadest amount of service coverage possible. The combination of United Way and Senior Resources funds allows many providers to enhance and expand the amount of service they are providing rather than duplicate it.

In the Senior Resources service area two counties receive millage service dollars. Both the Oceana County Council on Aging and the North Ottawa County Council on Aging are recipients of millage funds in their areas. Oceana has a county-wide millage and receives approximately \$727,510, while North Ottawa receives funds from specific townships of approximately \$572,900. These funds are used to cover operating expenses for all services and support existing programs within the Councils on Aging. Without these funds both agencies would be forced to cut back or eliminate services to older adults in their areas. In the past year North Ottawa County millage money was used to cover home delivered meals costs when there was waiting list/decrease in services pending. This allowed meal money to be shifted to other counties without alternate funding sources.

As Michigan begins to recognize and organize Aging & Disability Resource Centers, Senior Resources stands poised to partner with all interested and pertinent community partners to establish seamless, decentralized access to community services. Currently, these partners include 2-1-1, the area Centers for Independent Living and our community focal points. Conversations have also occurred with the ombudsman program, the other area MIChoice Waiver agent and some of the area DHS and CMH officials. We believe our mission, structure, and involvement in the aging network as well as being seen as the premier agency for older adult

services and many disabled services in our region along with the similar qualities of our community partners would naturally lend itself to a no-wrong door model designation. We are the go-to places for questions about aging and elder care services and services to the disabled. We serve as the gateways to local resources, planning efforts and services to help older adults and adults with disabilities seek Long Term Care Options and remain as independent as possible. Regardless of the outcome at the state level, the Board of Directors for Senior Resources feels that it is imperative that we provide quality long term care options information.

Senior Resources partners with a variety of local health and human service providers to deliver services from a group of highly qualified staff to assure the best level of care and assistance.

Senior Resources will continue to work with a variety of collaborative bodies in the region to create new services when needed and enhance the old ones, as we are able.

Access Services

Care Management

Starting Date	10/01/2010	Ending Date	09/30/2011
Total of federal dollars	\$0.00	Total of state dollars	\$215,913

Geographic area to be served: Muskegon, Oceana and Ottawa Counties

List each goal for the program, including time line and expected outcome

Goal: Care Management clients and caregivers will utilize Person Centered Thinking and self-determination to assure participant choice in service and providing agencies/caregiver.

Time Line: September 30, 2011

Outcome: Clients will have choice and be in control of their care process resulting in higher satisfaction and continued compliance.

Goal: Care Management participants will move to MI Choice as eligibility is authorized and openings are available.

Time Line: September 30, 2011

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

Goal: Care Management clients will remain in their own home and caregivers are given respite relief to prevent exhaustion.

Time Line: September 30, 2011

Outcome: Through client and caregiver choice, they will remain in a community setting with support.

Goal: Care Management, Case Coordination and Support and Nursing Home Diversion programs are going to be combined to form a more streamline approach to client care.

Time Line: September 30, 2011

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

	Current Year (2011)	Planned Next Year (2012)
Number of client pre-screening	90	90
Number of initial client assessments	30	30
Number of initial client care plans	30	30
Total number of clients (carry over plus new)	70	70
Staff to client ratio (Active and maintenance per full time care manager)	34	35

Match

Source of Funds	Cash Value	\$20,000	In-kind
Source of Funds	Cash Value		In-kind \$8,500
Source of Funds	Cash Value		In-kind

Other Resources

Source of Funds	Cash Value	\$6,500	In-kind
Source of Funds	Cash Value		In-kind
Source of Funds	Cash Value		In-kind

Case Coordination and Support

Starting Date	10/01/2010	Ending Date	09/30/2011
---------------	------------	-------------	------------

Total of federal dollars \$64,822

Total of state dollars

Geographic area to be served: Muskegon

List each goal for the program, including time line and expected outcome

Goal: Clients or potential clients unable to access purchase of service programs due to waiting lists will be counseled on other available resources or options.

Time Line: Through September 30, 2011

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

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

Time Line: Through September 30, 2011

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

Direct Waiver Service Request

Caregiver Education, Support and Training

Starting Date 10/01/2010 Ending Date 10/30/2011

Total of federal dollars \$2,094 Total of state dollars \$27,146

Geographic area to be served: Muskegon

List each goal for the program, including time line and expected outcome

Goal: To reduce stress levels and increase coping mechanisms of family caregivers

Time Line: September 30, 2010

Activities: Development of a caregiver support program the provides information, access to services and support for caregivers.

Expected Outcome: Caregivers will have access to a weekly support group that provides a variety of types of caregiver support.

Work plan including activities and expected outcomes

Senior Resources and the Program for All Inclusive Care for the Elderly (PACE) are partnering to provide a weekly Caregiver Support group in Muskegon County. Senior Resources and PACE are located in the same building at Tanglewood Park which is seen by many as the place to go to for senior services. The PACE program uses a comprehensive service delivery model which includes physical therapists, occupational therapists, physicians, registered nurses, masters' level social workers, etc and our partnership with them will provide us the opportunity to incorporate several types of professional disciplines into the caregiver programming. In addition, we believe the formation of this group will improve our role as a focal point and allow for the introduction of other services that maybe beneficial to caregivers.

Outcome: Caregivers will have a place to give and receive both emotional and practical support as well as to receive and exchange information.

State Program Objectives

Goal 1 Work to improve the health and nutrition of older adults.

Responses

Objective	Time line	Activities	Expected Outcome
Home Delivered meal consumers will have a variety of meal choices.	September 30, 2011	•Expand frozen meal menu options for Home Delivered Meal clients. Several meal choices will be available and ordered based on individual client preference. •The regional meal provider will introduce mechanical soft and pureed foods to the home delivered meal program for clients with this need.	Home Delivered Meal clients will have options regarding the food choices available to them.
Older adults and their family members/caregivers will be supported in the management of their chronic disease.	September 30, 2011	•In partnership with the Tri-County Area Agency on Aging, develop and train volunteers to facilitate the Savvy Caregiver Program within our region. •The regional team of PATH and Matter of Balance lay leaders will provide their respective evidence based disease prevention programs throughout the region.	Older adults and their family members/caregivers will be proactive regarding the management of their health.

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

Objective	Time line	Activities	Expected Outcome
Through self-determination clients will be able to choose who provides services and when services are provided.	September 30, 2012	•Senior Resources will continue self-determination training for all staff. •Senior Resources will educate and offer self-determination as an option to all older adults that receive services.	Older adults and their families will have choice and control of their care.
Communities will be prepared to handle the increased demands of a booming older adult population	September 30, 2011	Senior Resources will participate on the North Ottawa Access to Health coalition representing the older adult population.	Older adults in Ottawa County will have a greater choice in health care as it becomes more accessible to them.

Goal 3 Protect older adults from abuse and exploitation.

Objective	Time line	Activities	Expected Outcome
Caregivers of older adults will recognize signs of impending abuse	September 30, 2012	Care managers will receive training on potential caregiver abuse signs and triggers and be able to assist caregivers with formal and informal supports prior to caregiver burnout.	Caregivers will be able to identify indicators of stress related abuse and their triggers and seek assistance when appropriate.
Service providers of older adults will recognize the signs of abuse and know how to report it.	September 30, 2011	•The Tri-County Protection Team will continue to educate older adult community partners with a quarterly newsletter. •Prompt press releases will be released as new scams related to financial abuse targeted at seniors become evident. •Adult protective service presentations to agencies such as Nursing Facilities, Grand Valley State University, Hope College, Muskegon Community College and Baker College Students will continue. •Training to law enforcement and banking personnel will continue as needed.	Older adults will have increase protection from physical, emotional, and financial abuse

Goal 4 Improve the effectiveness, efficiency, and quality of services provided through the Michigan aging network and its partners.

Objective	Time line	Activities	Expected Outcome
Older adults and their families will be aware of long-term care choices prior to the depletion of their resources.	September 30, 2011	Senior Resources will continue to enhance their partnerships with various community agencies such as the Centers for Independent Living and Senior Centers to create, train all involved staff and implement a standardized intake tool which will allow for uniformed access to all available community resources.	Older adults will have greater ease of access and choice in where they live as all options will be presented to them.

Regional Objectives:

The Center for Medicare and Medicaid Services, as well as the Office of Services to the Aging, continue to move toward a person-centered approach toward the provision of community-based services and supports for older adults and people with disabilities. The growth of individual budgets and self-directed services lends to this culture shift whereby older adults and people with disabilities, their family and friends contribute to a planning process that focuses on the person and the life s/he wants to live – honoring the individual’s preferences, choices, and abilities.

The management and staff of Senior Resources of West Michigan wholly embrace the principles of Person-Center Thinking and Self Determination. We began implementing these principles in earnest in April of 2008 when our first consumer chose to employ self-determination for their own care. Since then Senior Resources has continued to promote these principles with our staff and consumers. The goal of Senior Resources is that all staff will operate in terms of Person-Centered Thinking as second nature, seamlessly supporting the clients’ wishes and desires for their care. To achieve this goal, Senior Resources staff has attended training on Person-Center Thinking through the Office of Services to the Aging, these trainings will continue as we are committed to training staff to be able to assess the balance between what is important to a person with what is important for them (health and safety), and using all available resources to help the client facilitate their own care. As the opportunity arises to hire new staff, management will be looking for people who embody the philosophy of Person-Centered Thinking and upon hire; all new staff will be trained/orientated on the Person Centered approach.

Building regional capacity for services that are currently done under a waiver by the area agency.

Senior Resources partners with LifeCircles PACE program to provide a weekly Caregiver Support group held at Tanglewood Park. This non-disease specific Caregiver Support group is

open to all types of caregivers with the goal of giving and receiving both emotional and practical support as well as to receive and exchange information. Community focal points in Ottawa and Oceana counties provide Caregiver Support for their areas, however during the last Request for Proposal (RFP) process no community partners applied to provide this service and currently nothing similar is available in Muskegon county. This provision of this direct service resulted from a lack of interested community partners and a clear need for the service in Muskegon County. The PACE program which is housed in the same building as Senior Resources is required to provide caregiver support for the the families of their consumers. When approached to provide this service they were interested in sharing costs and expertise but not willing to be the sole grantee for service provision, therefore a partnership was forged. It is our intent that during the next RFP process Senior Resources will again open the bidding process for this service to local community service agencies.

Advocacy Strategy

Describe the AAA's overall advocacy strategy for the fiscal year 2011. Relate specific advocacy activities to the changing demographics of the older population within the PSA, and the federal, state, and local issues that are facing older Michigianians and service delivery. Strategies on the facilitation and coordination of community-based long term care supports and services designed to enable older individuals to live in the setting of their choice must also be included in this section. Enter your advocacy strategy below.

One of the critical activities that an Area Agency on Aging performs is advocacy. Increasingly we are devoting more and more time advocating on behalf of the frailest and eldest of our clientele. As our population grows older, many living well into their 80s and 90s and even to 100 years old, they struggle to live independently in their homes or with families. West MI has one of the highest per capita rates in Michigan of persons with disabilities. Changing public policy and public attitude toward aging and people with disabilities is of prime advocacy concern to the Area Agency on Aging. A major goal for the next three years is to advocate for rebalancing the long term care system, as other states have successfully done and by doing so realized a reduction in Medicaid and other long term care costs to the state. Funds spent to manage declining health and to provide assistance to family caregivers can prevent costly hospitalizations and delay higher cost institutional care. Surveys indicate when given a choice people will choose the least restrictive setting for delivery of long term care, often their own home or a home like setting like assistive living, homes for the aged, or adult foster care. Locally we plan to work with our communities to make this region more elder and disability friendly and supportive of those who wish to live, age and die in place.

Due to term limitations, it is important that our state legislators understand the needs of older adults, the effects that a legislative piece can have on an older adult, the programs that are available to them and the cost savings that can be realized by maintaining someone in their

residence of choice. In addition, it is important that the legislators and their staff understand that they also have a resource in the aging network when assisting constituents.

During the years 2010-2012, this agency will advocate on the following topics:

- Include strategic improvements to the Medicare and Medicaid programs in overall health care reform to address crucial access, cost and quality of care issues.
- Increased funding for the Older Americans Act and other supportive services to allow them to keep pace with projected population growth and price increases. These funds help older Americans remain living successfully and independently in their homes and communities.
- Additional state funds for access, home and community based services and expanding MI Choice.
- Partner with Multi Purpose Collaborative Bodies within our region to educate legislators and local media of the impact of state and federal cuts on people's lives by trying to put a human face on these decisions.
- Reauthorize senior transportation programs to improve the availability and accessibility of transportation services for older adults. This includes working with community transportation coalitions to increase public and specialty transportation to evenings and weekends and rural transportation
- To assist in preparing local communities to meet the needs of today and tomorrow's older adults by implementing elder and disability friendly communities including better transportation, signage, and housing options in partnership with Disability Centers.
- Additional federal funds for the Caregiver's Initiative.
- Reauthorization of the Older Americans Act.
- Continue to advocate for county and community support for 211 services in our region and for regionalization of 211s with state support. 211 statewide by 2/11/11.

Senior Resources will select additional issues as they are brought to the attention of the agency by seniors and other community partners within the region. Those issues that have a financial impact on older adults and persons with disabilities and have a critical impact on their independence will be given priority for advocacy. Issues will be selected for advocacy depending on their pertinence to the target population in general and specifically influence on their ability to remain independent with their own resources.

The advocacy strategy will involve the advocate's group, Senior Advocates Coalition, which includes representatives from all three counties who meet with Federal and State legislators or their aide representatives each meeting and dialogue the above issues. Also key to our advocacy is the Michigan Senior Advocates Council, facilitated by the Area Agencies of Aging Association of Michigan. We have two representatives who participate on that and bring key information back to local groups. The Program and Planning Advisory Board and Board of Directors will continue to be made aware of the issues and will communicate with legislators and local commissions concerning the needs of the elderly and people with disabilities in their communities. In keeping up with technology, Senior Resources has added a page to our website that is completely dedicated to advocacy. There is information on current advocacy issues, a blog, information on how to advocate, legislators contact information and the ability to send an email right from our site. In addition, we utilize our Sixty Seconds publication and our provider network to contact legislators on key issues.

Community Focal Points

A focal point is a facility or entity designated to encourage the maximum collocation and coordination of service for older individuals in a given area or community. For Senior Resources a community is defined as a county. In the case of Ottawa County it is the northern half and the southern half which are existing natural divisions for that county. In our region the focal points are Evergreen Commons, North Ottawa County Council on Aging and Oceana County Council on Aging and Senior Resources. All of our focal points are also senior centers or reside in the same building as senior centers. To be a focal point in the Senior Resources region an agency must be a funded provider of the case coordination & support program and also be a part of an agency that serves seniors in the entire county or a large geographic area of a county. Organizations interested in becoming a Case Coordination & Support (focal point) site must apply and be approved for funding through our regular Request for Proposal process, which occurs every three years in conjunction with the three-year area plan.

In addition to Case Coordination & Support, all focal points are access points for information & assistance and volunteer opportunities and are seen as the place to seek information about senior issues in their community. Through Case Coordination & Support the client will be assessed and in-home services can be arranged including home delivered meals, personal care, in-home respite, homemaking, and adult day care. If necessary, transportation services can be arranged, Medicare, Medicaid and other insurance counseling can be provided, and assistance is available at each with the Medicare Prescription Drug Program. If client problems indicate, referrals are made to Care Management/Waiver as appropriate and available.

Name	Address	Website	Telephone Number	Contact Person	Service Boundaries	No. of persons within boundary	Services Provided
Oceana County Council on Aging	621 E. Main, Hart, MI 49420	www.oceanacountycountycouncilonaging.com	231-873-4461	Kathleen Premer, Executive Director Vickie Collins, Associate Director/Services Coordinator	Oceana County	6,299	Case Coordination, Meals, Homemaking, Information, Transportation, Activities
Senior Resources	560 Seminole Rd. Muskegon MI 49444	srwmi.org	231-739-5858	Cheryl Snow, Melanie Lyonais Quality Assurance Coordinator	Muskegon, Oceana, Ottawa Counties	29,550	Case Coordination, Care Management, Medicaid Waiver, MMAP
North Ottawa County Council on Aging	422 Fulton, Grand Haven, MI 49417	www.noccoa.org	616-842-9210	Brigit Lewis, Executive Director, Kim Kroll, Robin Stroven, Nancy Waters – Case Coordinators	Northern Ottawa County (County Line South to Filmore Road)	31,751 – county, 11,741 - North	Case Coordination, Meals, Homemaking, Information, Transportation, Activities, Support Group
Evergreen Commons	480 State Street, Holland, MI 49423	www.evergreencommons.org	616-396-7100	Larry Erlandson, President, Jo VerBeek, Director of Senior Care Services, Suzanne Visser, Case Coord	Southern Ottawa County (County Line North to Filmore Rd.)	31,751 – county, 20,003 - south	Case Coordination, Meals, Homemaking, Information, Adult Day Care & Respite Activities, Health Programs, Support Groups

Community Living Program

During this time of budget cuts, waiting lists for services and tighter local funding, Senior Resources and our board of directors view Options Counseling as one of the few services we are able to provide to consumers that can provide an immediate impact. To that effort we have incorporated portions of the community living intake process that were not previously a part of our initial intake assessment. A caller is identified as a candidate for the community living program at the initial phone call and referred to the community living consultant immediately. The Community Living Consultant will provide options counseling to the client and their family, if applicable, that encompasses the service spectrum from community information and private pay through the variety of available long term care services. Special consideration is taken in addressing preferences that promote community life and that honor the individual's choices, and abilities.

Senior Resources believes that client choice is essential to client/caregiver well-being and we support in earnest the principles of self-determination. Senior Resources has employed person centered thinking principles throughout our history at all times taking into consideration client wishes and needs, however our formal self-determination program began in April of 2008 when the mechanism was finally in place for our first consumer to choose to employ their preferred care providers directly. Since then Senior Resources has continued to promote these principles with our staff and consumers. The goal of Senior Resources is that all staff will operate in terms of Person-Centered Thinking as second nature, seamlessly supporting the clients' wishes and desires for their care. To achieve this goal, Senior Resources staff has attended training on Person-Center Thinking through the Office of Services to the Aging and the Department of Community Health, we are committed to training staff to be able to assess the balance between what is important to a person with what is important for them (health and safety), and using all available resources to help the client facilitate their own care. As the opportunity arises to hire new staff, management will be looking for people who embody the philosophy of Person-Centered Thinking and upon hire; all new staff will be trained/orientated on the Person Centered approach.

Since 2004 Senior Resources has offered consumers the option of a customized private pay program in an effort to address the full spectrum of care. Clients that have available resources to purchase care can do so through this program. Upon request, an assessment of need or a consultation can be performed to assist clients and family members in determining what support services they would like or the client and/or family members advise us as to what services they would like to receive. For convenience, Senior Resources will order services through client choice providers and bundle service costs for one monthly bill.

It is our intention to participate in the Veterans Directed Home and Community Based Services Program and to that end we are working on completing the readiness review for the Veterans

Directed Home and Community Based Services. Our target date for partnership is July 1, 2010. Senior Resources' staff attended the Veteran's Directed Home and Community Based Services training in Boston MA in the spring of 2009 and continues to participate in monthly VDHC conference calls. We are poised to begin serving Veterans as soon as we have successfully completed the readiness review.

We are currently exploring ADRC partnerships with the two Centers for Independent Living that reside in Region 14, the Senior Centers that serve as Community Focal Points for our region and the regional 2-1-1 regarding the formation of a unified ADRC. Conversations have also occurred with our "required" partners who are currently unable to commit to the process. Our goals for the next year include the development of a consistent options counseling tool that can be used by all the partners and to conduct joint training sessions on the utilization of the counseling tool and additional education on our existing programs as well as the rest of the long term care system. All of the partners are resistant to rush into something and instead prefer to foster and enhance the connections we are making through joint utilization of the residential settings program and the housing coordinators for clients of all partnering agencies and shared use of the MMAP program training and oversight.

As part of Senior Resources' Board of Directors commitment to provide enhanced Options Counseling, we have partnered with our local PACE (Program for All-Inclusive Care for the Elderly) to share the cost of a full-time options counseling and intake position. PACE is housed in the same building as Senior Resources and shares a similar philosophy regarding long term care service options. PACE programs feature a comprehensive service delivery system and integrated Medicare and Medicaid financing for frail, elderly individuals that meet Long Term Care (LTC) level of care criteria. Their goal is to provide a comprehensive service package that permits participants to continue living at home while receiving services rather than being institutionalized. Locally, this means additional resources and choices are available for older adults and persons with disabilities.

ADRC/MMAP

Senior Resources has been in communications with the two Centers for Independent Living that reside in Region 14, the Senior Centers that serve as Community Focal Points for our region and the regional 2-1-1 regarding the formation of a unified ADRC. As beginning plans for an ADRC are being formulated it was felt by the members that by strengthening our current relationships each of the programs would better understand the value the other programs offer. In addition, it was strongly felt by all participating parties that we currently have a great system in place to deliver services but could strengthen and enhance the current method of accessing services and further educate the public about the availability of this information. Our goals for the next year include the development of a consistent options counseling tool that can be used by all the partners and to conduct joint training sessions on the utilization of the counseling tool and

additional education on our existing programs as well as the rest of the long term care system. We will foster the connections we are making through joint utilization of the residential settings coordinator for clients of all partnering agencies and shared use of the MMAP program training and oversight.

Senior Resources is a MMAP providing agency and is very invested in serving seniors and their families in this capacity. There are four MMAP sites located throughout our three county area. The regional coordinator as well as a site coordinator is housed in Muskegon County at our Tanglewood Park location. Ottawa County has two MMAP sites, one serves southern Ottawa County, Evergreen Commons, and the other serves northern Ottawa County and is located at North Ottawa County Council on Aging. Oceana County Council on Aging is the MMAP site for Oceana County and provides services for that County. Each site has a coordinator that is employed by the agency that houses the program. The site coordinator provides volunteer oversight, assures that the required reporting is submitted to the regional/state office and conducts community outreach programs as opportunities arise and as groups request it. We currently have 37 active counselors covering our 3 county region. Without these volunteers the MMAP program would not be able to meet the needs of so many of our community members. Since April 1, 2009 our region has counseled over 3,000 people in one-on-one counseling and during the same time frame another 3000+ have been educated through our out-reach endeavors. In an ongoing effort to increase our volunteer base we run ads in local newspapers, as well as notifications to volunteer agencies throughout the 3 county area, prior to holding a new counselor training. Our region has also been part of several health and wellness fairs, and many smaller presentations in the community. A local cable television station has had our MMAP coordinator present on their 30 minute show as a special guest. The time was used to promote the services and volunteer opportunities offered by MMAP. Posters with MMAP contact information were distributed throughout Muskegon County to over 50 pharmacies and township halls etc. Posters were given to Oceana & Ottawa sites to distribute in their communities as well.

Other Grants

Michigan Office of Services to the Aging (MI-OSA) participating with Senior Resources of West applied for a grant through American Recovery and Reinvestment Act, Communities Putting Prevention to Work, for facilitation of the Chronic Disease Self-Management Program (CDSMO or PATH as it is known in Michigan) for our region. The time period for this grant spans March 1, 2010-February 28, 2012. We are currently awaiting word from OSA regarding the status of this grant.

Goal 1: Work with other AAAs in the MIPATH Regional Coalition to write a business plan for the Coalition.

Tasks: Review data on past workshops in region
Conduct an Asset Inventory

Conduct a gap analysis

Explore ways to improve our purchasing power through group purchasing.

Start date: 3/1/2010

End date: 2/28/2011

Expected outcomes: Increase the availability of PATH classes through out the region.

Measure of success: Additional PATH classes will be held.

Goal 2: Work with other AAAs in the MIPATH Regional Coalition to conduct leader trainings.

Tasks: Continue to share regional information regarding PATH schedules.

Ensure accurate contact records on PATH master trainers and lay leaders.

Develop mechanism to share information on availability and credentials of PATH lay leaders and master trainers.

Start date: 3/1/2010

End date: 2/28/2011

Expected outcomes: The members of the regional coalition will have access to information on available PATH trainers and a method to obtain that information.

Measure of success: PATH lay leader training costs will be divided among several AAA's.

Goal 3: Work with PSA partners/agencies to support and fund CDSMP workshops.

Tasks: Identify strategies to offer CDSMP workshops to low income, minority, and limited English proficiency older adults.

Identify strategies to recruit leaders from within the target groups listed above.

Start date: 3/1/2010

End date: 2/28/2012

Expected outcomes: Identified geographically isolated or harder to reach ethnic groups of older adults will have access to the PATH program. Older adults will be proactive regarding the management of their health

Measure of success: Difficult to reach geographical areas and ethnic groups will be served by the PATH program.

Historically one of the barriers associated with the PATH program has involved attaining a large enough group of interested participants to start a session. Getting chronically ill consumers and/or their caregivers to commit to a 6 week course for 2.5 hours per week has been difficult as people often do not want to obligate themselves to something that they might not be able to finish or participate in every week. In addition, we see the marketing of this program as extremely important as people often look for program endorsements from physicians, nurses or other trusted medical professionals. Senior Resources believes that "buy in" from that essential group of professionals is very important to the success of the PATH program and will encourage chronically ill consumers and/or their caregivers to find the confidence to commit to the program.

Since 2007 Senior Resources has established chronic disease management programs throughout our three county area with 10 agencies and 30 lay leaders involved in facilitating programs to assist seniors in managing their chronic health conditions. Currently we are offering Personal Action Towards Health (PATH) and four other evidence based programs. We have been funding these evidence based programs with Health Promotion/Disease Prevention funds and while not a significant amount of money is awarded for Health Promotion/Disease Prevention these funds do have an effect on preventative health matters.

FY 2011 AREA PLAN GRANT BUDGET

Agency: Senior Resources of West Michigan/R14

Budget Period: 10/01/10 to 09/30/11

Rev. 2/2010

PSA: 14

Date: 04/01/10

Rev. No.: AIP2011

Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	374,112		374,112
2. Fed. Title III-C1 (Congregate)		452,592	452,592
3. State Congregate Nutrition		8,605	8,605
4. Federal Title III-C2 (HDM)		228,061	228,061
5. State Home Delivered Meals		311,676	311,676
8. Fed. Title III-D (Prev. Health)	26,707		26,707
9. Federal Title III-E (NFCSP)	159,398		159,398
10. Federal Title VII-A	8,003		8,003
10. Federal Title VII-EAP	6,190		6,190
11. State Access	27,146		27,146
12. State In-Home	89,445		89,445
13. State Alternative Care	105,798		105,798
14. State Care Management	215,913		215,913
16. State N.H. Ombudsman	22,009		22,009
17. Local Match			
a. Cash	145,044	51,462	196,496
b. In-Kind	84,524	115,948	200,472
18. State Respite Care (Escheat)	52,361		52,361
19. Merit Award Trust Fund	140,153		140,153
20. NSIP		177,935	177,935
21. Program Income	69,927	310,258	380,185
TOTAL:	1,526,730	1,656,527	3,183,257

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	137,874	20,000	161,874
State Administration	23,955		23,955
MATF Administration	11,605		11,605
Other	130,971		130,971
Total:	304,405	20,000	328,405

Expenditures	FTEs
1. Salaries/Wages	3.02
2. Fringe Benefits	141,752
3. Office Operations	34,183
Total:	182,554
	328,489

Draft

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
County funding	4,000	Volunteer Hours	20,000
Total:	4,000	Total:	20,000

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 _____

Executive Director _____

Date: 04/01/10

FY 2011 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Senior Resources of West Michigan/R14
 PSA: 14

Budget Period: 10/01/10 to 09/30/11
 Date: 04/01/10

Rev. No.: AIP2011
 Rev. 2/2010
 page 2 of 3

SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. Respite (Escheat)	Merit Award Trust Fund	Medicaid CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL	
1. Access																	
a. Care Management								215,913						20,000	4,500	246,913	
b. Case Coord/supp	116,122				27,146									25,000	11,100	179,368	
c. Disaster Advocacy																	
d. Information & Assis	64,048		3,300														
e. Outreach																	
f. Transportation	46,218		1,200										5,300			58,741	
2. In-Home																	
a. Chore																	
b. Home Care Assis																	
c. Home Injury Cntrl																	
d. Homemaking	21,000					47,445	105,798								23,120	197,363	
e. Home Health Aide																	
f. Medication Mgt	4,281	6,847														12,368	
g. Personal Care	13,659					42,000									6,200	61,859	
h. PERS		1,182													150	1,332	
i. Respite Care	2,200		56,950							52,361	66,430		18,000		19,000	214,941	
j. Friendly Reassurance														2,710		27,027	
3. Legal Assistance																	
4. Community Services																	
a. Adult Day Care	3,000		51,700										15,000		13,800	145,618	
b. Dementia ADC																	
c. Disease Prevent		18,678														20,908	
d. Health Screening																	
e. Assist to Deaf																	
f. Home Repair																	
g. LTC Ombudsman	4,445			8,003					22,009			10,577		2,351	589	47,974	
h. Sr Ctr Operations																	
i. Sr Ctr Staffing																	
j. Vision Services																	
k. Elder Abuse Prevnt				6,190												7,285	
l. Counseling																	
m. Spec Respite Care																	
n. Caregiver Supplmt																	
o. Kinship Support			12,000													13,788	
q. Caregiver E.S.T			34,248													42,453	
5. Program Develop	74,822												14,550			89,372	
6. Region Specific																	
a.																	
CLP Services														20,467		20,467	
MATF administration											11,605					11,605	
SUPPRT SERV TOTAL	374,112	26,707	159,398	14,193	27,146	89,445	105,798	215,913	22,009	52,361	140,153	17,077	52,850	145,044	84,524	1,526,730	

FY 2011 AREA PLAN GRANT BUDGET- NUTRITION SERVICES DETAIL

Rev. 2/2010

Agency: Senior Resources of West Budget Period: 40452 to 09/30/11
 PSA: 14 Date: 04/01/10 Rev. Number AIP2011

page 3 of 3

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
Nutrition Services									
1. Congregate Meals	452,592		8,605		79,778	172,631	12,309	48,844	774,759
2. Home Delivered Meals		228,061		311,676	98,157	137,627	39,143	67,104	881,768
3. Nutrition Counseling	-	-	-	-	-	-	-	-	-
4. Nutrition Education	-	-	-	-	-	-	-	-	-
5. AAA RD/Nutritionist*	-	-	-	-	-	-	-	-	-
Nutrition Services Total	452,592	228,061	8,605	311,676	177,935	310,258	51,452	115,948	1,656,527

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

FY 2011 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	4,445	8,003		22,009	10,577	-	2,351	589	47,974
2. Elder Abuse Prevention	-		6,190			-	-	1,095	7,285
3. Region Specific									
LTC Ombudsman Ser. Total	4,445	8,003	6,190	22,009	10,577	-	2,351	1,684	55,259

FY 2011 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2011 Planned Services Summary Page for PSA:

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 246,913	8%			
Case Coordination & Support	\$ 179,368	6%			
Disaster Advocacy & Outreach Program	\$ -	0%			
Information & Assistance	\$ 127,348	4%			
Outreach	\$ -	0%			
Transportation	\$ 58,741	2%			
IN-HOME SERVICES					
Chore	\$ -	0%			
Home Care Assistance	\$ -	0%			
Home Injury Control	\$ -	0%			
Homemaking	\$ 197,363	6%			
Home Delivered Meals	\$ 881,768	28%			
Home Health Aide	\$ -	0%			
Medication Management	\$ 12,368	0%			
Personal Care	\$ 61,859	2%			
Personal Emergency Response System	\$ 1,332	0%			
Respite Care	\$ 214,941	7%			
Friendly Reassurance	\$ -	0%			
COMMUNITY SERVICES					
Adult Day Services	\$ 145,618	5%			
Dementia Adult Day Care	\$ -	0%			
Congregate Meals	\$ 774,759	24%			
Nutrition Counseling	\$ -	0%			
Nutrition Education	\$ -	0%			
Disease Prevention/Health Promotion	\$ 20,908	1%			
Health Screening	\$ -	0%			
Assistance to the Hearing Impaired & Deaf	\$ -	0%			
Home Repair	\$ -	0%			
Legal Assistance	\$ 27,027	1%			
Long Term Care Ombudsman/Advocacy	\$ 47,974	2%			
Senior Center Operations	\$ -	0%			
Senior Center Staffing	\$ -	0%			
Vision Services	\$ -	0%			
Programs for Prevention of Elder Abuse,	\$ 7,285	0%			
Counseling Services	\$ -	0%			
Specialized Respite Care	\$ -	0%			
Caregiver Supplemental Services	\$ -	0%			
Kinship Support Services	\$ 13,788	0%			
Caregiver Education, Support, & Training	\$ 42,453	1%			
PROGRAM DEVELOPMENT					
	\$ 89,372	3%			
REGION-SPECIFIC					
CLP Services	\$ 20,467	1%			
MATF administration	\$ 11,605	0%			
TOTAL PERCENT		100%	0%	0%	0%
TOTAL FUNDING	\$ 3,183,257		\$0	\$0	\$0

	Operations		Program Services/Activities							TOTAL
	Admin	Program Develop	MMAP Counsel	III-B Case Coord.	MAWA Project	St-Care Management	Community Living Sppt	St-TSR Respite	St-Access Case Coord.	
REVENUES										
Federal Grants	137,874	74,822	47,809	64,822		6,500				331,827
State Grants	23,955	0	0			215,913		140,153	27,146	407,167
Local Cash Match	4,000	0				20,000	20,467			44,467
Local In-Kind Match	20,000	14,550	35,000	7,000		8,500			4,000	89,050
Interest Income	3,250									3,250
Fund Balance Reserves	35,000									35,000
Other	76,221	0	0		7,968,393	107,008		33,000		8,184,622
TOTAL	300,300	89,372	82,809	71,822	7,968,393	357,921	20,467	173,153	31,146	9,095,383

	EXPENDITURES																						
	Contractual Services	Purchased Services	Wages and Salaries	Payroll Taxes/Benefits	Professional Services	Accounting & Audit Services	Marketing	Occupancy	Insurance	Office Equipment	Equip Maintenance & Repair	Office Supplies	Printing & Publication	Postage	Telephone	Travel	Conferences/Training	Memberships	Other-volunteers	In-Kind	Depreciation	TOTAL	
Contractual Services	1,100	6,225																					
Purchased Services																							
Wages and Salaries	125,252	54,270	13,916	46,437	112,950	750	750	75	75	100	131,638												
Payroll Taxes/Benefits	32,853	12,557	3,251	10,831	6,493,108	94,162	161,548				6,748,818												
Professional Services	1,000	250	432	250	947,912	185,360	16,500	8,776	19,910	4,554	1,418,333												
Accounting & Audit Services	2,000	750	450	850	220,320	43,133	3,967	1,605	4,554	75	333,171												
Marketing	2,500	1,500	-	725	60,500	4,500		35	75	396	67,042												
Occupancy	11,350	1,525	13,825	1,025	18,250	2,750		-	-	-	25,646												
Insurance	6,200	75	650	150	2,500	-		435	575	50	7,225												
Office Equipment	1,500	-	-	-	29,500	6,200		50	50	50	64,435												
Equip Maintenance & Repair	1,000	100	-	-	3,500	800		50	50	50	11,475												
Office Supplies	4,763	2,250	1,147	700	7,300	1,350		-	-	-	10,150												
Printing & Publication	20,000	-	-	-	255	100		50	50	50	1,555												
Postage	18,250	1,750	900	350	12,500	1,516		100	100	351	23,327												
Telephone	1,200	425	1,350	650	1,000	1,000		-	-	-	21,000												
Travel	3,632	2,468	1,250	2,529	2,750	3,500		125	635	25,000	25,000												
Conferences/Training	2,750	5,227	450	75	30,725	3,200		154	150	150	44,108												
Memberships	9,500	-	-	-	5,323	1,100		200	200	200	15,125												
Other-volunteers	450	-	-	-	-	-		-	-	-	9,500												
In-Kind	20,000	-	35,000	7,000	-	8,500		4,000	4,000	4,000	74,500												
Depreciation	35,000	-	-	-	-	-		-	-	-	35,000												
TOTAL	300,300	89,372	82,809	71,822	7,968,393	357,921	20,467	173,153	31,146	31,146	9,095,383												



AGENCY: Fiscal Year:

Appendix A Board of Directors Membership

Please enter the number of Board Members in each category

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	TOTAL
Total Membership		2		1		13	19
Age 60 and Over		1				9	11

Name of Board Member	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Kathy Moore	Muskegon	Muskegon County Health Deot. <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Linda Kaare	Muskegon	Parmenter O'Toole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bevan Leach, LMSW	Muskegon	Mercy Geriatric Medical Associates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Scott Nesbit	Muskegon	Mercy General Health Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Doris Rucks	Muskegon	Retired Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Zachary Russick	Muskegon	Muskegon Commerce Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Board Member	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Jan Stermin	Muskegon	Retired Social Security +	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Beth Baldwin	Ottawa	Retired Health Department R.N.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Barbara Bingham	Ottawa	Retired Texas AAA Program Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Barb Boelens	Ottawa	Stonebridge Senior Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nancy Carlyle	Ottawa	Hospice of North Ottawa Community	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Scott Kling	Ottawa	Paragon Bank & Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Julie O'Neill	Ottawa	Sunset Manor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cheryl Szczytko	Ottawa	The Laurels of Hudsonville	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bill Van Dyke	Ottawa	Retired Social Security +	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jose Barco	Oceana	Department of Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anne Henion	Oceana	AgeWell Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anne Soles	Oceana	Shepherd's Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Theresa Steen	Oceana	Oceana Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**MICHIGAN OFFICE OF SERVICES TO THE AGING
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPS)**

AGENCY:

Senior Resources

Fiscal Year:

2011

**Appendix B
Advisory Board Membership**

Please enter the number of Board Members in each category

	Asian/Pacific Islander	African American	Native American/Alaskan	Hispanic Origin	Persons with Disabilities	Female	TOTAL
Total Membership						10	12
Age 60 and Over		1		1	2	9	12

Name of Board Member	Geographic Area	Affiliation
Ann Adams	Oceana	Retired DHS employee
Anne Henion	Oceana	AgeWell Services
Anne Soles	Oceana	Shepherds Staff
Barbara Bingham	Ottawa	Retired Texas AAA Program Planner
Beth Baldwin	Ottawa	Retired Health Dept. R.N.
Bill Van Dyke	Ottawa	Retired Social Security Administration

Name of Board Member	Geographic Area	Affiliation
Carolyn Mitchell	Muskegon	Retired School Administrator
Janet Magennis	Ottawa	Stated Clerk Presbytery of Lake Michigan
Jan Stermin	Muskegon	Retired Social Security Administration
Julie O'Neill	Ottawa	Sunset Manor
Peter Theune	Ottawa	Retired Clergy
Tomasa Ybarra	Ottawa	Senior/Hispanic Community Center



**MICHIGAN OFFICE OF SERVICES TO THE AGING
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPS)**

AGENCY:

Senior Resources

Fiscal Year:

2011

**Appendix C
Current Provider Demographics**

Cluster 1 Providers	Asian/Pacific Islander	African American	Arab/Chaldean	Native American/Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Number of contractors					1		9	30
Number of employees of contractors	6	153		6	71	4	885	1,108

The above table should reflect contractors/staff that are funded by the AAA only.

The information gathered from this report will be used in the cultural competency work that is being conducted by OSA. Please contact your field representative for more information on the cultural competency work.

Number of employees of contractors should reflect a specific point in time. For example, report the numbers as of April 1, 2011. The data collection date should be the same for all contractors.



**MICHIGAN OFFICE OF SERVICES TO THE AGING
ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPS)**

AGENCY:

Senior Resources

Fiscal Year:

2011

**Appendix G
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.

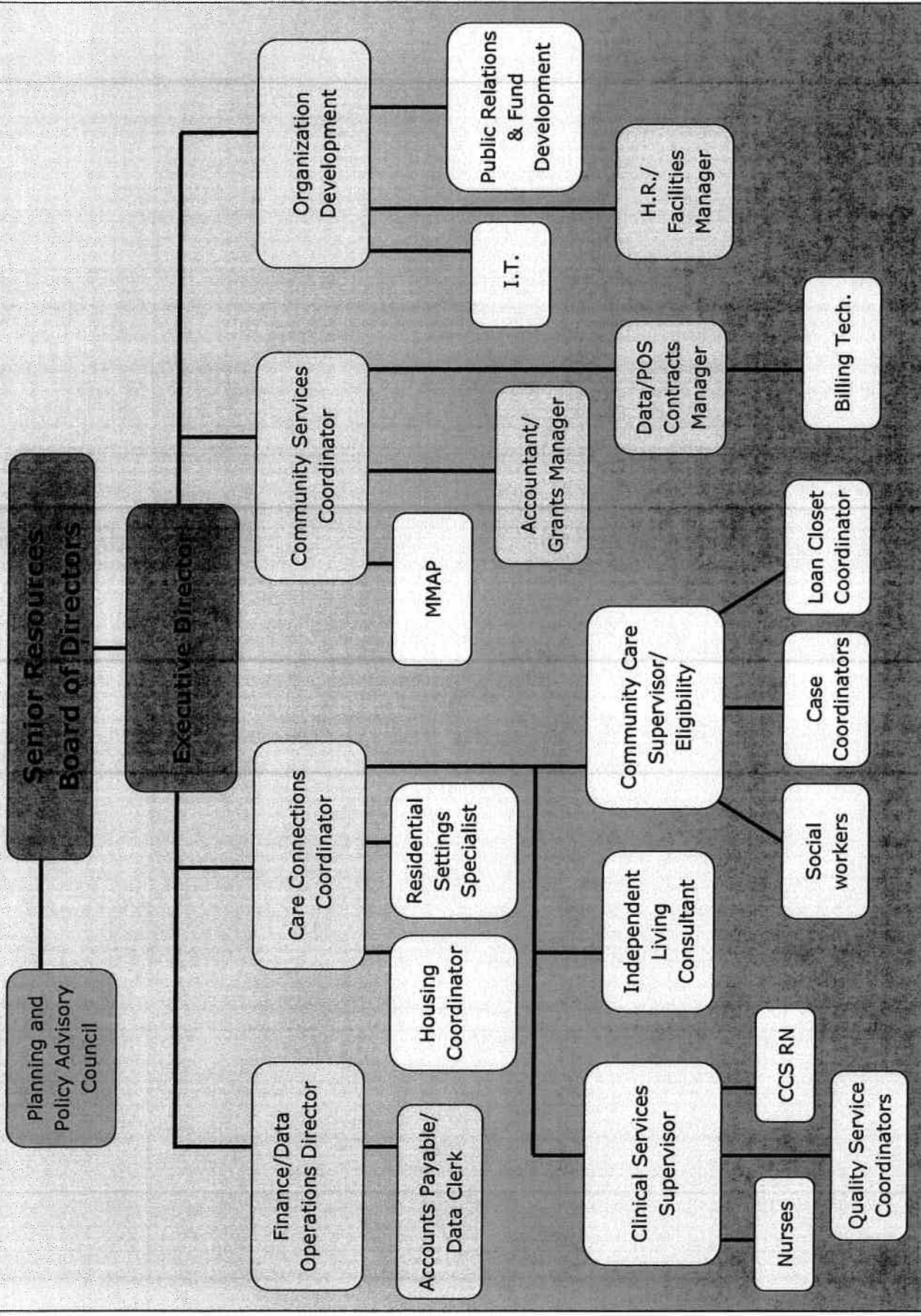
The estimated number of meals these funds will be used to produce is: 2,800

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.

Senior Resources Organizational Chart 2010



Glossary of Acronyms

AAA.....	Area Agency on Aging
AAAAM.....	Area Agency on Aging Association of Michigan
AARP.....	American Association of Retired Persons
AD.....	Alzheimer’s Disease
ADC.....	Adult Day Care
ADRC.....	Aging and Disability Resource Center
ADS.....	Adult Day Service
ADL.....	Activities of Daily Living
AFC.....	Adult Foster Care
AG.....	Attorney General
AIM.....	Aging in Michigan (OSA Publication)
AIP.....	Annual Implementation Plan
AIS.....	Aging Information System
ALF.....	Assisted Living Facility
4AM.....	Area Agencies on Aging Association of Michigan
AoA.....	Administration on Aging
APS.....	Adult Protective Services
BEAM.....	Bringing the Eden Alternative to the Midwest
ASA.....	American Society on Aging
CAP.....	Community Action Program
CBC.....	Citizens for Better Care
CLP.....	Community Living Program (formerly Nursing Home Diversion)
CM.....	Care Management
CMIS.....	Client Management Information System
CMS.....	Center for Medicare & Medicaid Services (formerly HCFA)
CNS.....	Corporation for National Service
COA.....	Commission on Aging/Council on Aging
CPHA.....	Community Public Health Agency
CR.....	Caregiver Respite (state)
CSA.....	Commission on Services to the Aging
DCH.....	Department of Community Health
DCIS/CIS.....	Department of Consumer and Industry Services
HHS/HHS.....	U.S. Department of Health and Human Services
DHS.....	Michigan Department of Human Services (formerly the Family Independence Agency)
DMB.....	Department of Management and Budget
DoE.....	Department of Education
DoL.....	Department of Labor
DoT.....	Department of Transportation
DV.....	Domestic Violence
EPIC.....	Elder Prescription Insurance Coverage
ELM.....	ElderLaw of Michigan

FGP	Foster Grandparent Program
FTC	Federal Trade Commission
FY	Fiscal Year
GAO.....	General Accounting Office
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) Program known as MIChoice
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
IM	Information Memorandum
IoG	Institute of Gerontology
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care
MADSA	Michigan Adult Day Services Association
MATF	Merit Award Trust Fund (formerly “Tobacco Settlement”)
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging
MICIS	MI Choice Information System
MIS.....	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens
NF	Nursing Facility
NFA	Notification of Financial Assistance
NFCSP	National Family Caregiver Support Program

NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)
OSA	Office of Services to the Aging
OWL	Older Women's League
PA	Public Act
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request for Proposal

Action Request



Committee: Health and Human Services Committee

Meeting Date: 7/14/2010

Requesting Department: Health Department

Submitted By: Greg Rappleye

Agenda Item: Smoke Free Air Complaints – Proposed New Fee Structure for Non-Food Establishment

SUGGESTED MOTION:

To approve and forward to the Finance and Administration Committee the resolution establishing fees and procedures for enforcement of the County non-smoking regulation and State non-smoking law. (MCL 333.12601 et seq.)

SUMMARY OF REQUEST:

The Health Department has developed a proposed fee schedule and procedure for the enforcement of the Ottawa County non-smoking regulation and the State non-smoking regulation law, MCL 333.12601 et seq. The proposed resolution would implement these fees and procedures.

FINANCIAL INFORMATION:

Total Cost: _____ County Cost: _____ Included in Budget: Yes No

If not included in budget, recommended funding source: _____

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated Non-Mandated New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: _____

Objective: _____

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.07.07 14:52:01 -0400

Committee/Governing/Advisory Board Approval Date: _____

COUNTY OF OTTAWA

STATE OF MICHIGAN

RESOLUTION

At a regular meeting of the Board of Commissioners of the County of Ottawa, Michigan, held at the Fillmore Street Complex in the Township of Olive, Michigan on the ___ day of _____, 2010 at _____ o'clock p.m. local time.

PRESENT: Commissioners: _____

ABSENT: Commissioners: _____

It was moved by Commissioner _____ and supported by Commissioner _____ that the following Resolution be adopted:

WHEREAS, the Ottawa County Board of County Commissioners is authorized to set and increase fees for the provision of services authorized or required to be provided by the Ottawa County Health Department, pursuant to Section 2444 of the Public Health Code, MCL 333.2444; and,

WHEREAS, it is necessary to set fees for providing Health Department services as set forth in Exhibit "A" attached hereto, to cover the reasonable cost of providing the listed services; and,

WHEREAS, pursuant to Section 11(m) of Act 156 of the Public Acts of 1851, as amended, MCL 46.11(m), a board of county commissioners is authorized to establish rules and regulations for the operation of county government; and,

WHEREAS, the Ottawa County Health Department has proposed the processes and procedures set forth in Exhibit "B" for the enforcement of the Ottawa County Smoke Free Air Regulations, adopted on August 28, 2007 and effective on January 1, 2008, and for Act 188 of the Public Acts of 2009, MCL 333.12601 et seq.;

NOW THEREFORE BE IT RESOLVED, that the Ottawa County Board of Commissioners adopts and affirms the “Smoke-Free Air Complaints Fee Structure for Non-Food Service Establishments” attached as Exhibit “A”; and,

BE IT FURTHER RESOLVED, that the Ottawa County Board of Commissioners adopts and affirms the process and procedures set forth in Exhibit “B” for the Smoke Free Air Regulations and for Act 188 of the Public Acts of 2009; and,

BE IT FURTHER RESOLVED, that the effective date for implementation of Exhibit “A” and Exhibit “B” shall be _____, 2010; and,

BE IT FURTHER RESOLVED, that all resolutions and parts of resolutions insofar as they conflict with this Resolution are hereby repealed.

YEAS: Commissioners: _____

NAYS: Commissioners: _____

ABSTENTIONS: Commissioners: _____

RESOLUTION ADOPTED.

Chairperson, Ottawa County
Board of Commissioners

Ottawa County Clerk



County Of Ottawa

Health Department

Lisa Stefanovsky, M.Ed.
Health Officer
Paul Heidel, M.D., M.P.H.
Medical Director

ATTACHMENT A

SMOKE-FREE AIR COMPLAINTS PROPOSED NEW FEE STRUCTURE FOR NON-FOOD SERVICE ESTABLISHMENTS

July, 2010

This request is to seek approval for the smoke-free air complaint fee structure described in the algorithm. County administrative fees and state fines will be assessed when the Health Department has reasonable cause to believe there is noncompliance.

The purpose of assigning new noncompliant fees to non-food service establishments is to develop a consistent plan for all complaints received in our county. Michigan's Smoke-Free Law and Ottawa County's Smoke-Free Regulation compliance requirements are slightly different, but they operate concurrently. Food service establishment violations are governed by the State Law while non-food service establishment violations are governed by the County Regulation.

Food Service Establishment Fees

Site Visits: \$255

Compliance Conference: \$300

State Statute Citations: \$100 for first offense; \$500 for subsequent offenses

Informal Hearing: \$600

Formal Hearing: \$900

Non-Food Service Establishment Fees

***Site Visits: \$255**

***Compliance Conference: \$300**

County Regulation Citations: \$100 for first offense; \$500 for second offense; \$1000 for subsequent offenses

***Informal Hearing: \$600**

***Formal Hearing: \$900**

***Indicates new fees**

Holland Office
12251 James Street
Holland, MI 49424
Phone: 616.396.5266
Fax: 616.393.5659

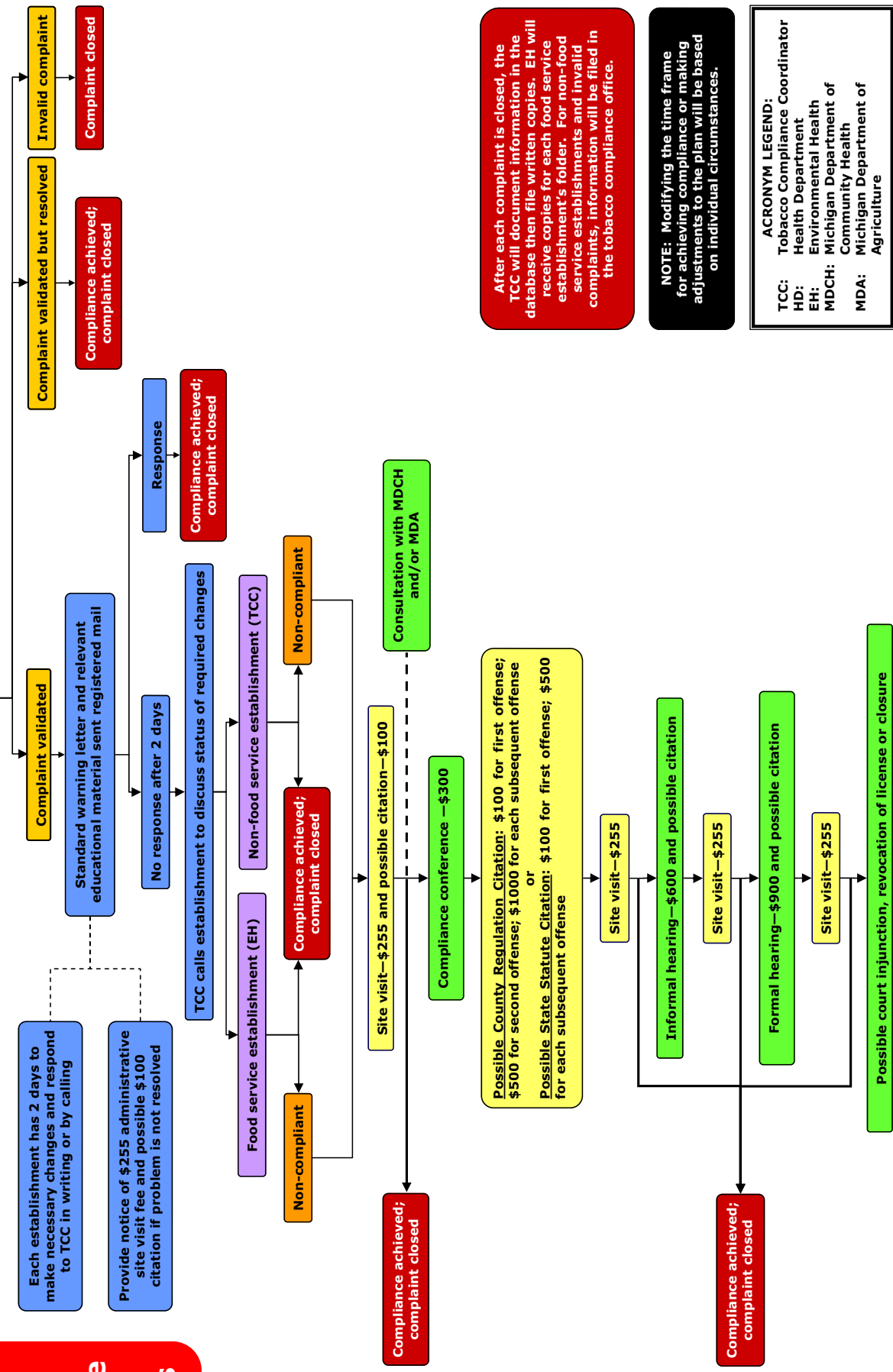
Hudsonville Office
3100 Port Sheldon
Hudsonville, MI 49426
Phone: 616.669.0041
Fax: 616.669.3039

Grand Haven Office
16920 Ferris Street
Grand Haven, MI 49417
Phone: 616.846.8360
Fax: 616.844.1778

Ottawa County HD Written Smoke-Free Air Complaints

ATTACHMENT B

TCC makes fact-finding call within 5 business days



Draft