

Agenda
Health & Human Services Committee
West Olive Administration Building – Board Room
12220 Fillmore Street, West Olive, Michigan 49460
Wednesday, June 8, 2011
8:30 a.m.

Consent Items:

1. Approval of the Agenda.
2. Approval of the Minutes from the May 11, 2011 meeting.

Action Items:

3. Senior Resources Annual Implementation Plan FY 2012
Suggested Motion:
To approve and forward to the Board of Commissioners the resolution approving the Senior Resources Annual Implementation Plan FY 2012.

Discussion Items:

4. Department Updates

Adjournment

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

HEALTH & HUMAN SERVICES COMMITTEE

Proposed Minutes

DATE: May 11, 2011

TIME: 8:30 a.m.

PLACE: Fillmore Street Complex

PRESENT: James Holtvluwer, Robert Karsten, Stu Visser, Greg DeJong, James Holtrop

STAFF & GUESTS: Lisa Stefanovsky, Health Officer; Dr. Paul Heidel, Medical Officer; Greg Rappleye, Corporate Counsel; Lynne Doyle, CMH; Sherri Sayles, Deputy Clerk; Randy Rapp, Environmental Health; Matthew Allen, Environmental Health; Michelle Martin, DHS Director; Stephanie VanderKooi, Health Educator; Cindy Spielmaker, OSAP Chair; Lee Murdock, Pathways; Donna Cornwell, Human Services Coordinating Council; Keith VanBeek, Assistant Administrator; Alan Vanderberg, Administrator

SUBJECT: CONSENT ITEMS

HHS11-010 Motion: To approve the agenda of today as presented and to approve the minutes of the April 13, 2011, meeting as presented.
Moved by: Karsten UNANIMOUS

Mr. Holtrop stated he hasn't seen the link to Senior Sources on the website yet. The Administrator will check into this.

SUBJECT: DISCUSSION ITEMS

1. Beach Sampling Review/update – Randy Rapp, Environmental Health On-Site Team Supervisor, updated the Committee on the beach monitoring that will take place this summer. Environmental Health has received two EPI Grants which will be used this summer. One will be for beach modeling and one for beach monitoring. The Health Department will no longer be issuing advisories in response to test results. The result will be posted online so beachgoers can make informed decisions about water quality.
2. Medical Marihuana/Prescription Drugs – Stephanie VanderKooi, Cindy Spielmaker and Lee Murdoch presented on the Ottawa Substance Abuse Prevention Coalition (OSAP). There are over 100,000 medical marihuana cards already in Michigan. In all other

States where the Medical Marijuana law has passed, there has been a dramatic increase in use and availability.

3. Pharmaceutical Pollution – Matthew Allen, Solid Waste Program Team Leader, presented a power point on Pharma Pollution. In going forward, he is looking at options to legally reuse prescriptions and other alternatives to disposal.
4. Department Updates –

Community Mental Health – Lynne Doyle stated CMH is just waiting on changes that are taking place at the State and are uncertain of what will happen. She also stated and RFP with Muskegon on residential options will be going out by the end of the month. Rich Francisco has been hired for the CMH IT Program Director position.

Health Dept. – Lisa Stefanovsky reported on the Community Health Assessment Process and Meaningful Youths.

Dr. Heidel reported on a case of Meningococcal Meningitis in Ottawa County. He also reported there have been two outbreaks of pneumonia in Assistant Living Facilities in the county. He stated measles are on a comeback. There are usually only 50 cases a year in the U.S. but there have been 89 cases reported already this year.

Human Services Coordinating Council – Donna Cornwell reported on Senior Resources and what the group can offer.

Dept. of Human Services – Michelle Martin reported they are on hold waiting to hear on the State’s budget.

SUBJECT: ADJOURNMENT

HHS 11-011 Motion: To adjourn at 10:00 a.m.
Moved by: Karsten

UNANIMOUS

Action Request



Committee: Health and Human Services Committee

Meeting Date: 6/8/2011

Requesting Department: Administrator's Office

Submitted By: Keith Van Beek

Agenda Item: Senior Resources Annual Implementation Plan FY 2012

SUGGESTED MOTION:

To approve and forward to the Board of Commissioners the resolution approving the Senior Resources Annual Implementation Plan FY 2012.

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 2012 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 2011.

FINANCIAL INFORMATION:

Total Cost: \$20,000.00 General Fund 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: To Contribute to a Healthy Physical, Economic, & Community Environment.

Objective: 4: Continue initiatives to positively impact the community.

ADMINISTRATION RECOMMENDATION: Recommended Not Recommended Without Recommendation

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, o=US, ou=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2011.06.02 11:01:45 -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 _____, 2011 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 2012 ("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 2012, 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

Friday, May 20, 2011

Mr. Philip D. Kuyers, Chairperson
County of Ottawa, Board of Commissioners
12220 Fillmore
West Olive, MI 49460

RECEIVED

MAY 23 2011

OTTAWA COUNTY
ADMINISTRATORS OFFICE

Mr. Kuyers,

Please find enclosed a copy of Senior Resources Annual Implementation Plan for FY'2012 for your review and approval. You may recall that in the past we have always provided the County with a copy of this plan. It is now a requirement by our state office that Area Agencies on Aging send a copy of their Area Plan and seek a resolution/adoption from the County Board by July 31, 2011. 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 31st then we will assume you approve the plan.

The budget information included in the plan represents an 8.3% cut in state funding upon recommendation of the Governor; however the house is proposing cuts of 15 – 18%. We recognize that new budget figures maybe available after May 31. If Senior Resources received new budget figures before June 17, 2011 we will send them to you promptly for your review.

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'2012 at their May meetings. A copy of the plan has also been submitted to the Office of Services to the Aging for their review, comment, and approval at their September Board meeting.

We appreciate your time and effort in reviewing our plan. Please feel free to give me a call at 1-800-442-0054 if you have any questions.

Sincerely,



Amy Florea
Community Services Director

cc: Al Vanderberg, Administrator
Keith Van Beek, Assistant County Administrator
Enclosures

FY'2012 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



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Senior Resources

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County/Local Unit of Govt. Review

AAA Response:

Senior Resources will send a draft copy of the 2012 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 May 23, 2011. 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 29, 2011 with a resolution or approval Senior Resources will assume the passive approval of the plan.



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Plan Overview

AAA Response:

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 Michiganians 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



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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 with deep cuts being proposed for 2012. State funds have been cut 28% over the last three years with more cuts proposed for 2012.

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. The number of Michigan seniors age sixty and older is rising by 135 residents per day! This growing wave of older adults presents challenges and opportunities.

Designated community focal points for this region must be a funded provider of the case coordination and 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. 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. 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.

Supports coordinators assess client's physical, social and financial needs and then, if applicable, make arrangements for in-home services including: home delivered meals, personal care, in-home respite, homemaking, medication management, personal emergency response systems and adult day care. If necessary, transportation services can be arranged, Medicare, Medicaid and other insurance counseling can be provided and assistance is available with the Medicare Prescription Drug Program. Referrals are also made to other community programs. Supports coordinators are also beginning to receive additional training in long term care options counseling, something they have already done but will soon be offered in a more consistent format. Options counseling not only explains someone's long term care options, it also allows for discussion on a person's personal finances and how to best utilize them to make them last for as long as possible and still allow the person to remain in the setting of their choice.

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



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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. 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 had 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 8am-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 and will eventually open a satellite in Holland. 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 3000 mature adults and their families every day. The Tanglewood Park collaboration was the recipient of two different awards for its collaborative effort and recently participated in a study of 5 shared spaces collaboratives across the U.S. and Canada. We continue to share a variety of staff positions and purchase equipment and supplies together to further our cost-saving measures.

Senior Resources has a Community Loan closet available to residents of all three counties that provides medical equipment and supplies. Requests come from not only Senior Resources' community partners and staff, but from local hospitals and other home care offices, churches, United Way agencies and CALL 2-1-1. The partnership at Tanglewood Park has increased public awareness; more individuals, organizations and agencies are offering donated goods to maintain the inventory – such as adult diapers, liquid dietary supplements, walkers, bath chairs, wheel chairs and commodes.

Staff at Senior Resources has taken part in a variety of program development and program improvement projects over the last year. These projects have varied from co-training with the Centers for Independent Living to improve relationships and efficiencies to participating in the Ottawa County Food Council to assure resident's access to food, to a Healthy Muskegon initiative to a community caregiver event. We were also involved with the creation of a health clinic for the uninsured in northern Ottawa County, a person centered training with another AAA, a options counseling partnership with the local PACE program and the development of the Creating Confident Caregivers training program in our area. In addition to carrying over some of these projects, we will be working with Ottawa County on a gap analysis study of older adult services and with United Way on their community needs assessment. We will also begin discussions with Muskegon County on a future senior millage and work with the Oceana County Council on Aging as they develop a new adult day care and explore the possibility of creating a new assisted living. The 2012 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,



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community leaders, and our policy board who participated in the planning process.



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Available Resources & Partnerships

AAA Response:

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 out three county region.

This past year Senior Resources was able to reinstate the unmet needs program as interest income to support the requests started to become available. For the past several years Senior Resources did not have the interest income available and have been unable to meet these needs that are largely unfunded by other community agencies. We use these funds to purchase items such as dentures, glasses, furnace repairs, ramps, appliances, and emergency transportation. 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 continue to work with a variety of volunteer programs to provide a variety of chore services.

Senior Resources contracts with a very modern 24 hour 7 days a week information and assistance call center with call specialists skilled in helping families clarify their situation and identify the best solutions. Information and Assistance is available region-wide through 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 gained from the Call-211 website at www.call-211.org.

Several 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 \$771,853, while North Ottawa receives funds from specific townships of approximately \$579,800. 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, Senior Resources has pursued and established a Memorandum of Understanding with Pioneer Resources, a local agency that assists people with disabilities in attaining independence and dignity by creating opportunities for participation in the community. Pioneer Resources is working with our



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regional MMAP program to provide their consumers with MIPPA information and application assistance. 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 and we 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.



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Access Services

Care Management

<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2012
Total of Federal Dollars		Total of State Dollars	\$197,993.00

Geographic area to be served:

Muskegon, Oceana and Ottawa Counties

List each goal for the program, including timeline 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, 2012

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, 2012

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

Goal: Supports Coordinator will assist the consumer and their family in identification of natural supports, personal resources, and other community/external resources available for long-term care.

Timeline: September 30, 2012

Outcome: Consumers and their caregivers will have increased access to information and community resources.

Number of client pre-screenings:	Current Year:	45	Planned Next Year:	90
Number of initial client assesments:	Current Year:	4	Planned Next Year:	30
Number of initial client care plans:	Current Year:	4	Planned Next Year:	30
Total number of clients (carry over plus new):	Current Year:	82	Planned Next Year:	90
Staff to client ratio (Active and maintenance per Full time care	Current Year:	34	Planned Next Year:	37

MATCH:

Source of Funds	Cash Value:	\$20,000.00	In-kind	
Source of Funds	Cash Value:		In-kind	\$2,000.00
Source of Funds	Cash Value:		In-kind	

OTHER RESOURCES:

Source of Funds	Cash Value:	\$6,500.00	In-kind
Source of Funds	Cash Value:		In-kind
Source of Funds	Cash Value:		In-kind

Case Coordination and Support



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<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2012
Total of Federal Dollars	\$62,122.00	Total of State Dollars	

Geographic area to be served:

Muskegon County

List each goal for the program, including timeline and expected outcome:

Goal: Supports Coordinator will assist the consumer and their family in identification of natural supports, personal resources, and other community/external resources available for long-term care.

Time Line: Through September 30, 2012

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, 2012

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



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Program Development Objectives (State)

State Plan Goal: Goal 1

Work to Improve the Health and Nutrition of Older Adults.

AAA Response:

Objective:

To increase utilization of congregate meal sites by older persons.

Timeline:

September 30, 2012

Activities:

Activities

- Based on 2011 survey results, compiled from many survey mediums, increase activities to those congregate centers identified by meal site participants as desiring enhance activities.
- Add activities to sites with lower daily attendance as activities often introduce people to the lunch programs.

Resources to be mobilized

AgeWell services will work to identify community partnerships for providing various activities including training lay leader and coaches for various evidence based programs. In addition, they will utilize the many free and low cost marketing tools available to non-profit agencies within our region.

Who will benefit

Seniors.

Programs to be established

The actual activities implemented will be based on the survey. The specific activities are unknown but may include such things as fun/social activities, fitness activities including Evidence Based Disease Prevention programming and educational activities to provide information and resources to older adults. Some of these classes will have a fee attached for participation. This program income will assist AgeWell services in the perpetuation of the programming.

Staff positions and time to be allocated to the objective

Time to be allocated for objective success includes Marketing Manager for materials and promotions of activities, Program Manager for Congregate Centers for developing, instituting activities at selected centers and

Center Coordinator for additional time for implementing and reporting activities at centers and recruitment of volunteers.

What is expected to be learned?

Providing more activities at the congregate centers increases the number of new seniors coming to a



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center, increases the frequency seniors attend and maintains/increases annual attendance (normal attrition sometimes only allows for maintenance) and improves satisfaction of our center operation.

Changes to the area agency's infrastructure necessary to achieve the objective
None.

Expected Outcome:

Community members will have and utilize regional meal sites that fulfill needs related to nutrition, socialization, health and wellness.

State Plan Goal: Goal 2

Ensure That Older Adults Have a Choice in Where They Live Through Increased Access to Information and Services.

AAA Response:

Objective:

To ensure consumer choice and access to services

Timeline:

September 30, 2012

Activities:

Activities -

Supports Coordinator will assist the consumer and their family in identification of natural supports, personal resources, and other community/external resources available for long-term care. This assistance will take in consideration the consumer/caregiver preferences and will be defined by the consumer for themselves during the person centered planning process. Senior Resources will identify professional referral groups and will begin to market the service to these critical referral sources.

Resources to be mobilized

Training for all Supports Coordinators, intake specialist and as time and finances allow, Call 2-1-1.

Who will benefit

Seniors or disabled population and their caregivers in our PSA.

Programs to be established

None.

Staff positions and time to be allocated to the objective

One Options Counselor as well as all Supports Coordinators in-house and in our focal points . Time will depend upon client need.

What is expected to be learned?

That many consumers and their families are better able to utilize personal resources with higher success and greater longevity when presented with options of care.



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Changes to the area agency's infrastructure necessary to achieve the objective
Community Living Supports/Options counseling is integrated into staff training as part of the Senior Resources client continuum of care.

Expected Outcome:

Consumers will be able to access information regarding options for care.

State Plan Goal: Goal 4

Improve the Effectiveness, Efficiency, and Quality of Services Provided Through the Michigan Aging Network and its Partners

AAA Response:

Objective:

To reduce vulnerability and isolation of seniors living alone.

Timeline:

September 30, 2012

Activities:

Activities

Use the purchasing power of Senior Resources to lower the monthly costs of Personal Emergency Response (PERS) units to consumers making them available to more people.

- Enhance the referral process between Senior Resources and agencies such as the Commission of the Blind, Association for the Blind and Centers for Independent Living.
- Assist and support loan closets within the PSA.

Resources to be mobilized

Supports Coordinators, intake specialist and Call-211 call specialists.

Who will benefit?

Older adults who currently do not have access to PERS/medical supplies due to cost and individuals who are unaware of community resources related to vision loss and disability.

Programs to be established

No new programs will be started.

Staff positions and time to be allocated to the objective

All supports coordinators and minimal start up time for the Contract Coordinator.

What is expected to be learned?

Senior Resources will be better poised to communicate community resources options to the older adult community.



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Changes to the area agency's infrastructure necessary to achieve the objective
None.

Expected Outcome:

To provide increased access of adaptive technologies to older persons within the PSA



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Program Development Objectives (Regional)

Goals/Objectives

AAA Response:

To reduce stress levels and increase coping mechanisms of employed caregivers

Timeline/Activities

AAA Response:

September 30, 2012

Activities

Market and facilitate a caregiver program that provides information and services to working caregivers and their employers.

Resources to be mobilized

Time and marketing resources.

Who will benefit

Persons who are caregiving and still employed outside the home.

Programs to be established

Employed Caregiver.

Staff positions and time to be allocated to the objective

Community Services and Public Relations and Fund Development Director will dedicate time to the perpetuation of this program.

What is expected to be learned?

Senior Resources expects that there are many more employed caregivers in the PSA than have requested assistance. Many may not be aware of the services through our agency or the many community agencies throughout the PSA.

Changes to the area agency's infrastructure necessary to achieve the objective

None.

Expective Outcome

AAA Response:

Caregivers will have access to a variety of types of support programs including those which accommodate the working caregiver.



Advocacy Strategy

AAA Response:

With the number of Michigan seniors age sixty and over rising by 135 residents per day, advocacy remains one of the most critical activities that an Area Agency on Aging performs. Increasingly we are devoting more and more time advocating on behalf of the frailest and eldest members of our communities. 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 Michigan 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 is to advocate for rebalancing the long term care system, as other states have successfully done and by doing so realize 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 assisted livings, 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.

All of our advocacy strategies are designed to improve the quality of life for seniors, persons with disabilities, and caregivers whether it is improving safety in the home or community, access to quality care and service, choice in the options that are available to them, or legal rights and expectations.

Advocacy in our region for FY' 2012 will mirror many of the priorities selected by both the National Association on Area Agencies on Aging and the steering committee for Older Michiganiaan's Day. To be effective we must unite and speak in a consistent manner. Our advocacy priorities for FY'2012 include:

- Strategic improvements to the Medicare and Medicaid programs in overall health care reform to address crucial access, cost and quality of care issues as well as encouraging steps to eliminate fraud, abuse, legal loopholes and waste.
- Increased funding for the Older American's 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. Home and community based programs are a proven cost effective alternative to nursing homes and are most often the location of choice for the person in need of assistance. Access to a full range of high quality long term care options meets the needs of Michigan's growing older adult and adults with disabilities population.
- Partnerships 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.



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- Reauthorization of the senior transportation programs to improve the availability and accessibility of transportation services for older adults and persons with disabilities. This includes working with community transportation coalitions to increase public and specialty transportation to evenings and weekends and rural transportation.
- Providing assistance to local communities in preparation for the aging population. This nation, our state and local communities are ill prepared or equipped to address and meet the needs of today and tomorrow's older adults. Elder and disability friendly communities are communities that end up being friendly to all residents through improved transportation, signage, service and housing options.
- Additional federal funds for the Caregiver's Initiative.
- Reauthorization of the Older Americans Act to meet the need of current and future senior. Key to this will be strengthening the Aging Network's role and capacity in the coordination and provision of long-term services and supports, expanding evidence based health promotion and disease prevention programs and setting adequate funding levels for service provision.
- Protection from abuse and financial exploitation for vulnerable adults through legislation that encourages the reporting of abuse and stiffens penalties for abusers.

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 how they specifically influence this population's ability to remain independent with their own resources.

This 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.



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Community Focal Points

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community.

Explain the process by which community focal points are selected.

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.

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

Name: Oceana County Council on Aging
 Address: 621 E. Main, Hart, MI 49420
 Website: www.oceanacountycouncilonaging.com
 Telephone: 231-873-4461
 Contact Person: Kathleen Premer, Executive Director Vickie Collins, Associate Director
 Persons: 5,793
 Service Area: Oceana County
 Services: Case Coordination, Meals, Homemaking, Information, Transportation, Activities

Name: Senior Resources
 Address: 560 Seminole Rd. Muskegon, MI 49444
 Website: srwmi.org
 Telephone: 231-739-5858
 Contact Person: Cheryl Snow, Melanie Lyonnais Quality Assurance Coordinator
 Persons: 30,718
 Service Area: Muskegon, Oceana, Ottawa Counties
 Services: Case Coordination, Care Management, Medicaid Waiver, MMAP



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Name: Evergreen Commons
Address: 480 State Street, Holland, MI 49423
Website: www.evergreencommons.org
Telephone: 616-396-7100
Contact Person: Jo VerBeek, Director of Senior Care Services, Suzanne Visser, Case Coord
Persons: 39,564 County wide
Service Area: Southern Ottawa County (County Line North to Filmore Rd.)
Services: Case Coordination, Meals, Homemaking, Information, Adult Day Care & Respite Activities, Health Programs, Support Groups

Name: North Ottawa County Council on Aging
Address: 422 Fulton, Grand Haven, MI 49417
Website: www.noccoa.org
Telephone: 616-842-9210
Contact Person: Brigit Lewis, Executive Director, Kim Kroll, Robin Stroven, Nancy Waters Case Coord.
Persons: 39,564 County wide
Service Area: Northern Ottawa County (County Line South to Filmore Road)
Services: Case Coordination, Meals, Homemaking, Information, Transportation, Activities, Support Group



CLP

1. A comprehensive work plan must be developed that supports the CLP project goals of fully embracing and supporting PCT and SD, re-engineering the existing services infrastructure to support PCT and SD and directing the use of federal, state and local funding sources to serve CLP eligible individuals and their caregivers. The work plan must address at a minimum: Independent Living Consultation (ILC); use of OAA/VA/State/Local resources to support services for program participants; use of flexible service options (including self-determination); planned outreach efforts; and, integration of CLP and PCT into existing

AAA Response:

As the time of uncertain funding, budget cuts, waiting lists for services and tighter local funding continues, Senior Resources and our board of directors view Options Counseling as the service we are able to provide to consumers that can provide an immediate impact. Last year we incorporated portions of the community living assessment into our initial intake process with good success. A caller is identified as a candidate for the community living program or at risk for nursing home placement at the time of 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, in the form of identifying natural supports, personal resources, and other community/external resources available for long-term care. This assistance will take in consideration the consumer/caregiver preferences and will be defined by the consumer for themselves during the person centered planning process.

Senior Resources is committed to ensuring that all persons within the PSA have access to options counseling and to that end it is our intent during the 2012 fiscal year we will train all Supports Coordinators, intake specialist and as time and finances allow, Call 2-1-1 in Options Counseling. We believe that many consumers and their families will be better able to utilize personal resources with higher success and greater longevity when presented with all options of care.

Senior Resources believes that client choice is vital to client/caregiver well-being and we wholly support the principles of self-determination. While Senior Resources has employed person centered thinking principles throughout our history, taking into consideration client wishes and needs, 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. We currently have two Master Level Person Centered Thinking (PCT) Trainers on staff and this past March, Senior Resources in partnership with Area Agency on Aging West Michigan, held a PCT training for 22 AAA staff that were not previously trained. At that time all relevant staff of Senior Resources was trained in this critical way of being. 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. We have incorporated PCT into our interviewing process and 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



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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 completed and submitted the readiness review for the Veterans Directed Home and Community Based Services. We are poised to begin serving Veterans as soon as we receive the authorization to do so.

We are in the second year of Aging and Disability Resource Centers (ADRC) partnership 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. 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.

2. At your discretion, a separate program narrative may also be included.

AAA Response:

3. The area plan grant budget, on page 2 of 3, includes a row to identify grant resources, program income, and local match to be used for support services for CLP participants. Please be reminded that funds used for CLP matching purposes may not be used as match for any other program. The CLP Appendix budget asks for detail regarding the specific service categories to be funded with these resources.

AAA Response:

See the Area Plan Grant Budget

4. Both the project budget and schedule of match and other resources, Budget Form (A), must be completed.

AAA Response:

5. The CLP appendix budget is for planning information, not accounting purposes. Please be as detailed as possible. Revisions to the CLP appendix budget will be handled as administrative revisions.

AAA Response:



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ADRC/MMAP

ADRC

Indicate if the AAA will participate in the development of ADRC partnership(s) in the PSA. If yes, please describe the anticipated role the AAA will play in the partnership(s).

AAA Response:

In Michigan, as well as across the country, emerging Aging and Disability Resource Centers (ADRCs), a collaboration of existing community health and care providers, serve as a starting point for consumers and their families into the long-term care service system regardless of income levels. ADRC's increase access to information and referral sources, provide advice, assistance, and streamlined coordination of service access using person-centered transitions and quality assurance principles.

Senior Resources stands prepared 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, DHS office and some CMH officials. Three Ottawa County key stakeholders saw changes in their leadership in the past year including the Center for Independent Living, Evergreen Commons and the Department of Human Services. This has resulted in the need for a reeducation process and a short delay in the development of the regional ADRC. We are now in the process of encouraging additional community agencies to self-identify their level of involvement in the ADRC process, choosing to become part of a conveners group that will steer all aspects of the desired end product, a collaborative position, in which the agency will commit to accomplishing the goals of local ADRC development or the advisory council, which will be responsible for advising the conveners and the collaborative team on the design and structure of the ADRCs.

MMAP

If your Agency is a MMAP agency, provide an overview of your program, including numbers of persons served, volunteer recruitment and innovative ways of getting the information to residents.

AAA Response:

Senior Resources is a MMAP providing agency and is very invested in serving seniors 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, 2010 our region has counseled over 4,000 people in one-on-one counseling and during the same time frame another 4500+ 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



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wellness fairs, and many smaller presentations in the community. We continue to market through such mediums as posters with MMAP contact information and have distributed these 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

1. List other grants that you have received. List the funders name, project title, time period, and funding amount.

AAA Response:

Senior Resources is participating in the PATH grant funded by the Michigan Office of Services to the Aging through The American Recovery and Reinvestment Act - Communities Putting Prevention to Work Chronic Disease Self-management Program ending on March 31, 2012. Senior Resources was funded in the amount of \$38,483 for the 18 month duration of the grant.

2. For each grant, explain what the intended outcome/goal for this grant is.

AAA Response:

Objective: To support older adults in the management of their chronic disease

Goal: Older adults and their family members/caregivers will be proactive regarding the management of their health.

3. For each grant, discuss successes and barriers and how you will overcome or maintain them.

AAA Response:

Recruitment for this program continues to be challenging. Some of the possible reasons for this may include the length of the program - 6 weeks 2.5 hours each week – and/or the chronic nature of the conditions that the consumers for which this program was designed for face. Some consumers have indicated a hesitation to commit to the program due to the uncertain nature of their condition and their possible inability to finish the training. Regionally we are slowly increasing our presence as a valuable training tool in the medical community and we are seeing more consumers attending a PATH training on a medical professional's recommendation. In October 2010, seventeen new lay leaders were trained for Region 14. Fifteen of the leaders trained work in the health field and were taking the training due to encouragement by insurance companies to create a complete medical home for their consumers. We are excited by this new partnership as we feel much of the success of recruitment for this program relies on consumer/physician buy in.

4. For each grant, how will you sustain the project when the grant funding is over?

AAA Response:

When the ARRA grant is over Senior Resources will continue to fund the PATH classes out of Health Promotion/Disease Prevention (IIID) funding. Senior Resources is committed to providing oversight and technical and reporting support for our community partners. In addition, we encourage the practice of charging a fee to the consumer to cover the cost of books and materials.



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Appendices

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Senior Resources

FY: 2012

APPENDIX A**Board of Directors Membership**

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	1	0	13	19
Aged 60 and Over	0	1	0	0	0	7	10

Name of Board Member	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Kathy Moore	Muskegon	Muskegon County Health Department		Yes	
Linda Kaare	Muskegon	Parmeter O'Toole			Yes
Beven Leach	Muskegon	Mercy Geriatric Medical Associates			Yes
Scott Nesbit	Muskegon	Mercy General Health Partners			Yes
Dr. Doris Rucks	Muskegon	Retired Physician			Yes
Zachary Russick, Vice Chair	Muskegon	Michigan Commerce Bank			Yes
Jan Stermin, Chair	Muskegon	Retired Social Security Administration			Yes
Bath Baldwin	Ottawa	Retired Health Department R.N.			Yes
Barbara Bingham	Ottawa	Retired Texas AAA Program Planner			Yes
Barb Boelens	Ottawa	Stonebridge Senior			Yes



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		Apartments			
Nancy Carlyle	Ottawa	Hospice of North Ottawa Community			Yes
Scott Kling	Ottawa	Genworth Financial Securities Corp.			Yes
Julie O'Neill	Ottawa	Sunset Manor			Yes
Cheryl Szczytko	Ottawa	Health Care Associates & Community			Yes
Bill VanDyke	Ottawa	Retired Social Security Administration			Yes
Jose Barco	Oceana	Department of Human Services		Yes	
Anne Henion	Oceana	AgeWell Services			Yes
Anne Soles, Sec/Tres	Oceana	Shepherds Staff			Yes
Theresa Steen	Oceana	Oceana Pharmacy			Yes



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APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	1	2	11	13
Aged 60 and Over	0	1	0	1	2	9	11

Name of Board Member	Geographic Area	Affiliation
Janet Magennis	Ottawa County	Community Member
Ann Adams	Oceana County	Retired Department of Human Services
Carolyn Mitchell	Muskegon County	Retired School Administor
Anne Soles	Oceana County	Shepherd's Staff
Anne Henion	Oceana County	AgeWell Services
Tomasa Ybarra	Ottawa County	Senior/Hispanic Community Center
Jan Stermin	Muskegon County	Retired Social Security Administration
Vickie DeCheney	Muskegon County	MMAP
Bill VanDyke	Ottawa County	Retired Social Security Administration
Rev. Peter Thune	Ottawa County	Retired Clergy
Barbara Bingham	Ottawa County	Retired Texas AAA Program Planner
Julie O'Neill	Ottawa County	Sunset home Services
Beth Baldwin	Ottawa County	Retired Health Dept. R.N.

FY 2012 AREA PLAN GRANT BUDGET

Agency: Senior Resources of West Michigan

PSA: 14

Budget Period: 10/01/11 to 09/30/12

Rev. 3/2011

Date: 04/19/11

Rev. No.: AIP-2012 Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	386,249		386,249
2. Fed. Title III-C1 (Congregate)		477,946	477,946
3. State Congregate Nutrition		7,830	7,830
4. Federal Title III-C2 (HDM)	240,399		240,399
5. State Home Delivered Meals		283,525	283,525
8. Fed. Title III-D (Prev. Health)	27,420		27,420
9. Federal Title III-E (NFCSP)	167,902		167,902
10. Federal Title VII-A	8,003		8,003
10. Federal Title VII-EAP	6,209		6,209
11. State Access	24,893		24,893
12. State In-Home	82,020		82,020
13. State Alternative Care	97,004		97,004
14. State Care Management	197,993		197,993
16. State N.H. Ombudsman	22,009		22,009
17. Local Match			
a. Cash	75,577	6,000	81,577
b. In-Kind	79,651	108,000	187,651
18. State Respite Care (Escheat)	46,123		46,123
19. Merit Award Trust Fund	128,519		128,519
20. NSIP		181,110	181,110
21. Program Income	63,927	310,258	374,185
TOTAL:	1,413,499	1,615,068	3,028,567

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	138,358	10,000	148,358
State Administration	22,080		22,080
MATF Administration			
Other	112,404		112,404
Total:	273,042	10,000	283,042

Expenditures

Expenditures	FTEs
1. Salaries/Wages	149,228
2. Fringe Benefits	143,828
3. Office Operations	5,354
Total:	298,410

Cash Match Detail

Source	Amount	In-Kind Match Detail	Amount
County funding	4,000	Volunteers	10,000
Tanglewood Park collaborative	11,368		
Total:	15,368	Total:	10,000

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 _____

Title _____

Date _____

FY 2012 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Senior Resources of West Michigan
 PSA: 14

Budget Period: 10/01/11
 Date: 04/19/11

to 09/30/12
 Rev. No.: AIP-2012

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SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	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	-		-					197,993				6,500	-	20,000	2,000		226,493
b. Case Coord/supp	116,122		-										-	25,000			141,122
c. Disaster Advocacy	-												-				
d. Information & Assis	64,048		3,300										-				
e. Outreach													-				
f. Transportation	46,218		1,200										5,300		1,500		58,741
2. In-Home																	
a. Chore	-												-				
b. Home Care Assis	-												-				
c. Home Injury Cntrl	-												-				
d. Homemaking	36,599						97,004		45,020				8,200		20,000		206,823
e. Home Health Aide	-												-				
f. Medication Mgt	12,261	6,847											700		1,800		21,628
g. Personal Care	-								37,000				1,400		6,200		44,600
h. PERS	6,897	1,182											200		667		8,966
i. Respite Care	250		66,343							46,123	67,235		8,500		20,300		210,751
j. Friendly Reassurance	-												-				
3. Legal Assistance	24,317												-	2,710			27,027
4. Community Services																	
a. Adult Day Care	250		51,700								61,264		8,000		19,750		140,964
b. Dementia ADC	-												-				
c. Disease Prevent	-	19,391											-				
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 Cit Operations	-												-				
i. Sr Cit Staffing	-												-				
j. Vision Services	-												-				
k. Elder Abuse Prevnt	-			6,209									-				
l. Counseling	-												-				
m. Spec Respite Care	-												-				
n. Caregiver Supplmt	-												-				
o. Kinship Support	-		12,000										-				
q. Caregiver E.S.T	-		31,359										-				
5. Program Develop	74,822												14,550				89,372
6. Region Specific																	
a.	-												-				
CLP Services	-												-				
MAIF administration	-				24,893								-			3,500	28,393
SUPRT SERV TOTAL	386,249	27,420	167,902	14,212	24,893	82,020	97,004	197,993	22,009	46,123	128,519	17,077	46,860	75,577	79,661	1,413,499	

**FY 2012 Annual Implementation Plan
Direct Service Budget Detail**

AAA: Senior Resources of West Michigan

FISCAL YEAR: 2012

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries			123,022					123,022
Fringe Benefits			35,150					35,150
Travel			4,700					4,700
Training			3,092					3,092
Supplies			4,243					4,243
Occupancy			4,490					4,490
Communications			3,962					3,962
Equipment			7,543					7,543
Other (e.g., raw food costs):			11791					11,791
Administration				20,000			5,737	25,737
Purchased Services					3,000		33,263	36,263
Volunteers					2,000			2,000
Totals	0	0	197,993	0	20,000	5,000	39,000	261,993

SERVICE AREA:

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

I certify that I am authorized to sign on behalf of this agency.
The budgeted amounts represent necessary and proper costs for implementing the program.

Name _____

4/19/2011

Date

Title _____

FY 2012 Planned Services Summary Page for PSA:

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 226,493	7%			X
Case Coordination & Support	\$ 141,122	5%		X	X
Disaster Advocacy & Outreach Program	\$ -	0%			
Information & Assistance	\$ 78,348	3%		X	X
Outreach	\$ -	0%			
Transportation	\$ 58,741	2%		X	
IN-HOME SERVICES					
Chore	\$ -	0%			
Home Care Assistance	\$ -	0%			
Home Injury Control	\$ -	0%			
Homemaking	\$ 206,823	7%	X		
Home Delivered Meals	\$ 819,027	27%		X	
Home Health Aide	\$ -	0%			
Medication Management	\$ 21,628	1%	X		
Personal Care	\$ 44,600	1%	X		
Personal Emergency Response System	\$ 8,966	0%	X		
Respite Care	\$ 210,751	7%	X		
Friendly Reassurance	\$ -	0%			
COMMUNITY SERVICES					
Adult Day Services	\$ 140,984	5%	X		
Dementia Adult Day Care	\$ -	0%			
Congregate Meals	\$ 796,041	26%		X	
Nutrition Counseling	\$ -	0%			
Nutrition Education	\$ -	0%			
Disease Prevention/Health Promotion	\$ 21,621	1%	X		
Health Screening	\$ -	0%			
Assistance to the Hearing Impaired & Deaf	\$ -	0%			
Home Repair	\$ -	0%			
Legal Assistance	\$ 27,027	1%		X	
Long Term Care Ombudsman/Advocacy	\$ 47,974	2%		X	
Senior Center Operations	\$ -	0%			
Senior Center Staffing	\$ -	0%			
Vision Services	\$ -	0%			
Programs for Prevention of Elder Abuse,	\$ 7,304	0%		X	
Counseling Services	\$ -	0%			
Specialized Respite Care	\$ -	0%			
Caregiver Supplemental Services	\$ -	0%			
Kinship Support Services	\$ 13,788	0%		X	
Caregiver Education, Support, & Training	\$ 39,564	1%	X	X	
PROGRAM DEVELOPMENT					
	\$ 89,372	3%			
REGION-SPECIFIC					
CLP Services	\$ 28,393	1%			
MATF administration	\$ -	0%			
TOTAL PERCENT			100%	0%	0%
TOTAL FUNDING		\$ 3,028,567		\$0	\$0



Assurance & Certificates

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

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