

EXECUTIVE SUMMARY

Multi-Year Plan

FY 2010 - 2012

The Valley Area Agency on Aging is a federally designated point for planning, coordinating and services and for advocating on behalf of persons 60 years of age or older at the sub-state level. The passage of legislation known as the Older Americans Act of 1965 authorized the formation of area agencies on aging. Valley Area Agency on Aging (VAAA), currently under the direction of Kathryn C. Boles, was incorporated in 1976 as non-profit agency to serve the counties of Genesee, Lapeer and Shiawassee; also referred to as Planning and Services Area (PSA) 5. According to the 2000 census, this tri-county area has 90,653 persons over the age of 60. This indicates a 10% increase in persons over 60 years of age since the last census; over 15% of the tri-county population is 60+ years of age.

As one of the 16 area agencies on aging in the state of Michigan, VAAA's mission is to provide action, advocacy and answers on care for the elderly and disabled adults of Genesee, Lapeer and Shiawassee Counties, by enhancing lives, empowering choice, sustaining independence and supporting caregivers and families. To fulfill this mission, VAAA must develop a comprehensive three-year plan that will be utilized as the blueprint to carry out the overall mission of the Area Agency.

According to statistics from the 2000 census, there are over 46 million people age 60 and older in the United States, which accounts for 16.3% of the total population. In addition, there are 51 million "baby boomers" (persons born between 1946 - 1959) in the United States. The first of these "baby boomers" will turn 65 by 2011, and by 2030 it is projected that one in five people will be over 65 years of age. The older population is expected to double over the next 30 years, growing to 70 million by 2030 (based on 2000 census data).

The population is aging, and with continuing technological advances in healthcare, people are living longer. However, in these troubled economic times, health insurance coverage is declining, medication costs are increasing and seniors are being forced to choose between food, utilities and healthcare. As such, there is an increase need for the following: Efficient information, assistance and referral services for persons wanting to call one number for questions regarding services for seniors, caregivers and long term care related issues; Improved access to information regarding long term care, as well as providing assistance in eliminating barriers to receiving long term care services, will result in a decrease of duplicating referrals, as well as support services for caregivers to assist with day to day care for older parents and other loved ones. In order to effectively and efficiently address these needs, VAAA must focus on having the technology in place to facilitate access to information and programs, including a resource data base of senior and caregiver services within PSA 5. VAAA will also partner with Resource Genesee and the 211 system; all calls related to seniors and long term care issues will come through VAAA for information, assistance and referral.

In addition, VAAA is part of the Southeast Michigan Collaborative, whose goal is to reshape the way society responds to the changing needs of a highly diverse and rapidly growing population of older people across the region, and to retain the elderly population and their economic and knowledge power. The collaboration includes: Valley Area Agency on Aging, Detroit Area Agency on Aging, Area Agency on Aging 1-B, Humana of Michigan and The Senior Alliance (Region 1-C). In order to meet the Collaborative purpose, the following have been identified as areas of focus:

- **Administrative**

1. Purchase of Service (POS) provider contracting , assessment and monitoring
2. Group rates (State rates) for insurance and administrative purchases
3. Provide Network Assessment/Credentialing
4. Joint Purchasing at Provider/AAA levels (emergency meals, grab bars/phones, equipment, etc.)
5. Joint purchasing for supplies, equipment and health care services
6. Shared assessment of providers, especially those who provide services in all for collaborative service areas

- **Human Resources**

1. Limit financial services such as payroll and human resource assistance
2. Staff training
3. Collaboration on best practices, such as policies, procedures, etc., for all departments

- **Programming**

1. Vendor training, professional training
2. New Services

The Collaborative is in the planning stage of development. Once developed, this collaborative may include other similar organizations.

The prevalence of chronic disease, such as diabetes, hypertension and arthritis, as well as the high propensity of cardio-vascular disease, which may lead to strokes and other debilitating conditions, is a clear mandate that wellness programs are needed to educate consumers on prevention and management of chronic disease. According to information gathered by the Genesee County Health Department, 66% of Genesee County Seniors aged 65+ have been diagnosed with hypertension (high blood pressure). Most of those seniors reside in the City of Flint. As with Genesee County 66% of seniors in Shiawassee and Lapeer Counties have also been diagnosed with high blood pressure. The City of Flint leads in the percentage of older persons who have been diagnosed with heart disease (30%), followed closely by residents in all three counties (29%). Diabetes continues to pose a problem, with 27% of seniors in the City of Flint diagnosed, compared with 21% of residents in the other two counties. Residents living in Lapeer and Shiawassee counties have a higher prevalence of stroke diagnoses (14%) followed by Genesee County with 13% and, of those, 11% residing in the City of Flint.

To assist in addressing the prevalence of chronic diseases in within PSA 5, VAAA is a recipient of the Matter of Balance (MOB) grant, an evidence based fall education and prevention program. The MOB program is designed to: reduce the fear of falling, stop the falling cycle through exercise and education and improve activity level among older adults in the community.

Since the implementation of the Matter of balance program in FY 2008 VAAA is proud to report the training of:

- 4 Master Trainers
- 9 Volunteer Coaches
- Conducted MOB at 7 different sites
 1. Imlay City Senior Center
 2. Kraphol Senior Center
 3. Lapeer Senior Center

4. Eastside Senior Center
 5. Loose Senior Center
 6. Forest Township Senior Center
 7. Flint City Parks & Recreation
- 92% graduation rate with 65 participants successfully completing the program.

VAAA will continue to work to grow the Matter of Balance program in the upcoming fiscal years by continued collaborations with senior centers and developing new partnerships with physical therapy locations, senior foster care facilities and other senior friendly locations within PSA 5.

Valley Area Agency on Aging conducted focus groups, reviewed the Senior Needs surveys (conducted in partnership with the Community Foundation of Greater Flint, Lapeer County Senior Millage, Lapeer County Community Foundation, County Commissioners and Lapeer County Community Mental Health) in Genesee and Lapeer counties in FY 2007, as well as surveys to homebound seniors, supports coordinators and caregivers within PSA 5, in order to determine the needs of seniors.

The results of the focus groups and senior needs surveys indicate the following:

- With senior millages now in Genesee, Lapeer and Shiawassee counties, seniors and caregivers want easy, efficient access to services. Specifically, consumers desire a coordinated system of service delivery and a single access number to call for questions regarding long term care services. VAAA, as the federally mandated point of entry for senior needs, will continue to serve as the “one stop” for Long term Care Services. VAAA is perfectly positioned to strengthen its current role as the gateway to long term care services within PSA 5. VAAA will partner with Resource Genesee and the 211 system. Upon implementation, all calls regarding senior services for Genesee and Shiawassee Counties will be forwarded to VAAA for information, assistance and referral. VAAA will continue to work with the various Senior Centers, Health Departments and other community organizations in an effort to coordinate services throughout PSA 5. The implementation of a resource data base, such as Service Point, designed to provide updated resource and referral information, will also strengthen VAAA’s one stop access to long term care services and information.
- According to “A Profile of Older Americans: 2008” 65.6% of Michigan Residents aged 65+ reporting an income make \$24,999 or less; about 3.6 million elderly Michiganians (9.7%) were below poverty level in 2007. Another 2.4 million, or 6.4% of the elderly, were classified “near poor” (an income of 125% of poverty level or less). Unprecedented poverty exists within Genesee County, particularly for African Americans aged 65 and over. According to the Genesee County Senior Needs Survey, 75% of seniors in the City of Flint live on less than \$30,000 annually; forty percent live on less than \$20,000. Therefore, access to Nutrition programs, along with disease management, is necessary to achieve a healthy community. VAAA will work with the community to provide training to the community

regarding budget conscious meal preparation, diabetic meals, as well as healthy meals. It is the goal of VAAA to provide training for healthy options in these tough economic times. A healthy Citizen leads to the development of a healthy community.

- Livable communities are also a priority for VAAA. Livable communities provide safe affordable housing, sidewalks and crossings for seniors and persons living with disabilities, and convenient access to transportation. In order to grow livable communities VAAA is:
 1. Working with the Genesee County Mass Transportation Authority (MTA) to develop its Senior Services, which includes the newly implemented Door through Door services. These services allow for drivers to assist seniors with their coats and shoes, escort them from their home to the vehicle and assist them safely inside their destination. MTA has served 68 in the Door through Door Program.
 2. Increased its Nursing Facility Transitions from 2 to 13 participants. The average cost per day for those under the MI Choice Waiver program is approximately \$75.00 per day compared to a cost of \$205/day (approximately) when they were in the Nursing facility. This equals a savings to the state of \$233,480.
 3. Working with Assisted Living and Foster Care Facilities to assist in NFT transitions and provide senior friendly activities, such as the Matter of Balance Program.

VAAA will continue to strengthen its relationships with foster care, assisted living facilitates, and senior housing and developers and work to increase its provider pool by adding transportation providers for those who are homebound. The focus groups also identified an increased need for Personal Emergency Response Systems (PERS) for homebound persons so they may feel safe in their homes and decrease fear and anxiety regarding falls. VAAA has responded by increasing the funding for the PERS in Lapeer and Shiawassee counties.

- As more and more cuts are made to healthcare benefits there has been an increase of consumers who are confused and who are seeking assistance regarding their healthcare options. Valley Area Agency on Aging's goal is to have a full-time MMAP coordinator on staff to ensure:
 1. There is consistent coverage within the more rural areas (Lapeer and Shiawassee Counties).
 2. MMAP counselors have updated and are trained regularly regarding changes to Medicare/Medicaid issues in order to provide accurate information
 3. A MMAP counselor is accessible to all senior centers to assist with enrollment in Medicare/Medicaid programs, as well as help resolve problems and other Medicaid/Medicare issues.
 4. New MMAP volunteers are recruited and trained on an ongoing basis

- As the senior population grows and their needs increase, the delivery of in-home services, such as personal care, respite and nutrition services continue to be identified as priority services. All three counties in PSA 5 provide millage dollars to supplement state and federal funds and provide services for those who would otherwise have to do without. VAAA will work with the Genesee County Metropolitan Planning Commission and the Genesee County Commissioners to ensure that the resources of the Older Americans Act and the Genesee County Senior Millage are coordinated, services are easily accessible and efficient service delivery is provided. VAAA will also strengthen its Information, Assistance and Referrals in order to ensure easy one stop accessibility to information and services; efficiency in service coordination; increased access to service information; and growth in community referrals. VAAA will also continue its Crisis Intervention (CI) program. The CI program is designed to provide short-term case management and in-home services for seniors who are faced with a short term healthcare crisis. The Crisis Intervention program provided assistance to 114 persons in FY 2008.
- To continue to improve efficiency and communication with providers and Supports Coordinators, VAAA plans to implement Vendor View. Vendor View is software that allows Supports Coordinators to forward information to providers in a secure format, in real time. This process will ensure providers receive all information regarding client status and services in a more timely manner and will allow for increased response time in the event services need to be stopped, started, or changed. VAAA continues with Person Centered Planning, which identifies the strengths of the participant and empowers them to have greater control meeting their service needs.
- VAAA continues to work to establish business relationships with Medicare Advantage Organizations (MAO). This effort is supported with the passage of the Older Americans Act, which allows for maximizing federal resources through private industry partnerships.
- VAAA will work , through Program Develop Initiates, to focus on Project 20/20 by :
 1. Developing a focus identifying caregivers at initial contact (through information and assistance) and through a person centered planning approach, providing information, assistance and referral information, Seniors with caregivers, or caregivers in need of more one on one case assistance, will be flagged so Supports Coordinators are aware a caregiver is involved. VAAA will work to increase respite referrals by 10%.
 2. Continued participation in evidence based diseased programs/ PATH (Personal Action Towards Health) programs by training staff as PATH leaders, participating in the Arthritis Foundation Exercise Program and the Matter of Balance Programs.

3. VAAA will also develop a collaborative regarding Livable Communities to include Senior Centers, transportation agencies, housing and other community agencies.
- VAAA will work to increase access to veterans by participating in veterans services within PSA 5. The goal is to increase the number of veterans receiving access to Information & Assistance, Care Management, Case Coordination and Support, and transitions to community services, as needed.

Valley Area Agency on Aging is proud to be the recipient of the Care Management grant funded by the Genesee County Senior Millage funding. VAAA plans to utilize the grant dollars to continue to reduce the waitlist. Upon receiving the grant in FY 2008 there were 711 persons on the waitlist. Through the additional millage funding, and diligent work of the VAAA staff, the waitlist has been reduced to 196. County/State partnerships will bring additional Medicaid dollars into PSA 5 through the MI CHOICE Waiver program.

VAAA will prioritize, coordinate and partner efforts with other agencies to maximize resources throughout the tri-county region. VAAA will integrate this collaborative effort into our MYP as related to identifying “gaps” in services and programs. VAAA will work with our aging partners to satisfy the needs of the senior population by pooling and sharing our collective resources over the next three years.

The MYP identifies core services, service delivery plans, program development initiatives, community focal points, and funding for services.

Core Services – Specifies the services VAAA will fund in the upcoming fiscal year. Distribution of funds within each service is determined by the VAAA Board of Directors based on demonstrated need. Contracted service providers are selected through a competitive proposal process, with the Board of Directors having final authority on contract awards. Purchase of Service (POS) provider pool contracts are awarded based on an organization’s ability to provide the services at a competitive rate.

Service Delivery - Specifies how the service will reach the client. VAAA will continue to reinforce the delivery of the following access services: Information and Assistance, Outreach, and Valley CHOICE services (Case Coordination and Support, Home Delivered Meals assessment, Care Management, and Medicaid Waiver). VAAA utilizes a single assessment tool, the MDS-HC, for all in-home services (with the exception of home-delivered meals) to ensure continuity of client information received across all programs.

Program Development - Addresses identified needs and gaps in services which are not met directly by contracted or purchased services. The AIP outlines the major program development initiatives on which VAAA will focus for the upcoming year. The objectives are updated annually.

Community Focal Points - Designated by VAAA as required by 1988 amendments to the Older Americans Act, a Community Focal Point is a facility where seniors will have access to, and information about, all services in the aging network. VAAA will work with designated focal points to ensure appropriate Information & Assistance and Case Coordination and Support linkages to all services.

Valley Area Agency on Aging is proud to point to many accomplishments within the last year:

1. Continued progress has been made in obtaining additional resources in FY 2008 through grant writing efforts. A total of \$545,140 was received in PSA 5 during the past fiscal years to satisfy “gaps” in services. The grant funded programs include: Alzheimer’s Caregiver Education (\$8,326), Healthy Aging Nutrition Education & Exercise Program held at the Hasselbring Senior and Community Center (\$10,000), Crisis Intervention Program (\$70,000), Matter of Balance, an evidence based-fall prevention program (\$56,250), The Older Worker Program – which ended in FY 08 – (\$117,,995), senior services in Owosso, (\$21,000) – Assistance with Medicare/Medicaid (\$65,475), Care Management (Genesee County Millage - \$161,900) – Home Delivered Meals (Genesee County Millage - \$34,194) .
2. The VAAA Region 5 Senior Advocates Council, Advisory Council and Board of Directors were actively involved in advocacy related to the following legislation: Blue Cross Blue Shield of Michigan; energy legislation, MI Choice funding increase; support of 911 funding; increased federal support for Medicare Outreach programs; collected 659 signatures via a petition drive for increased funding for Older Americans Act and state funded services; and took eleven (11) seniors from Genesee, Lapeer and Shiawassee Counties to Lansing for Older Michigianians Day in June 2008. VAAA also issued three (3) Valley Alerts on the following: Stimulus Legislation; the switch from analog to digital television; and Older Michigianians Day.
3. VAAA partnered with the Genesee County Senior Millage and Genesee County Commissioners to establish an innovative use of leveraging Millage dollars as Medicaid match to expand the MI CHOICE Waiver Program. A total of \$225,000 in millage funds was approved to be used to leverage \$615,000 new Medicaid dollars into Genesee County.
4. Partnered with the Genesee County Senior Millage to expand the Care Management Program by \$161,900 to serve more frail senior citizens in their homes.
5. VAAA moved to a new location, resulting in a cost avoidance of \$36,000 over two years.

6. Completed our web survey for identifying strengths and opportunities for improvement and help determine the development for future programs. VAAA received a 24% response rate from community stakeholders.
7. “Big Wheels Deliver Meals” event continues to be hosted by VAAA in both Genesee and Shiawassee Counties. The events are designed to raise public awareness of senior nutrition issues. 32 elected officials and community leaders in both counties participated in the 2008 event and delivered over 100 meals to area homebound seniors.
8. Advocacy efforts continue to be a focus with VAAA. The Valley News, a quarterly e-newsletter published by VAAA, has grown and is currently being distributed to over 400 persons.
9. In 2009, VAAA began its 35th year of service to the 60+ population of Genesee Lapeer and Shiawassee Counties. VAAA celebrated this by adding the “Pioneer Award” at the 3rd Annual Meeting. The Pioneer Award was given to Holliace Spencer, OSA and the first Executive Director of Valley Area Agency on Aging, Valaria Conerly-Moon. VAAA also presented “Centenarian of the Year”, an award given to a person who is celebrating being 100 years young, and who has a history of being active within PSA 5. Other awards given include: Service Provider of the Year”, “Senior Advocate” “Legislator”, “Volunteer of the Year” and “Staff Recognition “Awards”.

**Multi-Year Plan
FY 2010 - 2012
Focus Group and Survey Results
Evaluation of Unmet Need**

Valley Area Agency on Aging held focus groups in Genesee, Lapeer and Shiawassee Counties to assist with the development of the Multi-Year Plan. The Focus Groups included providers, community agencies, seniors and caregivers. VAAA also reviewed the information from the Lapeer Senior Needs Survey and the Genesee County Senior Needs Survey which were conducted in 2007. Prior to the Public Hearings, VAAA also presented the MYP to committees such as the Lapeer Senior Advocacy Council and the Genesee County System of Care Senior group upon request. In addition, VAAA sent surveys to 10% of seniors (including the homebound) receiving services requesting assistance in identifying needs and gaps in services.

The goal was to gather information which would assist with setting priorities for funding in fiscal years 2010-2012. The following outlines the three focus groups that were held in February 2009:

Focus Group Summary

Date:	February 11, 2009	February 18, 2009	February 19, 2009
Time:	2:00 p.m.	10:30 a.m.	9:30 a.m.
Location:	Shiawassee Council On Aging (SCOA)- Shiawassee County	Lapeer County Health Department – Lapeer County	Community Foundation of Greater Flint – Genesee County
Attendance:	5	8	13

Public Hearings

Date:	April 2, 2009	April 8, 2009	April 16, 2009
Time:	10 a.m. – 12 noon	10 a.m. – 12 noon	10 a.m. – 12 noon
Location:	Lapeer Senior Center	Shiawassee Council On Aging	Pierce Senior Center
Barrier Free:	Y	Y	Y
Number of Attendees:	11	13	5

Statement of Need

All counties identified in- home services (personal care and respite), Home Delivered Meals and Easy Access to senior services and programs through Information, Assistance and Referrals, as **priority services**. However, each county also identified service needs specific to each county:

Genesee County –

- Strong “One Stop” Information, Assistance and Referral Services for Seniors and Caregivers
- Training opportunities for caregivers and professionals
- Respite for Caregivers

Lapeer –

- Increase in Medication Management funding
- Funding for Personal Emergency Response Systems (PERS)
- Working with Community Mental Health (CMH) to monitor any unmet counseling needs for future funding consideration
- VAAA to offer small “grant” opportunities for innovative programs (such as heaters for seniors, assisting in payment for ramp building, assistance with utilities, etc).

Shiawassee County –

- Increase in Medication Management funding
- Funding for Personal Emergency Response Systems (PERS)
- Professional training for the public with an emphasis on safety issues
- Funding for Secure Home Lockboxes
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VAAA will work diligently within each community with seniors, caregivers and agencies to address unmet needs as identified.

**Multi-Year Plan
FY 2010-2012
Planned Services Summary
Narrative**

Area Agency: Valley Area Agency on Aging

There were some changes in the type and/or amount of services described in the MYP when compared to previous plans. These changes were based on results from focus groups and senior needs surveys.

PURCHASED SERVICES

- Decreased III E Respite funds from \$192,365 to \$150,510 to strengthen Information and Assistance.
- Increased Personal Emergency Response Systems (PERS) from \$5,000 to 10,000 (transferred from Senior Center Staffing). Senior Centers have received an increase in dollars from Genesee County Senior Millage funds.

CONTRACTED SERVICES

- Increased Medication Management from \$3,872 to \$9,166. (received an increase in IIIB dollars and transferred \$4,749 from Health Screenings).
- Increased the Long Term Care Ombudsman from \$28,710 to \$39,419 due to FY 2010 state CMP funding replacing FY 2009 Medicaid Funding.

DIRECT SERVICES

- Increased Information and Assistance from \$86,434 to \$118,067 (received an increase in IIIB dollars and transferred \$28,000 from III E Respite funds).

Statement of Demographics/Demographic Need

Multi- Year Plan

FY 2010-2012

General Population Data

Table A

County	Total Population
Genesee	436,141
Shiawassee	71,687
Lapeer	87,904

Total Population of the Region 5 service area: **595,732**

Age Analysis

Table B

Age Groups	Genesee	Lapeer	Shiawassee	Total
20-59	237,138	49,154	38,963	325,255
60-64	16,752	3,357	2,947	23,056
65-74	28,600	4,834	4,605	38,039
75-84	19,779	2,708	3,008	25,495
85+	5,228	857	968	7,053

Region Analysis

Table C1

County	Population (All Ages)	Population Age 60 +	Population Age 60+ (% of all Ages)	60+ Low Income (100% of Poverty Level)		60+ Low Income (150% of Poverty Level)	
Genesee **	436,141	67,369	15.4%	7,275	11%	12,194	18.1%
Lapeer	87,904	11,756	13.4%	889	7.6%	2,193	18.6%
Shiawassee	71,687	11,528	16.1%	970	8.4%	2,249	19.5%
Totals -Region 5	595,732	90,653	15.1%	9,134	10%	16,636	18.7%
** Includes City of Flint	143,927	22,228	15.4%	3,134	14.1%	5,824	262%

Poverty Status 65+ years of age	All Income Levels	Below Poverty Level	Percent Below Poverty Level
Genesee County**	50,786	4,822	9.5
Lapeer County	8,157	609	7.5
Shiawassee County	8,281	639	7.7
Totals – Region 5	67,224	6,070	9.0

**U.S. Census Bureau, 2004 American Community Survey

**Source: U. S. Census Bureau, Census 2000, unless indicated otherwise

Table C2

Racial/Ethnic Group	# Age 60+	60+ Low Income (150% of Poverty Level)	
White	78,946	13,290	16.8%
Black	9,840	3,582	36.4%
Native American	196	30	15.3%
Asian/Pacific Islander	138	24	17.4%
Other	304	69	22.9%
Total 60+ Racial/Ethnic (non-white)	10,478	3,705	36.1%
Hispanic (included in each group)	960	201	23.8%

* Sources: Census 2000 Supplemental Estimate & 2001 Supplemental Profile (City of Flint)

Relative Caregivers
Table D

County	Population 60+ in Household with Children		# of 60+ Giving Full Time Care		# of Minorities Giving Full Time Care		# 60+ Minorities At of Below 200% Poverty Level	
Genesee	14%	9,432	50%	4,716	75%	3,537	68%	2,405
Lapeer	12%	1,411	5%	71	0	0	0	0
Shiawassee	7%	806	3%	24	0	0	0	0

Source: Census 2000 & Grandparents Acting as Parents (Purdue University Cooperative Extension)

2004 Population Estimates (All Ages)
Table E

	Genesee County	Lapeer County	Shiawassee County
Total Population			
July 1, 2004	443,947	92,510	73,125
July 1, 2003	442,696	91,645	72,702
July 1, 2002	440,894	90,765	72,233
July 1, 2001	438,968	89,541	72,095
July 1, 2000	437,009	88,322	71,710
April 1, 2000 (Estimates Base)	436,148	87,904	71,687
April 1, 2000 (Census 2000)	436,141	87,904	71,687

***All information obtained from the 2000 Census data unless otherwise indicated

**SERVICE DELIVERY PLAN
TARGETING**

Fiscal Year 2010-2012

Area Agency: Valley Area Agency on Aging

Baseline Data Source: NAPIS FY2008 data indicate the number served by the group and the percentage of that group's 60+ population that the number represents	African American	Native American Native Alaskan	Asian Pacific Islander	Hispanic	Low Income Minority	Low Income
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Support Services	Number Served	28	2	0	12	65	119
	Percentage	6%	.001%	0%	3%	55%	27%

Congregate Nutrition	Number Served	323	8	16	6	177	815
	Percentage	10%	.002%	.005%	.001%	21%	25%

Home Delivered Meals	Number Served	372	3	5	3	104	497
	Percentage	18%	.002%	.002%	.001%	27%	22%

Desired Outcome(s):

Please see the following page

Action:

Please see the following page

Utilization of Funds:

Please see the following page

Desired Outcome(s):

FY 2010-2012

1. Increase the percentage of minority vendors to reflect the percentage of minority clients service by 2011.
2. Increase accessibility to transportation for seniors in all three counties with emphasis placed on the rural areas (ongoing).
3. Reflect an increase in minority participation (by showing an increase in minorities accessing services) in all three counties, which will be reflected in the year-end reports for each fiscal year.
4. Increase the National Family Caregiver Programs offered, as well as increasing the number of persons accessing the services, in all three counties. (ongoing)
5. Increase the number of caregivers accessing services in all three counties, which will be reflected in the year end-reports for each fiscal year.

6. Increase the number of participants receiving Information and Assistance in all three counties.
7. Reduce the number of participants on the VAAA waitlist for services.

Action:

FY 2010-2012

1. Work with area long-term care stakeholders and providers to identify low-income/minority families (ongoing).
2. Increase outreach efforts through human service organizations, housing complexes, churches and community health fairs to locate under-served minority and low-income senior citizens (ongoing).
3. Target minority businesses as service providers (ongoing).
4. Continue to work with private and public transportation systems to increase accessibility to services for low-income minorities as well as the rural areas. (Ongoing).
5. Work with health clinics to provide services to under-insured seniors (ongoing).
6. Continue to prioritize older adults in greatest economic/social need.
7. Build a resource network to increase accessibility to services for low-income minorities as well as for those living in rural areas (ongoing).
8. Work with area aging partners to ensure updated, accurate information is disseminated to the community through Information, Assistance and Referral
9. Utilize additional Millage dollars to decrease the waitlist for services. VAAA will also refer participants to Millage funded in-home services, as needed, in order to decrease the waitlist for in-home services.

Utilization of Funds

1. Outreach funds are earmarked for all low-income 60+ persons. Referrals will be made to the identified Focal Points serving each community.
2. Information and Assistance will assist in targeting minority, low-income individuals.

SERVICE DELIVERY PLAN & PARTNERSHIPS ACCESS

Fiscal Years: 2010-2012

Area Agency: Valley Area Agency on Aging

Information & Assistance

Residents in each county of Region V will have identified Focal Points for all Information & Assistance services. By calling a single number in each county, the public will have access to the following: the Medicare/Medicaid Assistance Program (MMAP); employment-related services; volunteer services; and information about all other senior-related services in the community, including in-home care (Case Coordination & Support, Care Management, and MI CHOICE Waiver Programs), legal service, mental health service, grandparent services, caregiver services, support group services, and Older Americans Act and Older Michigianians Act services.

Medicare Medicaid Assistance Program (MMAP) – Volunteer Counselors assisted 1,653 clients in the tri-county area with approximately \$101,129.50 in client prescription savings. A significant portion of their time was assisting older adults to understand and enroll in the new Medicare Part D prescription drug coverage. VAAA maintains a MMAP counselor on site in order to answer incoming Medicare/Medicaid and Medicare Part D informational calls. VAAA plans to continue these efforts, as they have resulted in enhancing access to services, as well as assisting with targeting efforts to attract seniors, low-income and disabled persons to Valley CHOICE programs, along with our efforts to ensure easy access to Medicaid/Medicare information by host MMAP counselors at various venues throughout the tri-county area. VAAA further intends to improve access to MMAP by training counselors in Medicaid/Medicare issues, with a focus on Medicare Part D and Advantage Plan enrollments. MMAP counselors will be able to more effectively assist eligible persons choose a plan. VAAA will continue to utilize the coordinating efforts of the toll-free MMAP telephone service.

The following is a list of MMAP sites and counselors.

VAAA – MMAP Counselor Directory

<u>Burton</u>	810-744-0960 3410 South. Grand Traverse, Burton, MI 48532	Jo Luft
<u>Carman Ainsworth</u>	810-732-6290 2071 Graham Road, Flint, MI 48532	Robert Moore
<u>Communication Access Center</u>	810-239-3112 1631 Miller Road, Flint, MI 48503	Melissa Belivins Margaret Frelich Vernon Gerald Judy Inches
<u>Davison</u>	810-658-1466 10135 Lapeer Road, Davison, MI 48423	Karen Surlis Lee Cherry
<u>Eastside</u>	810-250-5000 3065 North Genesee Road, Flint, MI 48506	Sue Flewelling
<u>Flint Heights Terrace</u>	810-239-2159 63064 Miller Road, Flint, MI 58507	Michele Smith
<u>Flushing</u>	810-659-4735 106 Elms Street, Flushing, MI 48433	Kathy Adamson
<u>Genesee Health Plan</u>	810-232-7789 G-3169 Beecher Road, Suite 104, Flint, MI 48532	Sherika Finklea
<u>Grand Blanc</u>	810-695-3202 12632 Pagels Drive, Grand Blanc, MI 48439	Helen McComb Charles Mitchell
<u>Hasselbring</u>	810-766-7128 1002 Home Avenue, Flint, MI 48505	Lucretia Hollins
<u>Imlay City</u> (Spanish)	810-724-3665 150 S. Almont Ave, Suite C, Imlay City, MI 48444	Norma Young
<u>Kraphol</u>	810-785-2270 G-5473 Bicentennial Drive, Mt. Morris, MI 48458	Ruben Quintantilla Margaret Rabiah
<u>Lapeer</u>	810-245-5866 287 West Nepessing Street, Lapeer, MI 48446	Gretchen Orr
<u>Loose</u>	810-735-9406 707 N. Bridge Road, Linden, MI 48452	Brenda Jordan
<u>Owosso</u>	990-723-8875 300 North Washington Street, Owosso, MI 48867	Barbara Moore
<u>Pierce</u>	810-766-7424 2302 Brookside, Flint, MI 48503	Dennis Lowthian
<u>Swartz Creek</u>	810-635-4122 8095 Civic Drive, Swartz Creek, MI 48473	Jim Drummond
<u>VAAA Program Support</u>	810-239-7671 x247 225 East 5 th Street, Suite 200, Flint, MI 48502	Sharon Duckworth, Alicia Hardy Pat Hubal, Dir. of Comm. Yolanda Johnson Barbara Kirkland Robert Lee Nancy Meyers Jacqueline Watkins

Outreach

Outreach will be conducted through a variety of means, including:

- VAAA staff members will continue to provide informational presentations to civic groups, religious organization, block clubs, community agencies, etc., and increase participation in health fairs.
- VAAA will maintain contacts with organizations which serve older adults who are visually-impaired, hearing impaired, and Spanish speaking.
- VAAA will continue to publish its quarterly e-newsletter, "Valley News".
- Outreach will also be conducted by VAAA service providers, as stipulated by contract.

Transportation

Transportation services are available throughout the tri-county region through the Mass Transportation Authority (MTA) in Genesee County, the Greater Lapeer Transit Authority (GLTA) in Lapeer County, and the Shiawassee Area Transit Authority (SATA) in Shiawassee County. VAAA is represented on the MTA Elderly and Handicapped Advisory Board, and a representative from GLTA is on the Advisory Council for VAAA.

VAAA links clients to MTA, GLTA, or SATA for transportation needs or to transportation services which may better suit their needs. For example, a client from Genesee County requiring out-of-county health services will be linked to the Jewish Community Services which provides that type of transportation. If a nearby senior center provides weekly shopping transportation, appropriate linkages will be made. In Lapeer and Shiawassee Counties, public transportation is limited, so clients may be referred to senior centers and other community organizations for appropriate transportation services.

Care Management/Case Coordination & Support

Referral from the community and designated Focal Points is the process by which persons access the Valley CHOICE programs. Once a referral is made, and as capacity allows, an I & R Specialist will conduct a pre-screen with potential clients to determine which program(s) may best serve the client. Should the client be eligible for the Medicaid Waiver Program, an appointment is made with the client and the VAAA Case Management team will determine eligibility for the Medicaid Waiver Program or the Care Management Program. If the client is not eligible for these two programs, they may qualify for the Case Coordination & Support program, or may just require resource information for other available services. Care Management/Waiver Programs will continue to coordinate care for at-risk clients with multiple needs, as well as coordinate services for the low/no risk clients under the Case Coordination & Support program.

SERVICE DELIVERY PLAN & PARTNERSHIPS
IN-HOME SERVICES
Fiscal Year 2010-2012

Area Agency: Valley Area Agency on Aging

Valley Area Agency on Aging intends to address the needs of our area elderly citizens through the implementation of a centralized “Senior Point of Entry” concept for Region 5 for the years 2010-2012. VAAA will partner with the Resource Genesee for 211. All calls regarding senior services will be forward to VAAA for PSA 5.

Currently, VAAA is the designated site for the “MI CHOICE” Medicaid Waiver program for all of PSA 5. VAAA utilizes the Level of Care (LOC) tool to determine medical eligibility for all three counties (Genesee, Lapeer and Shiawassee). The concept of a centralized intake has proven to be cost effective, as it strengthens uniform screening for eligibility and follow-through. This concept also assists with maximizing the multiple funding streams and eligibility criteria tied to these funding streams, thereby stretching service dollars further in order to serve more people.

VAAA intends to ensure all in-home service programs (Care Management, Waiver, and Case Coordination and Support) will utilize the same assessment and telephone screening tools. VAAA will work to ensure continuity of paperwork between VAAA staff and Lapeer and Shiawassee County Case Managers. Continuity of paperwork will allow for a more effective and efficient use of time and effort when identifying and transferring clients to various programs offered by Valley Area Agency on Aging. VAAA will also review the assessments completed by the Home Delivered Meals program within each county for effectiveness and efficiency.

VAAA will continue to provide the assessments for home-delivered meals in Genesee County. Currently, there are two types of home delivered meals (HDM) recipients: (1) HDM recipients who are referrals to the meal provider via VAAA case managers, as these clients are under the care of qualified health professionals; and (2) HDM clients who referred themselves or were referred by family or other agencies/organizations. These individuals may not be under the care of health care professionals, and therefore, in many cases, are unaware of the various programs and services which may be of benefit to them.

Providing case management for all in-home service recipients, including those receiving home-delivered meals, has broadened the clients’ access to supportive services, and may improve the health status of persons who meet eligibility criteria. For those who do not meet eligibility criteria for the MI CHOICE programs, VAAA plans to meet this need through expansion of VAAA entrepreneurial activates and creation of a private pay program.

VAAA plans to continue oversight of the HDM assessments to:

- Eliminate duplicate assessments
- Maximize and improve utilization of resources;

- Improve the coordination of care
- Improve record keeping, as all NAPIS, cost sharing, and other OSA-mandated reports will be completed by a single-entity
- Allow providers to concentrate on service delivery and not paperwork
- Continue to identify low-income and medically needy persons who may qualify for additional services

This change in service delivery continues to be beneficial for Home-Delivered Meal, Case Coordination & Support, and Care Management clients. By centralizing the case management of in-home services, a seamless approach to case management has been accomplished, which has ultimately improved the quality of care for the clients.

VAAA will not directly provide any of the following services; instead, services will be purchased from providers listed in our provider pool. VAAA intends to purchase the following services in FY 2010-2012:

Chore Maintenance (Genesee County only) – Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence.

Homemaking (region wide) – Routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Homemaking does not include provision of chore or personal care tasks. Social/emotional support of clients may be offered in conjunction with other allowable tasks

Home-Delivered Meals – (assessments/reassessments completed in Genesee County by VAAA staff) Provision of initial assessments and periodic reassessments of individuals' health and social status to determine eligibility for home-delivered meals and other programs

Home Injury Control (region wide) – Provision for adaptations to the home environment of an older adult aged 60+ in order to prevent or minimize the occurrence of injuries. Home injury control does not include any structural or restorative home repair, chore or home making activities. This service does include: enhanced lighting, ramps for improved/or barrier free access, bathroom chairs and grab bars, non-slip treatments, vision or hearing adaptive devices, stairway and/or hallway handrails and smoke and/or gas alarms

Medication Management – (region wide) Provision of direct assistance to Care Management clients in managing the use of both prescription and over-the-counter (OTC) medication. Allowable program components include: Face-to-face review of clients' prescription and OTC medication regimen; regular set-up of medication regimen (PRN), supervision of compliance with medication regimen, cueing via home visit or telephone call communicating with referral sources (physicians, family members, primary caregivers, etc) regarding compliance with medication regimen.

Personal Care (region wide) - Provision of in-home assistance with activities of daily living (ADL) for an individual, including assistance with bathing, dressing, grooming,

toileting, transferring, eating, and ambulation. Personal Care does not include health oriented services.

Personal Emergency Response System (PERS) (funding for Genesee County and expanding to Lapeer and Shiawassee counties within the 2008 fiscal year). Provision of a service system utilizing electronic devices designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a communication connection system. It includes installation and monthly monitoring.

Respite Care (region wide) – Provision of companionship, supervision, and/or assistance with activities of daily living (ADL) for mentally or physically-disabled and frail elderly persons in the absence of a primary caregiver(s). Respite care may be provided at locations other than the client's residence.

SERVICE DELIVERY PLAN & PARTNERSHIPS
COMMUNITY SERVICES
Fiscal Years: 2010-2012

Area Agency: Valley Area Agency on Aging

With limited resources, Valley Area Agency on Aging plans to allocate funds for community services regarded as a high priority, according to the information obtained from surveys and focus groups. The top two priority services were Nutrition and In-Home services. Funds will also be used to address identified gaps in service, whenever possible.

VAAA will request bids from multiple service providers for Chore Maintenance and Home Repair services in Genesee County. VAAA Supports Coordinators will order, or “purchase,” services from providers based on client preferences, cost effectiveness, availability, and quality of services rendered. VAAA will also utilize volunteers to provide these services to whenever possible.

Nutrition services have consistently emerged as a top priority for funding. The need for Home-Delivered Meals is a greater need in comparison to congregate meals. As the seniors age, they become less mobile and require meal delivery. VAAA has allocated 46.03% of its total funding towards Nutrition in FY 2010

Hearing Impaired Case Coordination & Support services and Vision Services will continue to be funded through VAAA. These services are needed more by seniors than by any other age group, and, as the population ages, the need for these services also increases. Seniors are not likely to see this as high priority need until they are personally affected.

Other community services include: Senior Center Staffing and Health Screenings. VAAA will shift its Title III B Senior Center staffing and Health Screenings in order to meet the increased need for Personal Emergency Response Systems and Medication Management in 2010-2012. A detailed summary of all services to be funded, along with allocations and service levels, may be found in the Funded Services section of the Multi-Year Plan.

The need for legal assistance is increasing for seniors, as the occurrence of seniors losing their homes due to legal problems increases. Elder abuse and exploitation also continues to increase. VAAA currently funds Legal Services at 7.7% of its total Title III-B budget.

VAAA will continue to fund this service throughout the Multi-Year Plan because of increasing need. VAAA will also partner with the Sheriff's Department, which receives Genesee County Senior Millage funds for Elder Abuse Investigations and Education.

Long-term Care Ombudsman is also a service that is a priority for funding. As more seniors access long-term care, the need for careful monitoring of long-term care facilities increases.

VAAA will partner with Genesee County Community Action Resource Development (GCCARD), Lapeer County Health Department and Shiawassee Council on Aging, by providing referrals for services. Each agency listed receives senior millage dollars for Minor Home Repair and/or Chore services.

The following are the service definitions for each of the Community Services funded by VAAA:

Adult Day Care – Provision of daytime care for any part of a day, but less than 24 (24) hour care, for functionally impaired or frail elderly persons, aged 60 and older, provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the client's home.

Assistance to the Hearing Impaired and Deaf – Provision of assistance to persons 60 years of age and older, with hearing impairments or who are deaf, to enable them to better compensate for these losses. The service provision includes education/training relative to community services for, and rights and benefits of, hearing impaired and deaf persons, assistance in obtaining benefits and services, training in techniques for adjusting lifestyle and living arrangements in response to hearing impairments and deafness, and community education on hearing impairments and deafness prevention.

Chore Service – Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence, i.e. replacing lights, door locks, window latches, faucet washers or faucets, installing safety equipment, screens and storm windows, cleaning appliances, securing carpets and rugs, etc.

Congregate Meals – Provision of nutritious meals to older individuals in a congregate setting. The service includes provision of nutrition education services and other appropriate nutrition services for older persons.

Elder Abuse Education – Provision of public education programs, targeted to prevent abuse, neglect and exploitation of older individuals.

Health Screenings – Systematic screening of older individuals' health status, supervised by a Registered Nurse, in order to identify or monitor actual and potential health problems and to determine if referral or medical intervention is indicated.

Home Repair – Provision of allowable home repair tasks which make permanent improvement to the residence of a person age 60 years of age or older, to prevent or remedy a sub-standard condition or safety hazard. This service offers permanent restoration and/or renovation to extend the life of the home and may involve structural changes. Home Repair does not include making aesthetic improvements to a home, temporary repairs, chore or home maintenance that must be repeated.

Home Injury Control – Providing adaptations to the home environment of an older adult in order to prevent or minimize the occurrence of injuries. Home injury control does not include any structural or restorative home repair, chore or homemaker activities.

Kinship Respite Care – Provision of companionship, supervision and/or assistance with activities of daily living (ADL) for children (aged 18 and under) living with an older individual (aged 60 and over) who is their primary caregiver, in the absence of the caregiver. Kinship Caregiver Respite Care may be provided at locations other than the client's residence.

Legal Assistance – Provision of legal advice and representation by an attorney (including counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and counseling or representation by a non-lawyer where permitted by law to persons 60 years of age or older.

Long-Term Care Ombudsman/Advocacy – Provision of assistance to residents of long-term care facilities to resolve complaints through problem identification and definition, education regarding rights, provision of information on appropriate rules, and referrals to appropriate community resources. The service also involves assistance to prospective long-term care facility residents and their families regarding placement, financing and other long-term care options, as well as identification and sharing of best practices in long-term care service delivery.

Senior Center Staffing – Provision of funding to support staff persons at a senior center which may include a senior center director, a senior center program coordinator or a senior center specialist.

Vision Services – Provision of specialized vision services for the visually-impaired and older blind persons, which includes: Orientation and mobility training, rehabilitation for activities of daily living (ADL), optometric services to help persons with severe vision loss to utilize remaining vision as effectively as possible, and group education on prevention of, or adjustment to, visual impairment.

SERVICE DELIVERY PLAN & PARTNERSHIPS
AAA ADMINISTERED DIRECT SERVICES
Fiscal Years – 2010-2012

Area Agency: Valley Area Agency on Aging

The Valley Area Agency on Aging plans to directly administer the following programs for FY 2010-2012:

- Care Management – Provision of a comprehensive assessment, care plan development, periodic reassessment, and ongoing coordination and management of in-home and other supportive services for individuals aged 60 years and over, who are medically complex and at risk or in need of nursing facility level of care due to functional and/or cognitive limitations. Services are brokered or directly purchased, according to an agreed-upon care plan, to assist the client in maintaining independence.

Care Management functions include: Eligibility determination, assessment, care plan development/supports coordination, reassessment, and ongoing monitoring. Activities are conducted in accordance with established performance criteria.

- Case Coordination & Support – Provision of a comprehensive assessment of persons aged 60 and over with a complementing role of brokering existing community services and enhancing informal supports systems when feasible. Case Coordination & Support (CCS) includes the assessment and reassessment of individual needs, development and monitoring of a service plan, identification of and communication with appropriate community agencies to arrange for services, evaluation of the effectiveness and benefit of services provided, and assignment of a single individual as the caseworker for each client. VAAA will continue to conduct HDM assessments as these persons benefit from coordination of care, as well.
- Information & Assistance - Provision for assistance to individuals in finding and working with appropriate human service providers who may meet their needs. This service includes information giving (e.g. listing the providers of a particular service category so an individual may make their own contact directly); group presentations; referral (making contact with a particular provider on behalf of an individual); and follow-up contacts with clients to ensure services have been provided and have met the respective service need.

Rationale

In order to provide a seamless care continuum, Valley Area Agency on Aging intends to continue to centralize all intake, eligibility, reporting, record keeping, and case management of all in-home clients in Genesee County. By doing so, VAAA will:

- Streamline reporting and record keeping;
- Expand service delivery;
- Maximize utilization of resources;
- Improve the coordination of care for clients; and
- Eliminate service fragmentation

VAAA has partnered with the State of Michigan to be the designated Medicaid Waiver site for Region 5 since 1998. VAAA has an extensive provider pool to deliver services across the Region 5 area, and VAAA is service neutral, having no vested interest in service delivery proceeds. In order to meet federal guidelines, VAAA will continue to be HIPAA (Health Insurance Portability and Accountability Act) compliant.

ADVOCACY STRATEGY
Fiscal Year: 2010-2012
Area Agency: Valley Area Agency on Aging

Valley Area Agency on Aging (VAAA) takes its advocacy role very seriously. Through its Region 5 Senior Advocates Council, comprised of VAAA Board and Advisory Council members and community activists, VAAA reviews federal and state legislative initiatives and often adopts positions on these issues. These positions are communicated to the state and federal legislators through correspondence, telephone calls, writing campaigns, and in-person meetings. Legislators are often asked to address the Council, and many legislators participate in VAAA's Local Senior Power Day, which is held each year in May, in honor of Older Americans Month. Over 1,700 seniors attended Local Senior Power Day in 2008.

VAAA's Senior Advocacy Council meetings are held the fourth Tuesday of each month at 10:00 a.m. at VAAA offices. The minutes and recommendations from the Committee are shared with the Advisory Council, which may also adopt a position. The Advisory Council position is then shared with VAAA's Executive Board, which will adopt a formal position.

VAAA will attempt to include more grassroots participation in legislative issues in the years to come by hosting legislative forums at various locations around the region and continuing to call for greater participation in the legislative process, thereby expanding our advocacy efforts. Networking with various retiree groups on legislative issues which affect the 60+ population will continue to be a priority as well. Having health care workers, local elected officials, and retired professionals, as well as seniors, involved with the Senior Advocates Council helps to broaden the advocacy base. In FY 2008 the newly named Region 5 Senior Advocacy Council (formally the Legislative Committee) increased its membership from 9 active members to 21. Committee members include seniors from PSA 5, MMAP, Adult Day Care providers, VAAA Board and Advisory Council members, The Disability Network, various in-home providers, transit authorities and local government entities.

In the upcoming years, with budget constraints being imposed, VAAA will pay particular attention to legislation directed at managed care initiatives for both Medicaid and Medicare recipients. Other issues of concern will included the Single Point of Entry (SPE), privatization of Social Security, Medicare Part D, and Reauthorization of the Older Americans Act, as well as other long-term care initiatives for seniors. Due to limited funding of Older Americans Act Programs, VAAA will continue to encourage counties to pass senior millages in an effort to support and expand priority services for older persons.

VAAA will continue to utilize "Valley Alert"; e-mailing information to long term care stakeholders, representatives and other elected officials, regarding pending legislation which requires immediate action.

Finally, due to legislative term limits, as newly-elected officials take office without significant knowledge of the aging network, Valley Area Agency on Aging will continue, through its Senior Advocacy Council, to introduce newly-elected officials to the Area Agency on Aging in order to develop a commitment for senior issues and concerns.

PROGRAM DEVELOPMENT INITIATIVES

**Multi-Year Plan
FY 2010-2012**

State Goal: Work to Improve the Health and Nutrition of Older Adults.

AAA Goal: Work to Improve the Health and Nutrition of Older Adults within PSA 5

AAA Objective: To positively impact chronic disease, and related issues, through Evidence Based Programs

<u>Desired Outcome</u>	<u>Activities</u>	<u>Timeline</u>
A). VAAA will work to grow the Matter of Balance (MOB) Program throughout PSA 5 by 10%	<ol style="list-style-type: none"> 1. Recruit and train coaches to conduct MOB sessions. 2. Recruit and train PT, OT and/or RN's to conduct Guest therapy sessions for the MOB program 3. Recruit sites to host MOB sessions. Site recruitment will include: Senior Centers, Assisted Living Facilities, Foster Care Facilities, Hospital Systems, Physical Therapy facilities, and Nursing Homes. 4. Follow up with sites that conducted MOB sessions in the past; educate and assist regarding sustainability. VAAA will host a workshop for sites regarding sustainability. 	<p>All three counties through out PSA 5 2010-2012</p> <p><u>See above</u></p> <p>Genesee – FY-2010 Lapeer – FY-2011 Shiawassee – FY 2011</p> <p>Genesee FY 2010 Lapeer – FY 2011 Shiawassee – FY 2012</p>

<p>B). VAAA will work with the Arthritis Foundation in promoting their Evidence Based Disease Program</p>	<ol style="list-style-type: none"> 1. VAAA will provide staff to be trained as an Exercise Instructor for the Arthritis Foundation Program. 2. Trained staff will conduct a1 Exercise workshop (1 workshop is 6-8 weeks meeting two times per week) in each county. 	<p>FY –2010</p> <p>Genesee – FY – 2010 Lapeer – FY 2011 Shiawassee – FY 2012</p>
<p>C). VAAA will provide staff to become Personal Action towards Health (PATH) leaders;</p>	<ol style="list-style-type: none"> 1. Trained PATH leaders will conduct a PATH workshop (1 workshop = 6 session course) in each county. 	<p>Genesee –FY 2010 Lapeer – FY 2011 Shiawassee – FY 2012</p>
<p>D). VAAA will provide workshops regarding Nutrition topics such as:</p> <ul style="list-style-type: none"> • Sanitation/Food Safety • Reading nutrition labels • Diets 	<ol style="list-style-type: none"> 1. VAAA to host Nutrition trainings per county. 2. VAAA will partner with Michigan State University Extension (MSU) offices to conduct trainings in Genesee, Lapeer and Shiawassee counties, 	<p>Genesee- FY 2010 Lapeer – FY 2011 Shiawassee – FY 2012</p> <p>Ongoing- 2010-2012</p>

State Goal: Transportation

AAA Goal: Advocate and Educate the community regarding transportation and related issues

AAA Objective: Provide workshops/trainings throughout PSA 5

<u>Desired Outcome</u>	<u>Activities</u>	<u>Timeline</u>
A). Advocate for senior transportation in Genesee, Lapeer and Shiawassee Counties.	<ol style="list-style-type: none"> 1. Collaborate and assist in the development of senior services within the transit authorities within PSA 5 	Ongoing throughout 2010-2012
B). Increase awareness regarding public transportation and senior services	<ol style="list-style-type: none"> 2. Attend the transportation authority meetings throughout PSA 5 	
C). Provide education to transportation providers regarding senior issues.	<ol style="list-style-type: none"> 1. Educate professionals/ seniors/caregivers/and the community through workshops regarding available transit authority services for seniors 	Genesee – FY 2010 Lapeer – FY 2011 Shiawassee _ FY 2012
D). Develop a Transportation Directory for PSA 5	<ol style="list-style-type: none"> 1. Collaborate with the Alzheimer’s Association, Visually impaired services, Hearing Impaired services to develop and present specialized training topics. 2. Work to increase the number of transportation providers throughout the Direct Purchase of Services pool. 	Genesee – FY 2010 Lapeer – FY 2011 Shiawassee _ FY 2012
	<ol style="list-style-type: none"> 1. Develop a Transportation Directory to include: <ul style="list-style-type: none"> • Senior Centers • Faith Based Organizations • Transportation Authorities • Adult Day Care Centers • Private Pay • Medicaid reimbursed options • Taxi services • Other transportation entities 	Genesee – FY 2010 Lapeer – FY 2011 Shiawassee - FY 2012
	<ol style="list-style-type: none"> 2. Post Directory on the website, provide a copy to staff including I & A and Supports Coordinators. 	

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

AAA Goal: Ensure that older adults have a choice in where they live through increased access to information and services within PSA 5.

AAA Objective: Provide updated information regarding long term care services in the most efficient manner.

<u>Desired Outcome</u>	<u>Activities</u>	<u>Timeline</u>
A). Develop relationships with licensed Assisted Living and Foster care facilities	1. Increase the number providers of licensed assisted living and foster care facilities through the Direct Purchase of services (DPOS) process	Ongoing - 2010-2012
B). Increase the number of referrals given by Information and Assistance 10%.	1. Increase media by: a. Television commercials during peak and off peak viewing times b. Radio advertisements c. Written advertisements	Ongoing 2010-2012
	2. Purchase and utilize updated I & A software (HMIS)	FY 2010
	3. Run and analyze reports such as: • Number of phone call received • Peak call times/dates • Track types of referrals • Drop calls • Quality assurance	Ongoing 2010- 2012
	4. Partner with Resource Genesee and 211 to field all calls related to senior services through Genesee and Shiawassee. Staff will work with the Lapeer collaborative to gain information regarding I & A calls in Lapeer County	Ongoing 2010-2012
	5. Collaborate with millage funded senior services in all three counties in order to; increase referrals, reduce multiple waiting lists and reduce any duplication of services. Information will be forwarded to the public through I & A; services will be referred through I & A and Supports Coordinators.	FY 2010- 2012
C) .Decrease cost by 10% and increase efficiency by implementing technology	1. Show a cost savings of 10% by: • Purchasing and Implementing Vendor View resulting in a savings of supplies, staff time and allowing providers to access client updates in real time.	Genesee – FY 2010 Lapeer – FY 2011 Shiawassee - FY 2012
D). Develop a Minor Home Repair /Ramp Directory to assist seniors in obtaining information regarding repairs in order to assist in keeping them in their homes.	1. Post Directory on the website, provide a copy to staff including I & A and Supports Coordinators	Genesee – FY 2010 Lapeer – FY 2011 Shiawassee - FY 2012

State Goal: Protect older adults from abuse and exploitation

AAA Goal: Protect older adults from abuse and exploitation within PSA 5

AAA Objective: To educate persons in detecting elder abuse and exploitation

<u>Desired Outcome</u>	<u>Activities</u>	<u>Timeline</u>
A). Collaborate with community agencies regarding elder abuse and exploitation	<ol style="list-style-type: none">1. Attend regular meetings as announced by the Elder Abuse Task Force2. Partner with the local Sheriff's department and Legal services of Eastern Michigan to conduct trainings for the Direct Purchase of service Providers/ caregivers and the community regarding detecting abuse and exploitation and how to report it.3. Collaborate with the Senior Network within PSA 5 to conduct workshops with topics such as:<ol style="list-style-type: none">a. Financial Abuse, what is it and how to detect itb. How to detect physical and verbal abusec. APSd. Guardianships and other legal procedurese. Competency related issues	Ongoing – FY 2010-2012 Genesee – FY 2010 Lapeer – FY 2011 Shiawassee _ FY 2012 Ongoing -2010-2012

State Goal: Other Goals – Livable communities

AAA Goal: To develop a Livable Communities Collaborative.

AAA Objective: To partner with various entities to grow the livable communities collaborative throughout PSA 5

<u>Desired Outcome</u>	<u>Activities</u>	<u>Timeline</u>
A). Develop a Livable Communities collaborative and or work with the Disability Network and their “Complete Street” initiative.	<ol style="list-style-type: none">1. Mail invitations to various community agencies such as:<ul style="list-style-type: none">• Housing• Senior Centers• AARP• Road commissioners• Elected officials• Churches• Block clubs• Community Service Organizations• Aging Partners• Seniors/Caregivers• Centers for Independent Living	FY 2010
B). Determine what areas for PSA 5 are Livable Community strengths and what are areas of improvement	<ol style="list-style-type: none">1. Have members take the livability assessment to determine areas of focus2. Determine as a collaborative priority areas of focus.3. Begin advocacy efforts in areas such as:<ul style="list-style-type: none">• Home modifications• Housing options• Walk ability• Transportation• Socialization	FY 2010

State Goal: To improve the assessment and services referral process for caregivers with high stress levels.

AAA Goal: Identify Caregivers with high stress levels at initial contact and tailor information, assistance and services to meet the caregiver need in order to reduce stress levels

AAA Objective: Identify Caregivers with high stress levels at initial contact and tailor information, assistance and services to meet the caregiver need in order to reduce stress levels

<u>Desired Outcome</u>	<u>Activities</u>	<u>Timeline</u>
<p>A). Develop an “mini caregiver stress tool” to ask when caregivers are identified at initial contact through I and A</p>	<p>1. Develop tool to:</p> <ul style="list-style-type: none"> • Identify caregivers • Determine stress level • Use tool to “red flag” supports coordinators and other agencies that a caregiver with high stress levels has been identified. 	<p>FY 2010</p>
<p>B). Provide services based on the needs identified by the tool and caregiver</p>	<p>2. Give referrals verbal as well as mailings of services as determined at initial I & A</p>	<p>Ongoing 2010-2012</p>
<p>C). Educate Caregivers regarding available resources and ways to reduce stress</p>	<p>3. Follow up with a phone call and/or mailing to determine if caregiver stress was reduced based on information given</p> <p>4. Update ALL staff regarding caregiver workshops provided through put PSA 5; referral accordingly</p>	<p>Genesee – FY 2010 Lapper - FY 2011 Shiawassee – FY- 2012</p>
<p>D). Add a “Caregiver Corner” the VAAA website</p>	<p>1. Collaborate with agencies such as Alzheimer’s, Kinship Caregivers, Senior Centers and Adult Day Care Facilities and provide education workshops to caregivers. Topics to include: Respite; what is it and why do I need it? How to determine and reduce stress levels; Caregiver Resources</p> <p>1. Caregiver Corner to include articles on various topics related to caregiver issues, workshops and support group information.</p>	<p>Ongoing – 2010-2012</p>

COMMUNITY FOCAL POINTS

Fiscal Years: 2010- 2012

Definition and Rationale for Selection

A Community Focal Point is a facility at which seniors may gain access to information and referrals to programs in the aging network. A minimum of one Community Focal Point must be located in each county that the Area Agency serves. The Community Focal Point must maintain comprehensive resource files in order to provide information and make referrals.

Definition

Valley Area Agency on Aging defines a community as: a county or metropolitan city within a population which exceeds 50,000.

Rationale

The definition is intended to encompass maximum flexibility for the seniors living in Region 5. Region 5 is composed of both rural and urban counties.

Process of Selection

The Community Focal Points were selected based on their ability to collect data and coordinate comprehensive services for the senior citizens in the communities in which they are located and serve.

Effectiveness of Current Designated Focal Points

Current designated Community Focal Points have proven very effective in providing Services for the Region 5 PSA. They have also been instrumental in assisting with the identification of seniors with unmet needs.

There has been a shift in a Community Focal Point in Lapeer County – from Lapeer Regional Hospital to Lapeer County Health Department – as VAAA no longer contracts with Lapeer Regional Hospital for Case Management services. In addition, Human Development Commission has been deleted as a Community Focal Point as this agency was unable to provide contracted services. Subsequently, VAAA no longer contracts with Human Development Commission.

COMMUNITY FOCAL POINTS

Fiscal Years: 2010- 2012

Area Agency: Valley Area Agency on Aging

1. Focal Point: **Valley Area Agency on Aging**
225 E. Fifth Street Suite 200
Flint, MI 48507
(810) 239-7671
- Website: www.valleyaaa.org
- Contact Person: Kathryn C. Boles, Executive Director
- Service Boundaries: Genesee (including the City of Flint), Lapeer, and Shiawassee Counties
- Approximate # of older persons: 90,643
- Accessible Services: All services provided in Region 5, including: Care Management, Case Coordination & Support, Chore/Home Repair, In-home Services, Information & Assistance, Medicare/Medicaid Assistance Program (MMAP), Nutrition, Older Worker Employment Program, and the MI CHOICE Waiver Program.
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2. Focal Point: **Lapeer County Health Department**
Senior Services Division
1800 Imlay City road
Lapeer, MI. 48446
- Website: www.lchd.lapeer.org
- Contact person: Stephanie Simmons, Executive Director
- Service Boundaries: Lapeer County
- Approximate # Of Older Persons: 11,756
- Accessible Services: All services in Lapeer County, including: Senior Centers, Nutrition Programs, Case Coordination Support, Care Management, In-home

services, Respite, Health Screenings, Medication Management, Chore Program, Transportation,

3. Focal Point: **Shiawassee Council On Aging (SCOA)**
300 N. Washington St.
Owosso, MI. 48867
(989) 723-8875

Website: N/A

Contact Person: Bob Bluedorn, Director

Service Boundaries: Shiawassee County

Approximate #
Of Older Persons: 11,528

Accessible Services: All services available in Shiawassee County, including Case Coordination and Support, Chore, In-home Services, Information & Assistance, Medicare/Medicaid Assistance Program (MMAP), Nutrition, Transportation, Adult Day Care

4. Focal Point: **Communications Access Center for the Deaf and Hearing Impaired**
1631 Miller Road
Flint, MI 48503

Website: www.cacdhh.org

Contact person: Peggy Frelich Senior Citizen Program Director

Service Boundaries: Genesee, Lapeer and Shiawassee counties

Approximate #
Of Older Persons: 2,000 profoundly deaf; countless hearing impaired

GLOSSARY OF ACRONYMS IN AGING

Fiscal Years: 2010-2012

Area Agency: Valley Area Agency on Aging

AAA	Area Agency on Aging
AARP	American Association of Retired Persons
AD	Alzheimer=s Disease
ADC	Adult Day Care
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AIM	Aging in Michigan (OSA Publication)
AIP	Annual Implementation Plan
ALF	Assisted Living Facility
4AM	Area Agencies on Aging Association of Michigan
Ana	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to Michigan
ASA	American Society on Aging
CAP	Community Action Program
CBC	Citizens for Better Care
CI	Crisis Intervention
CM	Care Management
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
CCS	Case Coordination & Support

DCH	Department of Community Health
DCIS/CIS	Department of Consumer and Industry Services
DHHS/HHS	U.S. Department of Health and Human Services
DHS	MI Dept. of Human Services (formerly the Family Independence Agency)
DoE	Department of Education
DMB	Department of Management and Budget
DoT	Department of Transportation
EPIC	Elder Prescription Insurance Coverage
ELM	Elder Law of Michigan
FGP	Foster Grandparent Program
FIA	Family Independence Agency
FY	Fiscal Year
GAO	General Accounting Office
GCCARD	Genesee County Community Action Resource Department
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MIChoice
HDM	Home Delivered Meals
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&R	Information and Referral
IADL	Independent Activities of Daily Living
IM	Information Memorandum
IoG	Institute of Gerontology
LEP	Limited English Proficiency
LOC	Level of Care
LSP	Legal Services Program
LTC	Long-Term Care
MAO	Medicare Advantage Organizations
MDS-HC	Minimum Data Set-Home Care
MHR	Minor Home Repair
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
MOB	Matter of Balance
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSU	Michigan State University
MSG	Michigan Society of Gerontology
MTA	Mass transportation Authority
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
NFA	Notification of Financial Assistance
NFCSP	National Family Caregiver Support Program
NFT	Nursing Facility Transition
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
OT	Occupational Therapist
OWL	Older Women's League

PA	Public Act
PATH	Personal Action Towards Health
PERS	Personal Emergency Response System
PI	Program Instruction
POS	Purchase of Service
PRR	Program Revision Request
PSA	Planning and Service Area
PT	Physical Therapist
RFP	Request For Proposal
RN	Registered Nurse
RSVP	Retired and Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SPE	Single Point of Entry
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCM	Targeted Case Management
TSR	Tobacco Settlement Respite (state)
USDA	United States Department of Agriculture
VA	Veterans' Administration
VAAA	Valley Area Agency on Aging
WHCoA	White House Conference on Aging