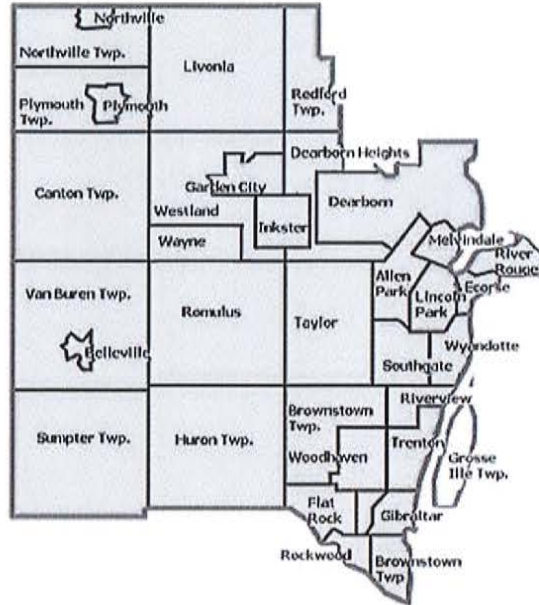


2020-2022 Multi Year Plan  
**FY 2020 ANNUAL IMPLEMENTATION PLAN**  
**THE SENIOR ALLIANCE, INC. 1-C**



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**Planning and Service Area**  
Serves all Wayne County  
(Excluding areas served by Region 1-A)

**The Senior Alliance, Inc. 1-C**  
5454 Venoy Road  
Wayne, MI 48184  
734-722-2830  
1-800-815-1112 (SE Mich only)  
734-722-2836 (fax)  
Tamera Kiger, Executive Director  
[www.aaa1c.org](http://www.aaa1c.org)

**Field Representative Laura McMurtry**  
[mcmurtryl@michigan.gov](mailto:mcmurtryl@michigan.gov)  
517-284-0174

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The Senior Alliance, Inc.

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**County/Local Unit of Govt. Review**

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the MYP. To employ this option the area agency must do the following:

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

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

The Senior Alliance (TSA) will inform each chief elected official of the 34 local units of government comprising the Planning Service Area (PSA) 1-C of southern and western Wayne County of the availability of the 2020-2022 Multi-Year Plan (MYP) for review. Notification of the MYP's availability is also sent to the TSA Board of Directors which is comprised of individuals who have been appointed by the Conference of Western Wayne and the Downriver Community Conference which provides representation for each community TSA serves. TSA's Senior Center Network was also encouraged to share the MYP public hearing notice and weblink of the MYP with their communities.

In May 2019 a letter advising each of planning and service area 1-C's municipalities that a request for a Resolution approving the 2020-2022 MYP will be sent to each Chief Elected Official in late June for legislative action in July. After TSA's Board of Directors approves the 2020-2022 MYP a letter requesting a Resolution of approval of the final MYP by August 1, 2019 will be mailed in late June to each municipality's Chief Elected Official. TSA staff will meet with municipal officials as needed to answer any questions posed by municipalities and can provide printed copies of the 2020-2022 Multi-Year Plan upon request.

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### Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

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

The Senior Alliance, Inc., Area Agency on Aging 1-C (TSA) is a non-profit organization founded in 1980 and designated by the Michigan Commission on Services to the Aging to operate as the Area Agency on Aging (AAA) for Planning and Service Area (PSA) 1C. TSA serves approximately 190,000 older adults age 60 and over in the 34 communities of southern and western Wayne County. In 1998, TSA was authorized to function as an Organized Health Care Delivery System, which allows the agency to serve low-income adults living with disabilities. An 18 member Board of Directors determines TSA's policies. They are advised by an Advisory Council comprised of older adults, service providers, and community stakeholders.

TSA's mission statement is: "We empower people with needs, to live with dignity in the community they choose, by providing available services." The agency's focus is to support activities, services and programs that enable older adults and adults with disabilities to live with dignity and independence within the community of their choosing. An emphasis is placed on assisting frail, low-income, minority and disadvantaged individuals.

TSA is part of a federal aging network headed by the Administration on Community Living, located within the United States Department of Health and Human Services. The Older Americans Act, as amended, (OAA) provides that each state be divided into planning and service areas (PSAs) and an Area Agency on Aging designated within each PSA. The Older Americans Act of 1965, as amended, and the Older Michiganians Act, as amended, provide the legislative authorization and funding basis for AAA programs and services. Both federal and state funds are disbursed to all AAA's by the state unit on aging, the Michigan Aging and Adult Services Agency (AASA).

All persons aged 60 and older and residing in southern and western Wayne County are entitled to receive available services from TSA that are funded by the Older Americans Act and Older Michiganians Act, regardless of their financial or social status. However, TSA will give preference to older persons who are considered to be in the greatest economic and social need.

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

According to the U.S. Census 2017 American Community Survey, planning service area 1-C has a population of 992,846 people. There are 214,047 adults age 60 and over in PSA 1C, amounting to 21.56% of PSA 1C's total population. PSA 1C has 56.3% of Wayne County's total population and 59% of the county's age 60+ population.

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

The Senior Alliance will provide the following services during the period of the 2020-2022 Multi-Year Plan (MYP), either through contracts with service providers or directly:

Adult Day Services  
Care Management  
Caregiver Support, Education & Training  
Case Coordination and Support  
Congregate Meals  
Evidenced-Based Disease Prevention  
Friendly Reassurance  
Home Delivered Meals  
Information & Assistance  
Long Term Care Ombudsman  
Legal Assistance  
Medicare/Medicaid Assistance (MMAP/SHIP)  
Medication Management  
Outreach, Advocacy & Education  
Prevention of Elder Abuse, Neglect & Exploitation  
Senior Center Staffing  
Transportation

The top ten (10) most requested needs in Fiscal Year 2018, as identified by the Information & Assistance Department, were:

1. Medicare/ Medicaid Assistance
2. In-Home services/ long-term services and supports
3. Housing
4. Transportation
5. Food Assistance
6. Loan Closets Equipment & Supplies
7. General Information and Assistance
8. Referrals to Other AAA's
9. Homemaking/Chore Assistance
10. Legal Services

**4. Highlights of planned Program Development Objectives.**

TSA will pursue objectives and activities to further support for older adults in Planning and Service Area 1C, including:

1. Pursuing an advocacy strategy at the local, state and federal levels of government to improve the lives of older adults and their caregivers.
2. Educate individuals, stakeholders and advocates to promote awareness of elder abuse protections, vulnerable adult rights and elder justice.
3. Provide municipalities with technical assistance in pursuit of Communities for a Lifetime designation.

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4. Help older adults maintain their health and independence at home and in their community through implementing the Quality Aging Matrix, training agency staff, as well as understanding best-practices and innovative strategies.

**5. A description of planned special projects and partnerships.**

The Senior Alliance (TSA) is engaged in collaborations and initiatives with a variety of partners in pursuit of improving the lives of older adults in our Planning and Service Area (PSA).

As a result of a collaboration with Area Agencies on Aging (AAA's) across the state and SAGE Metro Detroit, a resource directory, caregiver guide and training was made available for continued Lesbian, Gay, Bisexual, and Transgendered (LGBT) education and awareness during the 2017-2019 Multi-Year Plan period. TSA will continue to take advantage of training opportunities and will use the new Information & Assistance database to further establish, easily identify and make referrals to LGBT affirming resources.

TSA will continue to work with our five contractual partners on the MI Health Link Demonstration project. This demonstration project is exploring a managed long-term services and supports service delivery model for dual-eligible individuals.

TSA will continue to build on the successful federally funded Community-based Care Transitions Program (CCTP) operated by the agency from 2012 to 2017 and evolve community-based services focused on addressing social determinants of health in collaboration with health care entities.

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

TSA will continue to pursue training opportunities and create policies and procedures in accordance with the *AIRS Standards and Quality Indicators for Professional Information and Referral* and the *AASA Standards for Information and Assistance*. The *AIRS Standards* and the *AASA Standards* provide TSA with standardized tools setting benchmarks for every aspect of a quality information and referral service. All eligible Information and Assistance (I&A) staff will obtain the Certification for Community Resource Specialist - Aging/Disabilities (CRS-A/D). The I&A Department operationalize consistent processes that facilitate improved communication internally, among TSA staff and externally, between stakeholders and consumers.

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

The Senior Alliance will continue to apply for grants and or external resources to support services and programs. Opportunities that improve health outcomes and aid long-term services and supports will be sought. Fundraising for the holiday meals program, which operates on Easter, Thanksgiving and Christmas, will be a continued focus. TSA also remains an advocate for a senior millage to be placed before voters by the Wayne County Commission.

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**8. Highlights of strategic planning activities.**

The Senior Alliance will be engaging in a comprehensive strategic planning process in the second half of 2019. The agency's Advisory Council participated in a S.W.O.T. analysis exercise on June 10, 2019. Early in 2019 a Strategic Directors team was established by the CEO to focus attention on developing new strategic initiatives. A planning facilitation agency will begin working with TSA staff during June 2019 on a process that will carry through the end of the calendar year.

Progress on goals and activities outlined in the 2020-2022 Multi-Year Plan (MYP) will be reported to the agency's Board of Directors, including the Board's Program Committee and the agency's Advisory Council.

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**Public Hearings**

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

At least two public hearings on the FY 2020-2022 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available.

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

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

Date	Location	Time	Barrier Free?	No. of Attendees
05/13/2019	TSA Office, 5454 Venoy, Wayl	09:30 AM	Yes	9
05/21/2019	Flat Rock Community Center,	01:00 PM	Yes	0
05/29/2019	Westland Friendship Center, 1	10:00 AM	Yes	10

**SUMMARIES OF PUBLIC HEARINGS**

**The Senior Alliance Office - May 13, 2019**

No members of the public attended. Comments were offered by members of the Advisory Council.



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Comment that transportation is a critical resource.  
Comment that the nutrition program is doing well and growing.  
Comment that legislative advocacy is important for all of these programs.  
Comment that disability services need more attention.

**Flat Rock Community Center - May 21, 2019**

No members of the public offered comment.

**Westland Friendship Center - May 29, 2019**

Four residents discussed their dislike of the "Medicare for All" proposal at the national level.  
Comment for need of assistance with locating a chore worker/handyman, especially for electrician or plumbing assistance.  
Comment for more public outreach to senior centers, independent living communities and assisted living about TSA services.  
A representative from Seniors Helping Seniors wants to see driverless cars promoted and encouraged initiatives to help address transportation needs of seniors.  
Attendees unanimously agreed transportation is a big issue to focus efforts on.  
Kim Parks from Neighborhood Legal Services in Redford Township discussed their services (NLS is a current vendor and bidder in the 2020-2022 funding cycle).  
More intergenerational programming was requested by three attendees, such as seniors and teenage activities together.  
There was concern expressed by two attendees about the shortage of caregivers for aging older adults.  
General comment from attendees – we need more services to maintain independence.  
Attendees agreed that in-person education about services is the best way to present information to older adults.  
More fraud focused education was requested by one attendee.



The Senior Alliance will host THREE Public Hearings for input on the Agency's Multi Year Plan for Fiscal Years 2020, 2021 & 2022. The Multi-Year Plan (MYP) outlines the goals and objectives for Area Agency on Aging services and programs for persons age 60 and older in southern and western Wayne County.

<p><b>Monday, May 13, 2019</b> <b>9:30 A.M.</b> The Senior Alliance Area Agency on Aging 1-C 5454 Venoy Wayne, MI 48184</p>	<p><b>Tuesday, May 21, 2019</b> <b>1:00 P.M.</b> Flat Rock Community Center 1 McGuire Drive Flat Rock, MI 48134</p>	<p><b>Wednesday, May 29, 2019</b> <b>10:00 A.M.</b> Westland Friendship Center 1119 N. Newburgh Road Westland, MI 48185</p>
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The hearing will include a brief overview of the draft Multi-Year Plan, with the majority of time allotted for public comment.

On April 29, 2019, the MYP draft will be available online at:

[www.thesenioralliance.org](http://www.thesenioralliance.org)

**Written comments will be accepted until 4:00 p.m. on Monday, June 3, 2019.**

Please send written comments to:

The Senior Alliance  
5454 Venoy  
Wayne, MI 48184  
Attn: Jason Maciejewski

or by email to [jmaciejewski@thesenioralliance.org](mailto:jmaciejewski@thesenioralliance.org)

**Call 734.727.2058 for more information**



Fiscal Year 2020-2022  
Multi-Year Plan  
Public Hearing  
May 13, 2019  
9:30 A.M.

5454 Venoy, wayne, MI 48184

Name	Organization/Affiliation	Email Address	Phone Number
Danni Nehenya		Neihenya@qcha.com	734-776-4257
Joan Siavarakas	WAJBE COUNTY SENIOR SERVICES	jsiavarak@waynecounty.com	734- 326-5562
Rosemarie Shim	Shim Consulting LLC	rosemarieshim@comcast.net	734-751-8684
Ann Randolph	Sr Alliance Advantage Mobility	curlyann11@sbeglobal.net	734-362-8814 915-5442
Sharon Henley	Sr. Alliance	Sahenley@comcast.net	734- <del>915-5442</del>
Lisa Boyd	Woodhaven Retirement Community	lisabewoodhavenrc.org	734-261-9000
LOIS BEERSAUM	SR. ALLIANCE	norfolk2010@comcast.net	734-259-8287
Susan Rowe	SR. ALLIANCE/MSAC	srowe922@gmail.com	313 949 8905
Denise Brothers	Madonna Univ/Sr Alliance	dbrothers@madonna.edu	734 432 5531



Sign-in Sheet  
2020-2022 MYP Public Hearing #3  
May 29, 2019  
Friendship Center - Westland, MI

1. Das Lotham
2. Kimberly Parks
3. CARMO RIBEIRO, (SHS)
4. Joan Nichols
5. Carle Serber
6. Josa Mitchell
7. Deena Sheet
8. Deane Fritz
9. Barbara P. Meruna
10. ANNEMARIE KURYLO
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_

CARMOSHHS@  
GMAIL.COM

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### Scope of Services

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

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease*" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

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

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

According to the U.S. Census 2017 American Community Survey, planning service area 1-C has a population of 992,846. There are 214,047 adults age 60 and over in PSA 1C, amounting to 21.56% of PSA 1C's total population.

PSA 1C has 56.3% of Wayne County's total population and 59% of the county's age 60+ population.

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

Characteristics of identified needs:

In-home care services, transportation, food assistance, housing, legal services, assistive equipment, general

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in-home services, and general information are among the most requested services from the AAA.

Characteristics in terms of health care coverage:

Approximately 25,000 individuals in PSA 1C are dual eligible for Medicare and Medicaid.

The Senior Alliance's Information & Assistance Department recorded 12,143 call tickets during fiscal year 2018. The top ten (10) requested services were:

1. Medicare and Medicaid Benefit Enrollment Assistance (6,324 contacts)
2. In-home Care, incl. MI Choice Waiver, Care Management, Adult Home Help & Private Pay (4,171 contacts)
3. Housing (1,103 contacts)
4. Transportation (1,076 contacts)
5. Food Assistance (824 contacts)
6. Loan Closet Equipment & Supplies (663 contacts)
7. General Information & Assistance (545 contacts)
8. Referrals to Other AAA's (449 contacts)
9. Homemaker/Chore Assistance (387 contacts)
10. Legal Services (386 contacts)

The Senior Alliance conducted two listening sessions in the planning and service area (PSA) 1-C and received 264 surveys either online or in-person. The surveys were mainly distributed to home-delivered meal participants, congregate meal participants and through senior centers (community focal points). The input surveys do not meet scientific or academic standards.

The top ten (10) most important services currently desired for older adults, as identified in the input survey, are:

1. Senior Center Activities (66.3%)
2. Medicare and Medicaid Benefit Enrollment Assistance (63.2%)
3. Food/Nutrition Services (46.0%)
4. Health & Wellness Workshops (42.2%)
5. Minor Home Safety Modifications (41.1%)
6. Transportation to Medical Appointments (36.2%)
7. Transportation Vouchers for SMART Bus (35.1%)
8. Legal Services (33.9%)
9. Elder Abuse and Fraud/Abuse Education (31.8%)
10. Social Isolation Prevention/Friendly Reassurance (23.6%)

The top ten (10) most important services anticipated to be desired for older adults at a later point, as identified in the input survey, are:

1. Adult Day Care (42.0%)
2. In-home Medical Services/Personal Care (41.3%)
3. Information & Assistance Call Center (41.0%)
4. In-home Non-Medical Services/housekeeping/laundry/indoor chores (38.78%)

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5. Legal Services (37.9%)
6. Transportation Services to Medical Appointments (37.8%)
7. Social Isolation Prevention/Friendly Reassurance (37.5%)
8. Elder Abuse and Fraud/Abuse Education (33.9%)
9. Food/Nutrition Services (33.3%)
10. Transportation Vouchers for SMART Bus (33.1%)

When asked to identify how they prefer to receive information about services and resources, input survey participants answered:

1. U.S. Mail (60.9%)
2. Telephone (23.1%)
3. E-Mail (15.1%)
4. Recorded Voice Message (0.9%)

When asked how they get information about news and events in their community (limit two answers), input survey participants answered:

1. Television (68.4%)
2. Senior Center or Community Center (49.2%)
3. Family and Friends (34.8%)
4. Newspaper Delivered to Home (20.4%)
5. Internet (18.4%)
6. Twitter/Facebook, Instagram or other Social Media (12.0%)
7. Radio (11.2%)

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

TSA supports all of the 34 communities in PSA 1-C. However, TSA identifies and targets those individuals, families, and caregivers at greatest risk. The Older Americans Act requires all Area Agencies on Aging to target persons with the greatest economic and social need, with emphasis on serving low-income and minority individuals.

In April of 2019, TSA's Program Committee (a standing committee TSA's Board of Directors) applied a weighted formula to target underserved communities from U.S. Census American Community Survey data. The formula factored in poverty levels and 60 and older population. Ten municipalities in PSA 1-C will be targeted for increased outreach and program activities such as Senior Project Fresh, MMAP/SHIP outreach and Evidence-based Disease Prevention workshops. The ten targeted municipalities for the 2020-2022 MYP cycle are proposed as:

Inkster  
Ecorse  
River Rouge  
Belleville  
Romulus



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Redford Twp.  
Melvindale  
Sumpter Twp.  
Wayne  
Lincoln Park

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

When identifying people with possible cognitive impairment/dementia and their caregivers, it was found that TSA does not have a standard protocol. TSA does have a standard way of finding out if an individual lives alone, and receives some formal training on dementia/cognitive impairment through the Aging and Adult Services Agency. Care Management and Case Coordination and Support staff utilize an assessment tool that has a section to evaluate cognition. They utilize a person centered planning philosophy to make referrals and connect to community resources.

The *ACL/AoA Dementia Capability Quality Assessment Tool* lead TSA to examine where its strengths lie. First, TSA's I&A staff have received person-centered training. Second, the I&A Department has a network of resources that provide supports and services for the individual with cognitive impairment/dementia. The network of resources includes, but is not limited to: supportive housing, geriatric assessments, health-based organizations, adult day programs, and the Alzheimer's Association. Referrals are regularly made to Care Management and Case Coordination and Support to evaluate the participant in their home and connect to community resources. Finally, TSA has a direct link to a long-term care ombudsman which helps advocate for the rights of the individual.

TSA can improve its dementia/cognitive impairment capability by providing more formalized education and training for staff and creating written policies and procedures for identification and treatment of dementia/cognitive impairment individuals. TSA has 3 staff members who participated in Certified Dementia Communication Specialist training and provided a presentation to the full TSA staff. TSA has a new I&A database, and will continue to add more resources for dementia/cognitive impairments and their caregivers, along with building additional partnerships.

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

TSA will leverage all available partnerships in the event the agency is unable to meet the needs of a client. The Information and Assistance (I&A) resource database contains referrals to external community-based resources. Information on available resources is then relayed to consumers through a person-centered approach providing options counseling as needed. The Community Care Department lists unmet needs on the Person Centered Service Plan and continues to seek resources to meet the need or problem solve with the participant and their allies on alternatives.

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For transportation requests, I&A has a procedure to review all transportation resource options prior to connecting callers to TSA's internal transportation program, which is a ride of last resort.

**6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.**

The Senior Alliance maintains relationships with other agencies and organizations serving older adults in our PSA. When TSA is unable to meet the needs of an individual, other organization's resources are reviewed and potential options presented to the client.

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

As required by the Care Management Performance Criteria, individuals requesting services are screened using the MI Choice Intake Guidelines (MIG) telephone screen. This tool calculates the individual's level of functional and social need based on questions regarding tasks the individual is or is not able to perform independently. The MIG results are used as an initial in-home services prioritization tool with individuals scoring as needing higher levels of assistance being prioritized on the waiting list. Information on community resources are given when a person is placed on a waiting list. At the assessment conducted when the program is able to enroll the individual, economic, functional and social needs are evaluated. All resources available to the person (financial resources, informal supports, other programs available, etc.) are considered when services are implemented, and individuals with the greatest social, functional and economic needs are prioritized for provision of homemaking, personal care and respite care.

Transportation:

A resource in high demand, TSA has a transportation department with multiple vehicles that are able to transport, as a ride-of-last resort. TSA also provides recurring rides to some individuals who attend dialysis, outpatient therapy, or chemotherapy/radiation. An internal waiting list is kept for recurring rides and persons are added as openings become available. The Information and Assistance (I&A) Department evaluates every request for transportation to determine if other community options would meet the needs of the caller prior to making a referral for TSA transportation. Priority is given to those individuals age 60 and older who have no other options for non-emergency medical transportation or rides to essential services such as the Social Security Office or the Department of Health and Human Services.

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

TSA met with its Program Committee, a subset of the Board of Directors, to discuss changes in PSA demographics. This led to modifying targeted communities for the 2020-2022 Multi-Year Plan (MYP). TSA's Advisory Council reviewed the change for increased outreach and program activities to the following targeted communities:

Inkster  
Ecorse  
River Rouge  
Belleville

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Romulus  
Redford Twp.  
Melvindale  
Sumpter Twp.  
Wayne  
Lincoln Park

TSA's Advisory Council reviewed the draft Multi-Year Plan on May 13, 2019 and June 10, 2019. Advisory Council members assisted with collecting input surveys to gain data on priorities. During fiscal year 2019, the Advisory Council has been updated at every meeting on the status of the meals program, the largest contracted Older Americans Act service bid out by the agency.

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

TSA's Information & Assistance department provides information, referrals and individual advocacy to assist older adults, caregivers, and individuals living with disabilities with their questions, concerns and needs.

The Medicare Medicaid Assistance Program explains options older adults have when enrolling for these benefits, including the Part D open enrollment period. Having unbiased information on these important decisions can save older adults money and avert financial distress that could lead entry into the service system.

Friendly Reassurance provides daily phone calls to homebound isolated older adults to assure their well-being, safety, and provide social interaction.

Care Management provides support and links services to adults 60 and older who have complex needs and are at risk of nursing home placement.

Case Coordination and Support assesses an individual's needs and provides linkage and supports for community resources for adults 60 and older.

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**Planned Service Array**

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

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

\* Not PSA-wide

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**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the planned service array narrative.**

The Senior Alliance (TSA) funds the majority of services authorized by the Older Americans Act with state funding because Wayne County does not have a senior millage. TSA does pursue grants and charitable funding, as available.

Nutrition education for home delivered meals, congregate meals, and liquid meals are provided by a Registered Dietician; which is a contracted service with the meal program administration vendor.

TSA provides financial assistance to support senior center staffing in municipalities which submit bids in the planning service area 1-C.

Health screenings are not supported by TSA, but are provided by private entities and are listed in TSA's resource database.

Assistance for the hearing impaired and deaf is a niche service that TSA lists in the resource database.

Counseling services are a niche service that TSA does not have the capacity to fill.

Caregiver supplemental services and caregiver education, support, and training are not provided by TSA.

Funding for these services was discontinued after fiscal year 2014 due to reductions in state funding.

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### Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handling a potential 10% funding reduction from AASA).

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

The Senior Alliance will be participating in a strategic planning process facilitated by an outside organization from August 2019 through March 2020. The agency's executive leadership is meeting three times in June and July 2019 in preparation for the formal process.

The Senior Alliance's Advisory Council held a Strengths Weaknesses Opportunities Threats (SWOT) analysis session on Monday, June 10, 2019. Results were shared with TSA staff and the agency's Board of Directors.

**Strengths identified:** knowledge of agency staff, knowledge of community, experience of staff, accessibility, commitment by the agency, passion of staff, agency leadership, awareness of community, no home-delivered meals waitlist, focus on advocacy, agency is fiscally strong and responsible, ability to make resource referrals, one-stop resource, responsive to community needs, proactive on development of services, agency's campus property, internal transportation program and funding support of community transportation, MI Choice Waiver program, and the Medicare Medicaid Assistance Program.

**Weaknesses identified:** staffing challenges, "best kept secret"/word-of-mouth/no media/no marketing, physical accessibility, ability to conduct external communications, need for continual advocacy due to state legislative term limits, lack of demographic changes due to baby boomers by elected officials and public, various means by which people get information, connection of agency's Board of Directors to the community, budget restrictions for install of ramps and grab bars, relationship with senior centers, ageism by the general population, voices of seniors are silent, reaching isolated population, outreach to hospital social workers, volume of services for targeted communities, no county millage.

**Opportunities identified:** create speakers bureau to present at senior centers/aarp groups/hospitals/faith community, use new communication methods, senior housing, transportation services, advocacy, funding from foundations, CMS innovations funding, seek county millage, opportunity presented by demographic changes, private pay services.

**Threats identified:** forced change from MI Choice Waiver to managed long-term services and supports by insurance companies, lack of knowledge/lack of consideration of older adults by young state legislators,

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state legislative term limits, instability in state and federal budgets/funding, cuts to senior programs and senior centers, the "silver tsunami", lack of a workforce, disproportionate gender representation in legislatures.

**2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.**

The Community Care Department at TSA has a role with both Home and Community-Based Services. The Home and Community-Based Services Waiver program continues to be a key program provided in the planning service area (PSA) 1-C. TSA has demonstrated the capacity to increase enrollment and has been awarded more slots and funding, which has resulted in a smaller MI Choice Waiver wait list in the PSA 1-C. TSA continues to build the infrastructure to respond to the demands of the program, and has recently scored 3.7 out of a possible 4.0 on both administrative and clinical audits from the Michigan Department of Health and Human Services (MDHHS). TSA also continues to invest in a cost-sharing arrangement with MDHHS to have an on-site worker to process Medicaid paperwork with the goal of improving processes and wait times for program participants. TSA considers this partnership with MDHHS to be a best-practice in the field.

The Integrated Care pilot program, MI Health link, began in TSA's PSA 1-C in April of 2015. This provided a unique opportunity for TSA to contract with managed care organizations to assist with the program roll out and ongoing management. While the demonstration project has experienced many challenges, TSA has proven to be valuable to the Integrated Care Organizations (ICO's) because of their expertise with home and community-based services. Staff is social workers and nurses who are comfortable with home visits; and provide supports coordination and ongoing monitoring, and have a network of resources to call upon with TSA's Information and Assistance staff. TSA also has a qualified and credentialed vendor network with the capacity to provide the required home and community-based services. TSA has the staffing and experience to monitor those vendors effectively.

TSA expects to continue to work with the ICO's, but anticipates its role may change as the initiative progresses. This expansion has enabled the agency to pursue its mission of serving older adults with the goal of continuing to live at home in their community. A greater role for TSA in these two (2) programs allows the agency to interact with more individuals and offers various resources to assist older adults and their caregivers. A lesser role would mean fewer older adults would have access to TSA's services and the decades-long experience in community-based long term supports and services offered by TSA.

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

In the event of a 10% funding cut TSA's Advisory Council, Board of Directors, and management team would review current services to evaluate the number of individuals served, the degree of unmet need, and the fiscal investment. This evaluation would result in targeted cuts that may include elimination of program(s) that impact fewer individuals or service needs addressed by other agencies.

TSA currently maintains a fund balance at auditor suggested levels, which allows the agency to smoothly

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manage program funding changes through participant attrition rather than abrupt action.

In addition, TSA's entrepreneurial efforts in the area of integrated care in partnership with ICO's offer new services with the hope that excess revenue can be generated to supplement the more traditional program needs of older adults in planning service area.

The majority of the services authorized by the Older Americans Act available in TSA's PSA 1-C are supplemented by state funding because Wayne County does not have a senior millage. TSA will continue to pursue grants and charitable funding, to further identify other available resources as part of an overall strategy to leverage existing partnerships and those with future potential. Active contribution seeking activities will continue to position the agency to avoid significant service disruption if a reduction in funding occurs. Waiting lists for programs and services that may not have been instituted previously may also occur.

**4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations**

TSA was awarded the National Committee for Quality Assurance (NCQA) accreditation in *Case Management-Long-Term Services and Supports* for MI Choice Waiver in November 2017. This three-year accreditation shows TSA's commitment to continuous quality improvement, solicitation of feedback, and serving the community. NCQA accreditation is recognized by Integrated Care Organizations (ICO's) and helps position TSA to work with them on MI Health Link and future opportunities. TSA plans to continue this accreditation by re-applying in 2020.

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

The Information and Assistance department has transitioned from the IRIS Information and Referral software to a more modern, cloud-based solution, iCarol. The new Information and Referral software allows for database records to be more easily monitored for quality assurance purposes. Phone system reports were previously pulled on a monthly basis to assess call volume and accuracy; these stats are now available on a daily basis. I&A phone calls are randomly selected and reviewed with each I&A Specialist, as a quality and training exercise. Requests for agency resource updates can be processed directly through the iCarol system ensuring the I&A Specialists are providing the most up-to-date information about resources. I&A Specialists have the option to send resources to callers by email putting resources in the hands of those who need them faster.

The TSA community transportation department has upgraded from an Access database built in-house to cloud-based NEMT dispatch software, RoutingBox. This has led to more accurate reporting and better utilization of the TSA owned vehicles. In addition, each driver has a TSA owned iPhone to allow them to access the companion RoutingBox app. The dispatcher is able to pinpoint the exact location of each vehicle which keeps drivers and clients safer. More efficient routing will lead to more clients being served.

TSA continues to use SurveyMonkey to receive input from the community and necessary feedback.

TSA utilizes quality assurance reports generated through the COMPASS software; a quality indicator report



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is run quarterly. This report pulls health and welfare data from completed assessments to identify quality improvement areas such as hospital admissions within 90 days of prior admission, percentage of participants experiencing pain, and those who desire an increase in community inclusion/socialization.

Reports are analyzed quarterly and actions are taken to improve participant health and welfare quality. Annual Quality Management Plan is submitted to Michigan Department of Health and Human Services (MDHHS) that addresses quality assurance and improvements.

TSA maintains a user-friendly website updated information about the TSA programs and upcoming events. TSA is working to build a social media presence through Facebook posts, events, polls, and sponsored ads. TSA also has a public service announcement that runs on public access channels in several of the communities served by TSA.

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**Regional Service Definitions**

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

**Service Name/Definition**  
Caregiver Legal Services- Provisions of legal advice and representation, counseling, education, support by an attorney (including other appropriate assistance provided by a paralegal or law student under the supervision of an attorney), and counseling or representation by a non-lawyer; to eligible caregivers on issues associated with caregiving, as permitted by law.

**Rationale (Explain why activities cannot be funded under an existing service definition.)**  
Historically, legal service funding has been limited to individuals age 60 and above. Caregivers will be allowed access to the necessary and important legal services to become better advocates and meet the needs of their care recipient.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Provision of 1 hour of allowable service.

**Minimum Standards**

- Allowable components:
- Intake- the initial interview to collect demographic data and identification of the client’s legal difficulties and questions.
  - Advice and Counsel- where the client is offered an informed opinion, possible course of action, and clarification of their rights under the law.
  - Referral- if a legal assistance program is unable to assist a client with the course of action that the caregiver wishes to take, an appropriate referral should be made. Referrals may also be necessary when legal service providers observe individual needs which they are unable to resolve, such as: income maintenance, social service, and health service needs.
  - Representation- If the client’s problem requires more than advice and counsel and the case is not referred to another source, the program may represent the person in order to achieve a solution to the legal problem. Representation may include: legal research, negotiation, preparation of legal documents, correspondence, and appearance at administrative hearings or courts of law, and legal appeals, where appropriate.
  - Legal Research- the gathering of information about laws, rights, or interpretation of laws that may be performed at any point after intake has occurred, to resolve a caregiver's legal problem. Such information will be used to assist providers of legal services in counseling individuals, in representing them in hearings and a court of law, or in negotiations with potential legal adversaries.
  - Preparation of Legal Documents- writing documents that serve to protect individual's rights, such as

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contracts, wills, or leases; which may later be used in a court of law.

- Negotiation- as the client's representative, program staff may contact other persons concerned with the client's legal problem in order to clarify factual or legal contentions and possibly reach an agreement to settle legal claims.

- Legal Education- preparation and presentation of programs to inform caregivers of their rights, the legal system, and alternative courses of legal action, as well as, the rights of the care recipient.

**MINIMUM STANDARDS:**

1. Each program must maintain linkages with other caregiver programs, respite care programs, and transportation programs, as available, in the planning service area (PSA) 1-C to help facilitate opportunities for caregivers to attend caregiver legal programs.

2. Program can be offered to caregivers of any age when the care recipient is aged 60 or older and is unable to perform at least two (2) activities of daily living or requires substantial supervision due to a cognitive or other mental impairment. Either the caregiver or care recipient must reside in the PSA 1-C.

3. Caregiver legal programs may be provided to individuals in group settings. Services may be provided in both community and in-home settings.

4. Each legal assistance program shall have an established system for targeting and serving those in greatest social and economic need.

5. Service shall be provided by, supervised by, or have direct contact with an attorney licensed to practice law in the State of Michigan who can perform or supervise any of the components listed above (Allowable Components).

6. A paralegal (defined as: an individual trained in accredited paralegal courses or in the specific legal service subject areas in which they will be assisting an attorney or law student, with under 30 hours of course work under the supervision and guidance of a licensed attorney) may perform any of the components listed above with the exceptions of representation in court and final review of legal documents. Although, a paralegal may represent client at an administrative hearing, representation in court shall be by an attorney. Preparation of legal documents may be assigned to a paralegal. However, all finalized documents shall be reviewed and approved by an attorney.

7. Law students who have completed 30 hours of course work at an accredited law school may perform any of the service components under legal assistance acting under the guidance and supervision of a licensed attorney.

8. Each program shall provide at a minimum: advice and counsel, representation, and educational components.

9. Each program shall demonstrate coordination with local long-term care advocacy programs operating within the project area.

10. When a legal assistance program identifies issues affecting clients which may be remedied by legislative action, such issues shall be brought to the attention of the Area Agency on Aging (AAA), Michigan Aging and Adult Services Agency, and the Michigan Legal Services legislative branch, as permissible and appropriate.

11. Each program shall provide assurance that it operates in compliance with regulations promulgated under the Older Americans Act (OAA), as set forth in 45 CFR Section 1321.

12. Each program that is not part of a Legal Services Corporation project grantee shall have a system to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this definition to individuals with the greatest social and

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economic need.

13. Each program shall make reasonable efforts to maintain existing levels of legal assistance for older individuals being furnished with funds from sources other than Title III Part B of the OAA.

14. A legal assistance provider may not be required to reveal any information that is protected by attorney/client privilege. Each provider shall make available non-privileged, non-confidential, and unprotected information which will enable the AAA to perform monitoring of the provider's performance, under contract, with regard to these operating standards.

15. Each program must give priority to legal assistance related to: income, health care, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and discrimination.

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**Access Services**

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

**Care Management**

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$55,820.00	Total of State Dollars	\$503,822.00

Geographic area to be served  
 PSA 1-C

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

**GOAL:**

Provide quality Care Management (CM) services throughout the entire PSA 1-C.

**ACTIVITIES:**

1. CM clients will receive comprehensive assessment and the desired level of assistance with coordination of services most appropriate to their needs and wishes. Enrollment continues on an ongoing basis.
2. Program quality will be monitored on an ongoing basis. As necessary, program improvements will be made. Staff training will be identified through quality assurance activities and training will be provided, as needed.
3. Implement Quality Aging Matrix survey which will provide a standardized measure of global well being by measuring outcomes rather than outputs. Information is gathered in 15 domains: Daily Functioning, Physical Health, Nutrition, Informal Supports, Social Connections, Mental Health, Substance Abuse, Access to Health Care, Financial Resources, Access to Services, Housing, Safety, Transportation, Legal Status and Caregiver Supports. Staff can use the survey to prioritize focus areas utilizing a person centered planning philosophy.
4. TSA recognizes falls are a serious issue for older adults with 80% of their falls occurring in the bathroom. TSA will take a proactive approach in fall prevention by identifying those who lack bathroom safety

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equipment and provide and install necessary items, if funding is available. TSA provides Personal Emergency Response units and also offers enhanced units that have fall detectors.

5. TSA plans to increase staffing in the upcoming program years to reduce the wait list and serve more program participants.

Number of client pre-screenings:	Current Year:	699	Planned Next Year:	800
Number of initial client assessments:	Current Year:	132	Planned Next Year:	160
Number of initial client care plans:	Current Year:	132	Planned Next Year:	160
Total number of clients (carry over plus new):	Current Year:	495	Planned Next Year:	525
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:65	Planned Next Year:	1:60

**Case Coordination and Support**

<u>Starting Date</u>	10/01/2018	<u>Ending Date</u>	09/30/2019
Total of Federal Dollars	\$215,012.00	Total of State Dollars	\$113,634.00

Geographic area to be served  
PSA 1-C

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

**GOAL:**

To provide quality Case Coordination and Support (CCS) services for older adults within the PSA 1-C.

**ACTIVITIES:**

1. Clients who do not currently need a nursing facility level of service, but are at-risk of needing that level of care; will receive support to prevent or slow a further medical or functional decline. As of April 1, 2019, 306 individuals have been served through CCS. Enrollment continues on an ongoing basis.
2. Program quality will be monitored on an ongoing basis. As necessary, program improvements will be made. Staff training will be identified through quality assurance activities and trainings will be provided, as needed.
3. Implement Quality Aging Matrix survey which will provide a standardized measure of global well being by measuring outcomes rather than outputs. Information is gathered in 15 domains: Daily Functioning, Physical Health, Nutrition, Informal Supports, Social Connections, Mental Health, Substance Abuse, Access to Health Care, Financial Resources, Access to Services, Housing, Safety, Transportation, Legal Status and Caregiver Supports. Staff can use the survey to prioritize focus areas utilizing a person centered planning philosophy.
4. TSA has increased staffing in the CCS program to reduce the wait list and serve more participants. TSA will continue to evaluate in the upcoming program years.

**Information and Assistance**

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
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Total of Federal Dollars \$302,363.00 Total of State Dollars \$45,612.00

Geographic area to be served

PSA 1C

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

**Goal:**

Provide quality Information and Assistance (I&A) services to the entire PSA 1-C through the continued engagement and increased partnerships with community-based organizations, local governments, health care entities, community focal points, and local senior centers to gain relevant and up-to-date information on the needs of the community.

**Activities:**

1. Provide up-to-date information to the entire PSA 1-C by offering appropriate resources and referrals.
2. Update and expand the new I&A resource database utilized by the Information Services department.
3. Continue to measure the quality of calls through ongoing phone monitoring and mentoring sessions with I&A staff and random database checks.
4. Monitor type and quantity of calls coming into the I&A department and set benchmarks for I&A Specialists to strive for.
5. Create a new call flow process allowing internal calls to be transferred and simple requests to be answered while allowing fully trained I&A Specialists to handle the more complex calls and provide Options Counseling when required.
6. Update the I&A internal home health care process to more effectively make referrals for Care Management, Case Coordination and Support, Targeted Care Management, MI Choice Waiver and MMAP for MI Health Link Options Counseling and any other home health care related assistance.
7. Increase I&A staff involvement in Outreach activities.

**Outreach**

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$110,000.00	Total of State Dollars	\$0.00

Geographic area to be served

PSA 1C

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

**Goal:**

Ensure all areas of the PSA 1-C receive information about programs and services available through The Senior Alliance and its vendors.

**Activities:**

1. Information about senior services will be published and dispersed in a wide variety of formats throughout the PSA 1-C, including a quarterly newsletter.
2. Maintain an ongoing relationship with community focal points, including senior centers and senior housing complexes within the PSA 1-C in order to effectively distribute information and support community dwelling older adults, caregivers, individuals and their families.
3. Continue ongoing slide presentations on local community cable channels.

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4. Continue to provide educational presentations, and participate in community health fairs and other outreach events.
5. Continue to offer Medicare enrollment events and benefits check-ups onsite at TSA and throughout the PSA 1-C.
6. Utilize the TSA website and social media as a means of reaching a larger audience across the PSA 1-C

**Transportation (for MATF only)**

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$152,561.00	Total of State Dollars	\$134,866.00

Geographic area to be served  
 PSA 1C

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

**Goal:**

Provide TSA's ride-of-last-resort transportation to clients that are unable to access and/or afford private transportation in and to areas where SMART or other local transportation companies are unable to service.

**Activities:**

1. Residents of the planning service area (PSA) 1-C will have an improved transportation options to access non-emergency medical, housing transitions, benefit application, and enrollment appointments.
2. In collaboration with the I&A department, identify additional community resource options to meet the growing need for transportation services.



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**Direct Service Request**

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as “providing a service directly to a participant.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions; or (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

**Medication Management**

Total of Federal Dollars     \$31,295.00                      Total of State Dollars     \$0.00

Geographic Area Served     PSA 1-C

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

**GOAL:**

Support older adults with Medication Management services throughout planning service area (PSA) 1-C.

**ACTIVITIES:**

1. Person-centered plans will be developed to support individuals in taking medications, as prescribed.
2. Individuals having difficulty affording medications will be offered resources to assist them.

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

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

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

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

(A)

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

A Request for Proposals (RFP) was issued by the agency for Medication Management services in Fiscal Years 2020-2022. No bids were received in response to the RFP. The Senior Alliance will maintain the current Medication Management services, as has been done during the 2017-2019 Multi-Year Plan cycle.

The Medication Management program provides a comprehensive, in-home review of all medications an individual is taking. The in-home review of all medications is essential in identifying situations where an older adult is taking medications incorrectly or does not understand medication instructions. It also provides an opportunity to identify at-risk situations, such as when a person has not filled a prescription for a medication that the physician thinks is being taken, as prescribed.

Medication Management services are offered to adults aged 60 and older who are at-risk of medication errors due to cognitive decline, confusion, historical difficulty in managing medications, trouble in obtaining medications, complex medication regimens, or recent changes in prescribed medications.

Through the Medication Management program, TSA provides staff to assist older adults in effectively taking medications as prescribed by:

1. Addressing barriers for successful medication regime, such as finding programs to assist in paying for medications;
2. Assisting older adults in accessing transportation or medication delivery programs when getting to the pharmacy interferes with taking medications appropriately;
3. Communication with the physician and/or pharmacist (as necessary) to support the individual; and
4. Developing and applying effective medication management systems.

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

There was no discussion at the three 2020-2022 Multi-Year Plan public hearings regarding Medication Management services.

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**Friendly reassurance**

Total of Federal Dollars     \$20,000.00

Total of State Dollars     \$0.00

Geographic Area Served     PSA 1-C

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

GOAL: Provide a point of social contact for isolated older adults in planning service area 1-C.

**ACTIVITIES:**

- 1) Place up to five phone calls per week to participants, providing a social contact.
- 2) Increase the number of program participatns through outreach to older adults and their caregivers participating in other programs offered through The Senior Alliance.
- 3) Provide information on the program through outreach to Community Focal Points, local elected leaders and other agencies providing services to older adults.

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

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

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

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

(A)

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

A Request for Proposals (RFP) was issued by the agency for Friendly Reassurance services in Fiscal Years 2020-2022. No bids were received in response to the RFP. The Senior Alliance will continue to provide Friendly Reassurance services, as has been done during the 2017-2019 Multi-Year Plan cycle. Friendly Reassurance calls are routinely placed by Title V Senior Community Service Employment Program (SCSEP) personnel. SCSEP participants receive training and experience with data collection, record keeping, telephone etiquette and how to handle emergencies on the phone while rotating through their Friendly Reassuarce expereince. SCSEP participants have access to Information & Assistance and Medicare

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Medicaid Assistance Program staff to assist with resources for Friendly Reassurance program participants.

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

There was no discussion at the three 2020-2022 Multi-Year Plan public hearings regarding Friendly Reassurance.

**Long Term Care Ombudsman**

Total of Federal Dollars     \$17,420.00

Total of State Dollars     \$66,490.00

Geographic Area Served     PSA 1-C

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

GOAL: The Long-Term Care Ombudsman (LTCO) will advocate for residents in long-term care setting by educating long-term care providers and caregivers on multi-disciplinary approaches to quality person-centered care.

**ACTIVITIES:**

1. Conduct outreach activities to resident councils, providing education on person-centered planning.
2. Provide information and training on quality of care to long-term care staff.
3. Build and maintain relationships with local academic institutions to engage students who are interested in advocacy and elder rights protection.

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

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

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

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

(A)

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

A Request for Proposals (RFP) was issued by the agency for Long-Term Care Ombudsman services in Fiscal Years 2020-2022. No bids were received in response to the RFP. The Senior Alliance will maintain the current Long-Term Care Ombudsman, as has been done during the 2017-2019 Multi-Year Plan cycle. The LTCO is an

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independent voice, co-located at The Senior Alliance's office. The LTCO is provided resources including: locked office space, use of secure information technology tools and immediate access to Information & Assistance staff, Medicare Medicaid Assistance Program staff and Community Care Department staff. The Senior Alliance also has significant experience with volunteer recruitment and management to assist the LTCO.

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

There was no discussion of services provided by the LTCO at any of the three 2020-2022 Multi-Year Plan Public Hearings.

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**Regional Direct Service Request**

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

Area agencies that request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the regional service and enter the information requested pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2020-2022. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Regional Direct Service Budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Regional Direct Service Budget details.

Please skip this section if the area agency is not planning on providing any regional services directly during FY 2020-2022.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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

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

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### Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:

1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals (Listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

#### Area Agency on Aging Goal

##### A. Advocate, inform and empower those we serve.

State Goal Match: 1

##### Narrative

The Senior Alliance will pursue an advocacy strategy at the local, state and federal levels of government to improve the lives of older adults and their caregivers.

##### Objectives



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1. Serve as an information resource for elected officials on programs and services that impact the lives of older adults and their caregivers.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Provide information to governmental stakeholders on the impact of programs such as Care Management, Case Coordination and Support, Nutrition services, Transportation and other Older Americans Act funded programs.
2. Meet annually with legislative staff to provide updates on resources their constituents may find useful.
3. Provide information to elected officials on how proposed legislation or administrative rules might impact services delivered through Area Agencies on Aging and our network partners.

Expected Outcome

Elected officials will be better informed about the work done by Area Agencies on Aging (AAA) and have the ability to link their constituents to AAA's for resources. AAA's will be viewed as an informational resource for elected officials evaluating policy and budget items concerning older adults.

2. Advocate on behalf of older adults for increased appropriations to the community-based LTSS, including the MI Choice Medicaid Waiver Program.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Engage elected officials on the role AAA's play in LTSS.
2. Meet with elected officials to provide education on the experience of AAA MI Choice Medicaid Waiver agents in operating the program and the general state of Long Term Services and Supports (LTSS).
3. Provide elected officials information on how the MI Choice Medicaid Waiver program is operating in PSA 1C.
4. Support the advocacy efforts of AAA stakeholders by providing legislative updates on budget processes involving LTSS.
5. Support the advocacy efforts of AAA stakeholders by providing legislative updates on policy proposals involving LTSS.

Expected Outcome

Increased awareness by elected officials of the impact and operations of the MI Choice Medicaid Waiver program and other LTSS initiatives. Increased LTSS appropriations to address waitlists and projected demographic growth in the eligible population. A move toward rebalancing the funding spent on LTSS in Michigan so the percent of appropriations spent on community-based services at least meets the national average spent by individual states.

3. Advocate on behalf of older adults for increased appropriations to the State of Michigan Aging & Adult Services Agency (AASA).

Timeline: 10/01/2019 to 09/30/2022

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Activities

1. Engage elected officials on the role AAA's play in the delivery of programs and services to older adults.
2. Provide elected officials information on how programs and services funded through the Aging & Adult Services Agency (AASA) are operating in PSA 1C.
3. Collaborate with other members of the Silver Key Coalition to advocate for increased funding for AASA programs in the State of Michigan Department of Health & Human Services budget to address unmet needs and reduce wait lists for services.
4. Support the advocacy efforts of AAA stakeholders by providing legislative updates on budget processes involving AASA.
5. Support the advocacy efforts of AAA stakeholders by providing legislative updates on policy proposals impacting older adults and their caregivers.

Expected Outcome

Increased awareness by elected officials of the impact and operations of programs and services delivered through funding from AASA. Increased appropriations in the AASA budget to address unmet needs, reduce waitlists and meet projected demographic growth in the eligible population.

4. Inform and empower older adults, caregivers and stakeholders on issues impacting the lives of older adults in PSA 1C.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Conduct outreach to the community in PSA 1C on advocacy issues, available programs and services offered through AAA 1C.
2. Provide Legislative Updates to Community Focal Points, local government officials and other stakeholders on legislative and budget activities at the state and federal level.
3. Engage Community Focal Points, clients and stakeholders by providing Advocacy Action Alerts on policy and budget items impacting older adults.

Expected Outcome

Residents of PSA 1C and stakeholders will be better informed about issues of importance in aging services. Individuals will be empowered to advocate on behalf of older adults. AAA's will be viewed as an informational resource for policy and budget information concerning older adults.

**B. Promote elder and vulnerable adult rights and justice.**

State Goal Match: 3

Narrative

The Medicare Medicaid Assistance Program (MMAP) and the Long-Term Care Ombudsman (LTCO) AAA 1C and our partners will educate individuals, stakeholders and advocates to increase awareness of elder abuse protections. AAA 1C will work to ensure equal access and inclusivity to resources for older adults of all physical, mental, and cognitive abilities, regardless of sexual orientation, gender identity, gender expression, race, ethnicity or veteran status.

Objectives

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1. Provide information and education to older adults, caregivers and stakeholders to raise awareness about elder abuse.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. MMAP, the Long Term Care Ombudsman and other AAA 1C staff will collaborate with Adult Protective Services, legal assistance programs, the federal Administration on Community Living (ACL), the Michigan Department of Health & Human Services, and other community organizations to raise awareness and prevent elder abuse.
2. Participate as presenters and an information resource at health fairs, senior fairs, and at public outreach events to raise awareness of elder abuse issues, especially abuse related to financial exploitation.

Expected Outcome

Older adults, caregivers and stakeholders in PSA 1C will have an increased awareness about elder abuse and exploitation.

2. The Long Term Care Ombudsman will work to increase coordinated and collaborative approaches to assisting older adults and their caregivers understand long-term care.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. The Long Term Care Ombudsman (LTCO) will pursue a person-centered, multi-disciplinary team care planning approach involving all disciplines related to resident care services, including outside clinical services.
2. The LTCO will distribute written materials to family councils regarding resolving concerns.
3. The LTCO will provide and participate in community educational programs.
4. The LTCO will maintain relationships and open communication with the Medicare/Medicaid Assistance Program, state Adult Protective Services, the Michigan Department of Human Services, legal services providers, MPRO, the state Bureau of Child and Adult licensing, the state Attorney General's Health Care Fraud Unit, and other relevant community organizations.

Expected Outcome

Information about long term care and the prevention of elder abuse will be communicated to partner organizations and throughout PSA 1C. The LTCO will establish relationships with key stakeholders and state agencies to quickly report elder abuse and exploitation.

3. Advocate at the state and federal levels for the rights of older adults.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. AAA 1C will include advocacy for stronger elder abuse laws and strengthening of the federal Elder Justice Act in its annual Advocacy Platform.
2. AAA 1C will activate its advocacy network to engage state and federal officials on legislation impact elder justice and the rights of older adults.

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Expected Outcome

Awareness of the importance of protecting older adults from various types of abuse and exploitation will be increased among elected officials.

**C. Provide municipalities with technical assistance in pursuit of Communities for a Lifetime designation.**

State Goal Match: 5

Narrative

Communities for a Lifetime (CFL) focuses on the aging network, public, municipal, and private partnerships to assess the aging-friendliness of communities. Pursuing and implementing CFL principals assists municipalities retain and attract residents of all ages, fostering communities that can thrive with opportunities for quality living across all ages.

Objectives

1. Provide all 34 municipalities in PSA 1C information on Communities for a Lifetime designation.  
Timeline: 10/10/2019 to 09/30/2020

Activities

1. Send information on Communities for a Lifetime (CFL) designation to all senior centers and municipal Chief Elected Officials by December 1, 2019.
2. Provide an overview of CFL to the municipal officials in attendance at a Conference of Western Wayne and a Downriver Community Conference meeting in 2019.
3. Provide technical assistance to any municipalities pursuing CFL designation in PSA 1-C.

Expected Outcome

Awareness of the CFL designation and the process involved in pursuing the recognition will be provided to stakeholders in all 34 municipalities in PSA 1C.

2. Provide technical assistance to any municipality electing to pursue Community for a Lifetime designation.  
Timeline: 10/01/2019 to 09/30/2020

Activities

1. TSA staff will attend any planning meetings for municipalities exploring CFL designation.
2. TSA staff will facilitate and provide technical assistance to committees formed by municipalities to work on a CFL designation application.
3. TSA staff will facilitate information exchange and technical assistance between municipalities seeking CFL designation and AASA.

Expected Outcome

Municipalities pursuing Communities for a Lifetime designation will have the partnership and support of TSA during the application process.

**D. Help older adults maintain their health and independence at home and in their community.**

State Goal Match: 2

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#### Narrative

The Quality Aging Matrix will be used to provide a standardized measure of global well being by measuring outcomes rather than outputs in the Care Management program. Information will be gathered across 15 domains, enabling TSA staff to identify areas of focus through person centered planning philosophy.

TSA recognizes falls are a serious issue for older adults, with 80% of falls occurring in the bathroom. TSA will take a proactive approach toward fall prevention by evaluating Care Management program participants who lack bathroom safety equipment, providing and installing fall prevention assistive technologies as needed. TSA plans to complete 100 bathroom safety equipment installs during fiscal year 2020, 150 installs during fiscal year 2021 and 200 installs during fiscal year 2022.

#### Objectives

1. Implement use of the Quality Aging Matrix survey in the Care Management program.  
Timeline: 10/01/2019 to 09/30/2022

#### Activities

1. Use the Quality Aging Matrix to provide a standardized measure of global well being by measuring outcomes rather than outputs in the Care Management program.
2. TSA staff will gather information across 15 domains: Daily Functioning, Physical Health, Nutrition, Informal Supports, Social Connections, Mental Health, Substance Abuse, Access to Health Care, Financial Resources, Access to Services, Housing, Safety, Transportation, Legal Status and Caregiver Supports.
3. Utilizing person centered planning philosophy, TSA staff can use the Quality Aging matrix survey to identify focus areas.

#### Expected Outcome

A focus on quality outcomes in the Care Management program. Identifying areas of care focus that can be incorporated into person centered planning.

2. Provide and install bathroom safety equipment for Care Management program participants to reduce fall risk, if funding is available.  
Timeline: 10/01/2019 to 09/30/2022

#### Activities

1. TSA staff will identify Care Management program participants who lack bathroom safety equipment.
2. TSA will provide and install necessary bathroom safety equipment.
3. TSA will provide Personal Emergency Response (PERs) units and also offer enhanced PERs units with fall detectors.

#### Expected Outcome

With available funding, a reduced rate of falls in the bathroom due to the installation of assistive technologies.

3. Train agency staff to understand and meet the changing needs of older adults and individuals living with disabilities to ensure quality, coordinated care, and accessibility of available services throughout PSA 1-C.

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Timeline: 10/01/2019 to 09/30/2022

Activities

1. Agency staff will continue to participate in cultural competence and diversity trainings to promote inclusive agency culture and understand the community.
2. TSA will continue to work with SAGE (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders) to provide sensitivity training for staff, as related to older adults.
3. TSA will make training available on-demand through the agency's web-based human resources portal.
4. Continue participation in professional aging organizations to understand best practices and innovations in services. (i.e. n4a, American Society on Aging, Meals on Wheels America, Southeast Michigan Senior Regional Collaborative, MI-AIRS Board, etc.).

Expected Outcome

Improvement in staff knowledge will result in increased accessibility and efficient services provided to individuals and their caregivers in PSA 1-C.

4. Provide basic needs outreach (housing, food resources, social isolation) to promote successful aging-in-place.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Provide outreach to raise awareness of the Friendly Reassurance program as a way to combat social-isolation and increase the number of participating clients.
2. Maintain information on TSA's website to improve resource awareness for older adults, individuals living with disabilities, and their caregivers.
3. Continue to outreach to community groups, organizations (e.g. Community Focal Points, Chambers of Commerce etc.) and government officials to increase awareness of the agency's Information & Assistance main line phone number as a gateway to appropriate information and resource referrals.

Expected Outcome

Awareness of the availability of resource information and service referrals will be increased, enabling older adults to remain as independent as possible in the community.

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### Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

Include what advocacy efforts (if any) the area agency is engaged in that are related to the four priority advocacy areas the State Commission on Services to the Aging is focusing on: Transportation, Direct Care Worker Shortage, Reduce Elder Abuse and Eliminate the Wait List for home delivered meals and in-home services. Also identify area agency best or promising practices (if any) in these four areas that could possibly be used in other areas of the state.

**Advocacy Platform** - Each year TSA's Board of Directors will approve an Advocacy Platform focusing on issues important to older adults at the state and federal levels of government. By addressing issues contained in the platform TSA will impact quality of life by giving voice to the range of issues impacting older adults and their caregivers, including increased program appropriations, a modernized Older Americans Act and stronger laws on elder abuse/fraud.

**Advisory Council** - The Senior Alliance's (TSA's) Advisory Council membership will advocate on behalf of older adults by participating in Older Michiganians Day and contacting elected officials through agency-issued Advocacy Alerts dealing with federal and state budget issues, re-authorization of the Older Americans Act, and other issues affecting older adults.

**Board of Directors** - TSA's Board of Directors will establish relationships with elected officials and stakeholders to discuss public policy issues including: federal and state budget issues, re-authorization of the Older Americans Act, and other issues affecting older adults. Input from the Advisory Council and TSA staff will be considered, as advocacy positions are considered for approval.

**Community Focal Points** - TSA will provide information to the planning service area (PSA) 1-C's community focal points, including the senior center network, to empower them to advocate on issues of interest.

**Engaging Municipal Elected Officials** - The Chief Executive Officer and management team will maintain an open-door policy for officials from the 34 municipalities within PSA 1C to discuss issues and opportunities affecting older adults and individuals living with disabilities in their community. Advocacy Alerts will be electronically distributed to the Chief Elected Official in each municipality.

**State & Federal Government Advocacy** - The Chief Advocacy Officer will meet in-person with members of Congress and State legislators, in Washington D.C. and Lansing, or their designated staff, who represent the PSA 1-C. Relevant advocacy briefs developed by the Aging and Adult Services Agency, National Association of Area Agencies on Aging, the Area Agencies on Aging Association of Michigan, and the Silver Key Coalition, will be provided to these officials.

**Senior Millage in Wayne County** - TSA will seek partnerships with interested stakeholders to advocate for a county-wide senior millage that would support an array of services benefiting older adults.

**Eliminate Wait Lists for In-Home Services** - The Senior Alliance will work with its partners in the Silver Key Coalition in advocating for increases to the in-home and nutrition services line items in the state budget for the Department of Health & Human Services. This effort is focused on continuing progress toward the goal of making Michigan a "no-wait state" for non-Medicaid in-home services.

**Reauthorization of the Older Americans Act** - The Senior Alliance will continue to advocate for reauthorization and modernization of the Older Americans Act (OAA). The OAA is the foundation of our nation's aging policy and the touchstone for the aging services network.

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**Develop Outreach, Information and Services for Underserved Populations** - In pursuit of our mission, the Senior Alliance supports policies and appropriations to expand outreach, resource information and services to underserved populations, including low-income, racial and ethnic minorities, immigrants, refugees, isolated individuals and those identifying as LGBTQA.

**Reduce Elder Abuse and Exploitation** - The Senior Alliance supports appropriations and policies to further expand initiatives authorized by the federal Elder Justice Act (EJA) and initiatives at the state level to protect older adults from abuse and exploitation. Services delivered by Adult Protective Services and Long Term Care Ombudsmen are critical to assisting the 1 in 10 older adults who are the victims of abuse.



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### Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:

- a. Commissions Councils and Departments on Aging.
- b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
- c. Public Health.
- d. Mental Health.
- e. Community Action Agencies.
- f. Centers for Independent Living.
- g. Other

The Senior Alliance (TSA) works with Integrated Care Organizations to assist with delivering person centered care and long term supports and services for those enrolled in the MI Health Link Demonstration Project. TSA continuously works in collaboration to meet program participant needs, wishes, and preferences.

TSA focuses Evidence Based Disease Prevention workshop funding to contractors providing falls prevention, exercise classes and diabetes education.

TSA attends statewide meetings that includes CIL's, MI Choice Waiver agents, and Michigan Department of Health and Human Services staff. TSA works locally with the Disability Network of Wayne County (DNWC) to coordinate nursing facility transitions and collaboratively provide outreach to local nursing facilities to educate on the program. To make it easier for nursing facility staff to make referrals, TSA collaboratively produced a NFT "bookmark" that includes contact information for both local MI Choice Waiver agencies and DNWC.

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

TSA will continue to leverage partnerships with our contracted community-based providers to focus on preventative, health promotion, and self-management services. In fiscal years 2020-2022 TSA's contracted vendors will focus on making EBDP workshops available in all 10 of our targeted municipalities.

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### Community Focal Points

**Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.**

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

A community is defined as, "an area of service that is comprised of, but not limited to, the jurisdictional boundaries or a municipality. This area of service for the aging includes factors, such as: the location of municipal offices, supportive services, health care facilities, commercial and recreational centers, education institutions, and ethnic and religious centers".

The Senior Alliance's (TSA's) rationale for Community Focal Points (CFP's) is to ensure organizations provide an integral link between older adults and available services capable of meeting the individual's needs.

To be TSA's CFP, an organization must:

1. Complete the CFP application packet:
  - a) Applications will be reviewed by the Planning Manager.
  - b) The Information and Assistance Manager will confirm that the agency's resource database profile is up to date and provide information, as needed, to verify CFP criteria.
2. Following an initial on-site visit, recommendations from TSA's management will be given to TSA's Advisory Council:
  - a) TSA's Advisory Council will review the recommended CFP's at an open meeting and will make their recommendation to the Board of Directors for approval;
  - b) The Board of Directors, whose membership includes local elected officials, and whose members are approved by local elected officials, approve CFP designation.

TSA has criteria to designate CFP's

1. Ability of the site to meet the service needs of older adults, including direct access to existing I&A and emergency services;
2. Service availability at least 25 hours a week;
3. Designated site must be barrier free/handicapped accessible;
4. Location should be readily accessible for older adults with easy access using public or private transportation;
5. Potential to accommodate additional services and/or on-site collaboration of services with other providers is strongly encouraged;
6. Outreach efforts to expand service utilization by all older adults, including: low-income, minority, frail, isolated, and disabled older adults living in the vicinity; services must be directly provided through the facility or

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program, unless otherwise noted;

7. Ability to provide and/or make reasonable on-site accommodations for at least seven direct services.

Current CFP's were established utilizing the new CFP definition, as approved by TSA's Board of Directors in fiscal year 2012.

Recognizing the changing needs in the planning service area (PSA) 1-C, under the direction and support of the Advisory Council, TSA will revise the designation process for local CFP's in fiscal year 2017 to include a broader group of community partners. Updating the existing standards for CFP designation will ensure inclusivity, promote collaborative capacity building, and provide sufficient access to information and services for older adults, individuals living with disabilities, and their caregivers.

**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:	Westland Friendship Center
Address:	1119 North Newburgh Road, Westland, MI 48185
Website:	www.cityofwestland.com
Telephone Number:	(734) 722-7628
Contact Person:	Barbara Marcum
Service Boundaries:	City of Westland
No. of persons within boundary:	15,996
Services Provided:	A, B, C, D, G, H, I, K, L, M, O, Q, S, T, U, V

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Name:	Woodhaven Senior Center
Address:	23101 Hall Road, Woodhaven, MI 48183
Website:	www.woodhavenmi.org
Telephone Number:	(734) 675-4926
Contact Person:	Shelly Clark
Service Boundaries:	City of Woodhaven
No. of persons within boundary:	2,583
Services Provided:	C, G, H, I, J, L, O, R, S, V

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Name:	Wyandotte-Copeland Recreation Center
Address:	2306 4th Street, Wyandotte, MI 48192
Website:	www.wyandotte.net
Telephone Number:	(734) 324-7275
Contact Person:	Joanne Lanagan
Service Boundaries:	City of Wyandotte

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No. of persons within boundary: 5,029  
Services Provided: A, C, E, F, G, H, I, O, Q, R, S, V

Name: Romulus Senior Center  
Address: 36525 Bibbins, Romulus, MI 48174  
Website: www.romulusgov.com  
Telephone Number: (734) 955-4120  
Contact Person: Rose Swidan  
Service Boundaries: City of Romulus

No. of persons within boundary: 3,633  
Services Provided: A, B, C, E, F, G, H, I, J, K, L, M, N, O, Q, R, S, T, U, V

Name: Southgate Senior Center  
Address: 14400 Dix-Toledo Highway, Southgate, MI 48195  
Website: www.southgate-mi.org  
Telephone Number: (734) 258-3066  
Contact Person: Lynn Smith  
Service Boundaries: City of Southgate

No. of persons within boundary: 6,654  
Services Provided: A, B, C, E, F, G, H, I, J, K, ,L, N, O, P, Q, R, S, T, U, V

Name: Sumpter Senior Center  
Address: 23501 Sumpter Road, Sumpter Township, MI 48111  
Website: www.sumptertwp.com  
Telephone Number: (734) 461-9373  
Contact Person: Maryann Watson  
Service Boundaries: Sumpter Township

No. of persons within boundary: 1,637  
Services Provided: A, C, D, E, G, H, I, J, K, N, O, P, R, S, T, U, V

Name: Taylor-William Ford Senior Center  
Address: 6750 Troy, Taylor, MI 48180  
Website: www.cityoftaylor.com  
Telephone Number: (313) 291-7740  
Contact Person: Lori Runkle  
Service Boundaries: City of Taylor

No. of persons within boundary: 11,354  
Services Provided: B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V

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Name: Trenton Senior Center  
Address: 2800 Third Street, Trenton, MI 48183  
Website: www.trentonmi.org  
Telephone Number: (734) 675-0063  
Contact Person: Carol Garrison  
Service Boundaries: City of Trenton  
No. of persons within boundary: 4,842  
Services Provided: B, E, G, H, J, K, L, M, O, P, Q, R, S, T, U

Name: Van Buren-September Days Senior Center  
Address: 46425 Tyler, Belleville, MI 48111  
Website: www.vanburen-mi.org  
Telephone Number: (734) 699-8918  
Contact Person: Lynette Jordan  
Service Boundaries: Van Buren Township/City of Belleville  
No. of persons within boundary: 4,200  
Services Provided: A, B, C, D, E, F, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V

Name: Allen Park-Parks and Recreation  
Address: 15800 White Street, Allen Park, MI 48101  
Website: www.cityoffallenpark.org  
Telephone Number: (313) 928-0771  
Contact Person: Carson Smith  
Service Boundaries: City of Allen Park  
No. of persons within boundary: 6,374  
Services Provided: A, C, D, E, G, H, I, K, P, Q, R, S, T, U, V

Name: Brownstown Township  
Address: 21313 Telegraph Road, Brownstown Township, MI 48183  
Website: www.brownstown-mi.org  
Telephone Number: (734) 675-0920  
Contact Person: Amy Thomas  
Service Boundaries: Brownstown Township  
No. of persons within boundary: 4,796  
Services Provided: A, B, C, E, G, H, I, L, M, N, O, Q, R, S, V

Name: Canton Senior Adult Programs  
Address: 46000 Summit Parkway, Canton, MI 48188

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Website: www.canton-mi.org  
 Telephone Number: (734) 394-5485  
 Contact Person:  
 Service Boundaries: Canton Township  
 No. of persons within boundary: 13,112  
 Services Provided: A, B, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V

Name: Dearborn Heights - Berwyn Senior Center  
 Address: 26155 Richardson, Dearborn Heights, MI 48127  
 Website: www.ci.dearborn-heights.mi.us/PR\_Berw.cfm  
 Telephone Number: (313) 791-3550  
 Contact Person: Kim Constan  
 Service Boundaries: City of Dearborn Heights  
 No. of persons within boundary: 12,032  
 Services Provided: A, B, C, E, F, G, H, I, J, K, L, M, O, S, V

Name: Dearborn Heights - Eton Senior Center  
 Address: 4900 Pardee Avenue, Dearborn Heights, MI 48125  
 Website: www.ci.dearborn-heights.mi.us/PR\_Eton.cfm  
 Telephone Number: (313) 277-7765  
 Contact Person: Kristin Rockensuess  
 Service Boundaries: City of Dearborn Heights  
 No. of persons within boundary: 12,032  
 Services Provided: A, B, C, E, F, G, H, I, K, M, N, O, P, S, V

Name: Dearborn Senior Center  
 Address: 15801 Michigan Avenue, Dearborn, MI 48126  
 Website: www.cityofdearborn.org  
 Telephone Number: (313) 943-2401  
 Contact Person: Teresa Graves  
 Service Boundaries: City of Dearborn  
 No. of persons within boundary: 16,205  
 Services Provided: A, B, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V

Name: Ecorse Senior Center  
 Address: 4072 West Jefferson, Ecorse, MI 48229  
 Website: www.city-ecorse.org  
 Telephone Number: (313) 382-3305

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Contact Person: Lucille King  
Service Boundaries: City of Ecorse  
No. of persons within boundary: 1,669  
Services Provided: B, C, F, H, I, O, Q, R, S

Name: Flat Rock Senior Center  
Address: 1 Maguire, Flat Rock, MI 48134  
Website: [www.flatrockmi.org](http://www.flatrockmi.org)  
Telephone Number: (734) 379-1450  
Contact Person: Shelly Pluchino  
Service Boundaries: City of Flat Rock  
No. of persons within boundary: 1,554  
Services Provided: A, D, E, F, G, H, J, L, M, N, O, P, Q, R, S, T, U, V

Name: Garden City - Maplewood Senior Center  
Address: 31735 Maplewood Boulevard, Garden City, MI 48135  
Website: [www.gardencitymi.org](http://www.gardencitymi.org)  
Telephone Number: (734) 793-1860  
Contact Person: Lisa Watts  
Service Boundaries: City of Garden City  
No. of persons within boundary: 5,253  
Services Provided: B, C, E, F, H, I, J, M, N, O, P, Q, R, S, T, U, V,

Name: Gibraltar Community Center  
Address: 29340 South Gibraltar Road, Gibraltar, MI 48173  
Website: [www.cityofgibraltar.net](http://www.cityofgibraltar.net)  
Telephone Number: (734) 671-1466  
Contact Person: Tamey Gorris  
Service Boundaries: City of Gibraltar  
No. of persons within boundary: 978  
Services Provided: A, B, C, E, H, I, L, K, O, P, R, S, T, U, V

Name: Grosse Ile Township Recreation Department  
Address: 25897 Third Street, Grosse Ile Township, MI 48138  
Website: [www.grosseile.com](http://www.grosseile.com)  
Telephone Number: (734) 675-2364  
Contact Person: Brandy Boyd  
Service Boundaries: Grosse Ile Township

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No. of persons within boundary: 2,938  
Services Provided: E, I, J, K, L, P, R, S, V

Name: Grosse Ile Township Recreation Dept.  
Address: 25897 Third Street, Grosse Ile Township, MI 48138  
Website: www.grosseile.com  
Telephone Number: (734) 675-2364  
Contact Person: Brandy Boyd  
Service Boundaries: Grosse Ile Township

No. of persons within boundary: 2,938  
Services Provided: E, I, J, K, L, P, R, S, V

Name: Grosse Ile Township Recreation Department  
Address: 25897 Third Street, Grosse Ile Township, MI 48138  
Website: www.grosseile.com  
Telephone Number: (734) 675-2364  
Contact Person: Tim Rooney  
Service Boundaries: Grosse Ile Township

No. of persons within boundary: 2,938  
Services Provided: E, I, J, K, L, P, R, S, V

Name: Huron Township Senior Center  
Address: 28245 Mineral Springs Road, New Boston, MI 48164  
Website: www.hurontownship-mi.gov  
Telephone Number: (734) 654-9281  
Contact Person: Walt McCurdy  
Service Boundaries: Huron Township

No. of persons within boundary: 1,541  
Services Provided: A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, R, S, T, U, V

Name: Inkster Senior Services  
Address: 2000 Inkster Road, Inkster, MI 48141  
Website: www.cityofinkster.com  
Telephone Number: (313) 561-2383  
Contact Person: Denise Champagne  
Service Boundaries: City of Inkster

No. of persons within boundary: 4,167  
Services Provided: B, C, F, H, I, K, L, N, Q, R, S, T, VV



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Name: Lincoln Park Senior Center  
Address: 3240 Ferris, Lincoln Park, MI 48146  
Website: www.lincolnparkmi.net  
Telephone Number: (313) 386-1817  
Contact Person: Don Cook  
Service Boundaries: City of Lincoln Park  
No. of persons within boundary: 6,259  
Services Provided: C, E, F, H, I, K, M, O, Q, R, S, T, U, V

Name: Livonia Civic Park Senior Center  
Address: 15218 Farmington Road, Livonia, MI 48154  
Website: www.ci.livonia.mi.us  
Telephone Number: (734) 466-2555  
Contact Person: Karl Peters  
Service Boundaries: City of Livonia  
No. of persons within boundary: 22,980  
Services Provided: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V

Name: Melvindale Senior Center  
Address: 4300 South Dearborn, Melvindale, MI 48122  
Website: www.melvindale.org  
Telephone Number: (313) 769-2347  
Contact Person: Jackie Daniels  
Service Boundaries: City of Melvindale  
No. of persons within boundary: 1,815  
Services Provided: A, B, C, D, E, F, H, I, J, K, L, M, O, P, Q, R, S, T, U, V

Name: Northville Area Senior Center  
Address: 303 West Main Street, Northville, MI 48167  
Website: www.northvilleparksandrec.org  
Telephone Number: (248) 349-0203  
Contact Person: Suzanne Johnson  
Service Boundaries: City of Northville/Northville Twp  
No. of persons within boundary: 7,524  
Services Provided: B, D, E, F, G, H, J, K, L, M, O, P, Q, R, S, T, U, V

Name: Plymouth Community Council on Aging  
Address: 9955 North Haggerty Road, Plymouth MI 48170

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Website: [www.ci.plymouth.mi.us](http://www.ci.plymouth.mi.us)  
 Telephone Number: (734) 354-3222  
 Contact Person: Bobbie Pummill  
 Service Boundaries: City of Plymouth/Plymouth Twp.  
 No. of persons within boundary: 8,453  
 Services Provided: A, C, D, E, F, G, H, I, J, K, L, M, O, P, Q, R, S, T, U, V

Name: Redford Senior Department  
 Address: 12121 Hemingway, Redford Township, MI 48239  
 Website: [www.redfordtwp.com](http://www.redfordtwp.com)  
 Telephone Number: (313) 387-2787  
 Contact Person: Dorothy Morris  
 Service Boundaries: Redford Township  
 No. of persons within boundary: 8,054  
 Services Provided: A, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V

Name: River Rouge Senior Center  
 Address: 10625 West Jefferson, River Rouge, MI 48218  
 Website: [www.roguerivercc.org](http://www.roguerivercc.org)  
 Telephone Number: (313) 842-3360  
 Contact Person: Olive Roberts  
 Service Boundaries: City of River Rouge  
 No. of persons within boundary: 1,266  
 Services Provided: C, E, G, I, J, K, P, Q, R, T, U, V

Name: Riverview Municipal Building  
 Address: 14100 Civic Park Drive, Riverview, MI 48193  
 Website: [www.cityofriverview.com](http://www.cityofriverview.com)  
 Telephone Number: (734) 281-4219  
 Contact Person: Dorothy Withrow  
 Service Boundaries: City of Riverview  
 No. of persons within boundary: 3,587  
 Services Provided: B, C, E, H, I, O, R, S, V

Name: Rockwood Community Center  
 Address: 32001 Fort Street, Rockwood MI 48173  
 Website: [www.rockwoodmi.org](http://www.rockwoodmi.org)  
 Telephone Number: (734) 379-5600

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Contact Person:	Natalya Musick
Service Boundaries:	City of Rockwood
No. of persons within boundary:	618
Services Provided:	C, H, I, R, U, V

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**Other Grants and Initiatives**

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

- Tailored Caregiver Assessment and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Chronic Disease Self-Management Programs (CDSMPs) such as PATH
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Projects funded through the Michigan Health Endowment Fund (MHEF)

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

The Senior Alliance continues as a contractor to provide services with the five Integrated Care Organizations (ICOs) provide managed long-term services and supports under the MI Health Link demonstration project.

The Senior Alliance (TSA) and the Medicare Medicaid Assistance Program (MMAP) work closely together to address needs in the community for understanding of benefit options. TSA and MMAP collaborate on outreach activities as people utilizing each service can typically benefit from information from the other.

The Senior Alliance actively seeks new and innovative revenue opportunities to maintain high quality standards for service delivery to older adults, individuals living with disabilities, and caregivers. TSA will continue to explore partnerships and grant opportunities, like the MHEF, to address social determinants of health and other innovations to aid older adults age-in-place during fiscal years 2020-2022.

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

By collaborating on projects like MI Health Link, TSA fulfills our mission of empowering older adults to live with dignity in the community that they choose by providing available services. By empowering older adults and their caregivers TSA encourages individuals to become engaged members of their healthcare team, therefore improving their health and wellness.

**3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.**

Grants and initiatives that support successful aging in place provide an opportunity for community members to

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address their aging related concerns.

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### Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix. Note that older versions of these appendices will not be accepted and should not be uploaded as separate documents.

- Appendix A: Policy Board membership
- Appendix B: Advisory Council membership
- Appendix C: Proposal Selection Criteria
- Appendix D: Cash-in-lieu of Commodity Agreement
- Appendix E: Waiver of Minimum Percentage of a Priority Service Category
- Appendix F: Request to Transfer Funds

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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	0	0	0	1	6	15
Aged 60 and Over	0	0	0	0	1	3	11

Board Member Name	Geographic Area	Affiliation	Membership Status
Tom Jankowski	Canton	Wayne State Institute of Gerontology	Community Representative
Gregory Genter	Grosse Ile	Harvest Partners Financial	Community Representative
Sandra Falk-Michaels	Livonia	Retired, Business	Community Representative
Doug Hull	Plymouth Township	Retired, Small Business Owner	Community Representative
Kathleen McIntyre	Livonia	Livonia City Council	Elected Official
Roger Myers	Canton	Presbyterian Villages of Michigan	Community Representative
Dr. Syed Taj	Canton	Retired, Beaumont Health System	Community Representative
David Ippel	Dearborn Heights	Retired, Oakwood Health System	Community Representative
Frank Vaslo	Lincoln Park	Retired, Small Business Owner	Community Representative
Jack Frucci	Grosse Ile	Retired	Community Representative
Michael Harris	Westland	Retired, MI Paralyzed Veterans of America	Community Representative
Ann Hatley	Wyandotte	Small Business, Real Estate	Community Representative
Dr. Vicki Ashker	Dearborn Heights	Madonna University	Community Representative
Kyle Stack	Trenton	Mayor of Trenton	Elected Official
Dr. Denise Brothers	Livonia	Madonna University	Community Representative

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APPENDIX B  
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	4	0	0	0	14	15
Aged 60 and Over	0	4	0	0	0	8	9

Board Member Name	Geographic Area	Affiliation
Dr. Denise Brothers	Livonia	Madonna University
Joan Siavrakas	Livonia	Wayne County Senior Services
Rosemarie Shim	Canton	Social Worker
Lois Beerbaum	Canton	Retired, MMAP Volunteer
Jack Bird	Canton	Retired, MMAP Volunteer
Lisa Boyd	Livonia	Retirement Housing
Sharon Henley	Belleville	Transportation Vehicle Conversion
Carolyn Marengere	Southgate	Social Worker
Sallie Rooks Matthews	Romulus	Retired
Dianne Neihengen	Canton	Retired, Senior Center Director
Ann Randolph	Trenton	Retired, former caregiver
Delphine Reed	Wayne	Retired
Susan Rowe	Wayne	Retired, former Mayor of Wayne
Amne Darwish Talab	Dearborn	ACCESS
Michal P. Walker	Romulus	Retired



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APPENDIX C  
 Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	05/23/2019
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**Outline new or changed criteria that will be used to select providers:**

RFP submitters had to complete the same Organizational, Administrative and Fiscal Management checklists as in previous cycles. This year each bidder had to complete a more comprehensive General Technical section comprised of 14 questions covering: program description, geography covered, population targeted, program implementation, measurement of quality and participant satisfaction, use of sub-contractors, generation or use of other program resources, volunteer usage, coordination with other providers, wait list management, client record management, determination of service priority, description of staff and required training. Bidders also had to complete a Specific Technical section with questions on the specific service they were bidding on.



## **ATTACHMENTS**

Access and Service Coordination Continuum

Evidence-Based Programs Planned for FY 2020

Quality Outcome Measures

Emergency Management and Preparedness

Matching Requirements

Fundable Services Matrix

FY 2020 Area Plan Grant Budget Documents

## ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

### Instructions

The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1	Level 2	Level 3	Level 4	Level 5
	<b>Least Intensive</b>				<b>Most Intensive</b>
Program	Information & Assistance	Case Coordination and Support	Care Management/Targeted Case Management		<b>Care Management</b>
<b>Participants</b>	All persons inquiring about general information, services and resources for those over the age of 60.	Individuals eligible (per AASA guidelines and standards) for on-going in-home services or respite who do not meet Nursing Facility Level of Care	Individuals that meet the Nursing Facility Level of Care and are eligible (per AASA guidelines and standards) for ongoing in home or respite services		
<b>What Is Provided?</b>	<ul style="list-style-type: none"> <li>*Basic aging-related community information for callers.</li> <li>*Address needs of callers by offering immediate resources and service assistance.</li> <li>*Provide enhanced Information &amp; Assistance with long term care options.</li> <li>* Review community services and resources for persons in need of assistance while they are on waitlist.</li> </ul>	<ul style="list-style-type: none"> <li>*Completion of full COMPASS IHC assessment.</li> <li>*Development of person-centered plan for services.</li> <li>* Use of service authorizations and cost share to provide minimum levels of home and community-based services.</li> <li>*Reassessments conducted every three to six months dependent on services received.</li> </ul>	<ul style="list-style-type: none"> <li>*Completion of full COMPASS IHC assessment.</li> <li>*Development of person-centered plan for services.</li> <li>* Use of service authorizations and cost share to provide extended home and community-based services. (Qualify for services above minimum level).</li> <li>*Reassessments conducted every 3 to 6 months dependent on services received.</li> <li>* TCM Nurses make monthly monitoring visits as necessary.</li> </ul>		
<b>Where is the service provided?</b>	Phone	In-home	In-home		

## EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2020

Funded Under Disease Prevention Health Promotion Service Definition

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

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2020. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service."

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i> Arthritis Exercise Program	<i>Example: List each provider offering programs on a single line as shown below.</i> 1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	<i>Example: Total participants for all providers</i> 80	<i>Example: Funding total for all providers</i> \$14,000
Tai Chi for Arthritis	1) Redford Township Senior Center 2) Garden City - Maplewood Senior Center 3) Van Buren Township Senior Center	4,650	\$7,500
Arthritis Foundation Exercise	1) Garden City - Maplewood Senior Center 2) Van Buren Township Senior Center 3) Sumpter Township Senior Center	3,350	\$7,310
Enhance Fitness	1) Inkster Senior Center	6,000	\$7,600
Diabetes Prevention Program	1) Beaumont Health System	60	\$16,000
Personal Action Towards Health	1) National Kidney Foundation of Michigan	60	\$21,186
Matter of Balance	1) National Kidney Foundation of Michigan	32	\$8,900

## QUALITY OUTCOME MEASURES\*

For Care Management and Case Coordination and Support  
FY 10/01/2019 – 09/30/2020

**1. Participant Satisfaction Level**

The Measure

The percentage of the total participant satisfaction survey question responses that are positive, negative and neutral for Care Management; and Case Coordination & Support.

**2. Participant Quality of Life Satisfaction Level Before and After Receiving Services**

The Measure

The percentage of the total participant satisfaction survey question responses about quality of life before and after receiving services that are positive; negative; or neutral for Care Management; and Case Coordination & Support (based on these two questions to be added to the area agency survey):

<i>My quality of life prior to receiving services was:</i>	<i>Positive</i>	<i>Negative</i>	<i>Neutral</i>
<i>My quality of life after receiving services is:</i>	<i>Positive</i>	<i>Negative</i>	<i>Neutral</i>

**3. Prevalence of Social Isolation**

The Measure

The percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely - OR- Participants who are distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment if less than 90 days) for Care Management; and Case Coordination & Support.

**4. Prevalence of Emergency Room Visits and Hospital Stays**

The Measure

The percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days of the assessment/reassessment (or since the last assessment if less than 90 days) for Care Management; and Case Coordination & Support.

**5. Prevalence of Inadequate Meals and Dehydration**

The Measure

The percentage of all participants who in at least 4 of last 7 days prior to assessment/reassessment ate one or fewer meals for Care Management; and Case Coordination & Support.

The Measure

The percentage of all participants who in the last 3 days prior to assessment/reassessment had fluid intake less than 1,000 cc per day (less than four 8 oz. cups/day) for Care Management; and Case Coordination & Support.

*\*Please see the 2020 Quality Outcome Measures Instructions for specific methodology.*

# EMERGENCY MANAGEMENT AND PREPAREDNESS

## Minimum Elements for Area Agencies on Aging FY 2020 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2020 will address the element.

Area Agency on Aging The Senior Alliance, Area Agency on Aging 1-C
<b>A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).</b>
1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).
The Senior Alliance has designated the agency's Information Technology department director to serve as the AASA communications liaison in the event of a federal, state or locally declared emergency. The agency's Information Technology (IT) department director is the first contact for the states' emergency management "bunker team" and has procedures in place for accessing and reporting requested data. The IT department director also has the ability to notifying affected staff. Agency staff would follow their departmental policies to ensure available and applicable support is provided to agency clientele, with priority given to those at highest risk.
2. Being prepared to identify and report on unmet needs of older individuals.
To identify clients at highest risk and in need of support in the event of a state or local emergency, The Senior Alliance utilizes NAPIS data and Compass reports. Information would be reported by the IT department director.
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.
To identify clients at highest risk and in need of support in the event of a federal, state or local emergency, The Senior Alliance utilizes NAPIS enrollment and Compass reports. TSA's contracted nutrition provider, Wayne County Senior Services, is utilizing emergency preparedness materials from MOWAA that include applicable rosters, inventory, and volunteer lists. Wayne County Senior Services has also enabled county IT to access data from Wayne County Senior Services in case of a power outage. TSA will continue to monitor and update agency wide, client specific policies and procedures as appropriate.
4. Being able to contact such affected older persons to determine their well-being.
In the event of a federal, state or local emergency, The Senior Alliance will work with our local Community Focal Points to identify any older adults who have been affected to provide available resources as appropriate. For older adults currently enrolled in a program/service that TSA directly provides, department specific policies outline communication procedures and provide reporting guidance for weather related and/or other emergency disaster relief management. Focus would be given to nutrition program, care management and MI Choice Waiver participants.
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.
The Senior Alliance has designated the Information Technology (IT) department director to serve as the AASA communications liaison in the event of an actual federal, state or locally declared emergency. The agency's Information Technology (IT) department director is the first contact for the states' emergency management "bunker team" and has procedures in place for accessing and reporting requested data. The IT department director also has the ability to notifying affected staff. The agency's Information Technology (IT) department has procedures in place for notifying affected staff who would then follow their departmental policies to ensure available and applicable support is provided to agency clientele with priority given to those at highest risk.

**B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:**

1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.

The Senior Alliance's Contract Specialist provides technical assistance to our Home Delivered, Congregate, Halal, and Liquid nutrition vendor, Wayne County Senior Services, who monitors the service sub-contractors' emergency plan, including volunteer management. In the event of an emergency, Wayne County Senior Services' sub-contractor is headquartered out of state (Mississippi) and has the capability to supply up to 3 shelf stable meals per client within 24 hours.

2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for home-delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.

Currently, shelf stable and frozen meals are delivered to Home Delivered Meals recipients in accordance to Wayne County Senior Services approved emergency response plan. In the event of an emergency, Wayne County Senior Services' sub-contractor is headquartered out of state (Mississippi) and has the capability to supply up to 3 shelf stable meals per client within 24 hours. The subcontractor also has an Ohio location that can provide support as necessary.

3. Backup plan for food preparation if usual kitchen facility is unavailable.

The Senior Alliance's Contract Specialist provides technical assistance to our Home Delivered, Congregate, Halal, and Liquid nutrition vendor, Wayne County Senior Services, and reviews their emergency preparedness plan to ensure continuity of service in the event the usual preparatory kitchen is unavailable. Wayne County Senior Services' subcontractor has the capacity to provide shelf stable or frozen meals from Mississippi or Ohio within 24 hours, if necessary.

4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.

The Senior Alliance is a member of MDHHS' Region 2 South coalition for regional emergency preparedness activities, including receiving notifications of upcoming trainings and other applicable resource information.

5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.

The Senior Alliance will examine emergency communication system options and re-evaluate existing procedures to determine gaps and opportunities in FY 2020. Currently, Wayne County Senior Services has a "phone tree" in place to address emergencies as they arise. Wayne County Senior Services has also enabled the county's IT department to access data from Wayne County Senior Services in case of a power outage.

6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

The Senior Alliance's Contract Specialist monitors the contracted nutrition provider's emergency response plan, and provides technical assistance as needed.

7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.

The Senior Alliance's Contract Specialist will begin monitoring the contracted nutrition provider's emergency response plan as part of their annual assessment beginning in FY 2020. Communication with the nutrition provider is ongoing and regular. The nutrition program manager from Wayne County Senior Services is a member of The Senior Alliance's Advisory Council.

# MATCHING REQUIREMENTS

Revision date 1/26/2016

Revision to Transmittal Letter #2016-320

**FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%**

STATE 15%<sup>[2]</sup> (AASA)

LOCAL 10% (AAAs)

**FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%**

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

**Table 1 AAA Local Matching Requirement by Fund Source**

Funding Source	Fund Source Name	AAA Local Match Requirement	Reference
Federal	Title III Administration	15% (a)	OAA of 1965 (d)
Federal	Title IIIB Supportive Services	10%	OAA of 1965
Federal	Title IIIC-1 Congregate Meals	10%	OAA of 1965
Federal	Title IIIC-2 Home Delivered Meals	10%	OAA of 1965
Federal	Title IIID Preventive Health	10%	OAA of 1965
Federal	Title IIIE Natl. Family Caregiver	10%	OAA of 1965
Federal	Title VII/EAP Eld Abuse Prevention	No Match Required	ACL CFDA
Federal	Title VII/A LTC Ombudsman	No Match Required	AoA Fiscal Guide (b)
Federal	Nutrition Services Incentive Program	No Match Required	AoA Fiscal Guide
State	State Administration	No Match Required	AASA
State	State Access Services	10%	AASA
State	State In-Home Services	10%	AASA
State	State Congregate Meals	10%	AASA
State	State Home Delivered Meals	10%	AASA
State	State Nursing Home Ombudsman	10%	AASA
State	State Alternative Care	10%	AASA
State	MI State Ombudsman Funds (MSO)	10%	AASA
State	State Merit Award Trust Fund	No Match Required	AASA TL #1006 (7/28/09)
State	State Caregiver Support	10%	AASA
State	State Respite Care	No Match Required	Public Act 171 of 1990
State	State Care Management	10%	AASA
State	State Aging Network Services	10%	AASA

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

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

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

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

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

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





COMMUNITY SERVICES

		Federal Funds										State Funds				
Op std	Community Services	Title III-B	Title III-D **	Title III-E	Title VIII A	St. Nursing	St. Alternative	St. Respite Care	MI State Ombuds	St. Merit Award	St. Caregiver	St. Aging Network				
C-1	Adult Day Service	X		X			X	X		X	X	X				
C-2	Dementia Adult Day Care	X		X			X	X		X	X	X				
C-6	Disease Prevention/Health Promotion	X	X	X												
C-7	Health Screening	X														
C-8	Assistance to Hearing Impaired & Deaf	X														
C-9	Home Repair	X														
C-10	Legal Assistance	X		X												
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X							
C-12	Senior Center Operations	X														
C-13	Senior Center Staffing	X														
C-14	Vision Services	X														
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP											
C-16	Counseling Services	X		X												
C-17	Creating Confident Caregivers® (CCC)	X	X	X												
C-18	Caregiver Supplemental Services	X		X												
C-19	Kinship Support Services	X		X												
C-20	Caregiver Education, Support & Training	X		X												

NUTRITION SERVICES

Op std	Nutrition Service	Title III-CJ & State Connecticut	Title III-CZ & State Home Delivered Meals	Title III-E	*NSIP
C-3	Congregate Meals	X			X
B-5	Home Delivered Meals		X	X	X
C-4	Nutrition Counseling	X	X	X	
C-5	Nutrition Education	X	X	X	

Requirements from AASA Transmittal letters that establish Fundable Service Categories  
 Replaces: TL 367, 2005-102 & 2007-142  
 See TL343 & TL2006-111 for guidance re St. MATF  
 See TL 2012-244 for guidance re Title D  
 See TL 2012-256 for guidance re St. ANS  
 Rev. Date 7/26/17

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

TL #2019-384 Fundable Services Matrix, revised 2/15/2019, replaces TL #2015-301

**Full Program Title Name**

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

**Program Title on SGA**

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Title III Administration  
 State Administration  
 Title III B Supportive Services  
 Title III C-1 Congregate Meals  
 Title III C-2 Home Delivered Meals  
 Title III D Preventive Health  
 Title III E Natl. Family Caregiver  
 Title VIII/A LTC Ombudsman  
 Title VII/EAP Eld Abuse Prevention  
 State Access Services  
 State In-Home Services  
 State Congregate Meals  
 State Home Delivered Meals  
 State Alternative Care  
 State Aging Network Services (St. ANS)  
 State Caregiver Support  
 State Respite Care  
 State Merit Award  
 State Nursing Home Ombs  
 Michigan State Ombudsman (MSO)  
 State Care Management  
 Nutrition Services Incentive Program (NSIP)

FY 2020 AREA PLAN GRANT BUDGET

Rev. 04/12/2019

Agency: The Senior Alliance

Budget Period: 10/01/19 to 09/30/20

PSA: 1C

Date: 06/10/19 Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	887,660		887,660
2. Fed. Title III-C1 (Congregate)		380,000	380,000
3. State Congregate Nutrition		20,845	20,845
4. Federal Title III-C2 (HDM)		1,365,268	1,365,268
5. State Home Delivered Meals		1,041,859	1,041,859
8. Fed. Title III-D (Prev. Health)	68,496		68,496
9. Federal Title III-E (NFCSP)	415,907		415,907
10. Federal Title VII-A	11,792		11,792
10. Federal Title VII-EAP	14,119		14,119
11. State Access	62,220		62,220
12. State In-Home	1,109,416		1,109,416
13. State Alternative Care	245,064		245,064
14. State Care Management	503,822		503,822
15. St. ANS	97,026		97,026
16. St. Nursing Home Ombuds (NHO)	38,661		38,661
17. Local Match			
a. Cash	37,812	-	37,812
b. In-Kind	434,471	337,855	772,326
18. State Respite Care (Escheat)	151,138		151,138
19. MATF	260,225		260,225
19. St. CG Support	35,282		35,282
20. TCM/Medicaid & MSO	16,037		16,037
21. NSIP		588,747	588,747
22. Program Income	6,000	370,000	376,000
<b>TOTAL:</b>	<b>4,395,148</b>	<b>4,104,574</b>	<b>8,499,722</b>

ADMINISTRATION			
Revenues	Local Cash	Local In-Kind	Total
Federal Administration	345,370	55,632	402,002
State Administration	59,824	-	59,824
MATF Administration	25,735	-	25,735
St. CG Support Administration	-	-	-
Other Admin	-	-	-
<b>Total AIP Admin:</b>	<b>431,929</b>	<b>55,632</b>	<b>487,561</b>

Expenditures	
	FTEs
1. Salaries/Wages	235,000
2. Fringe Benefits	81,753
3. Office Operations	115,176
<b>Total:</b>	<b>431,929</b>

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
		Various	55,632
<b>Total:</b>	<b>-</b>	<b>Total:</b>	<b>55,632</b>

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.

*Auganelli*

Signature

Chief Financial Officer

Title

06/11/19

Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: The Senior Alliance

PSA: 1C

Budget Period:

Date:

Rev. No.:

10/01/19 to 09/30/20

Rev. 04/12/2019

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Op	Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VIII A OMB	State Access	State In-Home	State All Care	State Care Mgmt	State NHO	St. ANS (Escheat)	MATF	St. CG Suppl	MSSD Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A		Access Services																	
A-1		Care Management			55,820														61,799
A-2		Case Coord/Supp	171,593		43,079		62,220		503,822							5,000		39,668	388,314
A-3		Disaster Advocacy & Outreach Program																	
A-4		Information & Assis	170,667		131,496													41,757	389,732
A-5		Outreach	110,000															13,200	123,200
A-6		Transportation	25,875		126,866													34,491	322,918
A-7		Options Counseling																	
B		In-Home																	
B-1		Chore																	
B-2		Home Care Assis																	
B-3		Home Injury Crtrl																	
B-4		Homemaking	45,000																
B-6		Home Health Aide																	
B-7		Medication Mgt	31,285																
B-8		Personal Care	22,705																
B-9		Assistive Devices&Tech																	
B-10		Respite Care																	
B-11		Friendly Reassure	20,000																
C-10		Legal Assistance	57,698		38,030														
C		Community Services																	
C-1		Adult Day Services																	
C-2		Dementia ADC																	
C-6		Disease Prevent/Health Promotion																	
C-7		Health Screening		88,495															
C-8		Assist to Hearing Impaired & Deaf Cmty																	
C-9		Home Repair																	
C-11		LTC Ombudsman	17,420			11,792													
C-12		Sr Ctr Operations																	
C-13		Sr Ctr Staffing	67,365																
C-14		Vision Services																	
C-15		Prevent of Elder Abuse, Neglect, Exploitation																	
C-16		Counseling Services																	
C-17		Creat. Conf. CG@ CCC																	
C-18		Caregiver Support Services																	
C-19		Kinship Support Services																	
C-20		Caregiver E.S.T																	
*C-8		Program Develop	177,522																
		Region Specific																	
		a.																	
		b.																	
		c.																	
		d.																	
		T. CLP/ADRC Services																	
		8. MATF Adm																	
		9. St CG Sup Adm																	
		SUPPRT SERV TOTAL	887,660	88,495	415,507	14,119	62,220	1,105,416	246,064	503,822	38,661	97,026	151,138	265,960	16,037	6,000	37,812	434,471	4,420,893

**FY 2020 NUTRITION / OMBUDSMAN / RESPIRE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 04/12/2019

Agency: The Senior Alliance      Budget Period: 10/01/19 to 9/30/20  
 PSA: 1C      Date: 06/10/19      Rev. Number 0

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**FY 2020 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Nutrition Services</b>									
C-3	Congregate Meals	380,000		20,845		69,447	95,000		49,000	614,292
B-5	Home Delivered Meals		1,365,268		1,041,859	519,300	275,000		288,855	3,490,282
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	<b>Nutrition Services Total</b>	380,000	1,365,268	20,845	1,041,859	588,747	370,000	-	337,855	4,104,574

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

**FY 2020 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	17,420	11,792	-	38,661	16,037	-	-	8,654	92,564
C-15	Elder Abuse Prevention Region Specific	-	-	14,119	-	-	-	-	-	14,119
	<b>LTC Ombudsman Ser Total</b>	17,420	11,792	14,119	38,661	16,037	-	-	8,654	106,683

**FY 2020 AREA PLAN GRANT BUDGET- RESPIRE SERVICE DETAIL**

Op Std	SERVICES PROVIDED AS A FORM OF RESPIRE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	<b>Respire Service Total</b>	-	-	-	-	-	-	-	-	-

**FY 2020 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Kinship Ser. Amounts Only</b>						
C-18	Caregiver Sup. Services	-		-			-
C-19	Kinship Support Services	-	20,796	-	2,265		23,061
C-20	Caregiver E,S,T	-	-	-	-		-
	<b>Kinship Services Total</b>	-	20,796	-	2,265		23,061

Planned Services Summary Page for FY 2020			PSA: 1C		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 631,799	7.41%			X
Case Coordination & Support	\$ 368,314	4.32%			X
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 389,732	4.57%			X
Outreach	\$ 123,200	1.45%			X
Transportation	\$ 322,918	3.79%		X	X
Option Counseling	\$ -	0.00%			
<b>IN-HOME SERVICES</b>					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 374,298	4.39%	X		
Home Delivered Meals	\$ 3,490,282	40.94%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 35,050	0.41%			X
Personal Care	\$ 399,116	4.68%	X		
Personal Emergency Response System	\$ 112,000	1.31%	X		
Respite Care	\$ 843,107	9.89%	X		
Friendly Reassurance	\$ 22,400	0.26%			X
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 179,888	2.11%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 614,292	7.21%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 76,716	0.90%		X	
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 107,215	1.26%		X	
Long Term Care Ombudsman/Advocacy	\$ 92,564	1.09%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ 75,415	0.88%		X	
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 14,119	0.17%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 23,061	0.27%		X	
Caregiver Education, Support, & Training	\$ 5,400	0.06%			
AAA RD/Nutritionist	\$ -	0.00%			
<b>PROGRAM DEVELOPMENT</b>	\$ 198,836	2.33%			X
<b>REGION-SPECIFIC</b>					
a.	\$ -	0.00%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
<b>CLP/ADRC SERVICES</b>	\$ -	0.00%			
<b>SUBTOTAL SERVICES</b>	\$ 8,499,722				
<b>MATF &amp; ST CG ADMINISTRATION</b>	\$ 25,735	0.30%			X
<b>TOTAL PERCENT</b>		100.00%	20.28%	54.03%	25.69%
<b>TOTAL FUNDING</b>	\$ 8,525,457		\$ 1,728,521	\$ 4,606,863	\$ 2,190,073

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

FY 2020 BUDGET REVIEW SPREADSHEET

Rev. 04/12/2019

Agency:	The Senior Alliance of AAA Regions			Fiscal Year:	FY 2020
Date of SGA:	06/10/19	SGA No.	Cost Allocation Plan	Date Reviewed by AASA:	
Date of Budget:	06/10/19	Revision No.	0	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 346,370		\$ 346,370		
State Administration	\$ 59,824		\$ 59,824		
Title III-B Services	\$ 887,660		\$ 887,660		
Title III-C-1 Services	\$ 380,000		\$ 380,000		
Title III-C-2 Services	\$ 1,365,268		\$ 1,365,268		
Federal Title III-D (Prev. Health)	\$ 68,496		\$ 68,496		
Title III-E Services (NFCSP)	\$ 415,907		\$ 415,907		
Title VII/A Services (LTC Ombuds)	\$ 11,792		\$ 11,792		
Title VII/EAP Services	\$ 14,119		\$ 14,119		
St. Access	\$ 62,220		\$ 62,220		
St. In Home	\$ 1,109,416		\$ 1,109,416		
St. Congregate Meals	\$ 20,845		\$ 20,845		
St. Home Delivered Meals	\$ 1,041,859		\$ 1,041,859		AASA COMMENTS
St. Alternative Care	\$ 245,064		\$ 245,064		
St. Aging Network Srv. (St. ANS)	\$ 97,026		\$ 97,026		
St. Respite Care (Escheats)	\$ 151,138		\$ 151,138		
Merit Award Trust Fund (MATF)	\$ 285,960		\$ 285,960		
St. Caregiver Support (St. CG Sup.)	\$ 35,282		\$ 35,282		
St. Nursing Home Ombuds (NHO)	\$ 38,661		\$ 38,661		
MSO Fund-LTC Ombudsman	\$ 16,037		\$ 16,037		
St. Care Mgt.	\$ 503,822		\$ 503,822		
NSIP	\$ 588,747		\$ 588,747		
			\$ -		
<b>SGA TOTALS:</b>	<b>\$ 7,745,513</b>	<b>\$ -</b>	<b>\$ 7,745,513</b>		
<b>Administrative Match Requirements</b>					
<b>ADMINISTRATION</b>	<b>BUDGET</b>	<b>SGA</b>	<b>DIFFERENCE</b>	Minimum federal administration match amount	\$115,456
Federal Administration	\$ 346,370	\$ 346,370	\$ -	Administration match expended (State Adm. + Local Match)	\$115,456
State Administration	\$ 59,824	\$ 59,824	\$ -	Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
<b>Sub-Total:</b>	<b>\$ 406,194</b>	<b>\$ 406,194</b>	<b>\$ -</b>	Does state administration budget equal SGA?	Yes
MATF	\$ 25,735				
ST CG Supp	\$ -				
<b>Local Administrative Match</b>				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ -			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ 55,632			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
<b>Sub-Total:</b>	<b>\$ 55,632</b>			Amount of MATF Funds budgeted on Adult Day Care	\$ 143,000
Other Admin	\$ -			Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
<b>Total Administration:</b>	<b>\$ 487,561</b>	<b>\$ 487,561</b>	<b>\$ -</b>	<b>Title III-E Kinship Services Program Requirements</b>	
<b>SERVICES:</b>	<b>BUDGET</b>	<b>SGA</b>	<b>% BUDGETED</b>	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 887,660	\$ 887,660	100.0000%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 380,000	\$ 380,000	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition	\$ 20,845	\$ 20,845	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
Federal C-2 (HDM)	\$ 1,365,268	\$ 1,365,268	100.0000%	<b>Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements</b>	
State Home Delivered Meals	\$ 1,041,859	\$ 1,041,859	100.0000%	Amount required from Transmittal Letter #428. (see cell L 42)	#N/A
Federal Title III-D (Prev. Health)	\$ 68,496	\$ 68,496	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$17,420
Federal Title III-E (NFCSP)	\$ 415,907	\$ 415,907	100.0000%	Is required maintenance of effort met?	#N/A
St. Access	\$ 62,220	\$ 62,220	100.0000%		
St. In Home	\$ 1,109,416	\$ 1,109,416	100.0000%		
St. Alternative Care	\$ 245,064	\$ 245,064	100.0000%	<b>Service Match Requirements</b>	
St. Care Mgt.	\$ 503,822	\$ 503,822	100.0000%	Minimum service match amount required	\$698,265
State Nursing Home Ombs (NHO)	\$ 38,661	\$ 38,661	100.0000%	Service matched budgeted: (Local Cash + In-Kind)	\$810,138
St ANS	\$ 97,026	\$ 97,026	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
<b>Sub-Total:</b>	<b>\$ 6,236,244</b>	<b>\$ 6,236,244</b>	<b>100.0000%</b>		
<b>Local Service Match</b>				<b>Miscellaneous Budget Requirements / Constraints</b>	
Local Cash Match	\$ 37,812			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 772,326			Access:	\$478,675
				In-Home:	\$89,000
				Legal:	\$57,698
<b>Sub-Total:</b>	<b>\$ 810,138</b>			Total Budgeted for Priority Services:	\$625,373
Title VII/A Services (LTC Ombuds)	\$ 11,792	\$ 11,792	100.0000%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ 14,119	\$ 14,119	100.0000%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 588,747	\$ 588,747	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 151,138	\$ 151,138	100.0000%	(Actual % of Legal)	6.50%
MATF	\$ 260,225	\$ 260,225	100.0000%		
St. CG Support	\$ 35,282	\$ 35,282	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$887,660
MSO Fund-LTC Ombudsman	\$ 16,037	\$ 16,037	100.0000%	Amount budgeted for Program Development:	\$177,532
TCM-Medicaid / CM	\$ -			% of Title III-B Program Development (must be 20% or less):	20.0%
Program Income	\$ 376,000			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$68,496
<b>Total Services:</b>	<b>\$ 8,499,722</b>			Amount budgeted for EBDP Activities, per TL#2012-244:	\$68,496
<b>Grand Total: Ser.+ Admin.</b>	<b>\$ 8,987,283</b>			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes



**PRIORITY SERVICE SECTION**

Access Services	III-B Budget Amount
a. Care Management	\$0
b. Case Coord/supp	\$171,933
c. Disaster Advocacy	\$0
d. Information & Assis	\$170,867
e. Outreach	\$110,000
f. Transportation	\$25,875
g. Options Counseling	\$0
<b>Access Total:</b>	<b>\$478,675</b>

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$0
b. Home Care Assis	\$0
c. Home Injury Cntrl	
d. Homemaking	\$15,000
e. Home Health Aide	\$0
f. Medication Mgt	\$31,295
g. Personal Care	\$22,705
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassurance	\$20,000
<b>In Home Services Total:</b>	<b>\$89,000</b>

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

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$20,796
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
<b>Kinship Services Total:</b>	<b>\$20,796</b>

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

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$887,660
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
<b>AoA Title III-B Award Total:</b>	<b>\$887,660</b>

(Use ONLY If SGA Reflects Transfers)

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

**NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.**

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #1**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

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	39,634		332,291	5,000		46,774		423,699
Fringe Benefits	13,345		107,175			12,452		132,972
Travel	250		10,785			1,104		12,139
Training	250		4,239			449		4,938
Supplies	200		6,500			670		7,370
Occupancy	1,300		15,154			1,645		18,099
Communications	500		1,028			152		1,680
Equipment			5,400			540		5,940
Other:	341		21,250			3,371		24,962
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>55,820</b>	<b>0</b>	<b>503,822</b>	<b>5,000</b>	<b>0</b>	<b>67,157</b>	<b>0</b>	<b>631,799</b>

SERVICE AREA: TSA PSA

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

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

**SCHEDULE OF MATCH & OTHER RESOURCES #1**

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	67,157	OFF	OK	

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #2**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

SERVICE: Information & Assistance

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	184,461		31,500			28,008		243,969
Fringe Benefits	56,048		10,710			6,786		73,544
Travel	4,580		1,000			620		6,200
Training	6,866		980			860		8,706
Supplies	2,290		922			370		3,582
Occupancy	14,285					1,560		15,845
Communications	1,832		500			260		2,592
Equipment	4,580					500		5,080
Other:	27,421					2,793		30,214
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>302,363</b>	<b>0</b>	<b>45,612</b>	<b>0</b>	<b>0</b>	<b>41,757</b>	<b>0</b>	<b>389,732</b>

SERVICE AREA: TSA PSA

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

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

Explanation for Other Expenses:

FY 2020

SCHEDULE OF MATCH & OTHER RESOURCES #2

SOURCE OF FUNDS	MATCH		OTHER RESOURCES VALUE		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	0	41,757	0	

OK

OFF

OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #3**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

SERVICE: Outreach

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	65,030					7,804		72,834
Fringe Benefits	17,049					2,046		19,095
Travel	10,000					1,200		11,200
Training	480					58		538
Supplies	10,000					1,200		11,200
Occupancy	1,011					121		1,132
Communications	470					56		526
Equipment	960					115		1,075
Other:	5,000					600		5,600
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>110,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,200</b>	<b>0</b>	<b>123,200</b>

SERVICE AREA: TSA PSA

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

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

**SCHEDULE OF MATCH & OTHER RESOURCES #3  
FY 2020**

SOURCE OF FUNDS	MATCH VALUE		OTHER RESOURCES VALUE		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	0	13,200	0	

OK

OFF

OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #4**

AAA: The Senior Alliance FISCAL YEAR: FY 2020

SERVICE: Case Coordination & Support

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	123,367		78,225			25,711		227,303
Fringe Benefits	41,974		22,530			6,760		71,264
Travel	9,860		3,824			1,402		15,086
Training	3,955		1,255			625		5,835
Supplies	2,929		725			438		4,092
Occupancy	9,825		2,247			1,449		13,521
Communications	2,678		584			391		3,653
Equipment	6,894		2,039			952		9,885
Other:	13,530		2,205			1,939		17,674
Service Costs						0		0
Purchased Services (CM only)								0
<b>Totals</b>	<b>215,012</b>	<b>0</b>	<b>113,634</b>	<b>0</b>	<b>0</b>	<b>39,668</b>	<b>0</b>	<b>368,314</b>

SERVICE AREA: ISA PSA  
(List by County/City if service area is not entire PSA)

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

**SCHEDULE OF MATCH & OTHER RESOURCES #4  
FY 2020**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES VALUE		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	0	39,668	0	

OK OFF OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #5**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

SERVICE: Transporation

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	82,127		95,501	1,000		21,315		199,943
Fringe Benefits	24,941		28,380			6,399		59,720
Travel	8,538		4,557			1,571		14,666
Training	594					71		665
Supplies	2,686		3,451			736		6,873
Occupancy	463					56		519
Communications	2,626					315		2,941
Equipment	4,711		2,977			923		8,611
Other:								0
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>126,686</b>	<b>0</b>	<b>134,866</b>	<b>1,000</b>	<b>0</b>	<b>31,386</b>	<b>0</b>	<b>293,938</b>

SERVICE AREA: TSA PSA  
(List by County/City if service area is not entire PSA)

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

**SCHEDULE OF MATCH & OTHER RESOURCES #5  
FY 2020**

SOURCE OF FUNDS	MATCH VALUE		OTHER RESOURCES VALUE		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	0	31,386	0	

OK OFF OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #6**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

SERVICE: Medication 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	21,102					2,532		23,634
Fringe Benefits	6,683					802		7,485
Travel	900					108		1,008
Training	550					66		616
Supplies	450					54		504
Occupancy	220					26		246
Communications	225					27		252
Equipment	200					24		224
Other:	965					116		1,081
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>31,295</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,755</b>	<b>0</b>	<b>35,050</b>

SERVICE AREA: ISA PSA

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

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

**SCHEDULE OF MATCH & OTHER RESOURCES #6** FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Difference	0	0	3,755	0	OK OFF OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #7**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

SERVICE: Friendly Reassurance

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	15,297					1,836		17,133
Fringe Benefits	4,703					564		5,267
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>20,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,400</b>	<b>0</b>	<b>22,400</b>

SERVICE AREA: TSA PSA

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

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

**SCHEDULE OF MATCH & OTHER RESOURCES**

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	2,400	OFF	OK	



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #8**

AAA: The Senior Alliance

FISCAL YEAR: FY 2020

SERVICE: LTC - Ombudsman

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	19,135		34,206			4,914		58,255
Fringe Benefits	5,840		10,071			1,682		17,593
Travel	436		1,275			249		1,960
Training	1,048		1,275			285		2,608
Supplies	218		255			74		547
Occupancy	218		876			153		1,247
Communications	174		255			74		503
Equipment	218		298			74		590
Other:	1,925		6,187			1,149		9,261
Service Costs								0
Purchased Services (CM only)								0
<b>Totals</b>	<b>29,212</b>	<b>0</b>	<b>54,698</b>	<b>0</b>	<b>0</b>	<b>8,654</b>	<b>0</b>	<b>92,564</b>

SERVICE AREA: TSA PSA

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

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

**SCHEDULE OF MATCH & OTHER RESOURCES**

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	Cash	In-Kind	Cash	In-Kind	
Totals	0	0	0	0	
Difference	0	0	8,654	0	

OK

OFF

OK