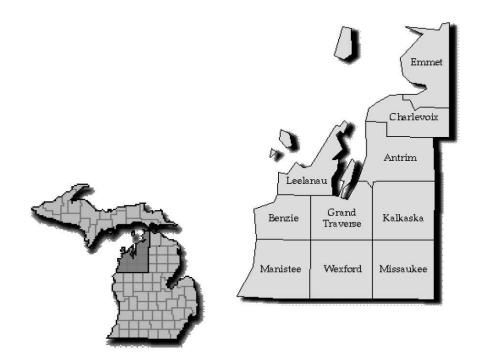
2023—2025 Multi Year Plan FY 2024 ANNUAL IMPLEMENTATION PLAN AREA AGENCY ON AGING OF NORTHWEST MICHIGAN, INC. 10



Planning and Service Area Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford

Area Agency on Aging of Northwest Michigan, Inc.

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Executive Summary

Include a summary that describes the AAA and the implementation plan including a brief description of the PSA (to include older adults in greatest economic need, minority, and/or non-English speaking), the AAA's mission, and primary focus for FY 2024.

Instructions

Please include in the Executive Summary a brief description of the following: The PSA and any significant changes to the current area plan.

A.) Any significant new priorities, plans or objectives set by the AAA for the use of (OAA) and state funding during FY 2024. If there are no new activities or changes, note that in your response.

B.) Any permanent changes to the AAA's operations based on the COVID-19 pandemic. In addition, please describe how the AAA is utilizing its American Rescue Plan Act (ARPA) funding.

C.) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).

D.) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2024.

E.) A brief description of AAA's successes over the past year and any anticipated challenges for FY 2024.

A.) The Area Agency on Aging of Northwest Michigan serves the ten counties of northwestern lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford.

There are no significant new priorities, plans or objectives set forth by AAANM for use of OAA and state funding during FY2024.

B.) As a result of the COVID-19 pandemic, AAANM has transitioned permanently to hybrid/remote staffing operations. This is the most significant change to the organization as a result of the pandemic. AAANM has experienced many of the challenges that other organizations have converting from on-site operations to a remote workforce including the need to examine policies and procedures, define communication channels and foster continued workforce engagement. Additionally, AAANM plans to continue pandemic flexibilities, when appropriate, to perform telehealth visits with participants in the MI Choice Waiver program, and ACLS Care Management should flexibilities continue to be extended to ACLS programs as well. These flexibilities support participant preferences and accommodate urgent situations in a vast geographic area. One of the most significant changes to our contracted provider network is the addition of Carry Out Meals. "Grab 'n Go's" are extremely popular and serve a population of older adults that were previously unreached by OAA services. This pandemic evolution is a welcome addition to the available service array.

AAANM has used most of its American Rescue Plan Act (ARPA funding). Per instructions from the ACLS Bureau late in FY2022, ARPA funding was used as a first priority over traditional OAA funding, so ARPA

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was spent in place of traditional funding, with OAA funding being carried over into FY2023. AAANM granted out ARPA meal funding to its seven meal providers to help offset the rising costs of food and transportation. ARPA funding was also used for special IT projects (waivers obtained from ACLS Bureau) including implementation of an application to track Information and Assistance and Options Counseling calls/contacts and to develop dashboard reporting of organizational data through Microsoft PowerBI. AAANM has IIID ARPA funding remaining. It is hoped that this funding will be contracted out for the provision of healthy aging workshops. Additionally in FY2022, some traditional OAA funding was allocated to local county aging units on a reimbursement basis to meet one-time assistive device technology needs among the sixty plus population.

C.) If there was a reduction in federal funding, AAANM would conduct a thorough program review to determine how AAANM might continue to serve those with the greatest social or economic need and low income minority populations and/or which programs and services may need to be cut. Pursuit of alternative funding might include development of medical billable services although this would take time to develop and implement and would not offset the loss of federal OAA funding but would merely provide AAANM with alternative service offerings to the community.

D.) Advocacy efforts in FY2023 are focused on meeting new legislators and establishing relationships. FY2024 advocacy efforts will focus on strengthening the presence of the AAANM Advisory Council in the region and with legislators, including continuing with legislative visits. Advocacy priorities will align with the Michigan Senior Advocates Coalition (MSAC), the Silver Key Coalition and the Area Agencies on Aging Association of Michigan (4AM) including strengthening the direct care workforce profession, funding for in-home services and meals, and rebalancing between nursing facilities and Home and Community Based Services (HCBS).

E.) AAANM has programmatic goals for the FY2023-2025 Multi-Year Plan (MYP) to focus on internal operations particularly related to reducing cycle time from when someone calls until enrolled in a care management program and reducing wait lists for care management programs. While there is still significant work to do, AAANM made progress on these goals during FY2023.

Infrastructure to support an expanded Information & Assistance (I&A)/Options Counseling department (adding staff, developing new protocols, instituting technology) was advanced. With the pandemic, AAANM has seen an increase of 30% (~1,000 contacts) in call volume to its Access and Eligibility Department (I&A, Options Counseling, Intake, wait list management) and this trend has since continued, resulting in a significant call backlog. This has required AAANM to rethink structure and workflows of the department to meet community needs.

"Tiered" care management was implemented. AAANM completed implementation of the service definition of Case Coordination & Support (CC&S) so that the organization is able to offer an additional level of care management to those who may not be at imminent risk of nursing home placement. This was identified internally as a need based on analysis of I&A/Options Counseling calls and care management volumes. Individuals on Care Management and the Care Management wait list were evaluated for appropriateness of CC&S and either opened to CC&S or placed on the CC&S wait list. The goal is to more appropriately manage the care management wait list by having this alternative level of care available.

While not included as development objectives in the FY2023-2025 MYP, extensive focus has gone into the

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MI Choice Waiver program in FY2023 to ensure AAANM is acting within its managed care requirements including appropriate utilization management of services. AAANM implemented a formal utilization management function in the MI Choice Waiver program during FY2023.

We anticipate that all these areas will continue to be a priority in FY2024.

In FY2024, AAANM anticipates focusing on the financial management of its MI Choice Waiver program, similiar to FY2023. In November 2021, with rising inflation, AAANM increased its provider rates for ACLS Bureau and MI Choice Waiver Purchase of Service (services that are purchased as part of care plans). Subsequently in FY2023, the State of Michigan implemented a rate cut to the MI Choice Waiver program. Additionally, AAANM anticipates that there will be continued challenges staffing in-home services via the provider network as the shortage of direct care workers continues.

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County/Local Unit of Government Review

COUNTY/LOCAL UNIT OF GOVERNMENT REVIEW

The Area Agency on Aging (AAA) must send a request to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 30, 2023. For a Planning and Service Area (PSA) comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government. If the AAA does not receive a response from the county and/or local unit of government by July 20, 2023, the AIP is deemed passively approved. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 21, 2023, whether their counties and/or local units of government formally approved, passively approved, or disapproved the AIP.

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

A.) Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website. Instructions for how to view and print the document must be included.

B.) Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.

C.) Be available to discuss the AIP with local government officials, if requested.

D.) Request email notification from the local unit of government of their approval of the AIP or their related concerns.

Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

TRIBAL NOTIFICATION

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA).

AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still expected to send their AIP. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation,

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no later than June 30, 2023. The AAA will notify their ACLS Field Representative by July 21, 2023, of any comments or feedback received from their Tribe(s). If no comments or feedback received, please indicate that in your response.

The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:

A.) Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA's website. Instructions for how to view and print the document must be included.

B.) Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.

C.) Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.

D.) Request email notification from the Tribe of their comments and feedback of the AIP or their related concerns.

Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA. If no collaborative efforts planned, note that in your response.

This AIP will be e-mailed electronically, as well as mailed via certified US mail, on June 2, 2023, requesting a response from each County Board of Commissioners by July 20, 2023. Responses AAANM receives will be communicated with the ACLS Bureau field representative for Region 10 by July 21, 2023.

Additionally, the AIP will be sent certified mailed to the chairpersons of the Grand Traverse Band of Ottawa and Chippewa Indians, Little River Band of Ottawa Indians and Little Traverse Bay Bands of Odawa Indians which are all tribes within the PSA. The mailing will include a copy of the AIP, AAANM's willingness to be available to discuss the AIP with Tribal elders and/or officials if requested, and a request for email notification from the Tribe of their comments/feedback of the AIP or related concerns no later than July 20, 2023. AAANM will notify the ACLS Bureau field representative of any feedback received.

AAANM continues to develop relationships with each of the Tribes in the Region 10 PSA and has conducted outreach meetings throughout the course of FY2023. These efforts will continue in FY2024. Collaborations already exist through our Medicare/Medicaid Assistance Program (MMAP) in that MMAP volunteers are established within the Grand Traverse Band of Ottawa and Chippewa Indians and the Little Traverse Bay Bands of Odawa Indians. Additionally, AAANM supports relationships between meal providers and the Tribes and provides technical dietetic assistance upon request. Other outreach with the

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Tribes has included meetings with health services and tribal elders to promote AAANM's programs and services, to collaborate on service delivery, referral processes and increase awareness and knowledge of services offered both by the Tribes and AAANM.

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Public Hearings

At least one public hearing on the FY 2024 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the 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; as well as news sources geared toward communities of color, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section *B-2 #3*. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Instructions

Complete the chart below regarding your public hearing(s). 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.

In addition, the AAA should also upload into AMPS a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

Date	Location	Time	Barrier Free?	No. of Attendees
04/20/2023	Honor, Michigan	11:00 AM	Yes	17

AAANM conducted a public hearing at Benzie Senior Resources meal site, The Gathering Place, in Honor, Michigan on 4/20/2023. This location was selected because it is easily accessible and has a large turnout for meals and activities and represents a rural county of the PSA (not Traverse City centric). The Public Hearing was promoted on AAANM's website and through social media (Facebook and LinkedIn) and in AAANM's caregiver newsletter. It was also publicized through a legal notice and press releases. Notices were sent out through community collaboratives and the provider network. AAANM also sent notice of the Public Hearing directly to the Little Traverse Bay Bands of Odawa Indians, the Grand Traverse Band of Ottawa and Chippewa Indians and the Little River Band of Ottawa Indians. Additionally, the plan summary Michigan Department of Health & Human Services

BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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was made available on AAANM's website with a form so that the public could provide input into the plan.

Feedback from the public hearing was gathered. There are no substantial changes to AAANM's AIP based on the public hearing testimonies. Dialogue during the Public Hearing included:

- 1. Discussion of what is available via OAA funding versus millage funding.
- 2. Discussion about what is Trualta and how it assists caregivers.
- 3. Discussion regarding AAANM's assistance with menu planning and monitoring of meal providers.

4. Discussion regarding the challenges of the "sandwich generation" and request to add links to other Area Agencies on Aging to the AAANM website.

5. Request for resource books on aging topics (formerly printed by the Michigan Legislature) as an alternative to the Internet.

- 6. Questions about AAANM staffing shortages and wait lists.
- 7. Discussion about home repair as a service in the AIP and services that would be purchased for clients.
- 8. Discussion about challenges of working with MDHHS, concerns about redeterminations.

In addition, written testimony was received from three individuals. All written testimony has been scanned and uploaded for review.

The first testimony requested that funding consideration be given for assistance with moving in the situation of floods/fires or when there are other difficulties with downsizing. Additionally, "funding to help property management companies have moisture alarms for locked utility closets, if they would agree to properly maintain them with the correct batteries, changing out the batteries and testing the alarms, as well as having a system that would get the maintenance and remeditation help to stop the flood and clean it up as soon as possible so that mold and pathogens would not spread (after flooding)... funding to protect against repeated flooding when a property is having trouble with repeated flooding."

The second testimony requested prioritization of caregivers, respite care, family caregiving support, adult day care, and better ombudsman support for Veteran's benefits, as well as expansion of PACE North into all of Manistee County.

The third testimony described the need for in-home services for those that have the ability to self-pay for care and the need to have a non-profit agency that could recruit, vet and oversee qualified workers on behalf of older adults. Additional needs identified included assistance with dementia and Parkinson's in home care, education materials on preventing theft from providers of services and scammers, guidance on use of security cameras for relatives of seniors to observe care given, and record keeping by employee and client.

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Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; Care Management; Case Coordination and Support: Options Counseling: Disaster Advocacy and Outreach Programs: Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded transportation. If the AAA is planning to provide any of the above noted access services directly during FY 2024, complete this section.

Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2024, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. 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's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

Care Management

Starting Date 10/01/2023 Total of Federal Dollars \$0 Geographic area to be served

Ending Date 09/30/2024 \$320,307 **Total of State Dollars**

Region 10

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

Goal 1: Provide supports coordination and home and community-based services to adults over the age of 60 who are at high risk of institutionalization.

Activities:

1. Maintain strong partnerships with county aging units in order to provide a continuum of care as well as effective pairing of ACLS Bureau and millage funded service monies.

2. Outreach to and actively participate in community collaboratives that include American Indian tribes and organizations that serve minorities, low income, and vulnerable older adults.

Goal 2: Operate under a robust quality management plan, overseen by the Quality Assurance & Compliance committee.

Activities:

1. Maintain NCQA accreditation for case management services through continued commitment to guality and excellence.

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2. Program and service monitoring includes chart reviews, peer reviews, participant satisfaction surveys, staff training, and monitoring of quality indicators such as hospitalizations and re-institutionalization rates and social isolation.

3. Support a Consumer Quality Collaborative that provides feedback and has input into program operations.

Number of client pre-screenings:	Current Year:	500	Planned Next Year:	500
Number of initial client assessments:	Current Year:	150	Planned Next Year:	150
Number of initial client care plans:	Current Year:	140	Planned Next Year:	140
Total number of clients (carry over plus new):	Current Year:	400	Planned Next Year:	400
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:46	Planned Next Year:	1:46

Case Coordination and Support

Starting Date	10/01/2023	Ending Date	09/30/2024
Total of Federal Dollars	\$0	Total of State Dollars	\$64,085
Geographic area to be served			
Region 10			

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

Goal 1: Implement Case Coordination and Support (CC&S) as part of a multi-step effort to tier care management services provided by AAANM to serve more people at the most appropriate level of care.

Activities:

1. Transition existing Care Management clients who are more appropriate for care under CC&S

2. Open individuals on the Care Management wait list to CC&S if more appropriate for CC&S level of care

3. Monitor and adjust as needed

Disaster Advocacy & Outreach

Starting Date	10/01/2023	Ending Date	10/01/2024
Total of Federal Dollars	\$1.00	Total of State Dollars	
Geographic area to be serve	ed		

Region 10

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

Goal 1: To maintain the Disaster Advocacy and Outreach service definition in anticipation of a natural disaster or other type of emergency as part of AAANM's emergency planning processes.

Activities:

- 1. Identify an emergency should one be present
- 2. Activate the definition and identify emergency response activities that fall within the service definition

3. Respond to the emergency

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09/30/2024

\$0

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4. Shift funding as needed from other service definitions

Information and Assistance

Starting Date10/01/2023Ending DateTotal of Federal Dollars\$115,050Total of State DollarsGeographic area to be servedRegion 1010

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

Goal 1: Provide high quality Information and Assistance to support older adults, family members, caregivers and healthcare or social service professionals seeking information about community resources for older adults, caregivers, and persons with disabilities.

Activities:

1. Ensure that staff receive on-going information and education about community resources and aging issues.

2. Outreach to referral sources and the community through brochures, marketing, social media, public speaking, and expos to communicate that Information and Assistance for older adults is available through AAANM.

3. Continue to serve as the "local contact agency" for those in nursing homes who are interested in exploring other options for long-term care.

Options Counseling

Starting Date	10/01/2023	Ending Date	09/30/2024
Total of Federal Dollars	\$264,969	Total of State Dollars	\$120,141

Geographic area to be served

Region 10

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

Goal 1: Provide unbiased, person-centered options counseling to older adults and caregivers who need assistance understanding and planning for their long-term care options.

Activities:

1. Ensure that staff receive on-going information and education about community resources and aging issues.

2. Outreach to referral sources and the community through brochures, marketing, social media, public speaking, and expos to communicate that Options Counseling is available through AAANM.

Goal 2: Maintain strong referral relationships with county aging units, nursing facilities, Program of All-Inclusive Care for the Elderly (PACE) and other long-term care options in Region 10.

Activities:

1. Regularly share information and updates between AAANM and other long-term care providers and entities in the region.

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Approved MYP Program Development Objectives

Program development goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the AAA to provide information on progress toward the objectives to date. This text box is editable.

Instructions

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity, and Inclusion (DEI), the ACLS Bureau Operating Standards for AAAs have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly.

Please refer to Operating Standards for AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP 2023-2025 Cycle.

Within the progress tab, ensure to address, at a minimum, the below DEI Program Development Objectives that correlate to the MYP DEI Goal:

Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

Objective 1- Increase services provided to Black, Indigenous (tribal) and People of Color (BIPOC) and LGBTQ+ seniors served in your region. *Please include how the AAA is measuring this progress including how you will ensure that programming and outreach is culturally sensitive and welcoming to all.*

Objective 2- Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. *Please include a brief description of how the AAA tracks to ensure the number of individuals trained has increased.*

Objective 3- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. *Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure that linguistic translation services are meeting the needs of the older adults within their PSA?*

See Document Library for training PPT and recording of ACLS DEI training completed for the 2023-2025 MYP Cycle.

Area Agency on Aging Goal

A. Identification of on-going community needs

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Objectives

1. To meet (where possible) needs of those 60+ and caregivers impacted by the pandemic. Timeline: 10/01/2022 to 09/30/2025

Progress

Given the end of the Public Health Emergency, this goal is being discontinued with FY2024. No new pandemic needs were identified during FY2023.

B. Maximize funding streams and reduce waitlists

Objectives

 1. Reduce the cycle time from when someone calls until enrolled in a care management program 2. Reduce wait lists for care management programs 3. Develop plan for use of Title III-D funding that maximizes impact for older adults and caregivers. 4. Evaluate Expansion of nutrition services to support the health and well-being of older adults and caregivers. Timeline: 10/01/2022 to 09/30/2025

Progress

1. Reduce the cycle time from when someone calls until enrolled in a care management program During FY2023 AAANM spent significant effort monitoring and implementing strategies to reduce call wait time into the Information & Assistance/Options Counseling Department. With the pandemic, call volume increased over 30% or 1,000+ contacts annually and this volume trend has continued. In addition to adding staff, a new IT application was developed during FY2023 to allow for tracking and monitoring of calls. Protocols for triaging calls were developed. And a new scheduling system is being piloted for Options Counseling appointments.

2. Reduce wait lists for care management programs

Case Coordination & Support (CC&S) was implemented during FY2022-FY2023 as a strategy to better serve older adults who may not be frail enough to qualify for Care Management. Individuals on Care Management (and the Care Management wait list) who were more appropriate for CC&S were then transitioned either to the CC&S program or the CC&S wait list.

Further work is being done in the Information & Assistance/Options Counseling department to tighten up management of wait list procedures. Additionally, AAANM will be changing how cases are staffed in the later part of FY2023. Historically Supports Coordinators (nurses and social workers who coordinate care for older adults) have carried programmatically blended cases loads. Case loads will be separated going forward and it is believed this will create additional capacity to open more Care Management cases.

3. Develop plan for use of Title III-D funding that maximizes impact for older adults and caregivers.

For FY2023, AAANM granted Title III-D funding to two organizations to offer in-person evidence-based classes in several counties in Region 10 (Bingocize, PATH options, A Matter of Balance, Tai Chi for Arthritis). AAANM also participates in the AAA evidence-based collaborative to stay abreast of virtual workshop offerings that can be accessed statewide, as well as new programming development. AAANM has additional funding (ARPA and carryover) available and is seeking interest from the two current grantees, and county aging units and senior

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centers to support startup costs and training and materials of any of the programs that are allowable under Title IIID funding. Many of the long-standing workshops that have been available for years in Region 10 (coordinated through AAANM vs individual agencies-PATH) are not something that county aging units/senior centers have an interest in providing directly due to the many requirements that are involved. Simpler programs that are easier to implement and fun are more attractive to implement by these organizations, but options seem limited.

4. Evaluate Expansion of nutrition services to support the health and well-being of older adults and caregivers.

This objective will be worked on during FY2024

C. Support paid and unpaid caregivers

Objectives

 Objectives: 1. Promote self-determination as an option 2. Make it as easy as possible for providers to do business with AAANM 3. Support caregivers with a focus on caregivers of persons with dementia Timeline: 10/01/2022 to 09/30/2025

Progress

Objectives:

1. Promote self-determination as an option

AAANM continues to promote self-determination as a viable option for CC&S, Care Management and MI Choice Waiver in lieu of agency staffing (due to the direct care workforce shortage). Currently, 37% of MI Choice Waiver and 20% of ACLS Care Management participants use self-determination.

2. Make it as easy as possible for providers to do business with AAANM

Initially this objective was intended to support implementation of a Regional Service Definition of Community Living Supports (CLS) to simplify back-end billing processes for the provider network for ACLS Care Management clients. AAANM was advised not to implement the CLS definition during the MYP 2023-2025 planning process; however this objective was inadvertently not removed. AAANM always strives to make it as easy as possible for providers to do business with AAANM, however, there were no specific tasks undertaken in FY2023 in this regard.

3. Support caregivers with a focus on caregivers of persons with dementia

AAANM has implemented Trualta, a web-based caregiver education platform and has been referring caregivers to this platform. Additionally, AAANM is ensuring that all clinical staff are certified in Dementia Capable Care in order to support caregivers of persons with dementia. The Information & Assistance / Options Counseling department has offered dementia options counseling for several years and continues to support caregivers in this manner. Additionally, AAANM began a monthly caregiver newsletter and actively promotes caregiver tools and available classes.

D. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ individuals.

Objectives

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FY 2024

Area Agency On Aging of Northwest MI, Inc.

 Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities. 2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism. 3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Timeline: 10/01/2022 to 09/30/2025

Progress

1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities. AAANM has taken several steps in this direction:

- * An organizational values statement was developed including inclusivity/diversity.
- * All promotional materials including brochures and website have been updated to be culturally sensitive.

* All staff have been trained in implicit bias, cultural competency, as well as SAGE training to ask sexual orientation questions.

* Trainings were offered to the provider network on implicit bias and a repository of materials for providers related to implicit bias is being developed.

* While the overall 60+ PSA population is 2% non-caucasian, AAANM's program participants, non-caucasian representation is 6%. AAANM began asking sexual orientation questions during FY23 and has a baseline of 1% identifying as LGBTQ+. AAANM will continue to monitor these percentages.

2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.

* AAANM annually requires that all staff complete implicit bias and cultural competency training. The number of staff are tracked each year. In FY2024, AAANM will ensure that trainings incorporate material related to the root causes of racism.

* Training offerings in cultural competency and implicit bias will be made available to the provider network again in FY2024. The number of participants will be tracked as a baseline in FY2024.

3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

* AAANM has requests for Spanish and sign language linguistic services. We contract with translation services for Spanish and sign language as well as have Spanish speaking employees on staff. We have the capacity to contract for other language translation services should the need arise. According to the American Community Survey (2012-2016) there are only 426 older adults in Region 10 that do not speak English (on a basis of 85K people during the same measurement period).

STATE OF MICHIGAN Michigan Department of Health & Human Services AGING & ADULT SERVICES AGENCY

FY 2024 Annual Implementation Plan

SIGNATURES

This document covers Fiscal Year 2024. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Date 6-1-2023			
Date			
6-1-2023			
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Area Agency on Aging of Northwest Michigan			
ty Payments for the Nutrition Program for			