#### BENZIE COUNTY BOARD OF COMMISSIONERS

448 COURT PLACE – BEULAH, MI 49617 – (231) 882-9671 www.benzieco.net

#### **MEETING AGENDA**

June 25, 2019

Frank F. Walterhouse Board Room, Governmental Center, 448 Court Place, Beulah, Michigan

#### PLEASE TURN OFF ALL CELL PHONES OR SWITCH THEM TO VIBRATE

9:00 a.m.

CALL TO ORDER

ROLL CALL

INVOCATION AND PLEDGE OF ALLEGIANCE

APPROVAL OF AGENDA

APPROVAL OF MINUTES – 6/11/2019

PUBLIC INPUT

#### PUBLIC HEARING - TAX RATE

ELECTED OFFICIALS & DEPT HEAD COMMENTS

COMMISSIONER REPORTS -

COUNTY ADMINISTRATOR'S REPORT -

FINANCE – Approval of Bills

COMMITTEE OF THE WHOLE – 6/11/2019 Consent

COMMITTEE APPOINTMENTS -

ACTION ITEMS - Resolutions: 2019-016 Truth and Taxation; 2019-017 Area

Agency on Aging Multi Year Plan

PRESENTATION OF CORRESPONDENCE

**UNFINISHED BUSINESS** 

**NEW BUSINESS -**

10:00

Bob Schlueter – AAA Annual Report

10:15

10:30

PUBLIC COMMENT ADJOURNMENT

#### Times Subject to Change

THE COUNTY OF BENZIE WILL PROVIDE NECESSARY REASONABLE AUXILIARY AIDS AND SERVICES, SUCH AS SIGNERS FOR THE HEARING IMPAIRED AND AUDIO TAPES OF PRINTED MATERIALS BEING CONSIDERED AT THE MEETING, TO INDIVIDUALS WITH DISABILITIES AT THE MEETING OR HEARING UPON THIRTY (30) DAYS NOTICE TO THE COUNTY OF BENZIE. INDIVIDUALS WITH DISABILITIES REQUIRING AUXILIARY AIDS OR SERVICES SHOULD CONTACT THE COUNTY BY WRITING OR CALLING THE FOLLOWING:

BENZIE COUNTY CLERK

448 COURT PLACE

BEULAH MI 49617

(231) 882-9671

This notice was posted by Dawn Olney, Benzie County Clerk, on the bulletin board in the main entrance of the Benzie County Governmental Center, Beulah, Michigan, at least 18 hours prior to the start of the meeting. This notice is to comply with Sections 4 and 5 of the Michigan Open Meetings Act (PA 267 of 1976).

#### PUBLIC INPUT

**Purpose**: The Benzie County Board of Commissioners is a public policy setting body and subject to the Open Meetings Act (PA 267 of 1976). The Board also operates under a set of "Benzie County Board Rules (section 7.3)" which provides for public input during their meetings. It continually strives to receive input from the residents of the county and reserves two opportunities during the monthly scheduled meeting for you the public to voice opinions, concerns and sharing of any other items of common interest. There are however, in concert with meeting conduct certain rules to follow.

**Speaking Time**: Agenda items may be added or removed by the board but initially at least two times are devoted to Public Input. Generally, however, attendees wishing to speak will be informed how long they may speak by the chairman. All speakers are asked to give their name, residence and topic they wish to address. This and the statements/comments will be entered into the public record (minutes of the meeting). Should there be a number of speakers wishing to voice similar opinions, an option for a longer presentation may be more appropriate for the group and one or more speakers may talk within that time frame.

Group Presentations – 15 minutes Individual Presentations – 3 minutes

**Board Response**: Generally, as this is an "Input" option, the board will not comment or respond to presenters. Silence or non-response from the board should not be interpreted as disinterest or disagreement by the board. However, should the board individually or collectively wish to address the comments of the speaker(s) at the approval of the Chair and within a time frame previously established, responses may be made by the board. Additionally, the presenter may be in need of a lengthier understanding of an issue or topic and may be referred to a committee appropriate to address those issues.

Public Input is very important in public policy settings and is only one means for an interchange of information or dialogue. Each commissioner represents a district within the county and he/she may be individually contacted should greater depth or understanding of an issue be sought. Personal contact is encouraged and helpful to both residents and the board.

#### **Commissioner Contacts:**

District	I – Bob Roelofs (Almira East of Reynolds Road)	231-645-1187
District	II - Art Jeannot (Almira Twp West of Reynolds Road, I	Platte
	and Lake Townships)	231-920-5028
District	III – Linda Farrell (Crystal Lake, Frankfort)	231-882-6620
District	IV – Rhonda Nye (Benzonia)	231-510-8804
District	V – Sherry Taylor (Homestead)	231-882-5452
District	VI - Evan Warsecke (Colfax, Inland)	231-275-3375
District	VII - Gary Sauer (Blaine, Gilmore, Joyfield, Weldon)	231-651-0647

#### THE BENZIE COUNTY BOARD OF COMMISSIONERS June 11, 2019

The Benzie County Board of Commissioners met in a regular session on Tuesday, June 11, 2019, in the Frank F. Walterhouse Board Room, 448 Court Place, Government Center, Beulah, Michigan.

The meeting was called to order by Chair Gary Sauer.

Present were: Commissioners Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke

The invocation was given by Commissioner Sauer and the Pledge of Allegiance was recited.

#### Agenda:

Motion by Roelofs, seconded by Warsecke, to approve the agenda as presented. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

#### **Minutes:**

Motion by Nye, seconded by Farrell, to approve the regular session minutes of May 25, 2019 as amended on page 4. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

9:03 a.m. Public Input - None

#### **PUBLIC HEARING – 2019 TAX RATE**

Tom Longanbach, Equalization Director, spoke regarding the process for setting the tax rate with the Headlee Rollback. It was discussed that the publication for the public hearing had an incorrect date listed so this matter will need to be re-advertised and the public hearing held on June 25, 2019.

Motion by Jeannot, seconded by Roelofs, to repost and republish the Notice of Public Hearing on Increasing Property Taxes for June 25, 2019 at 9:00 a.m., adding CORRECTED to the title and change the date to be levied in 2019. Roll call. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

Tom Longanbach will send all township treasurers an email regarding the delay.

9:36 a.m. Open Public Hearing - No comments

Motion by Jeannot, seconded by Farrell, to close the public hearing. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

#### ELECTED OFFICIALS & DEPARTMENT HEAD COMMENTS

Frank Post, Emergency Manager, provided a written May 2019 activity report. He also spoke regarding the Frankfort Independence Day Incident Action Plan.

Comm Farrell stated that they do a terrific job on July 4 and asked if there was any way to keep the cars out of the alleys for those people that walk to town and use the alleys when leaving. Mr. Post also stated that they have 20 water-filled barricades to use.

Comm Roelofs inquired of his activity with the Rolling Thunder Ride? Mr. Post stated that he has just a few traffic control areas that he handles.

COMMISSIONERS
Page 2 of 4
June 11, 2019

Susan Boyd, Finance Manager, reported that she has received the final bill from Municipal Analytics and it was \$1,450 less than the quote. She inquired regarding the scheduling of budget hearings. She will send out an email to all commissioners to determine dates and times of availability.

911 Central Dispatch May 2019 report received.

State 911 Financial Statement for January 1, 2018 – May 4, 2018 received.

#### **COMMISSIONER REPORTS**

Comm Taylor stated that Homestead Township will have the township property surveyed to determine the boundaries of the easement to the ball fields and the Lions Club; the school will be deeding the ballpark over to the township. Village of Honor's street maintenance employee has given his two-week notice. The village is looking to pave some roads and have sent the bids back for further clarification regarding gravel on the edge of the roads. Ms. Taylor attended a meeting of the Animal Control regarding the Strategic Plan.

Comm Warsecke reported that Inland Township raised about \$3,000 with the propane tank refill event and collected 24 units of blood. Windsonnett Stables also donated \$2,000. Inland Township will hold a Public Hearing on June 25 at 6:00 p.m. regarding withdrawing from the Joint Homestead Inland Planning Commission. Inland approved a Medical Marijuana Ordinance. June 22 they will hold a Community Day in the Park at the Lake Ann Park on Lake Ann Road.

Comm Roelofs reported that they welcomed Tyson Burch as the newest member of the Veterans Affairs Committee. Last week Mr. Roelofs and the Byce & Associates team met with all departments regarding the space needs -- Thank you to all. June 23 – 28 he will be out of town. June 15 will be the Rolling Thunder event: 1 p.m. will be their arrival at the Veterans Memorial. Reported on the progress of the VA Clinic in Traverse City – should be completed mid-November 2019.

Comm Nye reported that the Village of Benzonia is continuing to update their Master Plan and Parks & Recreation Plan. Village of Beulah is making their final payment on the water project. Beulah Boosters held a clean-up day last weekend in the Village of Beulah. June 5 and 10 the EDC had presentations from Merit, Eclipse and Aspen regarding broadband.

Comm Farrell attended the Frankfort Elberta school board meeting last evening and they approved the operational budget for next year; they also set their school calendar, is September 3, 2019 as their first day and June 9, 2020 as their last day. The SRO has been introduced to all of the students.

Comm Jeannot reported that on June 4 he and Roger Griner were in Lansing to meet with Rep O'Malley regarding rail freight and they also attended a transportation committee meeting while they were there. Reported that there is a minimum of two years to get ready for road repairs. Attended the annual Venture North luncheon. Lake Township is having discussions regarding how many dispensaries will be allowed. Almira Township will be holding two fire and EMS interviews next week.

Chairman Sauer commented on the Traverse Connect and they are trying to get people into the program, but are only focusing on Traverse City. Blaine Township Clerk, Courtney Gillison, is leaving effective June 30. He will be meeting with the Village of Beulah and the DNR regarding the

#### **COMMISSIONERS**

Page 3 of 4 June 11, 2019

trail on June 13 at 8:00 a.m. Will be interviewing 2 people on Thursday for the Emergency Manager position. MAC is concerned about the Indigent Defense funding – we pay then they refund – not the way it started out. Chairman Sauer has asked Comm Jeannot to head up the County Administrator's review. Road commission says that local road paving will being June 12 – Elmer's were awarded the bids.

10:40 a.m. Break 10:45 a.m. Reconvene

#### COUNTY ADMINISTRATOR'S REPORT

- Mr. Deisch provided a written report.
- MERS letter reducing the investment assumption from 7.75% to 7.35% and will be reducing the wage inflation assumption from 3.75% to 3.00%.
- Will have a follow-up phone conversation tomorrow regarding the space needs with Byce and Associates.
- Community Forum regarding Blight on Thursday, June 13.
- Will discuss the finance review tomorrow with the department heads and set priorities to bring back to this board.
- The sidewalk/parking lot is being redone for handicap accessibility.
- Paving of the parking lot will start Friday at 1 p.m. and continue to Saturday. Striping will be done on Sunday.

#### **FINANCE**

Bills: Motion by Warsecke, seconded by Nye, to approve payment of the bills from May 29, 2019 thru June 11, 2019 in the amount of \$317,873.70, as presented. Roll call. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

Michelle Thompson, County Treasurer, spoke regarding the Land Sale Proceeds Report and would suggest that we not transfer funds this year and wait for the lawsuit to be completed.

#### COMMITTEE OF THE WHOLE

Motion by Warsecke, seconded by Roelofs, to approve item 1 of the May 28, 2019 Committee of the Whole Consent Calendar as presented. Roll call. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

#### **COMMITTEE APPOINTMENTS** – None

#### ACTION ITEMS - None

#### PRESENTATION OF CORRESPONDENCE

- Betsie Valley Trailway Management minutes of May 14, 2019 received.
- Letter received from the Dept of Agriculture & Rural Development regarding St. Ambrose Cellars dated May 16, 2019 received.
- Road Commission minutes of May 16, 2019 received.
- Health Department minutes of May 23, 2019 received.

#### **COMMISSIONERS**

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June 11, 2019

- Wexford County resolution regarding Funding the Great Lakes Restoration Initiative received.
- Crystal Lake and Little Platte Lake lake level report received for May 2019 received.
- Gratiot County resolution regarding Veterans Services Grant Funding received.

#### **UNFINISHED BUSINESS** – None

#### **NEW BUSINESS** – None

11:12 a.m. Public Input

Ron Berns, 911 Central Dispatch Director, reported on the tower top amplifier; audit is from the surcharge from the state -2018 figures are used.

Dave Garner, local contractor, reported that the building department is dragging their feet on a project of his.

11:18 a.m. Public Input Closed

Comm Farrell reported that she will be out of town June 15—22

Motion by Roelofs, seconded by Warsecke, to adjourn at 11:20 a.m. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

Gary Sauer, Chair

Dawn Olney, Benzie County Clerk

#### INDEX

- 1. Approved the agenda as presented.
- 2. Approved the regular session minutes of May 25, 2019 as amended on page 4.
- 3. Approved payment of the bills in the amount of \$317,873.70, as presented.
- 4. Approved item 1 of the May 28, 2019 Committee of the Whole Consent Calendar as presented.

Committee of the Whole Page 4 of 4 May 28, 2019

Motion by Warsecke, seconded by Roelofs, to approve the Committee of the Whole Consent Calendar as follows:

1. To discuss internally at the department head meeting and prioritize and bring back to this board the recommendation no later than four (4) weeks out.

#### BENZIE COUNTY

#### **CORRECTED**

#### NOTICE TO THE PUBLIC

A PUBLIC HEARING WILL BE HELD ON THE COUNTY'S RESOLUTION IMPOSING 2019 SUMMER PROPERTY TAX LEVY AS IT APPLIES TO THE 2019-2020 FISCAL YEAR BUDGET AT THE GOVERNMENT CENTER IN BEULAH, BEGINNING AT:

9:00 a.m. Tuesday, June 25, 2019

AS REQUIRED BY THE TRUTH IN TAXATION ACT, THE COUNTY GENERAL OPERATING MILLAGE RATE PROPOSED TO BE LEVIED WILL BE A SUBJECT OF THIS HEARING.

Benzie County will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities upon twenty-four (24) hours notice to Benzie County. Individuals with disabilities requiring auxiliary aids or services should contact the Benzie County Clerk by calling as follows:

Dawn Olney Benzie County Clerk (231) 882-9671

Posting Date: 12 - 2019

Posting Time: 11:15 am

#### TRUTH IN TAXATION NOTICE

#### INSTRUCTIONS TO LOCAL GOVERNMENTS

This notice is not required if the local taxing unit complies with section 16 of the Uniform Budgeting and Accounting Act, P.A. 2 of 1968, being section 141.436 of the Michigan Compiled Laws. If a local taxing unit does not comply with Section 16 of the Uniform Budgeting and Accounting Act, the following instructions still apply.

Section 211.24E MCL requires that notice of public hearing be published by a local taxing unit which proposes to increase operating tax levied over the maximum amount allowed to be levied without a hearing. Notice may be published alone or included with the notice of public hearing on a unit's budget held pursuant to Section 141.412 MCL. The model notice at right fulfills the requirements under Section 211.24E MCL. It can be completed with all the information provided for, detached from these instructions and provided to the appropriate newspaper for publication.

Other pertinent information can be included in the notice. This sample notice form meets minimum legal requirements.

In addition to publishing requirements, the notice must be posted at the principal office of the taxing unit.

The notice must be published in a newspaper of general circulation in the taxing unit. Publication must occur six or more days before the public hearing.

The proposed additional millage rate must be established by a resolution adopted by the governing body of the taxing unit before it conducts the public hearing.

Not more than ten days after public hearing, a taxing unit may approve the levy of an additional millage rate equal to or less than the proposed additional millage rate that was published and on which a public hearing has been held.

#### INSTRUCTIONS TO NEWSPAPER

The following notice is required by Section 211.24E MCL which provides:

- 1. The body of the notice must be set in 12 point type or larger.
- 2. The headline "Notice of Public Hearing on Increasing Property Taxes" must be set in 18 point type or larger.
- The notice cannot be smaller than 8 column inches by 4 horizontal inches.
- 4. The notice cannot be placed in the portion of the newspaper reserved for legal notices or classified advertising.

### Notice of Public Hearing on Increasing Property Taxes

The Board of Commissioners name of governing body				
of the <u>County of Benzie</u>				
will hold a public hearing on a proposed				
increase ofmills in the operating				
tax millage rate to be levied in				
The hearing will be held on Tuesday,				
June 25, 2019 at 9:00 a.m.				
date time a.m./p.m.				
at <u>448 Court Place</u>				
Beulah, MI 49617				

The date and location of the meeting to take action on the proposed additional millage will be announced at this public meeting.

If adopted, the proposed additional millage will increase operating revenues from ad valorem property taxes \_\_\_4.8 \_\_ % over such revenues generated by levies permitted without holding a hearing. If the proposed additional millage rate is not approved the operating revenue will decrease by \_\_\_.71 \_\_\_ % over the preceding year's operating revenue.

The taxing unit publishing this notice, and identified below, has complete authority to establish the number of mills to be levied from within its authorized millage rate.

This notice is published by:

Benzie County Board of Commissioners
name of taxing unit
448 Court Place
address
Beulah, MI 49617
address
telephone

This form is issued under authority of MCL Sections 211.24e, 211.34 and 211.34d. Filing is mandatory: Penalty applies.

ORIGINAL TO: County Clerk(s)

L-4029

The following tax rates have been authorized for levy on the 2019 tax roll. You must complete this form for each unit of government for which a property tax is levied. Penalty for non-filing is provided under MCL Sec. 211.119. MILLAGE REQUEST REPORT TO COUNTY BOARD OF COMMISSIONERS 2019 Tax Rate Request (This form must be completed and submitted on or before September 30, 2019) As the representatives for the local government unit named above, we certify that these requested tax levy rates have been reduced, if necessary to comply with the \* Under Truth in Taxation, MCL Section 211.24e, the governing body may decide to levy a rate which will not exceed the maximum authorized rate allowed in column9 X Chairperson for LOCAL school districts which levy a Supplemental (Hold Harmless) Millage, 380.1211(3). state constitution (Article 9, Section 31), and that the requested levy rates have also been reduced, if necessary, to comply with MCL Sections 211.24e, 211.34 and, BENZIE BENZIE COUNTY FIXED Thomas N. Longanbach Secretary Clerk President Government Unit Source OPER Purpose of Millage Signature Signature (2) 8/1982 Date of Election (3) For LOCAL School Districts: 2019 Taxable Value of Non-Homestead and Non-Qualified Agricultural Properties if a millage is Levied Against Them 2019 Taxable Value of ALL Properties in the Unit as of 5-28-19 Original Millage Authorized by Charter, etc. Telephone Numbe Election, 231-882-0015 5.2900 Reduced by MCL 211.34d 2018 Millage Rate Permanently 'Headlee' (5)\*\* 3.4528 1,311,442,055 Dawn Olney 2019 Current Year 'Headlee' Gary Sauer Millage Reduction Fraction (6) 0.9986 Title of Preparer Equalization Director Reduced by MCL 211.34d ermanently Millage Rate 3.4479 2019 (7) (8) Sec. 211.34 Truth in Assessing or Equalization Millage Fraction 1.0000 June 11, 2019 June 11, 2019 COPY TO: Equalization Departments(s) COPY TO: Each township of city clerk Maximum Allowable Millage Levy\* 3.4479 (9) CAREFULLY. REVERSE SIDE PLEASE READ THE INSTRUCTIONS ON THE Personal Ag, Qualified Forest and Industrial Rates to be Levied (HH/Supp Millage Requested to be For Commercial For Principal Residence, Qualified and NH Oper ONLY) Total school District Operating Levied 3.4479 July 1 (10)June 11, 2019 Millage Requested to be Levied Dec. 1 (11) INDEFINITE Authorized Expiration Date of Millage (12) Rate Base Tax Rate Fraction If your unit complies with Section 16. Signature of Clerk Or by compliing with Section 16 of the Uniform Budgeting MCL 211.24e provides that a local taxing unit can Truth in Taxation: Base Tax Rate the following formula applies Signature of Clerk and your unit levies more than one mill of operating Your unit's meeting was held approve the levy of a millage rate for operationg purposes in Prior Year Operating Millage and Accounting Act (MCL 141.436) xcess of the Base Tax Rate (BTR) after One of the following; earing and approving the levy of the additional millage rate. roposed additional millage rate by a resolution, holding the public neither of the following have been complied with oviding a notice of public hearing in a newspaper, establishing the 3.4528 0.9752 3.3672

# Elected Officials And Department Heads

### BENZIE SENIOR RESOURCES BOARD OF DIRECTORS MEETING JUNE 19, 2019 4:30 P.M.

#### <u>Agenda</u>

#### Please turn off your cell phones and any other electronic devices

Call to Order
Prayer of Invocation
Pledge of Allegiance
Roll Call

Approval of the June 19, 2019 Agenda
Approval of Minutes from the previous meeting – May 15, 2019
Suggestion Box Contents
Public Input (Limit of 3 minutes for individual presentation and 15 minutes for group presentation)
Finance Committee Report - Approval of BSR Financial Statements for May 2019

#### Information Items

- A. Directors Report May 2019/June 2019
- B. Program/Services Report May 2019
- C. Senior Center Update May 2019/June 2019
- D. Board of Commissioners Update

#### **Action Items**

1. Approve the proposal for The Gathering Place Senior Center updated mortage loan and any additional amount for a down payment

#### **New Business**

- 1. Board Members assistance with the Frankfort and Beulah 4th of July Parades.
- 2. Future Personnel Committee Meeting

#### **Old Business**

- 1. Fund Develop Committee Update Build-a-Van/Walk-a-Thon
- MERS Update

#### **Public Comment**

(Limit of 3 minutes for individual presentation and 15 minutes for group presentation)

#### Board Round Table Discussion/Evaluation of Meeting

#### Adjourn

Benzie Senior Resources Mission Statement – To provide exceptional services, resources and trusted care to support Benzie senior

#### **NEXT MEETING**

July 17, 2019 @ 4:30 pm The Gathering Place Senior Center Honor, MI 49640



DAWN OLNEY

BENZIE COUNTY CLERK

#### BENZIE SENIOR RESOURCES BOARD OF DIRECTORS MEETING May 15, 2019

Chair Beverly Holbrook called the meeting to order at 4:33 pm. Prayer of invocation was given by Al, and the Pledge of Allegiance was said by all.

#### **Roll Call:**

Nancy Mullen-Call, Anne Dawe, Ron Dykstra, Jane Elzerman, Beverly Holbrook, Ron Dykstra, Rosemary Russell, Al Amstutz, Barbara Johnson, and Deborah Rogers, Excused are Denise Favreau, and a resignation from Shirley Robert was accepted. Also present are Sabra Boyle, Douglas Durand, county commissioner Shery Taylor and public Mackenzie Russell

#### Approval of Agenda

• Motion to approve the agenda with additions was made by Rosemary and seconded by Jane all Ayes being heard, the motion to approve the agenda was moved.

#### **Minutes**

• A motion to approve the minutes of the previous meeting was made by Al and seconded by Ron All ayes being heard, the motion was carried to approve the previous minutes..

#### **Public Input**

- A. The suggestion box was empty
- B. No other public input.

#### **Finance Committee**

A statement of financial income and expense was submitted to the board. A review of the financials was given by Doug to the board members. A motion to accept the finance committee report was made by Nancy Mullen-Call and seconded by Jane Elzerman, all Ayes being heard the motion was carried.

#### **Information Items**

A. Directors Report: April- May 2019

A copy was submitted by Douglas Durand and received by the board. Doug gave some highlights of this report including the build a van project is at just under \$24,000. A large donation was made by Benzie County 100 women, the donation was at \$10,100. Thanks to the Women of Benzie County and to Nancy for putting our name in for this donation.

- B. Program Services report for April 2019
  - A program services report was submitted and accepted by the board.
- C. Senior Center Update report for May 2019 was submitted and accepted by the board. We continue to be very busy with activities.
- D. Board of Commissioners Update presented by Sherry Taylor
- 1. An audit of the county is occurring, there were some issues with time sheets not having signatures on them.
- 2. Mers issue with funding this program.
- 3. Memorial day Celebration at the park
- 4. broadband the county has 3 proposals to review.

#### **Action Items**

- 1. Executive Director ETO carry over.
  - a. Our executive director has accumulated 144.5 hours of ETO a motion was made to allow the executive director to carry over his unused ETO.
  - b. Roll call Nancy Mullen-Call, yes, Anne Dawe, yes, Ron Dykstra, yes, Jane Elzerman, Yes, Beverly Holbrook, Yes Rosemary Russell, Yes. Al Amstutz, Yes and Deborah Rogers. Yes The motion to allow the executive director to carry over his unused ETO was passed by unanimous vote of the board.
  - c. There was also a discussion with Doug to begin to take his time off so he doesn't burn out.
- 2. Approval of HDM vehicle purchase from submitted bids.
  - a. There was discussion regarding the best way to go about this; the board suggested that Doug be allowed to make a decision on which vehicle to purchase based on test driving of the vehicles. This way we know that the vehicle will meet the needs of BSR. Doug agreed to test drive the vehicles and make a decision along with input from Jeff as to which vehicle to purchase and to go ahead and purchase that vehicle.
  - b. A motion was made by Nancy and seconded by Ron to allow Doug to make the decision on which vehicle to purchase and to go ahead and purchase the vehicle. Roll call Nancy Mullen-Call, yes, Anne Dawe, yes, Ron Dykstra, yes, Jane Elzerman, Yes, Beverly Holbrook, Yes Rosemary Russell, Yes. Al Amstutz, Yes and Deborah Rogers. Yes The motion to allow the executive director to make a decision on which vehicle to purchase, and to purchase the vehicle for HDM was passed by unanimous board vote.
- 3. New walk a thon banner:
  - a. An estimate was given to the board for review to purchase a new double sided banner for the walk a thon.
  - b. After review of the estimate it was noted it was for a single sided banner only. Al will look at correcting the estimate and ensuring that we receive a double sided banner.
  - c. A motion was made by Rosemary and seconded by Ron to purchase a new double sided banner for the walk a thon. Roll Call Nancy Mullen-Call, yes, Anne Dawe, yes, Ron Dykstra, yes, Jane Elzerman, Yes, Beverly Holbrook, Yes Rosemary Russell, Yes. Al Amstutz, Yes and Deborah Rogers. Yes. The motion to purchase a double sided banner was passed by unanimous board vote.

#### 4. CD discussion:

- a. There is a CD for 13,000 that is mature. It was discussed on the best way to utilize this CD. The board discussed cashing the CD and putting it in a money market account, and allow it to gain some interest. The end goal with this money is to use it to assist in paying down our building debt.
- b. Finance committee would like to have this money available to assist with the balloon payment on the building. They would like to use it as leverage in refinancing the building either before or when the balloon payment is due.
- c. A motion was made by Jane to cash the CD and place the funds in a money market account. These funds will be set aside and utilized in the future with regards to the building loans.

d. Roll call Nancy Mullen-Call, yes, Anne Dawe, yes, Ron Dykstra, yes, Jane Elzerman, Yes, Beverly Holbrook, Yes Rosemary Russell, Yes. Al Amstutz, Yes and Deborah Rogers. Yes The motion to allow the CD to be cashed and placed into a money market account for use at a later date with regard for the building loan. passed by unanimous board vote.

#### **New Business**

- 1. Board members to assist with walk a thon business sponsors.
  - a. This worked well last year and the board members agreed assist with this again this year.
  - b. Letter out then follow up calls from the board.
- 2. Renovations to the gathering place
  - a. Handrails in the bathrooms and
  - b. Storage unit for supplies
- 3. RFP proposal in Benzie county is 8th out of a 10 county area what we get will lock in for 3 years.

#### **Old Business**

- A. Fund development Ron gave information.
  - 1. Walk a Thon getting into full swing. Banner etc
  - 2. Nancy is working on our appeal letter for the fall.
- B. MERS Update: Doug has a meeting set up with Chris Cooke and the 6 staff members to talk about options to withdraw from Mers as they were not originally vested.

#### PUBLIC COMMENT

No public comments

#### ROUND TABLE DISCUSSION

No round table discussion.

#### **ADJOURNMENT**

The meeting was adjourned at 5:50pm.

Respectfully Submitted,

Rosemary Russell, RN, Board Member

> Next Meeting Wednesday, June 19, 2019 4:30pm Benzie Senior Resources The Gathering Place.

#### Benzie Senior Resources

#### Executive Directors Report May 2019 – June 2019

>The new double-sided Walk-a-Thon parade banner has been designed and ordered.

>We will start distributing Senior Project Fresh the 240 coupon booklets during the week of June 17th.

➤ The AAANM Request for Proposals for Fiscal Years 2020-2022 Multi-Year Aging Services has been submitted. The submitted proposal is for the Home Delivered and Congregate Meals Programs. The Proposal Review Committee will begin reviewing the applications within a week and conclude near the end of July. AAANM will follow up with me if anything further is needed and share the recommendations that will be proposed by the Review Committee to the AAANM Board of Directors at their September 5, 2019 Board Meeting.

Sabra and I presented BSR's FY 2020 draft budget to County Administrator Mitch Deisch and Finance Director Susan Boyd. The presentation/meeting went well. I will be reviewing the Budget with the BSR Finance Committee in August.

➤Working with the Senior Network Group, Building Benzie Bonds on the Senior Expo which will be on June 14<sup>th</sup>. I will give a report to the Board of Directors at our June meeting.

≽I am working with Image 360 on the window letting for the VW Tiguan and the goal is to get this done the week of June 17<sup>th</sup> and then get the Tiguan on a route.

➤The Mandatory Home Delivered Meals Volunteer Training was held on May 22<sup>nd</sup> and based on the feedback and volunteer meeting evaluations, it was a successful training.

Dawn, Susan & I meet to discuss a new fundraiser for TGP. This would focus on the patio with new furniture, a tranquil garden with perennials, flowering shrubs, birdhouses, bench and a pathway accessible to wheelchairs and walkers. More information to follow.

#### **Volunteer Programs**

All volunteers are back from their winter residence. We have several volunteers out with medical conditions. Two volunteers were trained in May. Overall, the schedule for June is covered.

#### **Legislative Update**

#### Federal Funding

A draft of the Older American Act Reauthorization bill has been released this past week and they're circulating to allow for organizations wo weigh in and share their thoughts before the legislation is introduce in the coming weeks.

#### State Funding

Continuing to work and advocate with the Silver Key Coalition to advocate for a \$6 Million increase in the Older Michigians Act Programs and this would include nutrition and waiver in-home care programs.

#### Program Report for May 2019

#### **Nutritional Programs**

#### Home Delivered Meals

Home Delivered Meals – 4,649 meals were provided to 139 clients in May 2019. For year to date, this is an increase of 1% as compared to the same period in FY'2018 and a 20.6% increase as compared to the same period in FY'2017.

An additional 5-day emergency shelf stable meal box went out to 8 clients in May as replacements.

#### Congregate Meals

The Gathering Place served 1,879 meals in May 2019. For year to date this is an 13.5% reduction in number of meals served as compared to the same period in FY'2018.

Through the six months (October 2018-May 2019) we are down 1,461 meals as compared to the same period last year.

#### **Other Programs/Services**

Dining Out Program – 207 customers redeemed 570 vouchers in May 2019. For Fiscal Year 2019, the number of clients will remain consistent, but the number of vouchers bought will be less due to the reduction in the amount available. The reduction was done to place additional funds in the Home Delivered Meals Program to meet the additional client needs.

Homemaker Program – 350 service units where provided to 114 clients in May 2019. Compared to May 2018, service units are down 8% and up 3% as compared to May 2017.

**Lawn Chore** – 85 mows were provided in May 2019. Compared to May 2018, the number of mows is up 112%.

**Guardian Medical Monitoring** – 31 clients receive this service at no cost to them. Nine clients are currently on the waiting list.

Benzie Bus Punch Cards – 186 bus passes where issued to customers in May 2019. This represents 2,232 rides for the month. Year to date the program is up 4.3% as compared 2018 and up 22.5% as comparted to 2017.

Information & Assistance - The agency handled 878 calls in May 2019 regarding Information and Assistance for services and questions related to older adults. Year to date the number of phone calls received is up 1.8% compared to 2018 and a 6% increase as compared to the same period in FY'2017.

**MMAPS** – Twelve individuals were helped with their Medicare/Medicaid needs in May 2019.

**Hearing Clinic** – Five clients were seen in May 2019 at no cost to them.

**Estate Planning** – Four individuals were provided estate-planning counseling in May 2019 at no cost to the clients.

**Senior Companion Program** – Seven clients are benefiting from this program and decreasing their isolation by getting out for appointments, shopping, socialization and providing a break for the family caregiver.

**Foot Care** – Thirty-eight individuals were provided foot care at the clinics and five clients were seen in their homes in March 2019.

Benzie Senior Dental Program – Six client received financial assistance for dental care in May 2019.

**Emergency Senior Essential Needs Fund** — One individual received financial assistance in May 2019 related to back utility bill. In total 5 non-profits assisted in paying off the back bill.

The Gathering Place Senior Center – In May 2019, The Gathering Place Senior Center offered twenty-one core activities and one special event that 626-cumulative number of individuals participated in. The top attended activities for May 2019 were: Music Programs; Card Games/Board Games/Crafts; Exercise Groups, Health, Wellness and Educational; and Day Trips. Year to date, this is a decrease of 12.8% as compared to the FY 2018 and even with FY 2017.

**In-Home Services for May 2019** – Number of in-home care service clients is up 10.8% as compared to May 2018. With the largest increase occurring in sliding scale fee clients up 21%. Total number of in-home care service hours increased 8.1% as compared to May 2018.

**Number of Home Health Care Clients** 

Month	Medicaid Waiver	Sliding Scale Fee	Private Pay &	Total
	and Care		Long-Term Care	Clients
	Management		Insurance	
October 2018	22	50	2	74
November 2018	25	52	2	79
December 2018	25	55	0	80
January 2019	26	51	9	86
February 2019	28	48	8	84
March 2019	26	53	7	86
May 2019	24	49	3	76
May 2019	26	52	4	82
June 2019			-	
July 2019				
August 2019				
September 2019				

#### **Client Total Hours**

Month	Medicaid Waiver	Sliding Scale	Private Pay &	Assessments	Total
	and Care	Fee	Long-Term Care		Hours
	Management		Insurance		
October 2018	597.5	613	171.25	57.75	1439.5
November 2018	635.50	650.75	0	58	1344.25
December 2018	632	649	0	18	1299
January 2019	709.25	147.5	162.25	16	1035
February 2019	650	473	153.25	14	1290.25
March 2019	695.75	516.25	115.5	46	1373.5
May 2019	700	573.25	127.5	41	1441.75
May 2019	799	554.25	33.5	38	1424.75
June 2019					
July 2019					
August 2019		- "			
September 2019					

#### **Client Total Visits**

	RN Assess	RN Med Management	Personal Care	Respite	Homemaking	Foot Care-in home	Totals
October 2018	58	37	661	100	24	63	943
November 2018	58	43	543	89	37	7	777
December 2018	18	27	658	15	2	6	726
January 2019	16	36	470	23	10	6	561
February 2019	14	38	592	38	10	11	703
March 2019	46	41	594	61	1	3	746
May 2019	41	46	623	55	10	10	785
May 2019	38	57	638	60	22	5	820
June 2019							0
July 2019							0
August 2019							0
September 2019							0

Respectfully submitted,

Douglas Durand

# BENZIE SENIOR RESOURCES Statement of Financial Position As of May 31, 2019

	May 31, 19
ASSETS	
Current Assets	
Checking/Savings	
001 · CENTRAL STATE BANK CHECKING	325,200.95
003 · CENTRAL STATE BANK HRA	19.79
006 · CENTRAL STATE BANK CD	13,316.62
009 · CENTRAL STATE BANK MM CHECKING	146,629.27
Total Checking/Savings	485,166.63
Accounts Receivable	
1200 · Accounts Receivable	23,445.10
Total Accounts Receivable	23,445.10
Other Current Assets	
109 · INVENTORY	9,135.28
Total Other Current Assets	9,135.28
Total Current Assets	517,747.01
Fixed Assets	
150 · BUILDING	480,375.70
151 · VEHICLES	148,712.00
152 · EQUIPMENT	100,289.95
157 · LAND IMPROVEMENTS	1,800.00
160 · ACCUMULATED DEPRECIATION	(326,728.12)
Total Fixed Assets	404,449.53
TOTAL ASSETS	922,196.54
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	10,340.26
Total Accounts Payable	10,340.26
Other Current Liabilities	·
2100 · Payroll Liabilities	4,576.56
224 · DUE TO CHARITY-EMPLOYEE FUNDED	54.32
238 · AFLAC PAYABLE	454.48
Total Other Current Liabilities	5,085.36
Total Current Liabilities	15,425.62
Long Term Liabilities	<b>,</b>
Lease Payable	4,624.31
250 · MORTGAGE PAYABLE	129,615.02
260 · NET PENSION LIABILITY	552,311.00
Total Long Term Liabilities	686,550.33
Total Liabilities	701,975.95
Equity	, 42,5, 5,55
3000 · Opening Bal Equity	160,329.63
3900 · Retained Earnings	(16,384.51)
Net Income	76,275.47
Total Equity	220,220.59
TOTAL LIABILITIES & EQUITY	922,196.54

#### BENZIE SENIOR RESOURCES

### Statement of Financial Income & Expense May 2019

Benzie Senior R	esources
-----------------	----------

Benzie Senior Resources			
	May 2019	Budget	\$ Change
ORDINARY INCOME/EXPENSE			
INCOME			
519.03 · TITLE III C2 INCOME	5,235.94	8,142.00	(2,906.06)
519.04 · FEDERAL USDA	0.00	0.00	0.00
	350.00	100.00	250.00
519.05 MIPPA (MMAP)			
540 · GRANTS	0.00	4,000.00	(4,000.00)
561 - HDM WAIVER	936.00	950.00	(14.00)
642 · CHARGES FOR SERVICES/CC	2,135.00	2,171.00	(36.00)
642.01 · FEE FOR SERVICE/CHORE	5,178.00	6,300.00	(1,122.00)
642.02 · FEE FOR SERVICE/HOMEN	2,030.00	2,700.00	(670.00)
642.03 - FEE FOR SERV/SNOW REI	(2,669.00)	0.00	(2,669.00)
642.1 - FEE FOR SLIDING SCALE C	6,353.50	5,000.00	1,353.50
642.05 - FEE FOR PRIVATE PAY & I	2,828.50	1,410.00	1,418.50
670 - CLIENT INCOME	12,538.60	10,500.00	2,038.60
673 · NEWSLETTER SUB	20.00	60.00	(40.00)
675 · DONATIONS	8,186.31	9,085.00	(898.69)
676 · MILLAGE	88,723.00	88,723.00	0.00
680 · VOLUNTEER WAGES (IN-KINI		6,400.00	(660.00)
677 - FUNDRAISING	13,308.70	1,200.00	12,108.70
681 - IN-KIND (non-volunteer)	2,913.56	525.00	2,388.56
690 - TRIP INCOME	620.00	0.00	620.00
691 - MISC INCOME	320.00	1,500.00	(1,180.00)
TOTAL INCOME	154,748.11	148,766.00	5,982.11
TOTAL INCOME	104,740.11	140,700.00	3,302.11
GROSS PROFIT	154,748.11	148,766.00	5,982.11
EXPENSE			cara manana naman
700 - ACCOUNTING FEES	0.00	1,000.00	(1,000.00)
705 · SALARY AND WAGES	65,008.23	63,423.00	1,585.23
708 · PAYROLL TAX EXPENSE	5,716.06	6,141.00	(424.94)
709 · EDUCATION/TRAINING	176.00	4,395.00	(4,219.00)
710 · EVENTS	1,085.50	176.00	909.50
715 · CLOTHING ALLOWANCE	0.00	0.00	0.00
717 · DUES/SUBSCRIPTIONS	0.00	0.00	0.00
720 - BAD DEBT	0.00	0.00	0.00
721 · COMPUTER EXPENSES	1,837.75	2,080.00	(242.25)
725 · FRINGE BENEFITS	9,533.10	9,296.00	237.10
726 - FUNDRAISING/MARKETING E	62.50	500.00	(437.50)
727 · SUPPLIES	1,292.36	2,333.00	(1,040.64)
727.2 · OFFICE EXP	1,761.57	917.00	844.57
727.3 - POSTAGE	500.00	630.00	(130.00)
727.4 - ADVERTISING	233.56	540.00	(306.44)
740 · FOOD	12,826.44	13,000.00	(173.56)
819 · CONTRACTUAL	16,347.03	15,796.00	551.03
820 · VOLUNTEER WAGES (IN-KINI		6,400.00	(660.00)
825 · VOLUNTEER EXPENSES	3,392.43	1,425.00	1,967.43
850 · TELEPHONE	233.66	350.00	(116.34)
861 · TRAVEL/MILEAGE/GAS	2,990.23	2,375.00	615.23
		415.00	
900 · INTEREST EXPENSE	422.51		7.51
910 · INSURANCE	6,749.00	2,800.00	3,949.00
915 · PROJECTS	300.00	2,000.00	(1,700.00)
920 · UTILITIES	2,919.04	1,600.00	1,319.04

## BENZIE SENIOR RESOURCES Statement of Financial Income & Expense May 2019

	May 2019	Budget	\$ Change
940 · DEPRECIATION EXPENSE	2,914.96	2,700.00	214.96
980 · EQUIPMENT/REPAIRS	4,140.41	1,580.00	2,560.41
980.1 - OUTDOOR MAINTENANCE	341.98	145.00	196.98
981 · HDM VEHICLE MAINT/GAS	908.45	1,375.00	(466.55)
980.2 - INDOOR MAINTENANCE	0.00	180.00	(180.00)
991 - TRIP EXPENSE	0.00	0.00	0.00
CAPITAL IMPROVEMENT EXPENSE	0.00	11,250.00	(11,250,00)
TOTAL EVENING			0.00
TOTAL EXPENSE	147,432.77	154,822.00	(7,389.23)
NET ORDINARY INCOME	7,315.34	(6,056.00)	13,371.34
OTHER INCOME/EXPENSES			
OTHER INCOME			
990 · INTEREST/DIVIDEND INCOME	20.80	15.00	5.80
999 - OTHER INCOME	49.12	0.00	49.12
TOTAL OTHER INCOME	69.92	15.00	54.92
OTHER EXPENSE			
999.1 · OTHER EXPENSE	47.64	80.00	(32.36)
99999 - LEGAL EXPENSE	0.00	250.00	(250.00)
TOTAL OTHER EXPENSE	47.65	330.00	(282.35)
-			,
NET OTHER INCOME	22.27	(315.00)	337.27
•	22.21	(310.00)	337.27
NET INCOME	7 227 64	(0.374.00)	42 700 04
11L ( 11400)4(L	7,337.61	(6,371.00)	<u>13,708.61</u>

#### BENZIE SENIOR RESOURCES

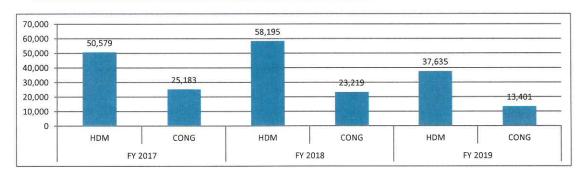
#### Statement of Financial Income & Expense Oct 2018 - May 2019

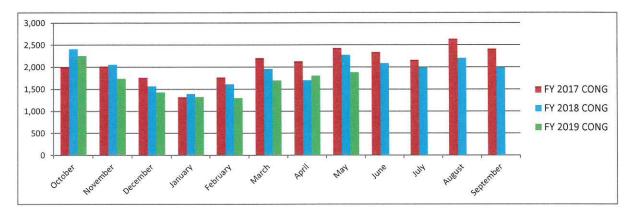
	Oct-May 19	Budget	\$ Change
Ordinary Income/Expense	·		
Income			
519.03 · TITLE III C2 INCOME	62,909.53	65,130.00	(2,220.47)
519.04 · FEDERAL USDA	42,742.00	28,250.00	14,492.00
519.05 MIPPA (MMAP)	3,300.00	2,200.00	1,100.00
540 · GRANTS	52,800.00	80,400.00	(27,600.00)
561 - HDM Waiver	4,729.50	7,600.00	(2,870.50)
642 · CHARGES FOR SERVICES/CONT	15,271.77	17,362.00	(2,090.23)
642.01 · FEE FOR SERVICE/CHORE	7,053.00	8,600.00	(1,547.00)
642.02 · FEE FOR SERVICE/HOMEMAKER	17,868.00	20,400.00	(2,532.00)
642.03 - FEE FOR SERVICE/SNOW REMOV	15,608.00	24,000.00	(8,392.00)
642.1 - FEE FOR SLIDING SCALE CLIENTS	41,717.75	40,000.00	1,717.75
642.05 - FEE FOR PRIVATE PAY & INS	13,592.75	11,290.00	2,302.75
670 - Client Income	74,448.05	84,000.00	(9,551.95)
673 · NEWSLETTER SUB	260.00	480.00	(220.00)
675 · DONATIONS	75,078.94	72,650.00	2,428.94
676 · MILLAGE	709,784.00	709,784.00	0.00
680 · VOLUNTEER WAGES (IN-KIND).	45,716.00	50,900.00	(5,184.00)
677 - Fundraising	53,883.93	53,200.00	683.93
681 - In-Kind (non-volunteer)	5,780.24	4,200.00	1,580.24
690 - Trip Income	31,138.00	22,800.00	8,338.00
691 - MISC INCOME	2,830.00	1,500.00	1,330.00
Total Income	1,276,511.46	1,304,746.00	(28,234.54)
Gross Profit	1,276,511.46	1,304,746.00	(28,234.54)
Expense			
700 - ACCOUNTING FEES	7,125.00	7,300.00	(175.00)
705 · SALARY AND WAGES	529,903.61	539,096.00	(9,192.39)
708 · PAYROLL TAX EXPENSE	51,292.86	52,194.00	(901.14)
709 · EDUCATION/TRAINING	2,367.48	4,780.00	(2,412.52)
710 · EVENTS	3,803.36	2,089.00	1,714.36
715 · CLOTHING ALLOWANCE	1,887.50	1,000.00	887.50
717 · DUES/SUBSCRIPTIONS	2,404.26	2,420.00	(15.74)
720 - BAD DEBT	16.00	0.00	16.00
721 · COMPUTER EXPENSES	15,543.34	16,630.00	(1,086.66)
725 · FRINGE BENEFITS	62,163.13	79,016.00	(16,852.87)
726 - FUNDRAISING/MARKETING EXP	2,911.40	3,490.00	(578.60)
727 · SUPPLIES	17,750.54	18,666.00	(915.46)
727.2 · OFFICE EXP	9,327.05	7,335.00	1,992.05
727.3 - POSTAGE	3,172.92	2,230.00	942.92
727.4 - ADVERTISING	2,795.85	4,320.00	(1,524.15)
740 · FOOD	115,390.89	106,300.00	9,090.89
819 · CONTRACTUAL	150,062.64	196,468.00	50,900.00
820 · VOLUNTEER WAGES (IN-KIND)	45,716.00	50,900.00	(5,184.00)
825 · VOLUNTEER EXPENSES	11,607.12	10,185.00	1,422.12
850 · TELEPHONE	2,825.76	2,900.00	(74.24)
861 · TRAVEL/MILEAGE/GAS	26,547.10	18,525.00	8,022.10
900 · INTEREST EXPENSE	3,463.79	3,350.00	113.79
910 · INSURANCE	26,613.00	22,400.00	4,213.00
915 · PROJECTS	6,378.02	10,200.00	(3,821.98)
920 · UTILITIES	17,896.75	18,050.00	(153.25)
940 · DEPRECIATION EXPENSE 1	3 23,319.68	21,600.00	1,719.68

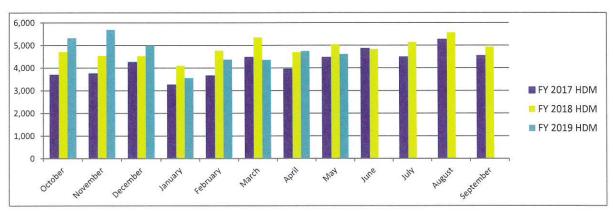
## BENZIE SENIOR RESOURCES Statement of Financial Income & Expense Oct 2018 - May 2019

	Oct-May 19	Budget	\$ Change
980 · EQUIPMENT/REPAIRS	13,760.19	12,670.00	1,090.19
980.1 - OUTDOOR MAINTENANCE	6,366.72	5,660.00	<b>7</b> 06.72
981 · HDM VEHICLE MAINT/GAS	8,639.22	11,000.00	(2,360.78)
980.2 - INDOOR MAINTENANCE	985.83	1,470.00	(484.17)
CAPITAL EXPENSE	0.00	15,000.00	(15,000.00)
TRIP EXPENSE	24,272.00	21,800.00	2,472.00
Total Expense	1,196,309.01	1,269,044.00	(72,734.99)
Net Ordinary Income	80,202.45	35,702.00	44,500.45
Other Income/Expense			
Other Income			
990 · INTEREST/DIVIDEND INCOME	142.06	120.00	22.06
995.1 REALIZED GAIN (LOSS)	0.00	0.00	0.00
999 - Other Income	6,813.69	0.00	6,813.69
Total Other Income	6,955.75	120.00	6,835.75
Other Expense			
999.1 · Other Expense	7,877.21	670.00	7,207.21
99999 - LEGAL EXPENSE	2,999.52	2,000.00	999.52
Total Other Expense	10,876.73	2,670.00	8,206.73
Net Other Income	(3,920.98)	(2,550.00)	(1,370.98)
Net Income	76,281.47	33,152.00	43,129.47

	FY 20	17	FY 20	18	FY 20	19
	HDM	CONG	HDM	CONG	HDM	CONG
October	3,684	2,000	4,714	2,405	5,320	2,252
November	3,744	2,018	4,531	2,049	5,690	1,736
December	4,252	1,764	4,527	1,566	4,985	1,424
January	3,248	1,318	4,096	1,388	3,555	1,318
February	3,653	1,769	4,771	1,610	4,369	1,296
March	4,470	2,203	5,351	1,955	4,359	1,694
April	3,941	2,129	4,690	1,698	4,748	1,802
May	4,463	2,430	5,046	2,271	4,609	1,879
June	4,853	2,337	4,832	2,084	9	
July	4,481	2,162	5,151	1,995		
August	5,262	2,641	5,564	2,205		
September	4,528	2,412	4,922	1,993	1 1 1 1 1	
total meals	50,579	25,183	58,195	23,219	37,635	13,401







#### Senior Center Coordinator's Report June 14, 2019

#### Regular Happenings:

Tuesday Music and Dancing Ol' Time Gathering Blood Pressure Clinics

Chair Yoga Thompsonville Meal Bingo Stretching with Doris Wii Bowling Zumba

Essential Estate Planning Plann Crafts with Susan

Little River Casino Birthday celebrations Cards
Hearing Clinic Tech Support Bunco

Blood Sugar checks Movie Mondays Music with Robert State Theater Trips Play with Clay! Yoga and More

#### News & Events

Play with Clay! 10:00 a.m. on Thursdays in June. A new opportunity to explore your creative side. Instructor Lester Brownell teaches this new offering to the first FIVE folks who sign up. Bring an apron (although clay does wash out). Cost is only \$5 total for the whole month! Call 231.525.0601 or stop by our front desk to sign up!

National Donut Day! Friday, June 7th we'll be serving delicious donuts straight from Wesco's bakery.

Monday, June 10<sup>th</sup> we had our monthly in-house movie. Movie Monday! We serve free popcorn and soft drinks. This month we watched *Megan Leavey* which is based on a true story about a young Marine Corporal whose unique discipline and bond with her military combat dog saved many lives during their deployment in Iraq

Thursday, June 13<sup>th</sup> May Blood Pressure and Blood Sugar Checks with Sharon from The Maples during lunch.

Mondays in June. 10:00 a.m. **YOGA & More!** Classes will be geared for all levels—beginner to advanced combining both Hatha and Flow styles of yoga, along with health and wellness suggestions. Please join us and bring a yoga mat, towels or yoga blocks. Lauralee Petritz will be leading the class and is an avid Bikram yoga practitioner and massage therapist. There is no charge for this class.

Monday, June 17<sup>th</sup> we are celebrating Father's Day at lunch. Every dad will receive a wrapped goodie to take home and pie to eat in house!

Wednesday, June 19<sup>th</sup> we have the *State Theater Trip*. Join Susan and head to TC for the 25¢ Matinee. We'll be seeing True Grit. Van leaves at 9:30 a.m. and returns about 2:00 p.m. Lunch is at The Grand Traverse Pie Company afterward. You are responsible for your lunch and movie costs. Trip fee \$5.

Thursday, June 20<sup>th</sup> 1:30 p.m. Blood Pressure and Blood Sugar checks with Kate from Paul Oliver Living & Rehabilitation Center during lunch. Another great, convenient opportunity to check your numbers for free.

Monday, June 24<sup>th</sup> at 1:00 p.m. Craft with Susan! Create a fabric flower pin for yourself or someone special. No experience necessary and there is no charge for this activity. Please sign-up at the front desk.

Friday, June 28 Ol' Time Gathering party. Please bring a dish to pass. All ages are welcome. No charge to attend and donations are accepted. Music starts at 6:00 p.m. with a potluck dinner at 7:00 p.m.

# Commissioner Reports

# County Administrator Report

m Desch



Memo To:

**Board of Commission** 

From:

Mitchell D. Deisch, Administrator

Date:

June 19, 2019

Subject:

Administrator Update 6/25/19 BOC meeting

 Emergency Management Update – Current Emergency Management Manager Frank Post will be retiring on August 2, 2019. Rebecca Huber's has accepted this position and will be starting July 15, 2019. I am currently working on press releases for both Frank's retirement and Rebecca's hire. More to follow.

- 2. Central Dispatch Update— Now that we have filled the Emergency Management Manager position, Deputy County Administrator Maridee Cutler and I will be focusing on replacing the Central Dispatch Director position once Ron Berns retires on October 31, 2019. We are going to be starting on this topic early next week, following a similar process that we used to replace Emergency Management Manager position. The first step will begin with doing a market analysis on the position salaries along with establishing an interview team including representatives from The County Administrator's Office, Board of Commission representative, local law enforcement representation and area subject matter experts. More to follow.
- 3. **Union Negotiation Updates** With the settlement of the FOPLC (former TPOAM) union, we are now reviewing the revised contract language prepared by County Labor Attorneys. Once the language is approved by both the County and FOPLC, Deputy Administrator Cutler will be securing all the required signatures on the CBA.

POLC (Deputies) Union contact expires on 9/30/19. Currently the POLC union has requested a change of union representation vote with the Michigan Employee Relations Committee (MERC). The vote by current POLC union members will be happening soon. The new union being considered is FOPLC. More to follow.

POAM EMS union second negotiation meeting was cancelled this week and will be rescheduled soon. These negotiations are early in the process.

RECEIVED

JUN 1 9 2019

DAWN OLNEY BENZIE COUNTY CLERK BEULAH, MI 49617

# Finance Report

#### **BILLS TO BE APPROVED June 25, 2019**

Motion to approve Vouchers in the amount of:

- \$ 99,387.89 General Fund (101)
- \$ 19,938.88 Jail Fund (213)
- \$ 38,385.60 Ambulance Fund & ALS (214)
- \$ 20,072.98 Funds 105-238
- \$ 1,709.29 ACO Fund (247)
- \$ 32,638.00 Building (249)
- \$ 7,470.05 Dispatch 911 Fund (261)
- \$ 9,873.11 Funds 239-292
- \$ 61,288.75 Funds 293-640
- \$ 5,573.31 701 Fund
- \$ Trust and Agency Funds & MSU Trust and Agency Fund (702-771)

\$ 296,337.86

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DAWN OLNEY BENZIE COUNTY CLERK BEULAH, MI 49617

# Payables June 7, 2019 to June 24, 2019

		TOTALS		69,139,20	200.00	237 072 00	(10,073.34)	1			,	1		1	-	١.	,			t	-	L	t	296,337.86
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	J. ND	702-771																						
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FIRM 704	TRUST/	AGENCY		1,825.65		3,747.66									<u> </u>									5,573.31
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	FUND	293-690		11,625.96		49,662.79																		61,288.75
	ᄄ	293																	ľ					
-		H		\$ 2		6	<u> </u>		i				H	<u> </u>	<u> </u>		H	Н			-		ļ.	1
	FUND	-292		2,519.92		7,353.19																		9,873.11
	교	239				l							i											
$\vdash$	_	Ŧ		<b>32 \$</b>		8	51)															_		\$ 20
	FUND 261	DISPATCH		2,016.95		6,025.61	(572.51)	!																7,470.05
	E S	DISF		\$ 2		8	\$																	2 \$
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	FUND 249	BUILDING				\$ 32,638.00									,									\$ 32,638.00
L	3	8				<del>89</del>																L		\$ 3;
	247			64.22		6.27	1.20)																	9.29
	FUND 2	ACO		9		1,646								:										\$ 1,709
H	<u> </u>		4	8	2	\$	\$ (0	-	_															$\overline{}$
	FUND	105-238		965.71	200.00	308.4	(1.20)																	72.9
	2	105	ŀ	S	S	\$ 18,908.47	دم																	\$ 20,072.98
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	<b>FUND 214</b>	ALS		\$ 23,657.27		\$ 22,167.81	,439.																	\$ 38,385.60
	5			\$ 23		\$ 22	2) \$					٠												\$ 38
	213			5.71		7.92	5.75)																	8.88
	<b>FUND 213</b>	¥	ł	4,576.71		\$ 16,227.92	(86																	\$ 19,938.88
L	匠	_	-1	ઝ			\$ (	_	_	_			_											
	5	뒳		21,886.81		78,694.28	(1,193.20) \$									İ								99,387.89
	FUND 101	GENERAL		21,8		78,6	(1.1																	99,3
L	ű.	ଓ	_	8		\$	\$																	s
[		اس		6/13/2019	6/18/2019	6/20/2019 \$	6/14/2019 \$																	
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238-EDC 207-Sheriff Reserve's 209-Resourse Officer 210-Benzie Kids 211-D.A.R.E. Fund 215-FOC 208-Dive Team

206-K-9 Fund

245-Remonumentation 232-Planning/Zoning 235-CBDG 256-Reg of Deeds 262-911-Training 230-BVTMC

276-Council on Aging 285-Pt. Betsie Lighthouse 292-Child Care Fund 293-Soldiers Relief Fund 269-Law Library 270-Platte River Bridge 271-Housing Grant

315-Benzie Leelanau Health 321-Jail Bond 371-Jail Bidg Debt Millage 425-Equipment Replace 310-Gov't Ctr Addition-Debt

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INVOICE GL DISTRIBUTION REPORT FOR BENZIE COUNTY EXP CHECK RUN DATES 06/13/2019 - 06/25/2019 JOURNAL I ZED

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70766 70766 70782 70645 70758 70739 70623 70714 70719 70782 70625 70655 70669 70748 70687 70743 70769 70771 70629 70788 70690 70690 70654 70719 70632 70752 70771 70771 Amount Check 70651 70654 4.06 56.18 222.37 2.32 16.24 35.00 50.00 22.04 66.70 56.66 4.05 104.88 375.00 85.00 938.00 123.80 2,953.70 230.00 375.00 66.70 923.65 191.55 1,060.00 50.00 134.16 761.20 923,65 50.45 166.41 2,419.94 1,166.67 2,104.67 104.99 1,011.43 903.91 Due Date 06/13/19 06/13/19 06/13/19 06/20/19 06/20/19 06/20/19 06/13/19 06/13/19 06/13/19 06/20/19 06/20/19 06/20/19 06/20/19 06/13/19 06/13/19 06/13/19 06/13/19 06/20/19 06/13/19 06/20/19 TOINV49-19-BENZ 06/20/19 06/20/19 06/20/19 06/20/19 06/13/19 06/20/19 06/20/19 06/20/19 06/13/19 06/20/19 06/20/19 91002093120 161391 1469637857 6/3 & 6/12 Total For Dept 266 LEGAL & CONTRACTED SERVICES 6/3 & 6/12 6/3 & 6/12 0222898-IN 06/18/2019 6/12/2019 6/12/2019 6/12/2019 6/10/2019 6/10/2019 6/10/2019 Invoice 1156498-1 442602-0 053119 442228-0 2019-JUL MAY 2019 CIRCUIT COURT SHARED EXPE MAY 2019 442228-1 442567-0 MILEAGE FOR EQUAL 101 CLASS IN LUD 06182019 Total For Dept 257 EQUALIZATION DEPARTMENT 161067 161017 S28522 168697 12840 11983 11981 8046 rotal For Dept 265 BUILDING & GROUNDS Total For Dept 142 JUVENILE DIVISION Total For Dept 253 COUNTY TREASURER STAPLES ENVELOPES TAPE NOTE PADS S MILEAGE & MEAL FOR REGISTERS DISTR MILEAGE TO LANSING FOR ROD LEGISLA 20 DINNERS FOR MPJMA 6/19 & 6/20 DINNERS FOR MPJMA CONF 6/19 & 6/20 REPOSITIONED PROJECTOR READJUST FO QUARTERLY MAINTENANCE 7/1/19 TO 9/ INSTALLATION OF 3 SPEAKERS FOR PAG REPLACED LOCK ON LARGE FLOOR SAFE COUNTY 800 NUMBERS/LONG DISTANCE Total For Dept 261 MSU EXTENSION GVMT CENTER NATURAL GAS MAY 11, PAINT, TAPE, BATTERY & TAPE GUN Total For Dept 215 COUNTY CLERK GENERAL MAITERS FOR MAY 2019 MSU EXTENSION BUSINES DEB LONGO WAGES 4/27-5/11/19 REPAIR ROOFTOP UNITS 1 & 2 LAREDO USAGE FEE MAY 2019 MILEAGE FOR MAY 2019 SCREWS AND FASTENERS PRI FOR GVMT CENTER JURY BOARD PER DIEM JURY BOARD PER DIEM BOARD MILEAGE JURY BOARD MILEAGE JURY BOARD MILEAGE CLEANING SUPPLIES WINDOW ENVELOPES Invoice Desc. OFFICE SUPPLIES OFFICE SUPPLIES JURY PER DIEM SHREDDER SIGNS JURY ដដ JACKPINE BUSINESS CEN PLATTE RIVER PRINTING JACKPINE BUSINESS CEN MANISTEE COUNTY - ADM JACKPINE BUSINESS CEN JACKPINE BUSINESS CEN FIDLAR TECHNOLOGIES I THOMPSON, MICHELLE TOP LINE ELECTRIC, TOP LINE ELECTRIC, SHRAKE, ELIZABETH SHRAKE, ELIZABETH TELNET WORLDWIDE HURST MECHANICAL KSS ENTERPRISES NUGENT HARDWARE HARDWARE NUGENT HARDWARE FIGURA, RICHARD CHERRY LAN LLC JEAN **JEAN** TAMMY MICK, JANICE BISSELL, AMY MICK, JANICE HAMPEL'S INC AMY BISSELL, AMY CENTURYLINK DIE ENERGY KIM CHILDS HERCZAK, Vendor BOWERS, BOWERS, NUGENT WAGES-PART TIME SECRETAR I MA - I.A SUPPLIES SUPPLIES SUPPLIES MAINTENANCE SUPPLIES ADMINISTRATION FEES CONTRACTED SERVICES TRAINING & SCHOOLS TRAINING & SCHOOLS FUEL - NATURAL GAS Inv. Line Desc BUILDING REPAIRS COMPUTER SUPPORT BUILDING REPAIRS BUILDING REPAIRS BOARD FEES BOARD FEES BOARD FEES JURY BOARD FEES OFFICE SUPPLIES OFFICE SUPPLIES OFFICE SUPPLIES JURY BOARD FEES BOARD FEES OFFICE SUPPLIES OFFICE SUPPLIES OFFICE SUPPLIES Dept 266 LEGAL & CONTRACTED SERVICES 101-266-810.00 LEGAL FEES 101-266-815.20 ADMINISTRATION MAINTENANCE MAINTENANCE MAINTENANCE Dept 257 EQUALIZATION DEPARTMENT 101-257-860.00 TRAVEL TELEPHONE TELEPHONE TRAVEL TRAVEL JURY JURY JURY JURY & GROUNDS DEEDS Dept 142 JUVENILE DIVISION TREASURER Dept 261 MSU EXTENSION 101-261-703.04 Fund 101 GENERAL FUND CLERK OF. 265 BUILDING Dept 268 REGISTER 101-268-727.00 215 COUNTY 101-268-727.00 101-268-800.00 101-268-860.00 101-268-860.00 Dept 253 COUNTY 101-253-727.00 101-253-727.00 101-253-860.00 101-215-727.00 101-215-807.00 101-215-807.00 101-215-807.00 101-215-807,00 101-215-807.00 101-215-807.00 101-215-961.00 101-215-961.00 101-215-963.00 101-253-727.00 Dept 265 BUILD 101-265-750.00 101-265-750.00 101-265-750.00 101-265-750.00 101-265-850.00 101-265-850.00 101-265-923.00 101-265-935.00 101-265-935.00 GL Number

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Vendor Invoice I	Desc. Invoice	Due Date	Amount C	Check
	MILEAGE TO TC FOR REPRODUCTION OF 6/14/2019			70736
	Total For Dept 268 REGISTER OF DEEDS	1	1,554.73	
	40023293	06/13/19	122.00	70683
	Total For Dept 285 CENTRAL SERVICES		122.00	
	P. COMPUTER FOR BRIANNE LINDSEY 10320749594	06/20/19	1,000.51	70729
	Total For Dept 286 TECHNOLOGY SUPPORT	]	1,000.51	
	SHERIFF 1192	06/13/19		70620
	16-1 OIL CHANGE CONTRACT 577198	06/13/19 06/13/19		70698 70701
	VISA=TROY LAMERSON T&S/FUEL WEX BANK FUEL 05/16 TO 06/15/19 59788969	06/24/19		70793
	153673	06/13/19	·	70697
	WAISON BENAIL LLC KECALL/FWK SIEEKING 153989 061719 ( ROBBIE'S DRY CLEANERS DRYCLEANING MAY 2019 2550 MICHIGAN STATE POLICE GATEWAY VPN 2ND ONTARTER 2019 551-640127	06/20/19 06/13/19 06/00/10		70794 70672
	Total For Dept 301 SHERIFF	- 67 /07 /00	5.150.61	C9/0/
			1	
ADVANCED BENEFIT ADVANCED BENEFIT BLUE CARE NETWORK	SOLU MAY 2019 EMPLOYEE VISION COVERAGE 189059 SOLU COBRA/FLEX ADMIN FEE FOR MAY 2019 189059 FMPLOYER HEALTHCARE JULY 2019	06/20/19 06/20/19 06/20/19		70704
DEARBORN NATIONAL DELTA DENTAL PLAN	IFFE & AD/D JUL JULY 2019	06/20/19		70728 70728
EHIM BENZ:	EMPLOYEE PRESCRIPTION COVERAGE 052 241411  O FUEL SHERIFF	06/20/19 06/20/19 06/13/19	1.20	70737
	Total For Dept 333 SECONDARY ROAD PATROL	1	1	
ADVANCED BENEFIT ADVANCED BENEFIT	SOLU MAY 2019 EMPLOYEE VISION COVERAGE 189059 SOLU COBRA/FLEX ADMIN FEE FOR MAY 2019 189059	06/20/19 06/20/19	9.83	70704 70704
μП	PPO INSURANCE JULY 2019 007016437	06/20/19		70716
DELTA DENTAL PLAN	EMPLOYEE STD, LIFE & AD/D JUL JULY 2019 OF EMPLOYER DENTAL JULY 2019	06/20/19	39,34	70728
EHIM	EMPLOYEE PRESCRIPTION COVERAGE 052 241411	06/20/19		70737
VERIZON WIRELESS POST FRANK	CELLULAR SERVICE FROM 5/2-6/1/19 9831252406 CALIBACE RETARRESEMBNE FINDING 6-16 MITERGE BANDING 6-16	06/13/19		70693
PIONEER GROUP VISA=FRANK POST	00050670 ENDING 6-16-19	06/20/13 06/13/19 06/20/19	276.80 74.38	70666 70791
	Total For Dept 426 EMERGENCY MANAGEMENT		966.54	
MANISTEE	9 CIRCUIT COURT SHARED EXPE MAY 2019	06/20/19		70758
	MEDICAL EXAMINER LABS 1085270 0 D MEDICAL EXAMINER AUTOPSY MAY 2019 MAY 2019 0	06/20/19 06/13/19	823.00 7 1,200.00	70770 70649
	Total For Dept 648 MEDICAL EXAMINER		3,945.82	
	CENTRA WELLINESS NETWO JUNE 2019 MONTHLY APPROPRIATION 000777	06/13/19	9,894.75	70628

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GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Due Date	Amount	Check
Fund 101 GENERAL FUND Dept 649 MENTAL HEALTH	TH		0 0 0 0 0 0 0 0				
Dept 851 INSURANCE &	BONDS		Total For Dept 649 MENTAL HEALTH			9,894.75	
		DEARBORN NATIONAL	EMPLOYEE STD, LTD, LIFE & AD/D JUL	JULY 2019	06/20/19	213.79	70728
			Total For Dept 851 INSURANCE & BONDS	Ø	<b>!</b>	213.79	
Dept 852 MEDICAL INS 101-852-715 00	INSURANCE PY HTTLIFARTON DESCRAM	ALDO		1			
101-852-717.00	MEDICAL/DENTAL/VISION IN	CONQUEST, JEFF	EMPLOISE PRESCRIPTION COVERAGE USZ RETIREE HEALTHCARE SUPPLEMENT	241411 .TUNE 2019	06/20/19	1,263.45	70737
101-852-717.00		ADVANCED BENEFIT SOLU	MAY 2019 EMPLOYEE VISION COVERAGE	189059	06/20/19	880.58	70704
101-852-717.00	MEDICAL/DENTAL/VISION IN	BLUE CARE NETWORK BLUE CROSS BLUE SHIFT	EMPLOYEE HEALTHCARE JULY 2019 RMPLOYEF DEA INSTEAMOR THEY 2010	190080041238	06/20/19	33,570.54	70715
101-852-717.00	MEDICAL/DENTAL/VISION IN	DELTA DENTAL PLAN OF		RIS0002332919	06/20/19	3,912.09	70730
101-852-717.01	MEDICAL INSURANCE TO MAN			MAY 2019	06/20/19	1,401.93	70758
101-852-800.00	SHOKI/LONG IEKM DISABILI CONTRACTED SERVICES - CA	DEAKBORN NATIONAL ADVANCED BENEFIT SOLU	EMPLOYEE STD, LTD, LIFE & AD/D JUL COBRA/FLEX ADMIN FEE FOR MAY 2019	JULY 2019 189059	06/20/19	1,222.88	70728
101-852-874.00 101-852-874.00	MEDICAL INSURANCE - RET MEDICAL INSURANCE - RET	ADVANCED BENEFIT SOLU DELTA DENTAL PLAN OF	MAY 2019 EMPLOYEE VISION COVERAGE EMPLOYEE DENTAL JULY 2019	189059 RIS0002332919	06/20/19 06/20/19	43.70	70704
			Total For Dept 852 MEDICAL INSURANCE	E	1	44.457.01	
			1 1 1 1	1	1	70.16112	
			Total For Fund 101 GENERAL FUND			99,387.89	
Fund 205 INT OFFICER Dent 000	TNT OFFICER MILLAGE FUND						
	FRINGE BENEFITS	ADVANCED BENEFIT SOLU	MAY 2019 EMPLOYEE VISION COVERAGE	189059	06/20/19	25 46	70704
205-000-725.00		BENEFIT		189059	06/20/19		70704
205-000-725.00		BLUE CARE NETWORK	HEALTHCARE JULY 2019	190080041238	06/20/19	1,015.24	70715
205-000-725.00	FRINGE BENEFITS	DELTA DENTAL PLAN OF	EMPLOYEE STD, LTD, LLEE & AD/D JUL EMPLOYEE DENTAL JULY 2019	JULY 2019 RTS0002332919	06/20/19 06/20/19	39.18	70728
205-000-725.00	E BE		EMPLOYEE PRESCRIPTION COVERAGE 052	241411	06/20/19	09.0	70737
205-000-748.00	GAS, OIL & GREASE	BENZIE COUNTY ROAD CO		1192	06/13/19	364.89	70620
205-000-961.00	NING &	wez bank VISA=TROY LAMERSON	FUEL US/IS IO US/IS/IS T&S/FUEL	05302019	06/24/19	33.19	70798 70793
			Total For Dept 000		ļ	2,393.47	
			Total For Fund 205 TNT OFFICER MILLAGE FUND	AGE FUND	l	2,393.47	
Fund 206 SHERIFF'S. K-9	-9 FUND						
	PROJECT EXPENSES	PLATTE LAKE VETERINAR RENZTE COMMTY SHEDIFF	K9 MEDICAL CASH BOX AT K-9 FIND BA	292824 K-9 OHTING	06/13/19	234.98	70668
		}					)
	-		Total For Dept 000			434.98	
			Total For Fund 206 SHERIFF'S K-9 F	EUND	•	434.98	
Fund 209 SCHOOL RESO	SCHOOL RESOURCE OFFICER						
209-000-748.00	GAS, OIL & GREASE	BENZIE COUNTY ROAD CO	FUEL SHERIFF	1192	06/13/19	97.14	70620
			Total For Dept 000			97.14	
			Total For Find 209 SCHOOL RESOURCE OFFICER	CRETCHE.	l	97.14	
Fund 213 JAIL OPERATIONS FUND	IONS FUND						
Dept 265 BUILDING & GROUNDS	GROUNDS						

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	Amount Check 203.27 70637 99.98 70694 267.40 70694 100.00 70614 3.43 70693 490.10 70734 229.00 70784	84.48 70706 158.75 70620 183.43 70796 60.17 70717 440.50 70672 142.63 70636 225.00 70742 30.00 70712	1	63.75 869.75 70737 191.01 70704 407.88 70715 060.65 70728 211.95 70728 221.95	28.66 70647 30.96 70665 50.00 70763 316.96 70630 63.53 70631 55.39 70732 55.39 70732 449.99 70696 44.94 70733 58.42 70634 41.44 70733 58.42 70634
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	110 VOLCE 22080 BCSO 05302019 05302019 3094589 9831252406 06122019 JAIL 62070	SV1-F7RL-FC1 192 192 1788969 EB000609408 550 003462 33119060 BCS 0421 : 0531 06141	ONS JULY 2019	IDS 241411 189059 190080041238 RISO002332919 189059 CE	026619/1 160669 11019 5-22-19 5-22-19 016011060119 36370920213 9831252406 6-10-19 6/10/19 7-5-19.2 6-5-2019
Involce Desc	BC SHERIEF MAINT/T&S, MAINT/T&S, TRASH PU CELLUIAR 9 JAIL NG 09 TOILET VIV	Total For Dept 265 BUILDING & GROUNDS JAIL OFFICE SUPPLIES 116 FUEL SHERIFF FUEL 05/16 TO 06/15/19 FUEL 05/16 TO 06/15/19 FRIS SOCKS DRYCLEANING MAY 2019 CR FEE/POOL CLOSED INVOICES 10 JAIL MED MAY 2019 GBLK - DENTAL WORK 11 053119 TO 061419	Total For Dept 351 JAIL - CORRECTIONS EMPLOYEE STD, LTD, LIFE & AD/D JUL J	Total For Dept 851 INSURANCE & BONDS EMPLOYEE PRESCRIPTION COVERAGE 052 MAY 2019 EMPLOYEE VISION COVERAGE EMPLOYEE HEALTHCARE JULY 2019 EMPLOYEE STD, LTD, LIFE & AD/D JUL COBRA/FILEX ADMIN FEE FOR MAY 2019 TOTAL For Dept 852 MEDICAL INSURANCE	1012 For Fund 213 JAIL OPERATIONS FUND 026983/1 STATION SUPPLIES FEST CONTROL ST 2 PHONE / INTERNET ST 3 CABLE AND INTERNET DIRECT TV, ST 2. CELLULAR SERVICE FROM 5/2-6/1/19 BATTERIES PLUS (CELL PHONE SCREEN 6-10 FRANKFORT WATER BILL ST 3 GAS ST 3 GARAGE ST 2 ELECTRICITY 6-5-5-6-5-6-5-6-5-6-5-6-5-6-5-6-5-6-5-6
Vendor	CRYSTAL GARDENS VISA=DAN SMITH VISA=DAN SMITH AMERICAN WASTE VERIZON WIRELESS DTE ENERGY MOORE MECHANICAL SHEREN PLUMBING, HEAT	AMAZON CAPITAL SERVIC BENZIE COUNTY ROAD CO WEX BANK BOB BARKER COMPANY, I ROBBIE'S DRY CLEANERS CORRECTIONAL RECOVERY FASTPSYCH, ILC GRAND TRAVERSE ORAL S BENZIE COUNTY SHERIFF	DEARBORN NATIONAL	EHIM ADVANCED BENEFIT SOLU BLUE CARE NETWORK DELTA DENTAL PLAN OF DEARBORN NATIONAL ADVANCED BENEFIT SOLU	FRANKFORT HARDWARE MI DEST CENTURYLINK CHARTER COMMUNICATION DIRECT TV VERIZON WIRELESS VISA=THOMAS KING CITY OF FRANKFORT D'TE ENERGY D'TE ENERGY CHERRYLAND ELECTRIC
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GL Number	Fund 213 JAIL OPERATIONS FUNDS Dept 265 BUILDING & GROUNDS 213-265-782.00 MAINTER 213-265-783.00 EQUIP. 213-265-784.00 GARBAGE 213-265-853.00 CELLULA 213-265-935.00 FUEL - 213-265-935.00 JAIL RE 213-265-935.00 JAIL RE	Dept 351 JAIL - COR 213-351-727.00 213-351-748.00 213-351-748.00 213-351-752.00 213-351-752.10 213-351-834.00 213-351-834.00 213-351-865.00	Dept 851 INSURANCE 213-851-725.06	Dept 852 MEDICAL INSURANCE 213-852-715.00 RX 1 213-852-717.00 MEDI 213-852-717.00 MEDI 213-852-717.00 MEDI 213-852-718.00 SHOF 213-852-800.00 CONT	Fund 214 EMERGENCY MEDICAL SERVICES Dept 265 BUILDING & GROUNDS 214-265-750.00 MAINTENNANCE S 214-265-750.00 MAINTENNANCE S 214-265-850.00 TELEPHONE 214-265-850.00 TELEPHONE 214-265-853.00 CELLULAR PHON 214-265-853.00 CELLULAR PHON 214-265-923.00 FUEL - PROPAN

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Total For Fund 214 EMERGENCY MEDICAL SERVICES

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Fund 220 MARINE FATROL FUND Dept 000 220-000-748.00 GAS, 220-000-930.00 EQUII	OL FUND GAS, OIL & GREASE EQUIPMENT REPAIR	WEX BANK CRYSTAL LAKE MARINA	FUEL 05/16 TO 06/15/19	59788969	06/20/19	43.49	70796
			L For Dept (	4865	06/13/19	192.50	70638
	SOLID WASTE/RECYCLING FUND		Total For Fund 220 MARINE PATROL FUND	QN	•	235.99	
Dept 000 228-000-703.05	WAGES-ATTENDANT						
228-000-703.05	WAGES-ATTENDANT	STEFFES, MELONIE	SITE ATTENDANT SITE ATTENDANT	06132019 06132019	06/13/19	45.00	70626
228-000-703.05 228-000-703.05	WAGES-ATTENDANT			06192019	06/20/19	30,00	70721
228-000-703.05	WAGES-ATTENDANT	COTE, CHRISTOPHER	HHW/ELECTRONICS COLLECTION HHW/ELECTRONICS COLLECTION	06192019 06192019	06/20/19	75.00	70722
228-000-703.05 228-000-703.05	${\tt WAGES-ATTENDANT} \\ {\tt WACES-ATTENDANT}$	JOSH SMITH		06192019	06/20/19	100.00	70750
228-000-703.05	WAGES-ATTENDANT	LINDSAY, BRIANNE MIKE MACKIN	HHW/ELECTRONICS COLLECTION FRANKFORT TIRE COLLECTION	06192019	06/20/19	105.00	70754
228-000-703.05 228-000-721.00	WAGES~ATTENDANT PER DIEM	STEFFES, MELONIE	1	06192019	06/20/19	30.00	70785
228-000-800.00	CONTRACTED SERVICES	AMERICAN WASTE	HHW/ELECTRONICS COLLECTION RECYCLE SERVICES FOR MAY 2019	06192019 3112182	06/20/19 06/20/19	70.00	70740
			Total For Dept 000		I	14,418.92	
Dept 831 INSUKANCE & 228-851-725.06	& BONDS LIFE INSURANCE	DEARBORN NATIONAL	EMPLOYEE STD, LTD, LIFE & AD/D JUL	JULY 2019	06/20/19	4.25	70728
			Total For Dept 851 INSURANCE & BONDS	ro.	1	4.25	
Dept 852 MEDICAL INSURANCE	RANCE						
228-852-713.00 228-852-717.00 228-852-717.00	KX UTILIZATION PROGRAM MEDICAL/DENTAL/VISION IN MEDICAL/DENTAL/VISION IN	EHIM ADVANCED BENEFIT SOLU	PRESCRIPTION COV	241411 189059	06/20/19	0.60	70737 70704
228-852-717.00	MEDICAL/DENTAL/VISION IN	DELTA DENTAL PLAN OF	EMPLOYEE HEALTHCARE JULY 2019 EMPLOYEE DENTAL JULY 2019	190080041238 RIS0002332919	06/20/19 06/20/19	338.41	70715
228-852-718.00 228-852-800.00	SHORT/LONG TERM DISABILI CONTRACTED SRVS - CADILL	DEARBORN NATIONAL ADVANCED BENEFIT SOLU	EMPLOYEE SID, LID, LIFE & AD/D JUL COBRA/FLEX ADMIN FEE FOR MAY 2019	JULY 2019 189059	06/20/19	29.62	70728
			Total For Dept 852 MEDICAL INSTRUME		1	00.004	5
			A A	л	,	438.23	
Fund 231 SOIL EROSION	(SESSC) FUND		Total For Fund 228 SOLID WASTE/RECYCLING FUND	CLING FUND	l	14,861.40	
723 723–8	CONTROL	ASSOCIATED GOVERNMENT	PERMITS FOR MAY 2019	MAY 2019	06/20/19	2,050.00	70709
			Total For Dept 723 SOIL EROSION CONTROL	rrol	I	2,050.00	
drift vertoners are Jane Call	CINERY OF THE		Total For Fund 231 SOIL EROSION (SES	(SESSC) FUND	ľ	2,050.00	
Dept 000							
241-000-800.00 241-000-800.00	CONTRACTED SERVICES CONTRACTED SERVICES	FIGURA, RICHARD LUCAS V MIDDLETON	LAND BANK AUTHORITY BENZIE LAND BANK AUTHORITY SERVICE	BCT-526 061919	06/13/19 06/20/19	238.00 1,100.00	70645 70755
			Total For Dept 000		ļ	1,338.00	
Fund 247 ANIMAL CONTR	CONTROL FUND		rotal For Fund 241 LAND BANK AUTHOITY FUND	Y FUND	I	1,338.00	
Dept 265 BUILDING & GROUNDS 247-265-850.00 TELE	ROUNDS TELEPHONE	UWC	LONG DISTANCE BILLING FOR MAY 2019	MAY 2019	06/13/19	3.02	70697
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Fund 247 ANIMAL CONTR Dept 265 BUILDING & G	CONTROL FUND IG & GROUNDS						
TAMETHA OSA	F		Total For Dept 265 BUILDING & GROUNDS		1	3.02	
247-430-963.00	COMPUTER SUPPORT	MILLENNIA TECHNOLOGIE	QUOTE FOR GRANDSTREAM ATA FAXING A 4363	•	06/13/19	00.09	70664
1			Total For Dept 430 ANIMAL CONTROL		•	60.00	
Dept 851 INSURANCE & 247-851-725.06	BONDS LIFE INSURANCE	DEARBORN NATIONAL	EMPLOYEE STD, LTD, LIFE & AD/D JUL JULY	7 2019	06/20/19	8.50	70728
			Total For Dept 851 INSURANCE & BONDS		•	8.50	
Į.	57.		OYEE PRESCRIPTION COVERAGE 052	111	06/20/19	1.20	70737
247-852-717.00 247-852-717.00 247-852-717.00	MEDICAL/DENTAL/VISION IN MEDICAL/DENTAL/VISION IN MEDICAL/DENTAL/VISION IN	ADVANCED BENEFIT SOLU BLUE CARE NETWORK	MAY 2019 EMPLOYEE VISION COVERAGE 189059 EMPLOYEE HEALTHCARE JULY 2019 190080	189059 190080041238	06/20/19 06/20/19	35.29	70704
247-852-718.00 247-852-800.00		DENTED FLERN RN NATIONAL ED BENEFIT S	STD, LTD, LIFE & AD/D JUL EX ADMIN FEE FOR MAY 2019	ALSOUGESSES JULY 2019 JULY 2019 189059	06/20/19 06/20/19 06/20/19	53.35 36.80	70728 70704
			Total For Dept 852 MEDICAL INSURANCE		•	1,637.77	
			Total For Fund 247 ANIMAL CONTROL FUND		•	1,709.29	
ING	DEPARTMENT FUND INSPECTOR						
249-371-800.00	CONTRACTED SERVICES	ASSOCIATED GOVERNMENT	TS FOR MAY	2019	06/20/19	14,395.00	70709
			Total For Dept 371 BUILDING INSPECTOR			14,395.00	
Dept 372 PLUMBING INSPECTOR 249-372-800.00	SPECTOR CONTRACTED SERVICES	ASSOCIATED GOVERNMENT	PERMITS FOR MAY 2019 MAY	2019	06/20/19	4,888.00	90707
			Total For Dept 372 PLUMBING INSPECTOR		l	4,888.00	
Dept 373 MECHANICAL 1 249-373-800.00	INSPECTOR CONTRACTED SERVICES	ASSOCIATED GOVERNMENT	PERMITS FOR MAY 2019 MAY	2019	06/20/19	8,090.00	70709
			Total For Dept 373 MECHANICAL INSPECTOR			8,090.00	
Dept 375 ELECTRICAL 1 249-375-800.00	INSPECTOR CONTRACTED SERVICES	ASSOCIATED GOVERNMENT	PERMITS FOR MAY 2019 MAY	2019	06/20/19	5,265.00	70709
			Total For Dept 375 ELECTRICAL INSPECTOR			5,265.00	
			Total For Fund 249 BUILDING DEPARTMENT FUND	FUND		32,638.00	
Fund 261 911 EMERGENCY SERVICE	Y SERVICE FUND						
25-8 25-8 25-8	CELLULAR PHONES CELLULAR PHONES	VERIZON WIRELESS VERIZON WIRELESS	CELLULAR SERVICE FOR 5/2-6/1/19 983: CELLULAR SERVICE FROM MAY 02 - JUN 983:	9831178330 9831173026	06/13/19 06/13/19	57.16	70693 70693
			rotal For Dept 325 DISPATCH/COMMUNICATION	NO		1,444.44	
Dept 851 INSURANCE & 261-851-725.06	BONDS LIFE INSURANCE	DEARBORN NATIONAL	EMPLOYEE SID, LIPE & AD/D JUL JULY	r 2019	06/20/19	45.27	70728
			Total For Dept 851 INSURANCE & BONDS			45.27	
Dept 852 MEDICAL INST 261-852-715.00 261-852-717.00 261-852-717.00	INSURANCE RX UTILIZATION PROGRAM MEDICAL/DENTAL/VISION IN MEDICAL/DENTAL/VISION IN	EHIM ADVANCED BENEFIT SOLU BLUE CARE NETWORK	EMPLOYEE PRESCRIPTION COVERAGE 052 241411 MAY 2019 EMPLOYEE VISION COVERAGE 189059 EMPLOYEE HEALTHCARE JULY 2019 190080	241411 189059 190080041238	06/20/19 06/20/19 06/20/19	573.51 118.66 4,331.67	70737 70704 70715

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Amount	447.60 352.70 156.20	5,980.34	550.80	821.79	398,00	398.00	398.00	572.00 1,159.12 111.69	1,842.81	1,842.81	2,976.33 784.88 1,711.30	5,472.51	5,472.51	35.00 35.00 35.00	35.00 35.00	68.03 2.14	18.45	3.48	2.56
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Invoice	RISO002332919 JL JULY 2019 9 189059	ANCE SERVICE FUND	05302019 PC 0531 061419	CORRECTIONS ACTIVITIES CORRECTION OFFICER'S TR	05302019		NG (302) FUND	1 3092038228 A 840452976 : MAY 2019		CINI	NE MAY 2019 NE MAY 2019 NE MAY 2019		e	053119 053119 053119	053119 053119	90136896578 053119M	053119M 061019	053119M 053119M	053119M
Invoice Desc.	EMPLOYEE DENTAI EMPLOYEE STD, I COBRA/FLEX ADM	Total For Dept 852 MEDICAL INSURANCE Total For Fund 261 911 EMERGENCY SERVICE FUND	/T&S/ DRYER 9 TO 061419	Total For Dept 362 OTHER CORRECTI Total For Fund 263 LOCAL CORRECTI	T&S/FUEL	Dept 000	Total For Fund 265 JUSTICE TRAINING	MAY 2019 LAW LIBRARY SUBSCRIPTION JUNE 2019 WEST LIBRARY/MAY 19/20 A SHARED CIRCUIT COURT EXPENSES MAY	Total For Dept 000	Total For Fund 269 LAW LIBRARY FUND	MAY 2019 CIRCUIT COURT SHARED EXPE MAY 2019 CIRCUIT COURT SHARED EXPE MAY 2019 CIRCUIT COURT SHARED EXPE	Total For Dept 000	Total For Fund 292 CHILD CARE FUND	PER DIEM FOR MAY 2019 PER DIEM FOR MAY 2019 PER DIEM FOR MAY 2019		MONTHLY COPIER FEES MILEAGE FOR MAY 2019	MILEAGE FOR MAY 2019 TRAVEL FOR CONFERENCE		MILEAGE FOR MAY 2019
Vendor	DELTA DENTAL PLAN OF DEARBORN NATIONAL ADVANCED BENEFIT SOLU	CIN	VISA=DAN SMITH BENZIE COUNTY SHERIFF		VISA-TROY LAMERSON			RELX INC. DBA LEXISNE THOMSON REUTERS - WES MANISTEE COUNTY			MANISTEE COUNTY - ADM MANISTEE COUNTY - ADM MANISTEE COUNTY - ADM			BAILEY, LAWRENCE GIDDIS, KIRT KOWALSKI, ED		-41	GIDDIS, KIRT KOROLENKO, KAREN	ED ROBERT	SCHAFFER, DONALD E.
Inv. Line Desc	ENCY SERVICE FUND NSURANCE MEDICAL/DENTAL/VISION IN SHORT/LONG TERM DISABILI CONTRACTED SERVICES - CA	CORRECTION OFFICER'S TRAINING FUND	TRAINING & SCHOOLS TRAINING & SCHOOLS	JUSTICE TRAINING (302) FUND	PROJECT EXPENSES		RY FUND	RESOURCE MATERIALS RESOURCE MATERIALS RESOURCE MATERIALS		CARE FUND	SALARY - CASEWORKER FRINGE BENEFITS - JUVENI FRINGE BENEFITS - CASEWO		RELIEF FUND			OFFICE SUPPLIES TRAVEL	TRAVEL TRAVEL	TRAVEL TRAVEL	TRAVEL
GL Number	Fund 261 911 EMERGENCY SER Dept 852 MEDICAL INSURANCE 261-852-717.00 MEDI 261-852-718.00 SHOI 261-852-800.00 CONT	Fund 263 LOCAL COR	362-961.00	265	Dept 000 265-000-967.00		Fund 269 LAW LIBRARY FUND			292 CHILD	Dept 000 292-000-704.02 292-000-725.00 292-000-725.06			Dept 000 293-000-721.00 293-000-721.00 293-000-721.00	293-000-721.00 293-000-721.00	293-000-860.00	293-000-860.00 293-000-860.00	293-000-860.00 293-000-860.00	Z93~000-860*00

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Fund 293 VETERAN'S Dept 000	S RELIEF FUND						1
			Total For Dept 000		1	778.90	
295	VETERAN'S MEMORIAL FUND		Total For Fund 293 VETERAN'S RELIEF F	FUND		778.90	
Dept 000 295-000-967.00 295-000-967.00	PROJECT EXPENSES PROJECT EXPENSES	A J'S EXCAVATING LLC ROELOFS, ROBERT	VETERANS MEMORIAL PAVILLION REIMBURSEMENT FOR VETERANS MEMORIA 0	10054 011185	06/13/19 06/13/19	7,225.00	70612 70673
			Total For Dept 000			7,425.00	
	JUVENILE JUSTICE FUND		Total For Fund 295 VETERAN'S MEMORIAL FUND	FUND	Ī	7,425.00	
Dept 000 296-000-975.00 296-000-975.01	MISC EXPENSE - WAGES MISC EXPENSE - BENEFITS	MANISTEE COUNTY - ADM MANISTEE COUNTY - ADM	MAY 2019 CIRCUIT COURT SHARED EXPE MAAY 2019 CIRCUIT COURT SHARED EXPE M	MAY 2019 MAY 2019	06/20/19 06/20/19	939.90	70758 70758
			Total For Dept 000		!	1,480.31	
			Total For Fund 296 JUVENILE JUSTICE FUND	CIND	!	1,480.31	
Fund 401 CAPITAL I Dept 000	401 CAPITAL IMPROVEMENT FUND 000						
	EQUIPMENT	VISA-DAN SMITH	MAINT/T&S/ DRYER 0	05302019	06/13/19	2,793.50	70694
			Total For Dept 000			2,793.50	
			Total For Fund 401 CAPITAL IMPROVEMENT	T FUND	•	2,793.50	
Fund 412 MCF RENOVATIONS FUND	7ATIONS FUND						
	IRGAL FEES LEGAL FEES DEOLDOTT PYDENCES	DYKEMA GOSSETT PLLC STRAUB, PETTITT, YAST COMMETCER CONSEDICATION	PROFESSIONAL SERVICES THRU APRIL 2 3 SERVICES THRU MAY 2019/MAPLES PROJ 4 SERVICES THRU MAY 2019/MAPLES PROJ 4	3255356 44 010	06/20/19 06/20/19 06/20/19	372.00 710.00 42.964.52	70735 70787 70783
412-000-967.00	PROJECT EXPENSES	MA ENGINEERING	LOAD ANALYSIS	4-3562	06/20/19	1	70756
			Total For Dept 000.		·	47,046.52	
			Total For Fund 412 MCF RENOVATIONS FU	FUND	]	47,046.52	
Fund 516 DELINQUEN Dept 000	516 DELINQUENT TAX REVOLVING FUND 000						
516-000-694.00	CASH OVER/SHORT	BYLINE BANK	OVERPAID TAXES - KOED PROPERTIES ( 0	060719	06/13/19	103.59	70627
	,		Total For Dept 000			103.59	
			Total For Fund 516 DELINQUENT TAX REVOLVING	OLVING FUND		103.59	
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532-253-810.00 532-253-810.00	LEGAL FEES LEGAL FEES	BENZIE COUNTY CIRCUIT FIGURA, RICHARD	LEGAL FILING FEES FOR FORECLOSURE 0 ODDFELLOWS LAWSUIT	061319 BCT 525	06/13/19 06/13/19	175.00	70619 70645
			Total For Dept 253 COUNTY TREASURER			1,582.66	
			Total For Fund 532 TAX FORECLOSURE FUND	IND		1,582.66	
Fund 569 BUILDING AUTHORITY Dept 000	AUTHORITY						

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# Committee Of The Whole

# THE BENZIE COUNTY BOARD OF COMMISSIONERS COMMITTEE OF THE WHOLE June 11, 2019

The Benzie County Board of Commissioners met as a Committee of the Whole on Tuesday, June 11, 2019, 448 Court Place, Government Center, Beulah, Michigan.

The meeting was called to order by Vice Chair Evan Warsecke at 1:30 p.m.

Present were: Commissioners Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke

The Pledge of Allegiance was recited.

#### Agenda:

Motion by Sauer, seconded by Nye, to approve the agenda as amended, adding ME Budget discussions as 11.A. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

#### Minutes:

Motion by Sauer, seconded by Roelofs, to approve the Committee of the Whole minutes of May 28, 2019 as presented. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

1:32 p.m. Public Input – None

Kyle Maurer – Job Description: Kyle presented a new ACO job description which more accurately describes the duties. Commissioners discussed whether job descriptions need to come to them for approval or just to the supervisor. It was decided that the Board of Commissioners do not need to approve them.

Ted Schendel \_TNT Budget Amendment. Not present; to be rescheduled.

Frank Post – Installation of Duress Buttons: It was discussed that it would be beneficial to have the duress buttons installed prior to Mr. Post's retirement.

Motion by Sauer, seconded by Roelofs, to recommend to the Board of Commissioners to amend the 2019 Budget in the amount of \$3,800.00 to complete the duress button project, with proper budget amendment paperwork to come to the BOC on June 25, 2019 for final approval. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

#### Maridee Cuter:

- a. Contract FSA (Flex Spending Account) New Debit Card Program: 44North is switching to a debit card program for the flex spending accounts; this would be at no cost to the county. Motion by Warsecke, seconded by Nye, to recommend to the Board of Commissioners to approve the use of a debit card program for flex spending. The Board acknowledges that this activity may take place prior to the next meeting. Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.
- b. Projector Revisit: Ms. Cutler asked to revisit the replacement option for the projector in this room. She stated that there is no value in what we have now. Discussions held and it is in the plan to replace the entire system in the next fiscal year.

Committee of the Whole Page 2 of 3
June 11, 2019

Motion by Roelofs, seconded by Sauer, to recommend to the Board of Commissioners to authorize replacement of the projector in the Frank Walterhouse Meeting Room in the next fiscal year (2019-2020). Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

Mitch Deisch – Space Use Budget Amendment: Susan Boyd, Finance Manager, requests a budget amendment to cover the cost of Byce and Associates for the Space Needs Assessment.

Motion by Roelofs, seconded by Jeannot, to recommend to the Board of Commissioners to amend the 2018-19 budget as follows:

#### Increase:

 101-172-800.00
 Contracted Services
 \$28,250.00

 101-172-800.00
 Contracted Services
 \$ 2,500.00

 Increase:
 101-000-691.00
 Budgeted Use of Fund Balance
 \$28,250.00

 101-000-691.00
 Budgeted Use of Fund Balance
 \$2,500.00

 \$30,750.00

Ayes: Farrell, Jeannot, Nye, Roelofs, Sauer, Taylor and Warsecke Nays: None Motion carried.

a. ME Budget: Ms. Boyd provided a Revenue and Expenditure report for the period ending 6/30/2019 for all departments which shows several line numbers throughout the budget as being overdrawn. She stated that what is done is at the end of the fiscal year they do transfers to take care of any overdrawn lines. The board questions why they are not seeing budget amendments to take care of these. She stated that there is no statute that says we have to do budget amendments throughout the fiscal year.

Comm Sauer would like to see a report that shows what departments and how much has been dipped from the general fund to cover these overdrawn accounts.

2:56 p.m. Public Input - None

Motion by Roelofs, seconded by Sauer, to adjourn at 2:56 p.m. Ayes: Farrell, Jeannot, Nye, Roelofs Sauer, Taylor and Warsecke Nays: None Motion carried.

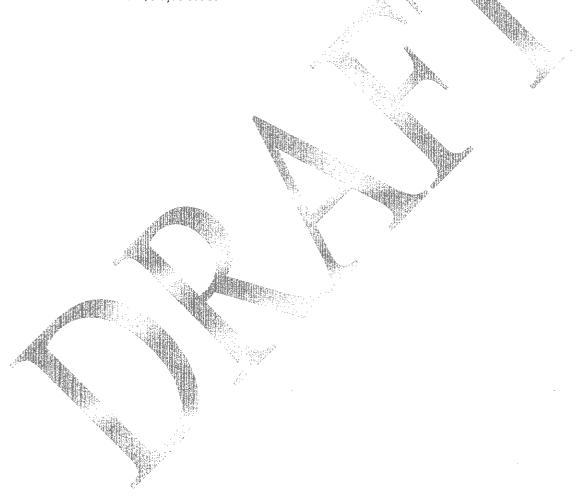
Evan Warsecke, Chair (COTW)

Dawn Olney, Benzie County Clerk

# Committee of the Whole Page 3 of 3 June 11, 2019

Motion by	, seconded by	, to approve the Committee of the Whole Consent Calenda	ır
as follows:		<del></del>	

- 1. To amend the 2019 Budget in the amount of \$3,800.00 to complete the duress button project, with proper budget amendment paperwork to come to the BOC on June 25, 2019 for final approval.
- 2. To approve the use of a debit card program for flex spending. The Board acknowledges that this activity may take place prior to the next meeting.
- 3. To authorize replacement of the projector in the Frank Walterhouse Meeting Room in the next fiscal year (2019-2020).
- 4. To amend the 2018-19 budget as presented to cover the cost of the Byce & Associates report in the amount of \$30,750.00.



# Committee Appointments

# ACTION ITEMS

#### 2019- 016 TRUTH IN TAXATION RESOLUTION TO ADOPT MILLAGE RATE

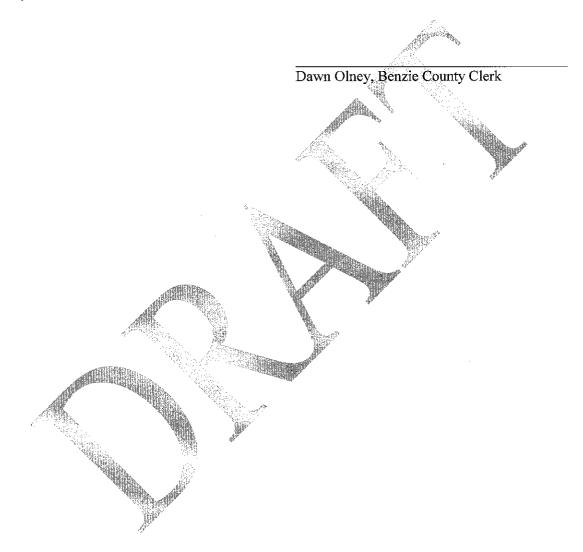
A meeting of the Benzie County Board of Commissioners was held in the Commissioners Room, Government Center, in said Benzie County on the 25<sup>th</sup> day of June, 2019, at 9:00 a.m.

The meeti	ng was called to order by Chairman Gary Sauer.
Present:	Commissioners
The follow	wing preamble and resolution were offered by, supported by
WHERE.	AS, The Benzie County Board of Commissioners, by resolution of June 25,
2019, proj	pose a total authored levy of 3.4479 mills within Benzie County for operating
purposes i	for fiscal year 2019, which included an additional rate of 0.1580 mills; and
WHERE	AS, the Benzie County Board of Commissioners has carefully examined the
financial c	circumstances of Benzie County for the 2019 fiscal year, including estimated
expenditu	res, estimated revenues, and state equalized valuation of property located within
the Count	y, and determined that the levy of an additional millage rate will be necessary
for the sou	and management and operation of Benzie County, and
WHERE.	AS the Bengle County Pound of Commissioners has something with the
establish t	AS, the Benzie County Board of Commissioners has complete authority to hat a maximum of 3.4479 mills be levied for operating purposes in fiscal year
2019 from	within its authorized millage rate; and
XX/HIIIII .	
WHERE	AS, a public hearing has been held, and, under said Act 5, the Benzie County
Board of C	Commissioners may now authorize a maximum total levy of 3.4479 mills for
operating	purposes for fiscal year 2019, within its present authorized millage rate.
NOW TI	HEDEFORE DE TE DECOLATED THAT
NOW, IE	IEREFORE, BE IT RESOLVED THAT:
1.	For Fig. Vor. 2010 the total million rate of 2 4470 mills which is a
1.	For Fiscal Year 2019 the total millage rate of 3.4479 mills, which includes an additional rate of 0.1580 mills, shall be levied around the state of 1.580 mills.
	additional rate of 0.1580 mills, shall be levied upon property located within Benzie County.
2.	All resolutions and parts of resolutions insofar as they conflict with the
۷.	provisions of this resolution be and the same are hereby rescinded.
Roll Call.	
Ayes:	
Nays:	

Dated:	June 25,	2019				

Gary Sauer, Chairman

I, Dawn Olney, Clerk to the Benzie County Board of Commissioners, hereby do certify that the above resolution was adopted by the Benzie County Board of Commissioners on the 25<sup>th</sup> day of June, 2019.



#### 2019 - 017

#### RESOLUTION

At the Re	egular	meeting of the	Benzie	
	Date		County Name	•
County Board of Cor	mmissioners, the	Board of Commissioners	s gave consent to	the following
action:				
•				
"Be it resolve	ed that the	Benzie County County Name		Board of
Commissione	rs have reviewed	the Fiscal Year 2020-20	) 22 Multi Year Pl	an of the Area
•		st Michigan and believe t		
	ulation in Region	-	•	
_ :				
Be it further	resolved that the	Benzie County Nam	ne	
County Board	of Commission	ers approves the Fiscal Y	ear 2020-2022 N	fulti Year Plan of
		Northwest Michigan."		
•		J		
- With				PPM Wales Fore
Signature: Chairper:	son, County Con	amission or County Clerl	ζ.	Date
	•			
	,			
Typed Name and Title	. Chairmana -	County Commission or C	Sounts Ol-ul-	

June 7, 2019

#### County Board of Commissioners:

The Area Agency on Aging of Northwest Michigan (AAANM) is seeking approval of their Fiscal Year 2020-2022 Multi Year Plan (MYP), which, once approved by the State, will go into effect on October 1, 2019. As part of the preparation of this document, the State requires that all Area Agencies on Aging (AAA) must request approval of the MYP from each County Board of Commissioners within their respective planning and service area.

Enclosed is a complete copy of the FY 2020-2022 MYP for you to review and comment upon. AAANM has also summarized some of the major content of the MYP as it impacts the counties in the AAANM service area.

Pursuant to State requirements and in order to respond to the Michigan Aging and Adult Services Agency (AASA) in a timely manner, <u>AAANM requests your county's written or e-mail (gustineh@aaanm.org)</u> response no later than August 1, 2019. In that light, we have provided a copy of a resolution that can be used for convenience in responding to this request. We appreciate your efforts in this regard.

Thank you for taking the time to review the FY 2020-2022 MYP. We welcome your comments. If you have questions, please contact me. A representative of AAANM will be made available to answer any questions you or other members of the Board might have.

Sincerely

Robert C. Schlueter, Executive Director

Area Agency on Aging of Northwest Michigan

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JUN 1 0 2019

DAWN OLNEY BENZIE GOUNTY CLERK BEULAH, MI 49617

(October 1, 2019 - September 30, 2022)

#### Who We Are

Part of an Aging Network:

- <u>Federal</u>: The Administration on Aging (AoA) awards funds for nutrition and supportive home and community-based services to 56 State Units on Aging based primarily on the number of persons 60 years of age and over in the state.
- State: The State Units on Aging (SUAs) award funds to 629 Area Agencies on Aging.
- Local: The Area Agencies on Aging (AAAs) determine the needs of older persons locally and work to address those needs through the funding of local services and through advocacy. AAAs are required to prioritize funding for those with greatest social and/or economic need with particular attention to low-income minority individuals.

The Area Agency on Aging of Northwest Michigan (AAANM):

- A private, nonprofit agency
- Designated as an Area Agency on Aging in 1974 by the SUA, Michigan Office of Services to the Aging (OSA), now known as the Aging and Adults Services Agency (AASA)
- One of 16 AAAs in Michigan
- Serves ten counties located in northwest lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties (Region 10).
- Operates under the framework of the federal Older Americans Act and the state Older Michiganians Act.

The mission of AAANM is to serve and advocate for older persons, adults with disabilities and caregivers by supporting their independence, dignity and quality of life.

#### What We Do

Provide Services Directly: AAANM has a staff of approximately 40, consisting of an Executive Director and two Associate Directors, Information Specialists, Registered Nurses, Social Workers, a Nursing Facilitation Transition Navigator, a Housing Specialist, Registered Dietician, Office Administration, Accounting, Data Entry, Long-Term Care Ombudsman, and a Medicare/ Medicaid Assistance Program Coordinator. AAANM provides the following services directly with its staff:

- Information and Assistance
- Caregiver Support and Education
  - Tailored Caregiver Assessment & Referral Program
  - Creating Confident CaregiversProgram
- Care Management Program
- Caregiver Respite Program
- MI Choice Waiver Program
- Nursing Facility Navigation

- Veteran's Directed Home and Community-Based Services
- Medicare/Medicaid Assistance Program (MMAP)
- Long-Term Care Ombudsman
- Elder Abuse Awareness and Prevention
- Healthy aging / Evidence-Based Disease Prevention Programs
  - o Personal Action Toward Health (PATH)
  - A Matter of Balance: Managing Concerns about Falls

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(October 1, 2019 – September 30, 2022)

Fund Local Agencies: AAANM also develops contracts and/or purchase of service agreements with local agencies (County Commissions/Councils on Aging, in-home health care providers, and more) that provide home and community-based services such as:

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal Care

- In-Home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support

All ten counties in the Region have approved senior millages. These resources help stretch state and federal funding to meet the service needs identified in the Multi-Year Plan (MYP), as well as sustain additional services that are not funded under the MYP (senior centers, information and assistance, Medicare/Medicaid assistance, tax preparation, Senior Project FRESH, transportation, home chore/repair and more).

#### Demographic and Environmental (Need) Analyses

As part of the MYP development process, AAANM spent significant time evaluating demographic trends and gathered input about the preferences, characteristics, and needs of older adults, caregivers and disabled persons. This information was used to identify funding priorities and program development objectives for the MYP FY2020-2022.

This MYP period (FY2020-2022) and going into the 2020 decade is a key time for aging services. The oldest of the Baby Boomers will turn 75 in 2021. AAANM knows from internal data that there is an increased need for services (on average) around the age of 75. The 2020 decade will experience the transition of the Baby Boomer bubble from their 60's into their 70's and 80's.

#### Overall population trends

Region 10 comprises ten counties in the northwest corner of lower Michigan. Each county has a slightly different trend in population with some counties like Grand Traverse, Emmet, Wexford and Kalkaska gaining population overall, and other counties like Manistee and Antrim losing population overall. In all counties, the predominate growth segment has been the 60+ population, a trend that began early in the 2010 decade and will continue into the 2020 decade.

During the MYP FY2017-2019, overall population for the region, per the Region 10 Trended Population Statistics Appendix (attached), increased 1% from 302,895 (estimated 2016 population) to 305,815 (projected 2019 population). The 60+ population during the same period grew 9% from 89,394 to 97,082. In 2016, the 60+ population represented 29% of the total regional population. This increased to 32% (projected population) by 2019.

Census projections for the 2020-2022 MYP indicate that the overall population of the region will grow another 1% to 308,076 (projected 2022 population). The 60+ population will increase at a slower rate than experienced during the last couple of MYP cycles with only a 7% growth increase, from 97,082 (projected 2019 population) to 103,575 (projected 2022 population). The growth per year is projected to

(October 1, 2019 - September 30, 2022)

slow from 3% to 2%. By 2022, the 60+ population is projected to comprise 34% of the total population in the region. This is an increase of 2% compared to the 2017-2019 MYP period. Every one in three individuals in Region 10 will be 60 years or older by 2022.

#### Workforce Issues will Intensify

It is important to note that most of the younger age segments (< age 60) of the population are projected to remain flat or decline in aggregate across the ten counties. While some counties are seeing an uptick in young children and millennials (like Grand Traverse), other counties have significant decreases, meaning no replacement population (like Manistee and Antrim). These counties are shrinking in population size and this will continue as the Baby Boomers reach average life expectancy rates beginning in the 2020 decade. Several counties will remain flat in overall population but the 60+ composition will increase. Cumulatively, these demographic shifts will change the very nature of our community constructs in the upcoming decade.

These demographic changes are also noteworthy because there is a significant workforce shortage in northwest Michigan already. With a shrinking workforce age population, the workforce crisis across multiple industries will intensify. Unemployment rates currently hover between 3.5% and 6% across the region. There will be increased competition to staff many different types of positions beyond those in the aging network. The aging network is already experiencing a crisis situation with the shortage of direct care workers, and there is a shortage of qualified nurses and social workers with home and community based experience or interest to work in this sector. The projected population changes in the 2020 decade will challenge the network's ability to provide/sustain home and community based services in Region 10.

#### Poverty and Economic Stability

Based on the 2013-2017 American Community Survey 5-Year Estimates of poverty status in the past 12 months for those 60 years and over, approximately 8% of older adults are living at or below poverty across Region 10, and another 8% are living between 100% and 149% of poverty. The range of those living at or below poverty varies by county from 5% to 12%.

Anecdotally through focus groups and input sessions, it was stated multiple times that there is an increasing number of older adults financially struggling. Retirement savings are insufficient for many older adults. Those who live at or below poverty may be better off than those living above poverty. Those at or below poverty may qualify for assistance programs while those living just over poverty often do not.

#### **Minority Population**

Based on the 2013-2017 American Community Survey, the Region 10 60+ population is comprised primarily of "white" older adults or approximately 98%. Minority populations primarily include those of Native American origins especially in counties where Native American Tribes have sovereignty.

Data sources used: 2010 Census Data American Community Survey 2013-2017 Estimates EMSI Economic Modeling retrieved 1/19/2019

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### Descriptors, characteristics and preferences of the aging population, caregivers and disabled individuals

For the FY2017-2019 MYP, AAANM conducted a series of focus groups and interviews as well as a survey of home and community based service providers to identify preferences of older adults and community needs. AAANM used this work as a baseline for the FY2020-2022 community needs assessment and revalidated the findings with community input groups, Commissions and Councils on Aging and the AAANM Board of Advisors. Many additional community conditions and needs were added to the list during this process. In addition, AAANM in partnership with the Commissions and Councils on Aging in Region 10, conducted a ten county community survey for older adults using convenience sampling. There were 3,313 responses to the survey. The survey results were supplemented with pulse surveys at senior centers during the summer of 2018 to garner more detailed information about specific community survey questions. The quantitative and qualitative data were then combined, in conjunction with other area needs assessments and studies, Medicare claims data, normalized publicly available hospitalization data, and meetings notes from community groups, to formulate the following description of characteristics, preferences, conditions, trends and needs.

#### Preferences, Community Conditions and Quality of Life

The 60+ population encompasses three generations (the Greatest Generation, Silent Generation and Baby Boomers). Each generation has unique values, concerns and preferences for how they want to live. Some observations from community discussions suggest that younger seniors tend to be more tech savvy and seek active lifestyles. This influences how they engage with the community and the strategies they utilize to maintain their health. It was noted on many occasions that older seniors are often reluctant to ask for help. They fear losing their independence and being placed in a nursing facility. They also prefer activities that are more social in nature and less physically intensive.

#### Observations and trends identified:

- 1) A community survey of older adults conducted across Region 10 during the summer of 2018 found distinct concerns by age segment. While most older adults are concerned about maintaining their health, younger seniors are also concerned with having enough money in retirement and obtaining or understanding benefits like Social Security and Medicare. Older seniors are concerned about memory loss or dementia, falling or the fear of falling, and being able to live independently at home as they grow older.
- 2) Analysis of community survey data also found that individual rating of health varied in relation to income and living situation (living alone or with a partner/spouse). Those with lower incomes and/or living alone were generally less likely to have healthy lifestyle habits, more likely to have difficulty affording basic needs, and more likely to need assistance with Activities of Daily Livings or ADLs (i.e. bathing, dressing, eating, toileting) and Independent Activities of Daily Living or iADLs (i.e. cleaning, meal preparation, money management).
- 3) There is increasing awareness of healthy lifestyles and demand for fresh fruits and vegetables, venues for engagement in exercise, social activities and education for lifelong learning. Maintaining health as long as possible is a priority concern. Barriers to maintaining health include existing health issues, financial resources, and taking care of others.

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- 4) Older adults are staying in the workforce longer and are willing to work part-time. Conversely, older adults with expertise and experience in professional careers are retiring and creating a void in the workforce.
- 5) "Loss is an everyday thing" as one ages. Fear of losing independence is a primary concern for older adults and persons with disabilities. Individuals are often unprepared for the life changes that accompany the aging process or living long term with chronic health conditions and disability. Older adults want to maintain control as long as possible.
- 6) Social isolation is a prevalent issue among older adults that is complicated by rural geography. Many older adults have moved to northwest Michigan to retire and do not have family in the area to support them. Transportation challenges are a contributing factor as well.
- 7) The nature of family structures is changing due to economic and social shifts in our country. Some older adults are finding themselves providing support to adult children with disabilities, grandchildren, or children with spouses and kids who have moved back home due to financial instability.
- 8) Elder abuse and exploitation is an increasing, under-reported issue in the region, including domestic abuse (financial, physical, psychological and sexual), as well as predatory unethical relationships (realtors having themselves declared guardian for older adults with valuable real estate), and financial scamming schemes deliberately targeted at seniors.
- 9) There is a shortage of Adult Protective Services (APS) workers to investigate and mitigate elder abuse and exploitation situations. This is further compounded by a shortage of guardians and conservators to support older adults who need this assistance. However, there are significantly differing opinions about when older adults need a guardian appointed and the role of the guardian.
- 10) A culture of ageism and viewing seniors as a burden or having limited value influences the quality of life for older adults in our region.
- 11) Electronic communication has become a way of life to connect with family, to complete applications and do banking, for safety monitoring, and to access telehealth. Landlines for telephone service are less prominent. Yet many areas of northwest Michigan do not have consistent cell phone coverage or high-speed broadband. This impacts quality of life for communities in general and for older adults.

#### **Economics**

Certain counties in northwest Michigan are attractive retirement locations. A proportion of well-off older adults have retired to particular counties in the region, investing in valuable real estate. This dynamic is an important component of the northwest Michigan economy. Many older adults, however, are facing increased financial insecurity – living longer, insufficient savings, increasing contributions to healthcare costs, increasing cost of living, and unexpected costs of long term care needs. Many older adults live on a fixed income that does not stretch far enough.

Observations and trends identified:

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- 1) Healthcare, dental and prescription drug costs continue to be a financial challenge for many older adults. Some older adults also struggle to pay for food, housing and transportation.
- 2) Younger adults have increasing debt (i.e. school loans) and are less able to assist older adults with financial needs.
- 3) Gaps in affordable programs and services to support older adults to maintain quality of life and live independently were consistently identified for 1) low-to-moderate income disabled individuals under the age of 60/65, and 2) older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for supports and services.
- 4) Community survey results found that there is a segment of young seniors (60-64 years old) in northwest Michigan that have statistically significant challenges maintaining health and quality of life including affording basic needs and being able to perform Activities of Daily Living (ADLs) and Independent Activities of Daily Living (iADLs).

#### Social Determinates of Health

It has been established that the Social Determinates of Health (basic needs like food, housing, transportation, clean water, utilities, education, employment) can account for up to 50% of our health – quality of life and longevity of life. And yet, residents of northern Michigan, above and below sixty years of age, struggle to have their basic needs met.

Observations and trends identified:

- 1) Affordable housing has become a crisis issue in northwest Michigan, and just as challenging is affordable, accessible housing.
- 2) Workforce and funding for home modifications and home maintenance to support older adults to live in their own homes is an on-going issue in the region.
- 3) Homelessness or near homelessness for older adults, especially with chronic conditions or mental health / behavioral challenges persists for some older adults.
- 4) There is increasing awareness of food insecurity among older adults in northwest Michigan but there has not been a systematic attempt to quantify the issue.
- 5) Multiple studies and workgroups reaffirm that transportation challenges continue in northwest Michigan including non-emergency medical and quality of life (shopping, socialization) transportation needs. Strides have been made in some counties in the last three years to increase availability of transportation. The community survey conducted in 2018 found that transportation is a complex issue. Among younger seniors the issue may be the financial costs associated with transportation while among older seniors the issue may be having a transportation option that does not involve driving ones' self.

#### Accessing / Using Healthcare

There are an increasing number of older adults living with multiple chronic conditions. Analysis of Medicare claims data for Region 10 residents quantifies that chronic diseases include diabetes, arthritis, heart disease and depression. Analysis of publicly available hospitalization data also confirms that falls

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among the older adult population in northwest Michigan is a population health concern. Community survey respondents confirmed that many vulnerable older adults, particularly in their 70's and 80's, experience at least one fall per year. Dementia and other cognitive impairments are increasing conditions where navigation of healthcare and community care resources is particularly challenging, especially when medical, financial, long term care and advance care planning has not taken place before the individual becomes incapacitated.

#### Observations and trends identified:

- 1) Access to medical care is determined by income, insurance and geographic location with significant inequities across the region.
- 2) Medication management and access to / navigation of healthcare providers are cited frequently as challenges for older adults.
- 3) In northwest Michigan there is a need for more healthcare providers with expertise in geriatric medicine in general, a shortage of neuropsychologists, and a complete lack of geriatric psychiatric specialists.
- 4) Access to affordable mental health services is a gap.
- 5) Advances in medical care have created complex ethical issues for older adults, families and healthcare providers. Older adults and families would benefit from proactive planning while healthy to articulate desired quality of life and last wishes.
- 6) Coordination of care among healthcare providers and with community organizations to support older adults is difficult and contributes to frustration and health complications for older adults.
- 7) Accessing and understanding healthcare (Medicare and Medicaid) and Social Security benefits can be challenging for seniors. In the community survey conducted in 2018, this was rated within the top three concerns of younger seniors.
- 8) Recent changes in opioid laws and physician practice patterns have left some older adults challenged by sudden cessation of medication without alternative pain management strategies.

#### Accessing / Using Long Term Care Supports and Services

Societally there are many different and conflicting values (and mis-information) about funding long term care for older adults. Often older adults believe Medicare will cover long term care costs and are surprised to find there is no coverage for this care. There is often reluctance to spend retirement monies for long-term care (or families refuse to spend the money). Long term care insurance policies have varied benefits and are not widely used. Availability of in-home support through senior millage varies from county to county and can provide foundational in-home support to meet the early service needs of individuals who are on the verge of losing their independence. This allows older adults to maintain or even improve health, and delay their need to utilize more costly resources; but millage funded services do not meet the needs of individuals with higher acuity requiring additional or more frequent services. Those who need additional services are placed on the AASA funded Care Management list and/or are forced to spend down their assets to qualify for long term care Medicaid (home and community based

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services like MI Choice Waiver or nursing facility care) or privately pay for care. This conundrum of mixed systems and funding streams leave many older adults unprepared for their long term care needs.

#### Observations and trends identified:

- 1) The rural nature of the region contributes to inconsistent availability of long term supports and services for older adults. This contributes to situations of compromised health, accelerated decline and decreased quality of life, and use of expensive healthcare resources including Emergency Room visits and hospitalizations.
- 2) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently long term. Navigating programs and services was cited as a concern, particularly services that have complicated application or qualification processes.
- 3) Funding for long term supports and services and other public programs that support older adults and persons with disabilities requires vigilant advocacy.
- 4) Many counties in Region 10 provide a fundamental safety net system of in-home services for older adults using senior millage dollars. With the increasing older adult population and financial instability of older adults, additional millage will be necessary to meet community need. A State cap of 1 mill already challenges some counties and may require counties to implement additional measures to ration services.

#### Caregiving (paid and unpaid)

As older adults decline and need more support with activities of daily life, informal caregivers become emotionally and physically overwhelmed with caregiving responsibilities. Caregivers need more education and support. There is also a dire shortage of paid caregivers in the region to provide home and community based services. Reasons for this include shrinking workforce overall, low wages, lack of benefits, and difficult, unpredictable work that is not always respected.

#### Observations and trends identified:

- 1) Paid caregivers are hired at the direction of the employer or through self-determination. There is no universal background check system to promote safety for older adults and reduce abuse/neglect/exploitation (i.e. it is impossible to know if a paid caregiver has been terminated by an employer for abuse/neglect/exploitation unless a criminal record has been established).
- 2) A thoughtful strategy for increased Medicaid MI Choice Waiver reimbursement rates passed through to direct care wages is necessary to impact the direct care workforce crisis.
- 3) The critical lack of childcare in the region also contributes to the dire shortage of paid caregivers. Parents are increasingly choosing between staying at home to care for children and working because of the childcare shortage.
- 4) Caregiver education, for both informal and paid caregivers, has been consistently identified as a valuable support that improves quality of life for older adults and reduces stress and burden for caregivers.

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#### Regional needs identified

#### Supporting healthy lifestyles

- 1) Access to food, including fresh, healthy food
- 2) Options and accessibility for active lifestyles for older adults
- 3) Educational and social opportunities to promote health, well-being and connectivity of older adults and caregivers
- 4) Availability of affordable housing and accessible housing
- 5) Availability and affordability of home modifications and maintenance
- 6) Assistance with utilities
- 7) Affordable, accessible and widely available transportation options for non-emergency medical transportation and social, quality of life needs
- 8) Increased use of technology may be an avenue to address unmet community needs (i.e. in-home monitoring, autonomous vehicles, telehealth)

#### Infrastructure for delivery of care and services to older adults

- 1) Availability of support services to help older adults remain independent at home or in the setting of their choice including but not limited to home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modifications and social engagement opportunities
- 2) Increased availability and appropriate use of guardians and conservators
- 3) Increased funding for and availability of Adult Protect Services
- 4) Availability of broad band consistently across the region to support use of technology
- 5) Livable wages in the region for all, but particularly the direct care workforce
- 6) Availability of affordable childcare
- 7) Options for long term care support services for those who are low-to-moderate income, disabled individuals, under the age of 60 and for older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for services
- 8) Out of the box solutions including non-traditional service partners, i.e. Shipt for groceries
- 9) Advocacy to increase the 1 mill state cap for senior millages to expand county safety net systems for older adults
- 10) Improvements to the MDHHS Universal Case Load system and the interface between MI Bridges and CHAMPS

#### Information, education, access, advocacy

- 1) Increased education and advocacy with elected officials about demographic changes and aging issues
- 2) Education to older adults and caregivers about the importance of proactive planning financial, legal, advance care planning
- 3) Trusted, unbiased resource(s) for information about supports and services for older adults
- 4) Advocacy and education about elder abuse and exploitation
- 5) Access to elder law services and education about elder law issues

#### Healthcare, care coordination and care management

- 1) Disease prevention strategies for chronic illness
- 2) Improved coordination of care between and among healthcare providers and with community agencies supporting older adults
- 3) Affordable dental care

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- 4) Affordable mental health services with expertise in geriatric care
- 5) Equity in geographic healthcare access
- 6) Increased availability of health providers with expertise in geriatric care
- 7) Affordable healthcare and prescription drugs

#### Caregiving

- 1) Universal background check system or vetting process for paid caregivers
- 2) Elevation of direct care work to be a desired profession with living wages
- 3) Information and referral to assist caregivers to find community resources and support
- 4) Caregiving education for paid and unpaid caregivers
- 5) Strategies to effectively address labor shortages including the direct care worker shortage

#### Services and Priorities Proposed for the FY 2020-2022 MYP

#### NO CHANGES TO THE FOLLOWING

- Information and Assistance
- Caregiver Support and Education
  - Tailored Caregiver Assessment & Referral Program
  - o Creating Confident Caregivers Program
- Care Management Program
- Caregiver Respite Program
- MI Choice Waiver Program
- · Nursing Facility Navigation Program

- Veteran's Directed Home and Community-Based Services
- Medicare/Medicaid Assistance Program (MMAP)

#### REQUEST FOR PROPOSALS WERE SOUGHT WITH NO RESPONSES

- Long-Term Care Ombudsman
- Elder Abuse Awareness and Prevention

#### ADDITIONAL SERVICE BEING ADDED

Options Counseling

#### Continued Funding of Local Agencies to Provide Services (RFP Process and Purchase of Services)

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal Care

- In-Home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support

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#### Development Priorities Proposed for the FY 2020-2022 MYP

Goal 1 (required goal): At least one community in the Planning Service Area (Region 10/northwest Michigan) will complete an aging-friendly community assessment and receive recognition as a Community for a Lifetime by 9/30/2022.

Expected Outcome: Through the Community for a Lifetime assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

Goal 2: Maximize opportunities (using IIID funding) for older adults and caregivers to maintain health and wellbeing. Currently AAANM uses this money to provide:

- Chronic Pain Personal Action Toward Health (PATH) and Diabetes Personal Action Toward Health (PATH)
- A Matter of Balance: Managing Concerns about Falls update trainings
- Creating Confident Caregivers

Expected Outcome: AAANM will use IIID money for the greatest community impact possible to support older adults and caregivers to maintain quality of life and live with dignity and respect.

Goal 3: Maintain and strengthen regional capacity to identify, assess and support individuals with cognitive impairments and their caregivers.

Expected Outcome: Older adults who contact AAANM, or are clients of AAANM that have a cognitive impairment, and their primary caregivers, will feel supported and have the information/resources they need.

#### Key Relationships and Strategic Partnerships

- Commissions and Councils on Aging serve as visible focal points for aging services in their county, deliver a variety of home and community based services to older adults, and advocate on aging issues and funding for senior services.
- Disability Network Northern Michigan (DNNM) works closely with AAANM to share information and resources to support older adults and persons with disabilities.
- AAANM supports local transportation initiatives including Wexford New Freedom Advisory and the Grand Traverse/Leelanau Bay Area Transportation Authority senior transportation advisory committee. These efforts are working diligently to address transportation needs of older adults in these communities.
- Northern Physicians Organization (NPO) is a physician organization, Accountable Care
  Organization(s) and Health Information Exchange (HIE). AAANM has several efforts underway with
  NPO to improve care for persons with dementia and their caregivers and to expand interoperability
  capacities to AAAs and community based organizations.
- The Northwest Michigan Community Action Agency (NMCAA) is currently the largest meal
  provider/contractor of AAANM, and has performed in that role for many years. In addition, a close
  client referral relationship exists between AAANM and NMCAA, utilizing the other organization's
  programs to effectively serve respective clients.

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

#### FY 2020-2022 MULTI-YEAR PLAN

#### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

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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 distibute the MYP to, and gain support from, the appropriate county and/or units of government.

The Region 10 planning and service area (PSA) served by the Area Agency on Aging of Northwest Michigan (AAANM) is comprised of ten counties: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. Annually, AAANM sends a formal written request to each of the ten County Boards of Comissioners for their review and approval of the AAANM Annual Implementation Plan and/or Multi-Year Plan. The AAANM Executive Director attends each County Board of Comissioners meeting to provide an overview of AAANM, including an Annual Report, and answers questions the Comissioners may have about the agency or the Plan, as requested.

This MYP was e-mailed electronically, as well as mailed via certified US mail, on Friday, June 7, 2019, requesting a response from each County Board of Commissioners by August 1, 2019. Responses AAANM receives will be communicated with the AASA field representative for Region 10 by August 7, 2019.

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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 Area Agency on Aging of Northwest Michigan (AAANM) is a private, nonprofit agency designated as an Area Agency on Aging in 1974 by the Aging and Adult Services Agency (AASA), formerly Michigan Office of Services to the Aging (OSA). As part of the aging services network, AAANM works regionally to promote the development of a comprehensive, coordinated, and cost-effective system of home and community based long-term care that is responsive to the needs and preferences of older adults and their family caregivers. AAANM covers a planning and service area (PSA) of ten counties located in northwest lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties (Region 10).

The mission of AAANM is to serve and advocate for older persons, adults with disabilities and caregivers by supporting their independence, dignity and quality of life.

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

#### **Overall Population Trends**

Region 10 comprises ten counties in the northwest corner of lower Michigan. Each county experiences a slightly different trend in population with some counties like Grand Traverse, Emmet, Wexford and Kalkaska gaining population overall, and other counties like Manistee and Antrim losing population overall. In all counties, the predominate growth segment has been the 60+ population, a trend that began early in the 2010 decade and will continue into the 2020 decade.

During the MYP FY2017-2019 period, overall population for the region, per the Region 10 Trended Population Statistics Appendix included with this report, increased 1% from 302,895 (estimated 2016 population) to 305,815 (projected 2019 population). The 60+ population during the same period grew 9% from 89,394 to 97,082. In 2016, the 60+ population represented 29% of the total regional population. This increased to 32% (projected population) by 2019.

Census projections for the MYP FY2020-2022 indicate that the overall population of the region will grow another 1% to 308,076 (projected 2022 population). The 60+ population will increase at a slower rate than experienced during the last couple of MYP cycles with only a 7% growth increase, from 97,082 (projected 2019 population) to 103,575 (projected 2022 population). The growth per year is projected to slow from 3% to 2%. By 2022, the 60+ population is projected to comprise 34% of the total population in the region. This is an increase of 2% compared to the 2017-2019 MYP period. Every one in three individuals in Region 10 will be 60 years or older by 2022.

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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.

AAANM provides the following services directly:

- -- Information & Assistance (including Options Counseling)
- Care Management Program (inculding Tailored Caregiver Assessment & Referral Program)
- Long-Term Care Ombudsman/Elder Abuse Awareness and Prevention
- -- Evidence-Based Disease Prevention Programs: PATH (Personal Action Toward Health) Program for Chronic Pain and Diabetes; A Matter of Balance: Managing Concerns About Falls Program; and Creating Confident Caregivers (CCC) Program

AAANM develops contracts and/or purchase of service agreements with local agencies that provide home and community based services such as:

Adult Day Care

Congregate Meals

Home Delivered Meals

Homemaking

Personal care

In-Home Respite Care

Medication Management

Legal Assistance

Transportation

Kinship Caregiver Support

Of the service array planned, Older Americans and Older Michiganians Act funding is most significant for the following programs:

Congregate and Home Delivered Meals

Care Management

Respite Care

Personal Care

Homemaking

The following programs serve the greatest number of participants:

Congregate and Home Delivered Meals

Information & Assistance

Care Management (including services purchased on behalf of Care Management participants - Respite Care, Personal Care and Homemaking)

Legal Assistance

Long-Term Care Ombudsman

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

For the MYP FY2020-2022 cycle, AAANM will focus on three objectives. The first two objectives build upon activities undertaken during the MYP FY2017-2019 efforts.

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At least one community will complete an aging friendly community assessment and receive recognition as a Community for a Lifetime by 9/30/2022.

**Description and justification:** Communities for a Lifetime (CFL) centers on creating linkages and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime. Currently there are two communities within Region 10 that have received CFL distinction. AAANM is aware of at least one additional community that is contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

Maintain and strengthen regional capacity to identify, assess and support individuals with cognitive impairments and their caregivers.

Description and justification: MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and their caregivers. AAANM began this work during the MYP FY2017-2019 period under a grant from the Administration on Community Living to AASA and a grant to AAANM from the Michigan Health Endowment Fund. During the MYP FY2017-2019, AAANM implemented standardized screening (AD8 tool) in I&A for persons suspected to have cognitive impairments, and AAANM expanded the availability of options counseling to support caregivers with long term care planning, disease education, caregiver education and coaching to cope with difficult behaviors associated with the disease. AAANM also instituted intensive staff trainings about dementia and understanding difficult behaviors with disease progression. For this program development goal, AAANM will continue to strengthen its internal capacity to support older adults with cognitive impairments and their caregivers. If time and resources allow, AAANM will extend this work to interested aging network providers.

Maximize opportunities (using IIID funding) for older adults and caregivers to maintain health and wellbeing.

Description and justification: The 2018 community survey conducted as part of the MYP needs assessment identified that older adults are "somewhat" or "very concerned" about maintaining their health. Maintaining health means many things to older adults and there are many promotors and detractors of health. With the growing focus on Social Determinates of Health, AAANM has spent significant time contemplating how the organization not only provides core services like I&A and care coordination, but also how the organization contributes to community systems that support promotion and maintenance of health overall and what AAANM's role might or should be in a broader sense. It takes many intentional, braided efforts to create change at a community or population level.

There are several substantial initiatives under way in Region 10 to improve the health and wellbeing of the community. AAANM has adopted its evidence-based program offerings through various grant projects but without substantial thought to what already exists in the region that may be duplicative or better alternatives to AAANM's evidence-based programs, and if there are gaps in the community that may be addressed through programming funded under IIID. Over the last several years, AAANM has developed substantial infrastructure to coordinate and deliver workshops region-wide but also discovered that there is an opportunity cost to doing this (i.e. staff are leading workshops rather than attending to care coordination, county aging units are not able to offer other desired programming when AAANM workshops are using senior center space). It is time to do a thorough environmental assessment and determine how AAANM might have the most community impact with IIID funding.

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

During FY2020, AAANM will be in the final year of a Michigan Health Endowment Fund grant in partnership with the Northern Physicians Organization (NPO) to increase integration between healthcare providers and Long Term Supports and Services (LTSS) to support persons with cognitive impairments and their primary caregivers. Planning for this third year and what will be accomplished is actively underway. Through this effort, AAANM will continue to expand the availability of Creating Confident Caregivers and other resources for caregivers. Education and support for caregivers is an unmet need in the region.

Additionally, AAANM will continue to support many collaborative efforts and initiatives in the region to improve the health and living conditions for all individuals, and for older adults and persons with disabilities in northwest Michigan.

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.

During the MYP FY2020-2022, AAANM will be undergoing significant internal change. Beginning 10/1/2019, AAANM will have a new Executive Director. The two most senior members of the long-tenured leadership team will have retired. Other members of the AAANM leadership team will be either relatively new to the organization and/or their evolving leadership role. This is coming at a time when the organization has grown in size - revenue and employees, particularly with year-over-year increases in available MI Choice Waiver slots. While these are exciting times for AAANM, it is also a lot of change. It also comes at a time when the relatively near future of Area Agencies on Aging in Michigan is unknown.

Given this perfect storm, over the next three years, AAANM will have four internal management initiatives:

Strengthening and maintaining a balanced, transparent, proactive, engaged culture. Ensuring that AAANM has sufficeint qualified, resilient, well-trained staff. Providing consistent, high quality programs and services. Implementing financial stability/sustainability strategies.

AAANM has already begun to examine its workflows and processes for efficiency and least amount of duplication. This work will continue into the remainder of 2019 and into 2020. Achieving NCQA accreditation will be a core component of demonstrating the delivery of consistent, high quality programs and services at AAANM. We anticipate achieving accreditation during this MYP cycle. Additionally, AAANM looks forward to participating in learning collaboratives established by the Area Agency on Aging Association of Michigan through a Michigan Health Endowment Fund technology grant to incorporate Admission/Discharge/Transfer (ADT) notifications into the Compass Electronic Health Record (EHR) for Care Management and MI Choice Waiver clients. AAANM has been receiving these notifications via secure email for a couple of years. Having them embedded in the EHR will improve our ability to analyze and impact facility utilization for these populations. Learning collaboratives will focus on developing best practices for clients experiencing significant events (like hospitalizations or falls) and explore how interoperative technology is being adopted by healthcare providers to improve care coordination.

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# 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.

Non-formula resources are vital to sustaining a comprehensive system of aging services in Region 10. All ten counties in the Region have approved senior millages. These resources help stretch state and federal funding to meet the service needs identified in the MYP, as well as sustain additional services that are not funded under the MYP (senior centers, information and assistance, Medicare/Medicaid assistance, tax preparation, Senior Project FRESH, transportation, home chore/repair, and more). In addition, senior millages allow Commissions and Councils on Aging to meet the early service needs of individuals who are on the verge of losing their independence, allowing these service recipients to maintain or even improve health, delaying their need to utilize more costly resources, and sustaining them until they can be served by AAANM Care Management.

Additionally, AAANM participates in a variety of collaboratives, workgroups and intiatives across the region to effectively target those most in need of service and to create linkages with other community resources.

#### 8. Highlights of strategic planning activities.

**Strengths:** Region 10 has a strong aging network dedicated to providing quality LTSS. The changing landscape with a focus on health and social determinates of health, as well as evolving payment models is creating new or different relationships and efforts to impact the lives of older adults in northwest Michigan. AAANM's greatest assets are its experienced, talented employees, and strong partnerships with county aging units and other providers/agencies that support vulnerable populations.

**Weaknesses:** Sufficient and sustainable funding is a continued concern for AAANM and many other organizations in northwest Michigan that are heavily dependent upon governmental payment sources and grants. Additionally, the lack of sophisticated IT systems (and interoperability with other health and community service systems) has become an evident weakness of AAANM.

**Opportunities:** AAANM has an opportunity to strengthen its internal operations, to diversify funding streams, and to build upon its relationships and collaborations in the community to impact older adults while preparing for changes in the delivery/payment of LTSS.

Threats: Three significant environmental factors pose a substantial risk for AAANM and the aging network in northwest Michigan. The first is the aging of the Baby Boomer bubble in northwest Michigan and the increased need for supports and services that will be experienced during this MYP cycle. The second is a chronic and increasing shortage of workers, most significantly the direct care workforce but also including nurses, social workers and other talent necessary for the successful delivery of AAANM programs and services. The third is the ambiguous political climate and limited direction from the State of Michigan about plans to integrate physical, behavioral and long term care by 2023.

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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	
05/09/2019	Cadillac Senior Center	12:30 PM	Yes	19	
05/10/2019	Kalkaska County Commission	10:00 AM	Yes	19	

AAANM conducted two public hearings, one on 5/9/2019 and a second on 5/10/2019. There were 19 attendees at each public hearing. The forums were promoted via Facebook, press releases and by the local senior centers. Both forums had dynamic discussion about the needs of older adults, the role of county aging units, senior centers and AAANM in serving older adults, and heartbreaking discussions about community needs.

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#### Cadillac Senior Center input and feedback:

- 1) Affordable housing is a crisis. Rent is very expensive and there are limited units available. How can the housing crisis be addressed? What will it take?
- 2) Staying at home unsupported can be / is dangerous. However, nursing home placement means giving up independence.
- 3) As a community it is important to understand the demographic changes and what is or is not available to support older adults as they age. We need a picture of reality now and future trends.
- 4) Senior centers are important to help older adults maintain active lifestyles, access healthy meals and combat social isolation. Are there avenues to increase public funding for senior centers, particularly advocacy with legislators?
- 5) What is the process to participate in the AAANM FY2020-2022 Multi-Year Request for Proposals for congregate meal funding?
- 6) Cadillac has a Vulnerable Adults Group that is very active, focused on preventing elder abuse and exploitation. It is valuable and necessary to share best practices from county to county.

#### Kalkaska County Commission on Aging input and feedback:

- 1) Commissions and Councils on Aging like the Kalkaska COA are important focal points for older adults to enter the long-term services and supports system and to receive much needed social support. Senior centers are a lifeline for many who are isolated or do not feel they have a purpose. However, increased community awareness is needed that resources exist for older adults. Despite marketing and community events, the COA is still not well known in the community. This is true for aging services in general like AAANM.
- 2) Many older adults are struggling to cover basic needs. The cost of living in addition to healthcare and prescription drug costs continues to increase. Does the government give or take? What is the responsibility of government?
- 3) The demographics of older adults in northwest Michigan are changing and older adults will need more intensive support to remain independent at home. Where will this support come from?
- 4) Developing dementia or other progressive diseases that deplete independent functioning was a fear of many in the room. Natural support systems are insufficient to provide care and caregivers burn out. Caregivers are unaware that there are community resources like education and respite to support them. The importance of proactive planning for long term care needs to support quality of life was discussed at length.

#### Public input opportunities to gather data for the MYP and identify needs

AAANM conducted focus groups and interviews across Region 10 during the FY2017-2019 MYP with over 100 participants including individuals over the age of 60, caregivers, disabled individuals, AAANM clients,

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leadership from county aging units and direct care service providers. The findings from this work formed the baseline for AAANM FY2020-2022 MYP data gathering. The input efforts for this MYP sought to re-validate or challenge findings from the FY2017-2019 needs assessment and ascertain what has changed in the environment since the last MYP.

Several public forums and meetings were used to do this work. A large public input forum was co-hosted by the Health Department of Northwest Michigan in Traverse City in Feburary 2019 that discussed the aging population as a "Force of Change" in the region. The findings from this forum were incorporated into the AAANM needs assessment as well as the Community Health Needs Assessment and Improvement Planning effort recently conducted by area hospitals and health departments.

Smaller discussion groups took place at county aging unit board meetings and at the AAANM Board of Advisors. AAANM also facilitated a full day retreat with the county aging units to discuss community needs and the evolving role of the aging network within the region.

Additionally, during the summer of 2018, a community survey for older adults was distributed across the ten counties using convenience sampling. The survey was done in partnership with the county aging units, Grand Traverse County Senior Network, Munson Home Health and the Northwest Michigan Community Action Agency. Surveys were distributed to in-home clients, on meal routes, at senior expos and senior centers, during MMAP consultations, through church groups, via facebook, newsletters and websites. There were 3,313 survey responses. The survey asked a variety of questions from prioritization of concerns to difficulty affording basic needs to healthy lifestyle habits to difficulties with ADLs and iADLs. It is a very rich data set that continues to be analyzed in aggregate and at county levels. Key findings were incorporated into the needs assessment in Section 2 under the Scope of Services in this MYP.

While the survey was being fielded, first pass results indicated that additional questions were needed to better understand responses. Additional pulse surveys were fielded at senior centers in Region 10 to ascertain what it means to maintain health, and what contributes or detracts from maintaining health for older adults.



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#### Scope of Services

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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.

As part of the MYP development process, AAANM spent significant time evaluating demographic trends and gathered input about the preferences, characteristics, and needs of older adults, caregivers and disabled individuals. This information was used to identify funding priorities and program development objectives for the FY2020-2022 MYP.

This MYP period (FY2020-2022) and going into the 2020 decade is a key time for aging services. The oldest of the Baby Boomers will turn 75 in 2021. AAANM knows from internal data that there is an increased need for services (on average) around the age of 75. The 2020 decade will experience the transition of the Baby Boomer bubble from their 60's into their 70's and 80's.

#### **Overall Population Trends**

Region 10 comprises ten counties in the northwest corner of lower Michigan. Each county experiences a

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slightly different trend in population with some counties like Grand Traverse, Emmet, Wexford and Kalkaska gaining population overall, and other counties like Manistee and Antrim losing population overall. In all counties, the predominate growth segment has been the 60+ population, a trend that began early in the 2010 decade and will continue into the 2020 decade.

During the MYP FY2017-2019, overall population for the region, per the Region 10 Trended Population Statistics Appendix, increased 1% from 302,895 (estimated 2016 population) to 305,815 (projected 2019 population). The 60+ population during the same period grew 9% from 89,394 to 97,082. In 2016, the 60+ population represented 29% of the total regional population. This increased to 32% (projected population) by 2019.

Census projections for the 2020-2022 MYP indicate that the overall population of the region will grow another 1% to 308,076 (projected 2022 population). The 60+ population will increase at a slower rate than experienced during the last couple of MYP cycles with only a 7% growth increase, from 97,082 (projected 2019 population) to 103,575 (projected 2022 population). The growth per year is projected to slow from 3% to 2%. By 2022, the 60+ population is projected to comprise 34% of the total population in the region. This is an increase of 2% compared to the 2017-2019 MYP period. Every one in three individuals in Region 10 will be 60 years or older by 2022.

#### Workforce Issues will Intensify

It is important to note that most of the younger age segments (< age 60) of the population are projected to remain flat or decline in aggregate across the ten counties. While some counties are seeing an uptick in young children and millennials (like Grand Traverse), other counties have significant decreases, meaning no replacement population (like Manistee and Antrim). These counties are shrinking in population size and this will continue as the Baby Boomers reach average life expectancy rates beginning in the 2020 decade. Several counties will remain flat in overall population but the 60+ composition will increase. Cumulatively, these demographic shifts will change the very nature of our community constructs in the upcoming decade.

These demographic changes are also noteworthy because there is a significant workforce shortage in northwest Michigan already. With a shrinking workforce age population, the workforce crisis across multiple industries will intensify. Unemployment rates currently hover between 3.5% and 6% across the region. There will be increased competition to staff many different types of positions beyond those in the aging network. The aging network is already experiencing a crisis situation with the shortage of direct care workers, and there is a shortage of qualified nurses and social workers with home and community based experience or interest to work in this sector. The projected population changes in the 2020 decade will challenge the network's ability to provide/sustain home and community based services in Region 10.

#### Poverty and Economic Stability

Based on the 2013-2017 American Community Survey 5-Year Estimates of poverty status in the past 12 months for those 60 years and over, approximately 8% of older adults are living at or below poverty across Region 10, and another 8% are living between 100% and 149% of poverty. The range of those living at or

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below poverty varies by county from 5% to 12%.

Anecdotally through focus groups and input sessions, it was stated multiple times that there is an increasing number of older adults who are financially struggling. Retirement savings are insufficient for many older adults. Those who live at or below poverty may be better off than those living above poverty. Those at or below poverty may qualify for assistance programs while those living just over poverty often do not.

### Minority Population

Based on the 2013-2017 American Community Survey, the Region 10 60+ population is comprised primarily of "white" older adults or approximately 98%. Minority populations primarily include those of Native American origins especially in counties where Native American Tribes have sovereignty.

Data sources used: 2010 Census Data American Community Survey 2013-2017 Estimates EMSI Economic Modeling retrieved 1/19/2019

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.

For the MYP FY2017-2019, AAANM conducted a series of focus groups and interviews as well as a survey of home and community based service providers to identify preferences of older adults and community needs. AAANM used this work as a baseline for the MYP FY2020-2022 community needs assessment and re-validated the findings with community input groups, Commissions and Councils on Aging and the AAANM Board of Advisors. Many additional community conditions and needs were added to the list during this process. In addition, AAANM in partnership with the Commissions and Councils on Aging in Region 10, conducted a ten county community survey for older adults using convenience sampling. There were 3,313 responses to the survey. The survey results were supplemented with pulse surveys at senior centers during the summer of 2018 to garner more detailed information about specific community survey questions. The quantitative and qualitative data were then combined, in conjunction with other area needs assessments and studies, Medicare claims data, normalized publicly available hospitalization data, and meetings notes from community groups, to formulate the following description of characteristics, preferences, conditions, trends and needs.

#### Preferences, Community Conditions and Quality of Life

The 60+ population encompasses three generations (the Greatest Generation, Silent Generation and Baby Boomers). Each generation has unique values, concerns and preferences for how they want to live. Some observations from community discussions suggest that younger seniors tend to be more tech savvy and seek active lifestyles. This influences how they engage with the community and the strategies they utilize to maintain their health. It was noted on many occasions that older seniors are often reluctant to ask for help. They fear losing their independence and being placed in a nursing facility. They also prefer activities that are more social in nature and less physically intensive.

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- 1) A community survey of older adults conducted across Region 10 during the summer of 2018 found distinct concerns by age segment. While most older adults are concerned about maintaining their health, younger seniors are also concerned with having enough money in retirement and obtaining or understanding benefits like Social Security and Medicare. Older seniors are concerned about memory loss or dementia, falling or the fear of falling, and being able to live independently at home as they grow older.
- 2) Analysis of community survey data also found that individual rating of health varied in relation to income and living situation (living alone or with a partner/spouse). Those with lower incomes and/or living alone were generally less likely to have healthy lifestyle habits, more likely to have difficulty affording basic needs, and more likely to need assistance with Activities of Daily Living (ADLs) and Independent Activities of Daily Living (iADLs).
- 3) There is increasing awareness of healthy lifestyles and demand for fresh fruits and vegetables, venues for engagement in exercise, social activities and education for lifelong learning. Maintaining health as long as possible is a priority concern. Barriers to maintaining health include existing health issues, financial resources, and taking care of others.
- 4) Older adults are staying in the workforce longer and are willing to work part-time. Conversely, older adults with expertise and experience in professional careers are retiring and creating a void in the workforce.
- 5) "Loss is an everyday thing" as one ages. Fear of losing independence is a primary concern for older adults and persons with disabilities. Individuals are often unprepared for the life changes that accompany the aging process or living long term with chronic health conditions and disability. Older adults want to maintain control as long as possible.
- 6) Social isolation is a prevalent issue among older adults that is complicated by rural geography. Many older adults have moved to northwest Michigan to retire and do not have family in the area to support them. Transportation challenges are a contributing factor as well.
- 7) The nature of family structures is changing due to economic and social shifts in our country. Some older adults are finding themselves providing support to adult children with disabilities, grandchildren, or children with spouses and kids who have moved back home due to financial instability.
- 8) Elder abuse and exploitation is an increasing, under-reported issue in the region, including domestic abuse (financial, physical, psychological and sexual), as well as predatory unethical relationships (realtors having themselves declared guardian for older adults with valuable real estate), and financial scamming schemes deliberately targeted at seniors.
- 9) There is a shortage of Adult Protective Services (APS) workers to investigate and mitigate elder abuse and exploitation situations. This is further compounded by a shortage of guardians and conservators to support older adults who need this assistance. However, there are significantly differing opinions about when older

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adults need a guardian appointed and the role of the guardian.

- 10) A culture of ageism and viewing seniors as a burden or having limited value influences the quality of life for older adults in our region.
- 11) Electronic communication has become a way of life to connect with family, to complete applications and do banking, for safety monitoring, and to access telehealth. Landlines for telephone service are less prominent. Yet many areas of northwest Michigan do not have consistent cell phone coverage or high-speed broadband. This impacts quality of life for communities in general and for older adults.

#### **Economics**

Certain counties in northwest Michigan are attractive retirement locations. A proportion of well-off older adults have retired to particular counties in the region, investing in valuable real estate. This dynamic is an important component of the northwest Michigan economy. Many older adults, however, are facing increased financial insecurity – living longer, insufficient savings, increasing contributions to healthcare costs, increasing cost of living, and unexpected costs of long term care needs. Many older adults live on a fixed income that does not stretch far enough.

Observations and trends identified:

- 1) Healthcare, dental and prescription drug costs continue to be a financial challenge for many older adults. Some older adults also struggle to pay for food, housing and transportation.
- 2) Younger adults have increasing debt (i.e. school loans) and are less able to assist older adults with financial needs.
- 3) Gaps in affordable programs and services to support older adults to maintain quality of life and live independently were consistently identified for 1) low-to-moderate income disabled individuals under the age of 60/65, and 2) older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for supports and services.
- 4) Community survey results found that there is a segment of young seniors (60-64 years old) in northwest Michigan that have statistically significant challenges maintaining health and quality of life including affording basic needs and being able to perform ADLs and iADLs.

#### Social Determinates of Health

It has been established that the Social Determinates of Health can account for up to 50% of our health – quality of life and longevity of life. And yet, residents of northern Michigan, above and below sixty years of age, struggle to have their basic needs met.

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- 1) Affordable housing has become a crisis issue in northwest Michigan, and just as challenging is affordable, accessible housing.
- 2) Workforce and funding for home modifications and home maintenance to support older adults to live in their own homes is an on-going issue in the region.
- 3) Homelessness or near homelessness for older adults, especially with chronic conditions or mental health / behavioral challenges persists for some older adults.
- 4) There is increasing awareness of food insecurity among older adults in northwest Michigan but there has not been a systematic attempt to quantify the issue.
- 5) Multiple studies and workgroups reaffirm that transportation challenges continue in northwest Michigan including non-emergency medical and quality of life (shopping, socialization) transportation needs. Strides have been made in some counties in the last three years to increase availability of transportation. The community survey conducted in 2018 found that transportation is a complex issue. Among younger seniors the issue may be the financial costs associated with transportation while among older seniors the issue may be having a transportation option that does not involve driving ones' self.

#### Accessing / Using Healthcare

There are an increasing number of older adults living with multiple chronic conditions. Analysis of Medicare claims data for Region 10 residents quantifies that chronic diseases include diabetes, arthritis, heart disease and depression. Analysis of publicly available hospitalization data also confirms that falls among the older adult population in northwest Michigan is a population health concern. Community survey respondents confirmed that many vulnerable older adults, particularly in the 70's and 80's, experience at least one fall per year. Dementia and other cognitive impairments are increasing conditions where navigation of healthcare and community care resources is particularly challenging, especially when medical, financial, long term care and advance care planning has not taken place before the individual becomes incapacitated.

- 1) Access to medical care is determined by income, insurance and geographic location with significant inequities across the region.
- 2) Medication management and access to / navigation of healthcare providers are cited frequently as challenges for older adults.
- 3) In northwest Michigan there is a need for more healthcare providers with expertise in geriatric medicine in general, a shortage of neuropsychologists, and a complete lack of geriatric psychiatric specialists.
- 4) Access to affordable mental health services is a gap.

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- 5) Advances in medical care have created complex ethical issues for older adults, families and healthcare providers. Older adults and families would benefit from proactive planning while healthy to articulate desired quality of life and end of life wishes.
- 6) Coordination of care among healthcare providers and with community organizations to support older adults is difficult and contributes to frustration and health complications for older adults.
- 7) Accessing and understanding healthcare (Medicare and Medicaid) and Social Security benefits can be challenging for seniors. In the community survey conducted in 2018, this was rated within the top three concerns of younger seniors.
- 8) Recent changes in opioid laws and physician practice patterns have left some older adults challenged by sudden cessation of medication without alternative pain management strategies.

## Accessing / Using Long Term Care Supports and Services

Societally there are many different and conflicting values (and mis-information) about funding long term care for older adults. Often older adults believe Medicare will cover long term care costs and are surprised to find there is no coverage for this care. There is often reluctance to spend retirement monies for long-term care (or families refuse to spend the money). Long term care insurance policies have varied benefits and are not widely used. Availability of in-home support through senior millage varies from county to county and can provide foundational in-home support to meet the early service needs of individuals who are on the verge of losing their independence. This allows older adults to maintain or even improve health, and delay their need to utilize more costly resources; but millage funded services do not meet the needs of individuals with higher acuity requiring additional or more frequent services. Those who need additional services are placed on the AASA funded Care Management list and/or are forced to spend down their assets to qualify for long term care Medicaid (home and community based services like MI Choice Waiver or nursing facility care) or privately pay for care. This conundrum of mixed systems and funding streams leave many older adults unprepared for their long term care needs.

- 1) The rural nature of the region contributes to inconsistent availability of long term supports and services for older adults. This contributes to situations of compromised health, accelerated decline and decreased quality of life, and use of expensive healthcare resources including Emergency Room visits and hospitalizations.
- 2) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently long term. Navigating programs and services was cited as a concern, particularly services that have complicated application or qualification processes.
- 3) Funding for long term supports and services and other public programs that support older adults and persons with disabilities requires vigilant advocacy.

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4) Many counties in Region 10 provide a fundamental safety net system of in-home services for older adults using senior millage dollars. With the increasing older adult population and financial instability of older adults, additional millage will be necessary to meet community need. A State cap of 1 mill already challenges some counties and may require counties to implement additional measures to ration services.

#### Caregiving (paid and unpaid)

As older adults decline and need more support with activities of daily life, informal caregivers become emotionally and physically overwhelmed with caregiving responsibilities. Caregivers need more education and support. There is also a dire shortage of paid caregivers in the region to provide home and community based services. Reasons for this include shrinking workforce overall, low wages, lack of benefits, and difficult, unpredictable work that is not always respected.

#### Observations and trends identified:

- 1) Paid caregivers are hired at the direction of the employer or through self-determination. There is no universal background check system to promote safety for older adults and reduce abuse/neglect/exploitation (i.e. it is impossible to know if a paid caregiver has been terminated by an employer for abuse/neglect/exploitation unless a criminal record has been established).
- 2) A thoughtful strategy for increased Medicaid MI Choice Waiver reimbursement rates passed through to direct care wages is necessary to impact the direct care workforce crisis.
- 3) The critical lack of childcare in the region also contributes to the dire shortage of paid caregivers. Parents are increasingly choosing between staying at home to care for children and working because of the childcare shortage.
- 4) Caregiver education, for both informal and paid caregivers, has been consistently identified as a valuable support that improves quality of life for older adults and reduces stress and burden for caregivers.

#### Regional Needs Identified

#### Supporting healthy lifestyles

- 1) Access to food, including fresh, healthy food
- 2) Options and accessibility for active lifestyles for older adults
- 3) Educational and social opportunities to promote health, well-being and connectivity of older adults and caregivers
- 4) Availability of affordable housing and accessible housing
- 5) Availability and affordability of home modifications and maintenance

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- 6) Assistance with utilities
- 7) Affordable, accessible and widely available transportation options for non-emergency medical transportation and social, quality of life needs
- 8) Increased use of technology may be an avenue to address unmet community needs (i.e. in-home monitoring, autonomous vehicles, telehealth)

## Infrastructure for delivery of care and services for older adults

- 1) Availability of support services to help older adults remain independent at home or in the setting of their choice including but not limited to home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modifications and social engagement opportunities
- 2) Increased availability and appropriate use of guardians and conservators
- 3) Increased funding for and availability of Adult Protect Services
- 4) Availability of broad band consistently across the region to support use of technology
- 5) Livable wages in the region for all, but particularly the direct care workforce
- 6) Availability of affordable childcare
- 7) Options for long term care support services for those who are low-to-moderate income, disabled individuals, under the age of 60 and for older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for services
- 8) Out of the box solutions including non-traditional service partners, i.e. Shipt for groceries
- 9) Advocacy to increase the 1 mill state cap for senior millages to expand county safety net systems for older adults
- 10) Improvements to the MDHHS Universal Case Load system and the interface between MI Bridges and CHAMPS

# Information, education, access, advocacy

- 1) Increased education and advocacy with elected officials about demographic changes and aging issues
- 2) Education to older adults and caregivers about the importance of proactive planning financial, legal, advance care planning

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- 3) Trusted, unbiased resource(s) for information about supports and services for older adults
- 4) Advocacy and education about elder abuse and exploitation
- 5) Access to elder law services and education about elder law issues

# Healthcare, care coordination and care management

- 1) Disease prevention strategies for chronic illness
- 2) Improved coordination of care between and among healthcare providers and with community agencies supporting older adults
- 3) Affordable dental care
- 4) Affordable mental health services with expertise in geriatric care
- 5) Equity in geographic healthcare access
- 6) Increased availability of health providers with expertise in geriatric care
- 7) Affordable healthcare and prescription drugs

## Caregiving

- 1) Universal background check system or vetting process for paid caregivers
- 2) Elevation of direct care work to be a desired profession with living wages
- 3) Information and referral to assist caregivers to find community resources and support
- 4) Caregiving education for paid and unpaid caregivers
- 5) Strategies to effectively address labor shortages including the direct care worker shortage
- 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.

AAANM regularly engages with the Department of Health and Human Services, Community Mental Health agencies, the Community Action Agency, county aging units, human service agencies, healthcare providers and Native American tribes to maintain a visible presence in the community and encourage referral to AAANM of individuals with greatest social or economic need and low-income minority populations in the planning and service area. This outreach will continue during the FY2020-2022 MYP cycle. AAANM has staff that routinely identify opportunities to reach underserved populations, either directly or through referral relationships.

Service providers that contract with AAANM are required to target those with greatest social or economic need and low-income minority populations. Contracted service providers do this through outreach and coordination

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as well. As participants seek and receive services from these service providers, the service providers ensure that funding supports those in highest need. Should demand exceed funding for contracted services, service providers have written criteria that allows them to prioritize their services and funding to those in highest need first. In general service providers should be targeting to the same level of poverty, minority, and frailty (those in the oldest age category and those with the highest health care needs) as identified in the most recent census data.

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.

AAANM has invested significant organizational time during the last MYP to build dementia capability internally and to thoughtfully examine what are the most significant levers for systems change in northwest Michigan to support persons with dementia and their caregivers. Some of this work fits within ACL's definition of a dementia capable service system while other components more strongly relate to an aging friendly health system. The two must work hand in hand if we are to truly impact quality of life for this population.

Using the ACL Dementia Capability Assessment Tool, AAANM has implemented regular screening and created more standardization in how staff work with this population – information, options counseling, dementia education, coaching on behaviors, etc. AAANM has also invested in staff training to build competency and band-width to do this work.

Over the next MYP cycle, we plan to further integrate this work into the organization so it is standard practice rather than a special project or focus. One of the program development goals in the MYP indicates that we will be formalizing a required staff training plan and further refining some of the agency protocols. If time and resources permit, AAANM will expand these efforts to work with interested service providers in the network to offer foundational dementia trainings and an introduction to how community-based screening might be operationalized (and the benefits of doing so).

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

In cases where an individual desires services not funded under the MYP, AAANM Information and Assistance (I&A) Specialists make referrals to other community resources that can meet these needs. Using a person-centered planning approach, I&A Specialists may offer Options Counseling to help individuals identify their needs/goals and create a plan that taps a variety of community resources, including private pay options.

When no service is available, AAANM advocates for community initiatives that will help address these unmet needs.

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

AAANM's priorities to address unmet needs within the PSA for the FY2020-2022 MYP include:

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- 1) Supporting advocacy efforts to preserve or increase funding for programs that benefit older adults, especially home delivered meals, care coordination and in-home support, and
- 2) Participating in community-based discussions and collaboratives seeking to address needs that impact older adults (i.e. transportation, access and delivery of health care, improved inter-agency coordination).
- 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.

Program resources are insufficient to meet need for services, particularly Care Management. A wait list is carefully maintained and reviewed regularly.

- 1) Using a person-centered planning process, AAANM refers individuals to services available through millage funded county aging units or private pay options.
- 2) Those placed on the wait list have been assessed and prioritized based on frailty (those in the oldest age category and those with the highest health care needs), availability of support systems, income-level and minority classification.
- 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.

Preliminary findings of AAANM's demographic analysis and needs assessment were presented and discussed with the Board of Advisors on 2/21/2019. There was a robust discussion about demographic changes and continued needs of the older adult population. This discussion was then incorporated into the final AAANM needs assessment (described in the first two response narratives for this Scope of Services section of the MYP).

Significant conversations included:

- 1) County millages will become insufficient to meet need, if they are not already. It would take significant advocacy with legislators to remove the 1 mill cap on senior millages. It is important to educate legislators about the difference between "tax increase" and "services."
- 2) Lengthy discussion about the direct care workforce crisis including regional contributing factors (i.e. rural geography, transportation challenges, lack of affordable child care, lack of affordable housing, lack of living wage).
- 3) Demographics are changing and our limited view and language about the aging population creates tension. We need to look at the community "holistically" versus just the aging population. A lack of affordable daycare in the region is an "aging issue."
- 4) Who are untapped and unconventional partners to help with aging needs? Discussed grocery stores and school systems. It is cheaper to provide groceries for malnutrition than to pay for health issues. Schools offer opportunities to address social isolation.
- 5) There is a philosophical and political divide in social issues. Is Medicaid expansion "giving away

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healthcare" or is it "keeping people healthier?" Aging issues evoke emotions - people are afraid to grow older, don't want to ask for help, are afraid of being placed in a nursing home. Is supporting the aging population a social justice issue similiar to the concept of Medicaid expansion?

- 6) The needs that were identified in the MYP FY2017-2019 continue to be needs moving into this MYP FY2020-2022. Community conditions have not changed. There has been some improvement in transportation in Wexford, Grand Traverse and Emmet counties where transportation programs have been implemented that are making a difference since the last MYP.
- 7) Caregivers need more support and education. The BOA has requested that AAANM put more priority on supporting caregiver needs. Their needs change with the progression of a disease or decline of the person they are caring for.
- 8) Universal Case Load implemented by MDHHS is a new barrier to serving vulnerable populations since the last MYP. While it is improving, it is not fixed. Universal Case Load taxes AAANM staffing resources and hinders AAANM's ability to serve older adults and persons with disabilities.
- 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.

AAANM diligently works to prevent or delay the use of publicly funded resources using a variety of strategies:

- 1) Staff receives ongoing information and education about resources, programs and supports in the community that may be accessed.
- 2) Options Counseling is available to any individual to identify goals and create a plan for long term care needs including identification of personal supports and private pay options.
- 3) Healthy aging programs like Matter of Balance: Managing Concerns About Falls, Personal Action Toward Health (PATH) and Creating Confident Caregivers (CCC) are offered throughout the region to support healthy lifestyles and delay health complications if possible. AAANM works to promote and create awareness about health education offerings provided by other organizations.

Printed On: 6/7/2019

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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
Contracted by Area Agency		Chore Homemaking Home Delivered Meals Medication Management Personal Care Assistive Devices & Technologies Respite Care Friendly Reassurance Private Duty Nursing	Adult Day Services *     Congregate Meals     Disease Prevention/Health Promotion     Legal Assistance     Creating Confident Caregivers     Kinship Support Services
Local Millage Funded	Information and Assistance     Transportation *     Options Counseling *	Chore * Homemaking * Medication Management * Personal Care * Assistive Devices & Technologies * Respite Care * Friendly Reassurance * Private Duty Nursing *	Adult Day Services *     Home Repair *
Provided by Area Agency	Care Management     Information and Assistance     Options Counseling		Disease Prevention/Health Promotion     Long-term Care Ombudsman/Advocacy     Programs for Prevention of Elder Abuse, Neglect, and Exploitation     Creating Confident Caregivers
Participant Private Pay	Transportation *	Homemaking     Medication Management     Personal Care     Respite Care	Adult Day Services *

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Funded by Other	<ul> <li>Transportation *</li> </ul>	Homemaking	Adult Day Services *
Sources		Home Delivered Meals	
	İ	Medication Management	
		Personal Care	
	·	Assistive Devices &	
		Technologies	
		Respite Care	
		Private Duty Nursing	

<sup>\*</sup> 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.

#### Prioritization of Services for Funding by AAANM

There are a variety of factors taken into consideration when determining which services will be funded by AAANM.

#### Funding source:

AAANM receives a majority of its funding through the Older Americans Act (federal) and Older Michiganians Act (state). These funding sources are specific as to which services can be supported.

#### Needs of Older Adults:

AAANM performs an analysis of the needs of older persons in Region 10 prior to the development of each multi-year plan. Consumers, program participants, caregivers, service providers, and AAANM staff all provide input into the types of services that are needed.

#### History:

Services that have been funded by AAANM in the past, that are still determined to be a priority, and that continue to meet the needs of older adults in the most effective way, are maintained.

#### Community Resources/Collaborations:

AAANM works closely with a variety of community agencies to identify existing services and resources and gaps.

#### Serving the most frail, socially isolated, lowest income, and minorities:

As funding becomes more limited and demand exceeds supply, AAANM has re-directed funding toward services for those with the highest needs - individuals who require services to support them in their home (such as respite, personal care, and homemaking).

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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 handing a potential 10% funding reduction from AASA).

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

AAANM combined retreat sessions with county aging units, AAANM staff and leadership discussions for this

#### Strengths

SWOT analysis.

- 1) Region 10 has a strong, collaborative network for aging services. AAANM and the county aging units enjoy strong partnerships to create a continuum of home and community based care for those with early Long Term Care Supports and Services (LTSS) needs to those with complex needs. This system maximizes funding streams between county based millages, AASA funded services and the MI Choice Waiver program. Without this braided network, many older adults would lack access to LTSS.
- 2) There is significant momentum in Region 10 around community health improvement and addressing social/economic/health inequity. This is changing (or creating) dialogue and relationships between disparate sectors like healthcare, public health and the aging network.
- 3) AAANM is a strong organization with a culture that embraces and retains talented staff. The organization creates community impact by supporting individuals in times of vulnerability while simultaneously working to change community systems.

#### <u>Weaknesses</u>

- 1) The LTSS system in northwest Michigan, and the community systems that work to address social determinates of health, are chronically underfunded. Often organizations are competing for the same funding streams. This causes tension that 1) creates confusion for residents about how to access services and leaves the needs of vulnerable community members unmet, 2) restricts collaboration between agencies that may have increased systems efficiencies otherwise, and 3) leaves the stability of AAANM vulnerable to yearly fluctuations and changes in federal and state budgets.
- 2) AAANM, in collaboration with partners, seeks innovative ways to address community needs. Funding is always the challenge though. Grants are short term opportunities for programs or initiatives that always require additional subsidization to cover expenses. AAANM has on-going research and pilots to explore opportunities to diversify revenue (i.e. Medicare billable services, fund development), but there is no holy

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- grail. Through multiple projects, AAANM has identified system changes that would highly benefit the health and quality of life of older adults. It is difficult to identify and procure sustainable funding streams to make these changes though.
- 3) Disparate, cumbersome, inadequate IT systems and inefficient data collection have become a barrier to improving operational efficiency, managing the populations we serve, and measuring the impact of AAANM's work. Long term strategic needs will require data systems that are interoperable and foundational for population analytics beyond what is available from existing systems.
- 4) AAANM and most service providers (along with many other industries/sectors in northwest Michigan) are experiencing a severe workforce shortage. The most desperate situation in home and community based services is with direct care workers. It is increasingly difficult for providers to staff in-home services.
- 5) Internally, AAANM staff identified that existing workflows need to be analyzed and adapted. The organization has experienced rapid growth in staff over the last several years (to support the MI Choice Waiver program). It is necessary to examine our structure and work in this new paradigm.
- 6) During 2019, AAANM will experience the retirement of its two senior management team members who both have tremendous longevity with the organization. While there is an aggressive succession plan in place and the change creates many opportunities, the loss is still felt and acknowledged.

## **Opportunities**

- 1) The transformation of healthcare delivery and payment affords the opportunity to form new or different collaborations and partnerships with service agencies and providers. This landscape is continuously changing and it will take several iterations to fully grasp potential opportunities for AAANM.
- 2) AAANM has identified a need or opportunity to examine workflows and develop on-going key performance measures to monitor and maximize operational efficiencies.
- 3) There is continued opportunity to strengthen AAANM's relationships, collaborations and efforts to increase awareness of the aging network and to advance social impact/social change to support older adults in northwest Michigan.
- 4) Increased IT capacity is an opportunity to integrate with physical, behavioral and long term care providers and improve coordination of care.

#### **Threats**

- 1) Demographic changes will be particularly felt during this MYP cycle as the Baby Boomer bubble begins to turn 75 and a wave of older adults with increased LTSS needs is experienced. This demographic change will tax existing systems and challenge communities to examine existing infrastructures and future planning assumptions.
- 2) The workforce shortage is a significant threat to providing home and community based services.

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- 3) The unpredictable political climate that has emerged at multiple levels of government over the last few years forces agencies like AAANM into continuous scenario planning and rapid programmatic overhauls. This is a drain of energy and resources.
- 4) AAANM is at a tipping point. The organization has become just big enough that it needs increased administrative infrastructure to deliver programs and services and meet increasing administrative requirements associated with the MI Choice Waiver program, but just small enough that it is difficult to fund this organizational advancement.
- 5) The State of Michigan has transitioned to the MI Bridges platform that does not have a sufficiently working interface with the CHAMPS system while simultaneously transitioning MDHHS workers to a Universal Case Load system. This has significantly impacted AAANM's ability to process new LTC Medicaid applications and redeterminations. This has negatively impacted residents of Michigan and AAANM operations/financial stability.
- 6) With the release of the 2019 Center for Health & Research Transformation (CHRT) report from the University of Michigan, a study commissioned by the MDHHS, it is inevitable that the State will pursue changes to integrate physical, behavioral and long term care for Medicaid recipients. AAANM anticipates the beginning of disruptive change during this MYP cycle that will have irreversible impacts to AAANM's scope and presence in Region 10.
- 7) Not keeping pace with IT interoperability advances is a threat to the existence of AAAs during a time when the federal and state governments are calling for integration of services and care plans.
- 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.

AAANM is a significant player in the provision of home and community based services in Region 10. The agency operates the MI Choice Waiver, Care Management, Caregiver Respite and the Veterans Self Directed-Home and Community Based Services Programs. AAANM is a recognized focal point for information and assistance, options counseling, benefit and Medicaid eligibility assistance as well as housing information. The programs of AAANM are successful because of experienced staff, strong relationships with county aging partners and contract with a large network of private service providers.

AAANM is prepared to accept an expanded role under the new Integrated Care model. This expansion would require AAANM to continue some of the work and discussions that have already started such as creating more flexible service options, setting up assessment teams in order to ensure a timely response, creating easier access and payment options for things like home delivered meals and supporting beneficiaries through options counseling and transition support. The agency already has pieces in place that can be expanded upon as more information becomes available.

A lesser role for AAANM will impact the agency in terms of needed staff. But most importantly it will impact the people seeking services who are now able to access a wide range of services and supports through a single access point.

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

If AASA were to implement a ten percent funding reduction, AAANM would carefully evaluate existing programs and services and prioritize with emphasis on serving those that are most frail, socially or economically in need or of low-income minority status.

If service reductions were made, AAANM would convene partners within the aging network to explore what other resources might exist or might help to compensate for reductions in AAANM services.

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

AAANM will be pursing accreditation from NCQA during the plan period. AAANM made a decision during the last MYP cycle to pursue CARF. Shortly after the last MYP cycle began, it became clear that NCQA is a more appropriate accreditation to demonstrate the quality and consistency of AAANM's care coordination functions.

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.

Since the last MYP, AAANM began receiving Admission/Discharge/Transfer (ADT) notifications through the local Health Information Exchange (HIE) for existing clients via Direct Trust email. These alerts give AAANM real time notification if a client has been registered/discharged from an Emergency Room or hospital. This has allowed AAANM to adjust care plans for Care Management and MI Choice Waiver clients in a timely manner when a significant change in status occurs. The Direct Trust email system is clunky because the emails need to be filtered by a supervisor and then copy/pasted into the medical record. In 2018, the Area Agency on Aging Association of Michigan (4AM) recieved a Michigan Health Endowment Fund grant to incorporate the health event notifications into Compass for AAAs. This will improve operational efficiency, allow AAAs to capture better data about hospitalization and emergency room utilization, and improve overall care coordination with other members of the client's care team. The grant also calls for the AAAs to participate in learning collaboratives to share best practices in care coordination with the advent of these alerts, and to learn about interoperability in the healthcare sector.

Region 10, as the first AAA to use ADT notices, has taken an advocacy role in partnership with 4AM to expand interoperability in AAAs and other community based organizations to improve coordination of care for vulnerable populations.

Additionally, AAANM continues to work with providers to streamline data collection and importation of NAPIS data. AAANM is also exploring/contemplating technology systems that help document OIG compliance with monitoring fraud, waste and abuse.

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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/Defi	nition				
Private Duty Nursin					
Pationale (Evoloin v	voy cativities connect be formed and an incident				
	vhy activities cannot be funded under an existing service definition.)				
Private Duty Nursing	g allows AAANM to provide licensed nursing services to Care Managem	ent participants			
for things such as m	nonitoring and evaluation, occasional blood draws, wound care, training	of informal			
caregivers and other treatments consistent with physician orders. The service does not duplicate skilled care					
standards for foot or	ailable under Medicare and Medicaid and falls outside of the current AA are and medication management.	SA service			
Service Category	Fund Source	Unit of Service			
☐ Access	☐ Title III PartB ☐ Title III PartD ☐ Title III PartE	.25			
☑ In-Home	☐ Title VII ☐ State Alternative Care ☐ State Access				
□ Community	☑ State In-home □ State Respite				
I	ı				

#### Minimum Standards

All nurses providing private duty nursing must meet licensure requirements and maintain a current State of Michigan nursing license. Nursing services can only be provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN.

Direct service providers are expected to maintain close communication with the participant's health care professional and the AAANM Supports Coordinator in order to assure the nursing needs of the participant are being met and that changes in condition are being reported.

Private Duty Nursing shall not duplicate any skilled nursing services available under Medicare or Medicaid. Direct service providers are expected to maintain close communication with the participant's health care professional and the AAANM Supports Coordinator in order to assure the nursing needs of the participant are being met and that changes in condition are being reported.

Private Duty Nursing shall not duplicate any skilled nursing services available under Medicare or Medicaid.



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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

Starting Date

10/01/2019

Ending Date

09/30/2022

Total of Federal Dollars

\$5,000.00

Total of State Dollars

\$431,825.00

Geographic area to be served

Region 10

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

Goal: 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 AASA 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 adults.

Goal: Operate under a robust quality management plan, overseen by the Quality Management committee.

#### Activities:

- 1. 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, social isolation and access to transportation.
- 2. Support a Consumer Quality Collaborative that provides feedback and has input into program operations and initiatives.

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Number of client pre-screenings:	Current Year:	500	Planned Next Year:	500	
Number of initial client assesments:	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	

#### Information and Assistance

Starting Date

10/01/2019

**Ending Date** 

09/30/2022

Total of Federal Dollars

\$100,000.00

Total of State Dollars

Geographic area to be served

Region 10

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

Goal: 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 that Information and Assistance for aging needs 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.

Goal: Maintain strong referral relationships with county aging units and Disability Network Northern Michigan for a coordinated system of information and assistance, and strong partnerships between aging and disability agencies.

#### Activities:

- 1. Regularly share information and updates between AAANM, county aging units and Disability Network Northern Michigan about community resources and changes in services.
- 2. Actively promote county aging units and Disability Network Northern Michigan as focal points for local resources and information.

#### **Options Counseling**

Starting Date

10/01/2019

**Ending Date** 

09/30/2022

Total of Federal Dollars

\$95,000.00

Total of State Dollars

Geographic area to be served

Region 10

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

Goal: 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 that Options Counseling is available through AAANM.

Goal: Maintain strong referral relationships with county aging units, nursing facilities, 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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#### **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.

#### Disease Prevention/Health Promotion

Total of Federal Dollars

\$31,274.00

Total of State Dollars

Geographic Area Served

Region 10

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

Goal: Provide 10 Persona Action Toward Health (PATH) Workshops: 70 participants will complete 4 or more sessions

#### Activities:

- Maintain current level of trained PATH Leaders in Region 10.
- 2. Market and outreach to medical community and other referral sources to fill workshops.
- 3. Schedule and hold workshops throughout Region 10 in partnership with other community organizations.

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

## FY 2020-2022 Multi-Year Plan

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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.
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- (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.

AAANM did not put this service out with the competitive FY2020-FY2022 RFP cycle. For the FY2020-2022 MYP, AAANM has created a program development objective to analyze how IIID money is currently utilized and if the current evidence-based program mix is the best use of IIID funding to address community need. The program development goal indicates that existing evidence-based programs will be offered as usual during the first year of the FY2020-2022 MYP. By the third year, AAANM will have completed this analysis and implemented the findings.

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

#### Long Term Care Ombudsman

Total of Federal Dollars

\$18,948.00

Total of State Dollars

\$32,691.00

Geographic Area Served

Region 10

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

Goal 1: Provide assistance and advocacy to residents of long-term care and licensed adult residential facilities to resolve complaints through problem identification and definition, education regarding rights, provision of information on appropriate rules, and referrals to appropriate community resources.

#### Activities:

1. Visit each long-term care facility at least quarterly to distribute Ombudsman information and reinforce

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# FY 2020 ANNUAL IMPLEMENTATION PLAN

#### Area Agency On Aging of Northwest MI, Inc.

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residents' understanding of their rights through one-on-one visits.

- 2. Provide program presentations and regularly attend resident and family council meetings.
- 3. Distribute program materials to residents, family members, and other interested parties.
- 4. Oversee and ensure training of Long Term Care Ombudsman volunteers.

Goal 2: Outreach to the community and referral sources on the LTCO Program as well as to provide information and assistance about long-term care aspects and options.

#### Activities:

- 1. Provide formal presentations in the community (senior centers, meal sites, service organizations).
- 2. Actively participate in community collaboratives as a way to educate referral sources on the LTCO role and program.
- 3. Distribute program information via print and electronic media (AAANM website) as well as in person participation at community expos and events.

Goal 3: Promote the use of best practices in long-term care service delivery.

#### Activities:

- 1. Plan and participate in the implementation of an annual Best Practices Conference.
- 2. Identify and share training opportunities for long term care facility staff on issues such as residents' rights, culture change and elder abuse.

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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.

AAANM issued an RFP in March 2019 for an entity to provide LTCO services. There were no applicants proposing to offer this service in Region 10.

Since 2010, AAANM has provided Long Term Care Ombudsman services directly after Citizens for Better Care withdrew from providing this service in our region. AAANM employs one LTCO whose time is solely devoted to provision of LTCO and Elder Abuse Prevention Services in Region 10.

AAANM has successfully demonstrated the organizational capacity to support the current established LTCO services extensively with its resources. Current funding for the LTCO Program is insufficient to maintain the level of presence that is needed for our 10 county region. AAANM subsidizes this program by providing additional funding through Title III B funds as well as in-kind support in terms of office space, phones, computers and administrative back-up.

The costs, time and criteria necessary for a new contractor to establish itself as the LTCO in Region 10 alone would be an obstacle for a new entity. According to the Michigan Long Term Care Ombudsman policies, an entity would need to have staff certified by the State Long Term Care Ombudsman (SLTCO) following successful completion of the certification training and examination requirements, within 6 months of hire. The transition of services to the new entity would most likely need support from AAANM minimally for the first several months of the fiscal year, which would drain resources from both entities. New relationships would need to be established with the long term care facilities, awareness for referral purposes would need to be created with current community services agencies, reporting systems and data tracking would be a learning curve, and these foundation building activities would draw away from time that could be spent performing the LTCO responsibilities. AAANM has successfully and efficiently provided a quality LTCO program for the past 9 years. Prior to that, AAANM supported the Citizens for Better Care LTCO staff person on site with resources. Transitioning such a well established program at this point does not seem to be an effective use of resources or time, could result in public confusion, and instead could create a lapse in service for long-term care residents or a diminished presence as compared to what already exists through AAANM.

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

In conjunction with the FY2020-2022 Multi-Year Request for Proposals, AAANM issued an open and competitive request for proposals process for this service with no other agencies expressing an interest in the program. AAANM also offered the public opportunity for input into AAANM providing LTCO and Elder Abuse services directly on May 9 and May 10, 2019 and received no input.

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars

\$13,946.00

Total of State Dollars

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Geographic Area Served Region 10

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

AAANM combines Elder Abuse Funding with the funding for the Long Term Care Ombudsman. Goals and activities specific to the Elder Abuse portion of this funding include:

Goal: Increase education and awareness of elder abuse, neglect, and exploitation in long-term care facilities and the community.

#### Activities:

- 1. Provide elder abuse, neglect and exploitation presentations in long-term care facilities, senior centers, and other venues in the community/Region 10.
- 2. Be an acitve participant in community collaboratives that are working to address elder abuse in our region such as the Vulnerable Adult Taskforces.
- 3. Education to increase awareness that Elder Abuse is an under recognized problem (identify who is at risk, potential warning signs how to report) by distributing information via print and electronic media (AAANM website) as well as in person participation at community expos and events.

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).

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AAANM has paired this very limited funding with the Long Term Care Omdusman funding to maximize these resources throughout Region 10, as well as nearly doubling the funding for the program with supplemental resources (Title IIIB and in-kind). This ensures that education and outreach on Elder Abuse is provided

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throughout our 10 county region as part of the outreach that is being conducted by the LTCO.

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

In conjunction with the FY2020-2022 Multi-Year Request for Proposals, AAANM issued an open and competitive request for proposals process for this service with no other agencies expressing an interest in the Long-Term CareOmbudsman/Elder Abuse Prevention Program. AAANM also offered the public opportunity for input into AAANM providing LTCO and Elder Abuse services directly on May 9 and May 10, 2019 and received no input.

#### **Creating Confident Caregivers**

Total of Federal Dollars

\$7,500.00

Total of State Dollars

Geographic Area Served

Region 10

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

Goal: Provide 5 Creating Confident Caregivers (CCC) Workshops: 50 participants will complete 4 or more sessions

#### Activities:

- 1) Maintain current level of certified CCC trainers in Region 10.
- 2) Market and outreach to medical community and other referral sources to fill workshops.
- 3) Schedule and hold workshops throughout Region 10 in partnership with other community organizations.

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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.

Since 2009, AAANM has coordinated the provision of Creating Confident Caregivers (CCC) throughout Region 10. Initially funded under special grant funding distributed directly to AAAs from the Michigan Aging and Adult Services Agency, AAANM has established a coordinated system that utilizes trained program leaders to facilitate workshops under direct contract with AAANM. Administratively, this system where AAANM utilizes staff who are Master Trainers of this evidence-based program, to plan, schedule, and promote workshops, register participants, monitor program fidelity and reporting requirements, and ensure trained program leaders maintain current leader status, establishes a consistent effort throughout the Region. To orchestrate this system with multiple contractors would not allow for this consistency in program coordination. Often the contracted program leaders might be staff from a partner agency of AAANM and funding does flow to these agencies to support the time that their staff facilitate workshops. Essentially, AAANM is providing coordination of the evidence-based program, but is also contracting funding directly to outside program leaders to facilitate the workshops.

AAANM did not put this service out with the competitive FY2020-2022 Multi-Year Request for Proposals process. For the FY2020-2022 MYP, AAANM has created a program development objective to analyze how IIID money is currently utilized and if the current evidence-based program mix is the best use of IIID funding to address community need. The program development goal indicates that existing evidence-based programs will be offered as usual during the first year of the FY2020-2022 MYP. By the third year, AAANM will have completed this analysis and implemented the findings.

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. At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2022.

State Goal Match: 1

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#### **Narrative**

Communities for a Lifetime centers on creating linkages and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime. Currently there are two communities within Region 10 that have received CFL distinction. AAANM is aware of at least one additional community that is contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

#### **Objectives**

1. One new community in the PSA will receive recognition as a CFL by 9/30/2022. Timeline: 10/01/2020 to 09/30/2022

#### Activities

- 1. Provide communities with information about the CFL program.
- 2. Provide technical support to any community group striving for this designation in Region 10.

#### Expected Outcome

Through the CFL assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

B. Maintain and strengthen regional capacity to identify, assess and support individuals with cognitive impairments and their caregivers.

State Goal Match: 2

#### **Narrative**

MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and their caregivers. AAANM began this work during the MYP FY2017-2019 under a grant from the Administration on Community Living to AASA and a grant to AAANM from the Michigan Health Endowment Fund. During the MYP FY2017-2019, AAANM implemented standardized screening (AD8 tool) in I&A for persons suspected to have cognitive impairments, and AAANM expanded the availability of options counseling to support caregivers with long term care planning, disease education, caregiver education and coaching to cope with difficult behaviors associated with the disease. AAANM also instituted intensive staff trainings about dementia and understanding difficult behaviors with disease progression. Concurrent with these efforts, AAANM began work with the physician community to change several paradigms. 1) When working with the dementia population, it is not just the patient with dementia but a patient/caregiver dyad, 2) Providing a diagnosis empowers the dyad and is a step towards living the fullest possible life and prolonging function rather than giving a death sentence, 3) The dyad needs a psycho-social care plan established during early dementia stage rather than traditional care coordination to avoid crisis as the disease progresses.

AAANM's work with the physician community under the Michigan Health Endowment Fund will continue during the first year of this MYP and discussions are underway about how to sustain these system change efforts longer term. For this program development goal, AAANM will continue to strengthen its internal capacity to support older adults with cognitive impairments and their caregivers. If time and resources allow, AAANM will extend this work to interested aging network providers.

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### **Objectives**

1. Ensure a well trained workforce at AAANM to support persons with cognitive impairments and their caregivers.

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

### **Activities**

- 1. Identify desired competencies for staff to have and maintain relative to persons with cognitive impairments and their primary caregivers.
- 2. Develop annual training plan for all new and existing staff that includes delivery of content and application/practice to reinforce skill development.
- 3. Implement training plan.
- 4. If time permits, extend training opportunities to aging network providers.

**Expected Outcome** 

Older adults who contact AAANM, or are clients of AAANM that have a cognitive impairment, and their primary caregivers, will feel supported and have the information/resources they need.

2. Ensure that older adults are appropriately screened for possible cognitive impairments using the AD8 screening tool. Encourage older adults who are not connected with a physician, and/or their primary caregivers, to seek physician evaluation.

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

### Activities

- 1. Maintain use of the AD8 screening tool in I&A and protocol to refer individuals, if appropriate, for physician evaluation.
- 2. Maintain use of the AD8 screening tool as an information data point during intake to assess appropriateness for Care Management or MI Choice Waiver services.
- 3. Enhance existing protocol of when to refer an older adult or primary caregiver for physician evaluation.
- 4. If time permits, provide training to interested aging network providers on the AD8 screening tool and how it might be used or implemented in an organization.

### **Expected Outcome**

There will be increased identification of individuals with potential cognitive impairments in Region 10.

C. Maximize opportunities (using IIID funding) for older adults and caregivers to maintain health and well being.

State Goal Match: 2

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

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### **Narrative**

The 2018 community survey conducted as part of the MYP needs assessment identified that older adults are "somewhat" or "very concerned" about maintaining their health. Maintaining health means many things to older adults and there are many promotors and detractors of health. With the growing focus on Social Determinates of Health, AAANM has spent significant time contemplating how the organization not only provides core services like I&A and care coordination, but also how the organization contributes to community systems that support promotion and maintenance of health overall and what AAANM's role might or should be in a broader sense. It takes many intentional, braided efforts to create change at a community or population level.

There are several substantial initiatives under way in Region 10 to improve the health and wellbeing of the community. AAANM has adopted its evidence-based program offerings through various grant projects but without substantial thought to what already exists in the region that may be duplicative or better alternatives to AAANM's evidence-based programs, and if there are gaps in the community that may be addressed through programming funded under IIID. Over the last several years, AAANM has developed substantial infrastructure to coordinate and deliver workshops region-wide but also discovered that there is an opportunity cost to doing this (i.e. staff are leading workshops rather than attending to care coordination, county aging units are not able to offer other desired programming when AAANM workshops are using senior center space). It is time to do a thorough environmental assessment and determine how AAANM might have the most community impact with IIID funding.

### **Objectives**

1. Develop and implement a plan for allocation of IIID money to have the maximum community impact possible. Timeline: 10/01/2019 to 09/30/2022

### Activities

- 1. Conduct analysis of regional healthy aging activities, gaps, partners and opportunities for impact.
- 2. Develop plan for reallocation of IIID money (if determined appropriate).
- Implement plan.

### Expected Outcome

AAANM will use IIID money for the greatest community impact possible to support older adults and caregivers to maintain quality of life and live with dignity and respect.

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FY 2020

### **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.

The AAANM Board of Advisors (BOA) actively drives advocacy both locally and at the State level.

Two to three BOA members serve as delegates on the Michigan Senior Advocates Council (MSAC). The delegates regularly share State advocacy issues with both the BOA and the AAANM Board of Directors (BOD).

Annually, BOA members promote attendance by seniors from across Region 10 for Older Michiganian's Day in Lansing.

The BOA also takes on special advocacy projects to educate older adults about issues affecting this population and opportunities to increase awareness of aging issues with local and State representatives.

During this MYP period, the BOA plans to strengthen its organizational structure to increase participation in advocacy efforts at local, regional and State levels. Additionally the BOA is contemplating special projects that may involve 1) promotion of the 2020 census, and 2) partnering with county stakeholders to advance regional educational events for seniors.

AAANM staff also participates in a variety of human services and senior services collaboratives to bring attention to aging issues.

Overall, advocacy efforts will benefit seniors by securing funding for needed services at the State and Federal level, as well as county senior millages. Advocacy efforts also help pass laws that protect seniors.

At this time, AAANM does not have specific planned advocacy efforts relative to transportation, direct care workforce shortage, elder abuse prevention or wait lists for meals and in-home services other than what is outlined in other areas of the MYP.

AAANM participates on two active transportation initiatives (Wexford County and Grand Traverse/Leelanau Counties) and is a member of the Community Health Innovation Region (CHIR) that also has a focus on transportation needs. Through elder abuse prevention funding, AAANM conducts outreach and education about elder abuse and participates with the Vulnerable Adults Group led by APS and the Grand Traverse County Prosecutor's office. Additionally, AAANM has participated on the IMPART steering committee, an effort led by Michigan State University to understand and impact the direct care workforce

### FY 2020-2022 MULTI-YEAR PLAN

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shortage. AAANM also provides in-kind support to Community Services Network to increase opportunities for adequate training of direct care workers.

### FY 2020-2022 Multi-Year Plan

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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

Region 10 is comprised of a well-established aging services system. Aging network partners and organizations and the resources they bring, are critical to serving the needs of older adults and their family caregivers. The following partners, and their working relationship with AAANM, are key to achieving our mutual goal of helping adults continue to live in the community with the support of a wide array of services.

County Commissions/Councils on Aging serve as visible focal points for aging services in their county, deliver a variety of home and community-based services to older adults, and advocate on aging issues and funding for services.

Disability Network/Northern Michigan (DN/NM) works closely with AAANM to share information and resources. DN/NM also coordinates Nursing Facility Transition Navigation Services with AAANM and Northern Healthcare Management.

The Northwest Michigan Community Action Agency (NMCAA) is currently the largest meal provider/contractor of AAANM, and has performed in that role for many years. In addition, a close client referral relationship exists between AAANM and NMCAA, utilizing the other organization's programs to effectively serve respective clients.

The Public Health Alliance (PHA) is an association of the Public Health departments in northern Michigan. AAANM partners with the health departments and the PHA on multiple initiatives and efforts. The PHA is the backbone organization for the Northern Michigan Community Health Innovation Region (CHIR). AAANM is a Steering Committee member on the CHIR and participates in various workgroups and projects associated with this effort.

AAANM is active in efforts to improve transportation options for older adults and persons with disabilities. The Wexford Transportation Authority and the Bay Area Transportation Authority both have initiatives to improve transportation access for older adults.

Northern Physicians Organziation is a physician organization, Accountable Care Organization(s) and Health Information Exchange (HIE). AAANM has several efforts underway with NPO to improve care for persons with dementia and their caregivers and to expand interoperability capacities to AAAs and community based organizations.

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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.

AAANM has created a program development goal to evaluate its approach to developing, sustaining and building capacity for EBDP programs. This has been coming for a while and feels like the FY2020-2022 MYP is an appropriate time to undertake this work. This assessment and resulting plan will be completed and implemented during this MYP cycle.

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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.

AAANM defines community geographically by the ten counties in Region 10, all of which are rural in nature. Each county differs in its population size and the availability of resources and services within its boundaries. Within counties are smaller communities defined by the needs of a particular group, such as senior centers, for more active older adults, and nursing/assisted living facilities for older adults and persons with disabilities who are physically less independent. Communities not only include the target population that is dictated by State and Federal funding sources as the service recipient, but also those individuals that are connected to the target population (family, friends, service providers, etc.).

A community focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the Region. The Area Agency on Aging of Northwest Michigan (AAANM) relies heavily on contract agencies, especially county Commissions and Councils on Aging, to serve as a trusted and visible point for older adults and their families to obtain information and to access services.

AAANM uses the following criteria as a guide for assessing the ability of an organization to be designated as a community focal point. Not all criteria apply to each of the selected focal points. It is preferred that designated focal points:

- 1. Have a formal, contractual relationship with AAANM
- 2. Provide Information and Assistance Services
- 3. Serve as senior centers or nutrition sites that operate 5 days per week
- 4. Have accessibility, availability and/or co-location of a broad spectrum of services
- 5. Serve a community defined by county boundaries
- 6. Are visible agencies in their community (county or Region)

There is not a formal assessment process used by AAANM to assess designated community focal points. For those focal points that are funded by AAANM, AAANM monitors and assesses them regularly. For those not funded by AAANM, communication through attending board meetings, participation on AAANM boards, etc. are the methods for monitoring and assessing their ability to be designated as a focal point in Region 10.

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:

Kalkaska County Commission on Aging

### FY 2020-2022 MULTI-YEAR PLAN

### FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020

Address:

303 S Coral St, PO Box 28, Kalkaska, MI 49646

Website:

http://www.kalkaskacounty.net/government/commission\_on\_aging/index.

php

Telephone Number:

231-258-5030

Contact Person:

Jodi Willison

Service Boundaries:

Kalkaska County

No. of persons within boundary:

4,961

Services Provided:

Information and Assistance, Congregate Meals, Home Delivered Meals,

Personal Care, Homemaking, Respite Care, Senior Companion, Assistive Devices, Senior Center Activities, Medicare/Medicaid

Assistance, Foot Care, Senior Project FRESH, Transportation, Dining Out, Assistance with hearing devices, Tax Assistance, Retired Senior Volunteer Program, Food Pantry, Commodities, Assistance with unmet needs, Senior Expo, Senior Newsletter, Medication Management, Personal Emergency Response Systems, Dementia Support, Physical activity programs, Social activities, Health Screening, Support Groups,

Education

Name:

Leelanau County Senior Services

Address:

8527 E Governmental Center Dr, Ste 106, Suttons Bay, MI 49682-9718

Website:

http://www.leelanau.cc/seniorservices.asp

Telephone Number:

231-256-8121

Contact Person:

April Missias

Service Boundaries:

Leelanau County

No. of persons within boundary:

8.684

Services Provided:

Information and Assistance, Medical Transportation, Homemaking, Medication Management, Personal Care, Assistive Devices and

Technologies, Respite Care, Senior Project FRESH

Name:

Antrim County Commission on Aging

Address:

308 E Cayuga, PO Box 614, Bellaire, MI 49615

Website:

http://www.antrimcounty.org/coa.asp

Telephone Number: .

231-533-8703

Contact Person:

Judy Parliament

Service Boundaries:

Antrim County

No. of persons within boundary:

8,294

Services Provided:

Information and Assistance, Home Delivered Meals, Personal Care, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (Chronic Pain and Diabetes PATH), Senior Center Operations/Staffing, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project

FRESH

### FY 2020-2022 Multi-Year Plan

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

### Area Agency On Aging of Northwest MI, Inc.

FY 2020

Name:

Area Agency on Aging of Northwest Michigan

Address:

1609 Park Dr, PO Box 5946, Traverse City, MI 49686

Website:

www.aaanm.org

Telephone Number:

231-947-8920

Contact Person:

Robert Schlueter

Service Boundaries:

Region 10

No. of persons within boundary:

92,303

Services Provided:

Information and Assistance, Options Counseling, Care Management, MI Choice Waiver, Caregiver Respite, T-CARE, Creating Confident Caregivers, Nursing Facility Transition, Veteran's Directed Home and Community-Based Services, Medicare/Medicaid Assisistance Program, LTC Ombudsman, Elder Abuse Awareness, Evidence-Based Disease

Prevention Programs (PATH; A Matter of Balance)

Name:

Benzie Senior Resources

Address:

10542 Main St, Honor, MI 49640

Website:

https://benzieseniorresources.org/

Telephone Number:

231-525-0600

Contact Person:

Doug Durand

Service Boundaries:

Benzie County

No. of persons within boundary:

6,065

Services Provided:

Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Companion, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation, Dining Out, Assistance with dental care, Tax Assistance, Commodities, Assistance with unmet needs, Senior Expo, Senior Newsletter, Medication Management, Personal Emergency Response Systems, Wandering Alert Bracelets, Physical activity programs, Social activities,

Health Screening, Chore Services, Snow Removal, Lawn Care, Education, Volunteer Opportunities, Estate Planning, Hearing Clinic

Name:

Charlevoix County Commission on Aging

Address:

218 W Garfield AVe, Charlevoix, MI 49720

Website:

http://www.charlevoixcounty.org/coa.asp

Telephone Number:

231-237-0103

Contact Person:

Amy Wieland

Service Boundaries:

Charlevoix County

No. of persons within boundary:

8,493

### FY 2020-2022 MULTI-YEAR PLAN

### FY 2020 ANNUAL IMPLEMENTATION PLAN

### Area Agency On Aging of Northwest MI, Inc.

FY 2020

Services Provided:

Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Charlevoix County Free Senior Transportation, Dining Out - Beaver Island only, Emergency Assistance, Tax Assistance, Retired Senior Volunteer Program, Commodities, Senior Expo, Senior Newsletter. Physical activity programs, Social activities, Health Screening, Snow

Removal, Education

Name:

Disability Network/Northern Michigan

Address:

415 E Eighth St, Traverse City, MI 49686

Website:

http://disabilitynetwork.org/

Telephone Number:

231-922-0903

Contact Person:

Jim Moore

Service Boundaries:

Region 10

No. of persons within boundary:

92,303

Services Provided:

Information and Assistance, Options Counseling, Nursing Facility Transition Services, Medicare/Medicaid Assistance Counseling

Name:

Friendship Centers of Emmet County

Address:

1322 Anderson Rd, Petoskey, MI 49770

Website:

http://www.emmetcoa.org/

Telephone Number:

231-347-3211

Contact Person:

Denneen Smith

Service Boundaries:

Emmet County

No. of persons within boundary:

9.972

Services Provided:

Information and Assistance, Transportation, Homemaking, Home Delivered Meals, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (A Matter of Balance), Health Screening, Senior Center Operations/Staffing, Support Groups, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH, Retired

Senior Volunteer Program

Name:

Grand Traverse County Commission on Aging

Address:

520 W Front St, Ste B, Traverse City, MI 49684

Website:

https://www.grandtraverse.org/710/Commission-on-Aging

Telephone Number:

231-922-4688

Contact Person:

Cynthia Kienlen

Service Boundaries:

Grand Traverse County

No. of persons within boundary:

24,677

### FY 2020-2022 Multi-Year Plan

### FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020

Services Provided:

Information and Assistance, Chore Services, Homemaking, Personal

Care, Respite Care, Foot Care

Name:

Grand Traverse County Senior Center Network

Address:

801 E Front St, Traverse City, MI 49686

Website:

https://www.grandtraverse.org/712/Senior-Centers

Telephone Number:

231-922-4911

Contact Person:

Lori Wells

Service Boundaries:

**Grand Traverse County** 

No. of persons within boundary:

24,677

Services Provided:

Senior Center Operations/Staffing

Name:

Manistee County Council on Aging

Address:

457 River St, Manistee, MI 49660

Website:

www.manisteecountycoa.com

Telephone Number:

231-723-6477

Contact Person:

Sarah Howard

Service Boundaries:

Manistee County

No. of persons within boundary:

8.363

Services Provided:

Information and Assistance, Congregate Meals / Offered at the Senior Center through NMCAA, Home Delivered Meals / prepared at the Senior Center / by NMCAA, Homemaking / Senior Reimbursement Program, Senior Companion / Seniors Visiting Seniors / Centra Wellness,

Senior Companion / Seniors Visiting Seniors / Centra Wellness, Assistive Devices, Senior Center Activities, Medicare/Medicaid

Assistance, Foot Care, Senior Project FRESH, Transportation / Senior Reimbursement Program, Dining Out, Assistance with dental care, hearing devices / Eyeglass Assistance, Tax Assistance, Retired Senior Volunteer Program / Seniors Visiting Seniors program / Centra Wellness,

Food Pantry / Senior Food Bank, Commodities / Emergency Senior Food Pantry, Assistance with unmet needs, Senior Newsletter,

Wandering Alert Bracelets / City and County Police, Dementia Support, Physical activity programs, Social activities, Health Screening, Support Groups, Chore Services / Senior Reimbursement Program, Snow Removal / Senior Reimbursement Program, Lawn Care / Senior

Reimbursement Program, Education

Name:

Missaukee County Commission on Aging

Address:

105 S Canal St, PO Box 217, Lake City, MI 49651

Website:

http://missaukeecoa.org/

Telephone Number:

231-839-7839

Contact Person:

Eric Karbowski

Service Boundaries:

Missaukee County

Printed On: 6/7/2019

### FY 2020-2022 MULTI-YEAR PLAN

### FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020

No. of persons within boundary:

4,155

Services Provided:

Information and Assistance, Homemaking, Personal Care, Respite, MMAP, Medication Management, Foot Care, Chore, Transportation

Name:

Wexford County Council on Aging

Address:

117 W Cass St, Cadillac, MI 49601

Website:

http://wexfordcoa.org/

Telephone Number:

231-775-0133

Contact Person:

Kathy Kimmel

Service Boundaries:

Wexford County

No. of persons within boundary:

8,639

Services Provided:

Information and Assistance, Adult Day Services, Transportation, MMAP, Chore, Personal Care, Homemaking, Respite, Medication Management, Foot care, Senior Project FRESH, Senior Center Staffing, Veteran's

Services

### FY 2020-2022 Multi-Year Plan

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

### 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.

During this MYP AAANM will be in the final year of a Michigan Health Endowment Fund grant (2019-2020) in collaboration with the Nothern Physicians Organization to support older adults with cognitive impairments and their primary caregivers. This work expands support to caregivers through options counseling and enrollment in Creating Confident Caregivers. By building physician referral connection established through this grant, AAANM has increased demand for and offerings of Creating Confident Caregivers to meet community need.

AAANM provides in-kind support to Community Services Network (CSN). CSN is a contractor to the IMPART Alliance through MSU to expand use and pilot new delivery mechanisms for BTBQ.

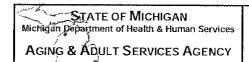
MMAP is a popular program offered at AAANM. The agency has a new regional coordinator who is focused on building the volunteer pool of MMAP counselors in the region.

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

AAANM seeks to provide information, resources and support to older adults and caregivers to help them maintain their health, quality of life and independence as long as possible. The Michigan Health Endowment Fund work, participation in efforts to reduce the direct care workforce shortage, and MMAP are core initiatives to extend AAANM's ability to achieve this impact.

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

The Michigan Health Endowment Fund work supports AAANM's program development goal to increase



### FY 2020-2022 Multi-Year Plan

### FY 2020 ANNUAL IMPLEMENTATION PLAN

### Area Agency On Aging of Northwest MI, Inc.

FY 2020

screening and identification of persons with cognitive impairments and support their caregivers and strengthen AAANM's capacity to work with this population. The activities in the last year of the Michigan Health Endowment Fund grant are in the planning stage right now but will closely align with internal efforts.

The direct care workforce crisis is a significant threat to AAANM's ability to carry forth its mission and programs. This is a systems issue with many tentacles requiring many different approaches. AAANM supports the work of the IMPART Alliance and CSN because we realize that this issue is bigger than one organziation can impact.

MMAP is a core mission service. Older adults need affordable health insurance and prescription drugs to maintain their health and live independently with quality and dignity of life. MMAP is one of the programs that assists AAANM in actively living our mission.

Date

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Signature

			FY 2020	FY 2020 AREA PLAN GRANT BUDGET	RANT BUDGET				
Agency:	Northwest Seni	Agency: Northwest Senior Resources Inc		3png	Budget Period:	10/01/19	t 	R 09/30/20	Rev. 03/25/2019
PSA;	10	ı		Date:	05/06/19		Rev. No.:	0	Page 1of 3
	SERVICES SUMMARY	IL I				ADMINISTRATION	ATION		
	SUPPORTIVE	NUTRITION			Revenues		Local Cash	Local In-Kind	Total
FUND SOURCE	SERVICES	SERVICES	TOTAL	Federal Administration	JU.	158,145	43,000	4,000	205,145
1. Federal Title III-B Services	405,286		405,286	State Administration		27,314			27,314
2. Fed. Title III-C1 (Congregate)		528,453	528,453	MATF Administration		10,563		-	10,563
3. State Congregate Nutrition		9,517	9,517	St CG Support Administration	inistration	•			
4. Federal Title III-C2 (HDM)		268,399	268,399	Other Admin					
5. State Home Delivered Meals		475,690	475,690	Total AIP Admin:		196,022	43,000	4,000	243,022
8. Fed. Title III-D (Prev. Health)	31,274		31,274						
9. Federal Title III-E (NFCSP)	189,894		189,894						
10. Federal Title VII-A	8,448		8,448		Expenditures				
10. Federal Title VII-EAP	6,446		6,446				FTEs		
11. State Access	28,408		28,408	1.	I. Salaries/Wages		2.50	115,000	
12. State In-Home	206,535		506,535	2	<ol><li>Fringe Benefits</li></ol>			50,000	
13. State Alternative Care	111,891		111,891	က	<ol><li>Office Operations</li></ol>			78,022	,
14. State Care Management	431,825		431,825		Total:			243,022	
15. St. ANS	44,300		44,300						
16. St. N ursing Home Ombs (NHO)	22,088		22,088						
17. Local Match				Cash Match Detail			In-Kind Match Detail		
a. Cash	44,500	800,000	844,500	Source		Amount	Source		Amount
b. In-Kind	181,300	225,000	406,300	County Funding		43,000	Board Expenses		4,000
18. State Respite Care (Escheat)	82,592		82,592						
19. MATF	120,000		120,000						
19. St. CG Support	16,109		16,109			× 1			
20. TCM/Medicaid & MSO	15,603		15,603						
21. NSIP		381,220	381,220						
22. Program Income			540,000						
TOTAL:	2,246,499	3,228,279	5,474,778						
				Total:		43,000	Total:		4,000

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

SERVICE CATEGORY Access Services Access Services Courseach Program s In-Home	Agency Northwest Senior Resources Inc PSA: 10 Trite III-8 Trite III-0 100,000 ES,000 E		Tile III = E 178.384	Title VII A GMB Shate Shate St. Alt. Shate Care Agmt Acrass In-Horse Care Agmt	State	State In-Home	SLAll Care	State Care		Budget Period: Date: St. ANS St. F	ate;		10/01/19 05/06/19 St. CG Supot	* <b> </b>	to 09/30/20 ev. No.: Program Cash	ir20	Rev, 03/25/2019 page 2 of 3
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			Sales Sales Sales Sales	100	San San San San San San San San San San	State Comment					(000 C 2000)	* The state of the		25 CO SEC. 100 CO.	date Con		
SUPPRT SERV TOTAL	405,288	31,274	189,894	14,894	28,408	508,535	11,891	431,825	22,088	44,300	62,592	130,563	16,109	15,603	#	44,500 181,300	2,257,062

		FY 2020	NUTRITION	/OMBUDSM	NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAII	- / KINSHIP -	PROGRAM F	SUDGET DET	.AIL	
										Rev. 03/25/2019
	Agency	Agency: Northwest Senior		Resources Inc Budget Period:	10/01/19	to	9/30/20			
	PSA:	10		Date:	05/06/19	Rev. Number	0 .			page 3 of 3
		FY 2020	AREA PLAN	GRANT BUL	AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL	III-C NUTRIT	ION SERVIC	ES DETAIL		
ဝိ	SERVICE CATEGORY	Title III C-1	Title III C-2	State	State HDM	NSIP	Program	Cash	In-Kind	TOTAL
Std				Congregate		THE HILE	Income	Match	Match	
	Nutrition Services									
6-3	Congregate Meals	438,453		9,517		100,000	370,000	300,000	160,000	1,377,970
B-5	Home Delivered Meals		668'89Z		475,690	281,220	170,000	500,000	65,000	1,760,309
2	Nutrition Counseling	Company of the company		4.0						r
ટુ	Nutrition Education		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					1. 1. 1.		,
	AAA RD/Nutriționist*	000'06						And the second second	and the state of	90,000
	Nutrition Services Total	528,453	268,399	9,517	475,690	381,220	540,000	800,000	225,000	3,228,279

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

Title III-B 10,500 7,500	 		ANEA FEAN GRAIN BODGET-THEE VII ETO CHIBODOHIAN DETAIL	אם לוהוויסיי	וטור		
LTC Ombudsman Ser LTC Ombudsman Elder Abuse Prevention Region Specific	Title VII-A Title VII-EAP	P State NHO	MSO Fund	Program	Cash	In-Kind	TOTAL
LTC Ombudsman Ser LTC Ombudsman Elder Abuse Prevention Region Specific				Income	Match	Match	
LTC Ombudsman Elder Abuse Prevention Region Specific							
	8,448	22,088	10,603	-		6,000	57,639
	6,446	********** 9t		t	: '_	2,000	15,946
			F-1	ř	- 12		1
LTC Ombudsman Ser Total 18,000	8,448 6,446	46 22,088	10,603	,	-	8,000	73,585

Op         SERVICES PROVIDED AS A Title III-B         Title III-B         State Alt Care         State In-Home State In-Home         - Merit Award         Program         Cash/In-Kind         TOTAL           Std         FORM OF RESPITE CARE         Title III-B         State Alt Care         Escheats         Trust Fund         Income         Match         TOTAL           B4 Homemaking         Home Care Assistance         B4 Home Health Aide         B6 Home Health Aide         B7 Home Health A			FY 2020	AREA PLAN	I GRANT BUL	GET- RESPI	<u>AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL</u>	DETAIL			
FORM OF RESPITE CARE         Escheats         Trust Fund         Income           Chore         Homemaking         And a language         And a languag	පි	SERVICES PROVIDED AS A	Title III-B	Title III-E	State Alt Care	State	State In-Home	- Merit Award	Program	Cash/In-Kind	TOTAL
Chore Homemaking Home Care Assistance Home Health Aide Meal Preparation/HDM Personal Care Respite Service Total	Std	FORM OF RESPITE CARE				Escheats		Trust Fund	Income	Match	
Homemaking Home Care Assistance Home Health Aide Meal Preparation/HDM Personal Care Respite Service Total	포	Chore		1 1 1 1 1 1 1 1 1							•
Home Care Assistance Home Health Aide Meal Preparation/HDM Personal Care Respite Service Total	7	Homemaking			7-128-150-10	4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	1 -				•
Home Health Aide Meal Preparation/HDM Personal Care Respite Service Total	B-2	ㅡ.				1 1 1 1 Land 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3	•
Meal Preparation/HDM Personal Care Respite Service Total	94	Home Health Aide		The second second	With Market to the second		•				1
Personal Care Respite Service Total	B-10	Meal Preparation/HDM									•
Respite Service Total	88	Personal Care	のはないというなのです。					1. 1. 1. 1. 1. 1.	4		τ
		Respite Service Total	•	,	-		1	i i		1	•

Op Start/CE CATEGORY         SERVICE CATEGORY         Tritle III-B         Tritle III-B         Tritle III-B         Tritle III-B         In-Kind         TOTAL           Start         Kinship Ser, Amounts Only         Ser, Amounts Only         Ser, Amounts Only         Match         Match         Match         Match         TOTAL           C-18 Caregiver Support Services         -         9,500         -         -         1,000         10,56           C-20 Caregiver E,S,T         Caregiver E,S,T         -         -         -         -         -         -           Kinship Services Total         9,500         -			FY 2020 A		REA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL	JGET-TITLE	E-KINSHIP SI	ERVICES DE	TAIL		
ts Only         This only         Match	రి	SERVICE CATEGORY	Title III-B	Title III-E				Program	Cash	In-Kind	TOTAL
15 Only         The Control of the	E							Income	Match	Match	
1,000   1,00		Kinship Ser. Amounts Only		****				arge V			
1,000   1,00	S-18	Caregiver Sup. Services	The Same								•
	C-19	Kinship Support Services	ı	9,500					-	1,000	10,500
1,000 - 1,000	C-20	Caregiver E,S,T	(日本) 一次をおりません。 かんじょうし					-	1	1	,
000(1) - 0)500 - 1,000		The Address of the Control of the Co	A diguestion to the time of	raing for an experience commence of the few				1 1 mg/s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. See 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	_
		Kinship Services Total	ı	9,500				,	,	1,000	10,500

Planned Service	s	Summary	Page for	FY 2020	PSA:	10
		udgeted	Percent		thod of Provis	sion
			of the			
Service ·		Funds	Total	Purchased	Contract	Direct
ACCESS SERVICES				78-1807 November 1	9 Sept. 18 Car 18 Car	
Care Management	\$	721,127	13.15%			×
Case Coordination & Support			0.00%			
Disaster Advocacy & Outreach Program	S	-	0.00%			
Information & Assistance	\$	110,000	2.01%			X
Outreach	\$	-	0.00%			
Transportation	\$	4,400	0.08%	<u> </u>	l	•
Option Counseling	\$	105,000	1.91%			x
IN-HOME SERVICES				Verneder von Hard van een		resimple sadding 2 to play
Chore	\$	in	0.00%	And the state of the state of the state of		(10)
Home Care Assistance	\$		0.00%		1	•
Home Injury Control	\$		0.00%			
Homemaking	- <del>\$</del>	234,191	4.27%	x		· ·
Home Delivered Meals	\$	1,760,309	32.09%		X	1-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Home Health Aide	<b>→</b>	.,,,,,,,,,,,	0.00%		^	
Medication Management		83,000	1.51%	х		
Personal Care	\$	393,321	7.17%	×		
Personal Emergency Response System		45,000	0.82%	- X		· · · · · · · · · · · · · · · · · · ·
Respite Care	\$	194,701	3.55%			
Friendly Reassurance	\$	134,701	0.00%	×		
7 Honory Rededurance	Ψ		0.0070			
COMMUNITY SERVICES				1.500407035005666		nalista kontra si
Adult Day Services	\$	79,000	1.44%	χ	X	
Dementia Adult Day Care	\$	-	0.00%			
Congregate Meals	\$	1,377,970	25.12%		×	
Nutrition Counseling	\$	-	0.00%			
Nutrition Education	\$	-	0.00%			
Disease Prevention/Health Promotion	\$	35,274	0.64%			x
Health Screening	\$	_	0.00%			
Assistance to the Hearing Impaired & Deaf	\$		0.00%			
Home Repair		-	0.00%			=
Legal Assistance	\$	34,000	0.62%		Х	·
Long Term Care Ombudsman/Advocacy	\$	57,639	1.05%			×
Senior Center Operations	\$		0.00%			
Senior Center Staffing	\$	-	0.00%			
Vision Services	\$	_	0.00%			
Programs for Prevention of Elder Abuse,	\$	15,946	0.29%			X
Counseling Services	\$		0.00%			
Creating Confident Caregivers® (CCC)	\$	10,500	0.19%			X
Caregiver Supplemental Services	\$	2,500	0.05%	Х		
Kinship Support Services	\$	10,500	0.19%		х	
Caregiver Education, Support, & Training	\$		0.00%	The professional		·
AAA RD/Nutritionist	\$	90,000	1.64%			X
PROGRAM DEVELOPMENT	\$	88,000				X
REGION-SPECIFIC			1,100,10			
a. PDN	\$	22,400	0.41%	X		
b.	\$	- 22,400	0.00%			<u> </u>
C.	\$		0.00%			
d.	\$		0.00%			· · · · · · · · · · · · · · · · · · ·
CLP/ADRC SERVICES	\$	_	0.00%			
SUBTOTAL SERVICES	\$	5,474,778				
MATF & ST CG ADMINSTRATION	\$	10,563	0.19%			Х
TOTAL PERCENT			100.00%	18.57%	58.75%	22.68%
TOTAL FUNDING	\$ .	5,485,341		\$1,018,513	\$3,222,779	\$1,244,049

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.

		Ē	FY 2020 Annual Implementation Plan Direct Service Budget Detail #1	mplementation Budget Deta	on Plan il #1			
AAA	AAA: Northwest Senior Resource	r Resources Inc				FISCAL YEAR: FY 2020	FY 2020	
SERVICE:	SERVICE: CONTRACT CON	Care Management	11					•
	Federal OAA	Other Fed Funds	State	Program	Match	ch	Other	Total
LINE ITEM	Title III Funds	(non-Title III)	Funds	Income	Cash	In-Kind	Resources	Budgeted
Wages/Salaries	111,680		213,522		9,500			334,702
Fringe Benefits	41,819		119,594					161,413
Travel	11,886		20,147					32,033
Training		1.00						0
Supplies	7,220	2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00						1,220
Occupancy	1,396		5,756					7,152
Communications	1,396		5,756			-		7,152
Equipment	5,245		7,195					12,440
Other:	3,752		88,263			68,000	. *	160,015
Service Costs	がある。							0
Purchased Services (CM only)	5,000			-				5,000
								0
Totals	183,394	4	460,233	0	9,500	68,000	0	721,127
SERVICE AREA:		7,400		ī				

(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:

ջ ×

FY 2020

SCHEDULE OF MATCH & OTHER RESOURCES #1

OTHER RESOURCES Explanation for Other Expenses:	VALUE	In-Kind Cash In-Kind	000,89			68,000 0 0	. 0	XO XO
MATCH	VALUE	Cash In-		0000 9		6,000	3,500	140
		SOURCE OF FUNDS	Client and Family Support	AAANM Fund Balance	一般の意象を含めるのである。 かんしん かんしん	Totals	Difference	

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First   First   Frogram   Match   Cuter   Frogram   Match   Resources   Budget   Fruids   Program   Funds   Program   Progra			<b>L</b>	FY 2020 Annual Implementation Plan Direct Service Budget Detail #2	2020 Annual Implementation Pl Direct Service Budget Detail #2	ion Plan ail #2			-
SERVICE: Information and Assistance   Total	AAA:	. Northwest Senio					FISCAL YEAR:	FY 2020	
The lift Federal OAA   Chief Funds   State   Program   Match   Clash   In-Kind   Resources   Budge   Budge   Clash   In-Kind   Resources   Budge   Clash   In-Kind   Clash   C	SERVICE:	Information and	Assistance					·	,
Title    Funds   Funds   Funds   Income   Cash   Income   Budge   Budge   End		Federal OAA	Other Fed Funds	State	Program	Ma	tch	Other	Total
1000   1000	LINE ITEM	Title III Funds	(non-Title III)	Funds	Income		ļ	Resources	Budgeted
120   120	Wages/Salaries	55,478				10,000			65.478
1200   14,200   15,200   10,000   10,	Fringe Benefits	26,623					-		26.623
1.220   1.22	Travel								4.270
1,220	Training								0
1,220	Supplies	488							488
1,226	Occupancy	1,220						.:	1,220
1,525	Communications	1,220							1,220
9,176	Equipment								1,525
100,000   0   0   10,000   0   11	Other:	9,176							9,176
100,000   0   0   0   10,000   0   0   0   0   0   0   0   0	Service Costs								0
100,000   0   0   10,000   0   0   0   0   0   0   0   0	Purchased Services (CM only)			100000					0
100,000   0   0   10,000   0   0   0   0   0									0
Sudget reflect any changes to the one approved as part of the agency's FY AIP?   Yes No	Totals	100,000			0	10,000	0	0	110,000
Sudget reflect any changes to the one approved as part of the agency's FY AIP?   Yes No	SERVICE AREA: (List by County/City if sen	vice area is not en	tire PSA)						
ES #2   FY 2020   Explanation for Other Expenses:    VALUE	Does the Direct Service If yes, please describe:	Budget reflect ar	<b>-</b> 1	one approved as	part of the agen	cy's FY AIP?			
SOURCE OF FUNDS         Cash 10,000         In-Kind 10,000         Cash 10,000         In-Kind 10,000         Explanation for Other Expenses:           Difference         0 <td>Expl SCHEDULE OF MAT</td> <td>lanation for Ot</td> <td>ther Expenses: RESOURCES#</td> <td>.5</td> <td>FY 2020</td> <td></td> <td></td> <td></td> <td></td>	Expl SCHEDULE OF MAT	lanation for Ot	ther Expenses: RESOURCES#	.5	FY 2020				
SOURCE OF FUNDS         Cash         In-Kind         Cash         In-Kind           SOURCE OF FUNDS         Cash         In-Kind         In-Kind           Totals         10,000         0         0         0         0						0100		7	
SOURCE OF FUNDS         Cash				Щ	VAI	(CE3	Explana	oil for Other E	(benses:
10,000	SOURCE OF F	-UNDS	1 1	1 1	1 1				
10,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Local		10,000						
10,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
10,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
10,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3-								
		Totals			0	0			
		Difference	0	0	0				69
					,				•

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		F	FY 2020 Annual Implementation Plan Direct Service Budget Detail #3	2020 Annual Implementation Pl Direct Service Budget Detail #3	on Plan iil #3			
AAA:	AAA: Northwest Senior Resources Inc	Resources Inc				FISCAL YEAR: FY 2020	FY 2020	
SERVICE:	Š	Options Counseling						
	Federal OAA	Other Fed Funds	State	Program	Match	ch	Other	Total
LINE ITEM	Title III Funds	(non-Title III)	Funds	Income	Cash	In-Kind	Resources	Budgeted
Wages/Salaries	52,459				10,000			62,459
Fringe Benefits	25,438							25,438
Travel		The Branch and Branch	<sub>E</sub> *					4,080
Training		and the second of the						0
Supplies	466							466
Occupancy	1,166				-		: 1	1,166
Communications	1,166							1,166
Equipment	1,457			·				1,457
Other:	8,768							8,768
Service Costs								0
Purchased Services (CM only)								0
		Mary Commence				7		0
Totals	95,000	0 1	0	0	10,000	0	0	105,000
SERVICE AREA: (List by County/City if service area is not entire PSA)	vice area is not ent	ntire 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:	Budget reflect a	iny changes to the	one approved as	part of the agen	icy's FY AIP?		Yes No	
SCHEDULE OF MATCH & OTHER RESOURCES #3	ГСН & ОТНЕR	RESOURCES#	<b>S</b>	FY 2020			·	

		MATCH		OTHER RESOURCES	CES	Explanation for Other Expenses:
		VALUE	Æ	IAV	VALUE	
	SOURCE OF FUNDS	Cash	In-Kind	Cash	In-Kind	
Local	The second secon	10,000				
	The state of the s					
	Totals	10,000	0	0	0	
	Difference	0	0	0		Ca
		Š	ð	Š		20

			1 2020 Allitual	r i zuzu Alinuai impiementation Pian	on Plan			
			Direct Servic	Direct Service Budget Detail #4	ail #4			
AAA	AAA: Northwest Senior Resources Inc	r Resources Inc				FISCAL YEAR: FY 2020	FY 2020	
SERVICE:		Long Term Care Ombudsman/Elder Abuse	Elder Abuse					
	Federal OAA	Other Fed Funds	State	Program	Ma	Match	Other	Total
LINE ITEM	Title III Funds	(non-Titte III)	Funds	Income	Cash	In-Kind	Resources	Budgeted
Wages/Salaries	12,895		12,457					25,352
Fringe Benefits	53		7,819					7,872
Travel			3,032					3,032
Training			1,500					1,500
Supplies		•	1,200					1,200
Occupancy			2,783					2,783
Communications			1,500					1,500
Equipment			1,500					1,500
Other:	6,000		006		000'9			12,900
Service Costs	) )							0
Purchased Services (CM only)								0
-								0
Totals	18,948	0	32,691	0	6,000	0	0	57,639

SERVICE AREA: (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 XX No

# SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2020

	MATCH	,	OTHER RESOURCES	CES	Explanation for Other Expenses:
*	VALUE	Æ	AALUE	E E	
SOURCE OF FUNDS	Cash	In-Kind	Cash	In-Kind	
AAANM ADMIN		6,000	- :		
Totals	0	6,000	0	0	
Difference	6,000 OFF	-6,000 OFF	0 X0		64

		<u>F</u>	7 2020 Annual	FY 2020 Annual Implementation Plan	on Plan			
-			חוופרו ספו אור	e Duuger Der	2			
AAA: N	AAA: Northwest Senior Resources	Resources Inc				FISCAL YEAR: FY 2020	FY 2020	
SERVICE:	SERVICE: Disease Prevention (Path		, Matter of Balance)					
	Federal OAA	Other Fed Funds	State	Program	Match	ch	Other	Total
LINE ITEM	Title III Funds	(non-Title III)	Funds	Income	Cash	In-Kind	Resources	Budgeted
Wages/Salaries	13,553							13,553
Fringe Benefits	7,070			·		and the websters		7,070
Travel	539							539
Training	2,156							2,156
Supplies	293							293
\( \frac{1}{2} \)	1,750		11.00 to 10.00					1,750
Communications	350	-						350
Equipment	350							350
Other:	5,213					4,000		9,213
Service Costs								0
rvices (CM only)								0
								0
Totals	31,274	0	0	0	0	4,000	0	35,274
SERVICE AREA: (List by County/City if service area is not entire PSA)	ce area is not en	ıtire PSA)						
Does the Direst Service Budget reflect any changes If yes, please describe:	Budget reflect an		one approved as	to the one approved as part of the agency's FY 2014 AIP?	ıcy's FY 2014 AIF	ż	Yes XX No	
SCHEDULE OF MATCH & OTHER RESOUR	CH & OTHER	RESOURCES #5	£2	FY 2020		-		
	:	MATCH		OTHER RESOURCES	RCES	Explanati	Explanation for Other Expenses:	xpenses:
			VALUE	l I	VALUE			
SOURCE OF FUNDS		Cash	In-Kind	Cash	In-Kind			
AAANM Admin	AND STREET		4,000					
				-				

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4,000

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Totals Difference

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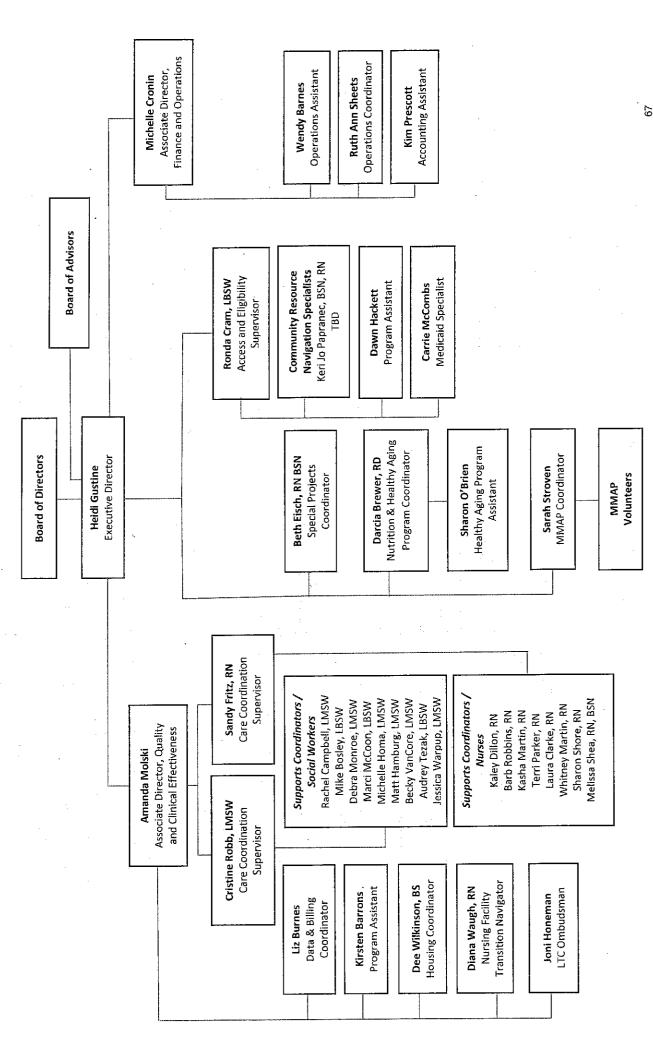
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		111	Y 2020 Annua Direct Servic	FY 2020 Annual Implementation Plan Direct Service Budget Detail #6	ion Plan ail #6			
AAA:	AAA: Northwest Senior Resources Inc	r Resources Inc				FISCAL YEAR: FY 2020	FY 2020	
SERVICE:		Disease Prevention (CCC)	(20;	1				
	Federal OAA	Other Fed Funds	State	Program	11	Match	Other	Total
LINE II EIVI	ine III rangs	(non-little tit)	runas	Псоте	Cash	n <del>-</del> Kin	Resources	Budgeted
Wages/Salaries	290				1,000	2,000		3,590
Fringe Benefits	166							166
Travel	400							400
Training	4,713							4,713
Supplies	26							26
Occupancy	800							800
Communications	200							200
Equipment	605							605
Other:								0
Service Costs							r	0
Purchased Services (CM only)								0
								0
Totals	7,500	0	0	0	1,000	2,000	0	10,500
SERVICE AREA: (List by County/City if service area is not entire PSA)	rice area is not en	tire PSA)						
Does the Direct Service Budget reflect any changes If yes, please describe:	Budget reflect ar	η changes to the	one approved as	to the one approved as part of the agency's FY AIP?	cy's FY AIP?	•	Yes No	
SCHEDULE OF MATCH & OTHER RESOURCES #6	CH & OTHER!	RESOURCES#	·	FY 2020				
		МАТСН		OTHER RESOURCES	(CES	Explanati	Explanation for Other Expenses:	cbenses:
		ALUE		VALUE				
SOURCE OF FUNDS	CUNDS	Cash	In-Kind	Cash	In-Kind			
AAANM Admin		1,000	2,000					
7								
			:	-				
	lotals	1,00	2,00		0			
	Difference	۰ . ک	o Š	o X				99

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# 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.

				Canaga pang ang ang ang a	
	Level 1	Level 2	Level 3	Level 4	Level 5
	Least Intensive				Most Intensive
Program	Information & Assistance				Care Management
Participants	All person inquiring about services and resources for those over the age of 60 or adults with significant disabilities.	All persons needing information and support identifying Long Term Care planning options.	Families/caregivers seeking assistance with respite / initiatiate in home services.	Provided by county aging units through millage funding in nine of ten counties served in Region 10. Individuals elibigie based on county specific criteria for on-going in home services.	Indivdiuals that meet the Nursing Facility Level of Care or are at high risk of nursing facility placement and are eligible (per guildelines and standards) for ongoing in home or respite services.
What Is Provided?	Basic information on services available in the community to meet the callers needs.	Provides unbiased counseling to identify long term care needs. Identify options to meet needs while individuals are on wait lists. Develop plan to meet long term care needs. Assist those able to privately pay for services. Empower individuals/families to help themselves.	Provide vouchers to initiate in-home services via National Family Caregiver respite money.	Each county has developed their own assessment criteria. Services include respite, homemaking, personal care, transportation, home delivered meals, nursing services, PERS, and chore services. Each county as a base level of service they provide. Participants with higher level of care needs are referred to AAANM for services.	Completion of full COMPASS IHC assessment. Development of person-cerented plan for services. Use of service authorizations and cost share to provide extended home and community based services. Reassessments conducted every 3 to 6 months dependent on services received.
Where is the service provided?	Phone, email, walk-in	Phone, email, walk-in	Phone to establish voucher services.	In-home	In-home

### 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):

My quality of life prior to receiving services was: Positive Negative Neutral My quality of life after receiving services is: Positive Negative Neutral

### 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.

Area Agency on Aging of Northwest Michigan

Area Agency on Aging

# **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.

Funding Amount for Service	Example: Funding total for all providers \$14,000	\$31,274		·	
Fu An for 9	Ex. Fundir. all p.	\$3.			20
Anticipated No. of Participants	Example: Total participants for all providers	100			
Program Name	Example: List each provider offering programs on a single line as shown below.  1) Forest City Senior League Program  2) Grove Township Senior Services  3) Friendly Avenue Services	AAANM coordinates the scheduling, marketing, registration, leader training/monitoring, and data collection for PATH in Region 10, and contracts with trained independent leaders or leaders affiliated with a partner agency (CMH, MSUE, Commission on Aging, etc.) to deliver the workshops.			
Provider Name	Arthritis Exercise Program	Personal Action Toward Health - Chronic Pain and Diabetes			

### **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 <u>brief</u> description regarding how the AAA Emergency Preparedness Plan for FY 2020 will address the element.

Area Agency on Aging
Area Agency on Aging of Northwest Michigan

### A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).

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).

AAANM has an Emergency Management Team (EMT) comprised of several key members of staff: Executive Director, Fiscal Manager, Associate Director/Care Connections Program, Nurse and Social Work Supervisors, Housing Coordinator and Office Coordinator. The EMT Coordinator is the primary contact for AASA. AAANM provides a list of EMT members to AASA which includes a variety of ways to communicate with them (work/home/cell phone numbers and email addresses). AAANM serves a large geographic region and takes advantage of the fact that EMT members reside in various locations in the Region, which allows the EMT to get firsthand feedback from various communities in the event of an emergency; EMT also solicits input from staff, as desired. EMT meets regularly to debrief from incidents, review policies & protocols and discuss systems/practices for preparedness, response and recovery.

2. Being prepared to identify and report on unmet needs of older individuals.

EMT Coordinator communicates regularly with the County Emergency Management Director in each of the 10 counties served by AAANM. At least annually, the EMT Coordinator communicates with the County Directors and related County Council/Commission on Aging (COA)/Meals on Wheels Provider to update a written County Profile. This County Profile includes names/contact information for key partners within Emergency Management in each community 24/7. The Profile also outlines responsibility/authority, as well as clarifies understanding regarding responsibility for direct communication with clients/participants. AAANM believes it is these partnerships that are in place well in advance of any emergency event that is key to preparedness and timely responses that may be required.

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.

At enrollment and reassessment, clients enrolled in AAANM Care Management and MI Choice Waiver Programs are given an emergency risk rating according to an established emergency priority system. Participants are ranked based on a number of factors, including the amount of informal support that would be available to assist in an emergency situation. Person-centered emergency planning is discussed, emergency contact persons are identified and written into Emergency Plans. AAANM maintains an electronic data base that can be queried electronically by County in the event of an emergency. A printed Client Emergency Report can be generated by County to list persons in order of risk with contact information (including physical address) for clients and their emergency contact persons.

4. Being able to contact such affected older persons to determine their well-being.

As a preparedness measure, the EMT Coordinator prints the Client Emergency Report for the entire Region monthly and places the master list in the AAANM Emergency Action Guide. The EMT Coordinator also forwards the Report electronically to select EMT members. Lastly, the Client Emergency Plan Report is printed monthly and distributed to EMT Coordinator, County Emergency Directors and COA partners per formal agreements. Having access to the Report in real-time electronically (and on paper as back-up), AAANM makes calls to clients in order of risk priority. AAANM considers these "well check" calls, intended to let clients know that Support Services are concerned about them, to determine if there are any matters that can be addressed with a phone call and to remind clients of their Emergency Plan, empowering them to activate their Plan, if necessary. In some cases, COAs assist with these calls.

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.

AAANM has previously participated in AASA (State) drills and locally organized emergency preparedness drills (serving as part of the Human Services Annex). AAANM EMT Coordinator has been identified as the person to gather information and respond to AASA requests for updates for drills, as well as for situations that occur in Region 10. In the absence of the EMT Coordinator, the AAANM Executive Director or Associate Directors would identify the AAANM staff person to assume these responsibilities. The AAANM Executive Director (Associate Director in ED absence) is responsible for communicating with the media during and after an emergent event, per the AAANM Emergency protocols.

B. Nutrition	providers	shall work v	vith the re	spective a	rea agency	to develo	n a written
A CONTRACTOR OF THE			i - Considerações de procesos des	tigas, indicatolistica de gráficos	翻译:群心 人名德	Alexander ambigner i	5. 混合 4克 (19 <b>86年</b> ) 49.30
emergency	pian. I ne e	mergency p	ıan snall a	adaress, bi	it bot be ii	mited to th	e tollowing
elements:	G. GARANGAN SA	rilandi Bustik, 1996		相像的现在分词		Begins to A. B. B.	

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.

All six nutrition providers in Region 10 have developed written emergency plans that encompass all requirements stated in the AASA Operating Standards for Service Programs. The AAANM RD reviews these policies as part of the monitoring and assessment process.

As part of the assessment/reassessment process of home-delivered meals participants the assessor develops a person-centered plan with the participant in the case of program closure due to emergencies.

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.

Region 10 nutrition providers offer all home-delivered meals participants shelf-stable meals packages (3-5 meals) that participants are educated as to when these should be used. These are replaced as needed and annually before the winter season.

Several nutrition providers purchase shelf-stable meals from a nutrition provider downstate who sells these to other nutrition providers.

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

Region 10 nutrition providers have established relationships with facilities that have the capacity to continue meal services if the usual kitchen facility is unavailable.

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.

Region 10 nutrition providers have established relationships with facilities that have the capacity to continue meal services if the usual kitchen facility is unavailable.

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

Region 10 nutrition providers are pro-active in communicating policies and procedures on program closures with meals participants. In addition, at the time of unplanned closures, providers call participants, have radio announcements, and include reminders in monthly newsletters.

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.

Yes, all sites, home-delivered meals participants and sub-contractors are included.

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

AAANM reviews these policies, but has never submitted them to AASA, but will if required.

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### **REGION 10 TRENDED POPULATION STATISTICS APPENDIX**

OVERALL POPULATION TRENDED FROM LAST MYP (ESTIMATED 2014) THRU PROJECTED 2022

der wen ibanian der belit	an en en en en en en en en en en en en en	2015	2016 5-4	2017 Fee	2019 Peni	2010 Proj	2020 Proj	2021 Proi	2022 Proj	Chg 2016 : (	Balance Balance
REGION 10	2014 Est	ZUIS EST	2016 EST	ZOT/ ESC	- ZUIO PIUJ	ZOIS FIUJ	2020 F10J	20211101	Alization	to 2019 🎺	to 2022
Total	301,694	302,045	302,895	303,996	304,921	305,815	306,638	307,387	308,076	1%	1%
0-19	68,227	67,461	66,927	66,727	66,628	66,617	66,584	66,574	66,695	0%	0%
20-29	32,434	32,643	32,781	32,658	32,393	31,972	31,518	31,001	30,358	-2%	-5%
30-39	32,094	32,509	33,121	33,446	33,869	34,251	34,586	34,887	35,174	3%	3%
40-49	36,164	35,091	34,240	33,649	33,106	32,732	32,537	32,513	32,617	-4%	0%
50-59	48,215	47,449	46,477	45,213	44,222	43,162	42,039	40,857	39,658	-7%	-8%
60-64	23,750	24,314	24,717	25,246	25,520	25,703	25,771	25,730	25,562	4%	-1%
65-69	20,081	21,137	22,371	22,531	23,189	23,810	24,376	24,869	25,270	6%	6%
70-74	15,153	15,551	15,848	17,262	17,950	18,621	19,261	19,897	20,532	17%	10%
75-79	10.508	10,771	10,993	11,624	12,164	12,779	13,458	14,159	14,856	16%	16%
80-84	7,352	7,332	7,574	7,711	7,895	8,114	8,366	8,652	8,976	7%	11%
85+	7,716	7,787	7,846	7,929	7,985	8,055	8,141	8,247	8,379	3%	4%
60+	84,560	86,892	89,349	92,303	94,703	97,082	99,373	101,554	103,575	9%	7%

CHANGE IN POPULATION TRENDED FROM LAST MYP (ESTIMATED 2014) THRU PROJECTED 2022

REGION 10 2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	<b>2</b> 022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
Total	0.1%	0.3%	0.4%	0.3%	0.3%	0.3%	0.2%	0.2%	1%	1%
0-19	-1.1%	-0.8%	-0.3%	-0.1%	0.0%	0.0%	0.0%	0.2%	0%	0%
20-29	0.6%	0.4%	-0.4%	-0.8%	-1.3%	-1.4%	-1.6%	-2.1%	-2%	-5%
30-39	1.3%	1.9%	1.0%	1.3%	1.1%	1.0%	0.9%	0.8%	3%	3%
40-49	-3.0%	-2.4%	-1.7%	-1.6%	-1.1%	-0.6%	-0.1%	0.3%	-4%	0%
50-59	-1.6%	-2.0%	-2.7%	-2.2%	-2.4%	-2.6%	-2.8%	-2. <del>9</del> %	-7%	-8%
60-64	2.4%	1.7%	2.1%	1.1%	0.7%	0.3%	-0.2%	-0.7%	4%	-1%
65-69	5.3%	5.8%	0.7%	2.9%	2.7%	2.4%	2.0%	1.6%	6%	6%
70-74	2,6%	1.9%	8.9%	4.0%	3.7%	3.4%	3.3%	3.2%	17%	10%
75-79	2.5%	2.1%	5.7%	4.6%	5.1%	5.3%	5.2%	4.9%	16%	16%
80-84	-0.3%	3.3%	1.8%	2.4%	2.8%	3.1%	3.4%	3.7%	7%	11%
85+	0.9%	0.8%	1.1%	0.7%	0.9%	1.1%	1.3%	1.6%	3%	4%
60+	2.8%	2.8%	3.3%	2.6%	2.5%	2.4%	2.2%	2.0%	9%	7%

### POPULATION AS % OF TOTAL BY AGE COHORT TRENDED

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019  Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
Total	301.694	302,045	302,895	303,996	304,921	305,815	306,638	307,387	308,076	2,920	2,261
0-19	23%	22%	22%	22%	22%	22%	22%	22%	22%	0%	0%
20-29	11%	11%	11%	11%	11%	10%	10%	. 10%	10%	0,%	-1%
30-39	11%	11%	11%	11%	11%	11%	11%	11%	11%	0%	0%
40-49	12%	12%	11%	11%	11%	11%	11%	11%	11%	-1%	0%
50-59	16%	16%	15%	15%	15%	14%	14%	13%	13%	-1%	-1%
60-64	8%	8%	8%	8%	8%	8%	8%	8%	8%	0%	0%
65-69	7%	7%	7%	7%	8%	8%	8%	8%	8%	0%	0%
<b>7</b> 0-74	5%	5%	5%	6%	6%	6%	6%	6%	7%	1%	1%
75-79	3%	4%	4%	4%	4%	4%	4%	5%	5%	1%	1%
80-84	2%	2%	3%	3%	3%	3%	3%	3%	3%	0%	0%
85+	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%
60+	28%	29%	29%	30%	31%	32%	32%	33%	34%	2%	2%

### **REGION 10 TRENDED POPULATION STATISTICS APPENDIX**

### OLD ADULTS AS PERCENTAGE OF POPULATION TRENDED

			The Parket of the		A Seculiar Company			ALL A TOTAL SAND AS		ig 2016 Ch	3010
REGION 10	2014 Est 2	2015 Est 2	2016 Est	2017 Est 2	018 Proi 2	019 Proi 2	020 Proi 20	21 Proi 20	177 Proi 🎋 🦠	JE 2000年的2000年	TO SAMON HAR
	to vicini diving district			4/10/1989/2/6		San Maria de Caración de Caración de Caración de Caración de Caración de Caración de Caración de Caración de C			ar artain (1911)	o 2019 🔠 1	o 2022
60+	28%	29%	29%	30%	31%	32%	32%	33%	34%	2%	2%
65+	20%	21%	21%	22%	23%	23%	24%	25%	25%	2%	2%
70+	14%	14%	14%	15%	15%	16%	16%	17%	17%	2%	2%
<b>7</b> 5+	8%	9%	9%	9%	9%	9%	10%	10%	10%	1%	1%
<del>*************************************</del>	. 5%	5%	5%	5%	5%	5%	5%	5%	6%	0%	0%
85+	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%

Data sources:

2010 Census

2013-2017 American Community Survey Estimates

EMSI Economic Modeling retrieved 1/19/2019

Report produced by the Area Agency on Aging of Northwest Michigan 2019

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

### **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

### FY 2020-2022 Multi-Year Plan

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

# APPENDIX A Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	THE PROPERTY OF THE PROPERTY O	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	6	15
Aged 60 and Over	0	0	0	0	0	5	14

Board Member Name	Geographic Area	Affiliation	Membership Status
Don Schuiteman	Antrim County		Community Representative
Donald Halstead	Antrim County		Appointed
Bob Roelofs	Benzie County		Appointed
George T Lasater	Charlevoix County		Appointed
Victor Patrick	Charlevoix County		Community Representative
Toni M Drier	Emmet County		Appointed
Pam Niebrzydowski	Missaukee County	AAANM Board of Advisors member/liaison, MSAC	Appointed
Lester Barnes	Wexford County		Community Representative
Gary Taylor	Wexford County		Appointed
Betsy Coffia	Grand Traverse County		Appointed
Patty Cox	Kalkaska County		Appointed
Rebecca Barr	Kalkaska County	,	Community Representative
Eric Lind	Leelanau County		Community Representative
Beth Wagner	Leelanau County		Appointed
Mark Bergstrom	Manistee County	,	Appointed

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

# APPENDIX B Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A Iaskan	Hispanic POrigin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	10	14
Aged 60 and Over	0	0	0	0	. 0	8	12

Board Member Name	Geographic Area	Affiliation
Ray Mills	Antrim County	MSAC
Doug Durand	Benzie County	Executive Director, Benzie Senior Resources
Shirlene Tripp	Charlevoix County	
Louis Fantini	Emmet County	
Sue Fantini	Emmet County	
Russ Marshall	Grand Traverse County	
Eleanor Sosenko	Wexford County	
Kathy Cline	Wexford County	
Lisa Robitshek	Grand Traverse County	Director, Meals on Wheels, NMCAA
Carrol Cort	Kalkaska County	
Jodi Willison	Kalkaska County	Executive Director, Kalkaska County COA
Meredith Goodrick	Leelanau County	Executive Director, Heartland Hospice
Pam Niebrzydowski	Missaukee County	AAANM Board of Director member/liaison, MSAC
Jean Swaffer	Missaukee County	MSAC, State Quality Collaborative

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Printed On: 6/7/2019

### FY 2020-2022 Multi-Year Plan

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

# APPENDIX C Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	04/04/2013
plant in the second of the sec	
Outline new or changed criteria that will be used to select provid	ers:
No changes	

### **FY 2020 ANNUAL IMPLEMENTATION PLAN**

Area Agency On Aging of Northwest MI, Inc.

FY 2020

# APPENDIX F Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer
	Congregate Nutrition Program. Rationale for this request is below.	

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### FY 2020-2022 Multi-Year Plan

### FY 2020 ANNUAL IMPLEMENTATION PLAN

### **SIGNATURES**

This document covers Fiscal Year 2020. 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.

Signature of Chairperson Board of Directors	6-6:19
Print Name	V
Don Schuiteman, President	
Signature of Area/Agency on Aging Director	
Can Little of August 2011 Agring English	6/6/19
Print Name	
Robert Schlueter, Executive Director	
Area Agency on Aging	
Area Agency on Aging of Northwest Michigan	•
Documents referenced by the signature page:  FY 2020 Area Plan Grant Budget FY 2020 Direct Service Budgets Request to Transfer Funds Waiver for Direct Service Provision Assurances and Certifications Assurance of Compliance with Title VI of Civil Rights Act of 1964 Michigan Department of Health and Human Services Annual Grant Regional Service Definitions	
<ul> <li>Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity</li> <li>the Elderly</li> <li>Waiver of Minimum Percentage for a Priority Service Category</li> </ul>	Payments for the Nutrition Program for

# Correspondence





County Building P.O. Box 70, Room 131 Cheboygan, Michigan 49721

Tel ~ (231) 627-8855 Fax ~ (231) 627-8881

E-mail ~ ccao@cheboygancounty.net

CHEBOYGAN COUNTY RESOLUTION SUPPORTING US HOUSE OF REPRESENTATIVES BILL 530 Resolution # 19-10

WHEREAS, the implementation of fifth generation (5G) mobile technology requires thousands of small cell wireless facilities to be installed within municipal units across the nation: and

WHEREAS, on August 2, 2018 and September 26, 2018, the Federal Communications Commission (FCC) adopted orders that would limit the annual fees municipal units are permitted to set for use of public right-of-ways; and

WHEREAS, the FCC's actions restricts communities ability to manage its right-of-ways; and

WHEREAS, H.R. 530, the Accelerating Wireless Broadband Development by Empowering Local Communities Act of 2019, was introduced in the House of Representatives and would cause the FCC adopted orders to have no force or effect; and

NOW, THEREFORE BE IT RESOLVED that the Cheboygan County Board of Commissioners does hereby Support H.R. 530, the Accelerating Wireless Broadband Development Empowering Local Communities Act of 2019, which would cause the Federal Communications Commission's actions taken on August 2, 2018 and September 26, 2018 restricting municipal control over permits for wireless facilities to have no force or effect.

BE IT FURTHER RESOLVED that this resolution will be forwarded to President Donald J. Trump, U.S. Senator Gary Peters, U.S. Senator Debbie Stabenow, Congressmen Jack Bergman, State Representative Sue Allor, State Representative Lee Chatfield, State Senator Wayne Schmidt and Governor Gretchen Whitmer.

Karen L. Brewster

Cheboygan County Clerk Register

John B. Wallace, Chairperson Cheboygan County Board

I, Karen L. Brewster, Clerk of the County of Cheboygan, do hereby certify that the foregoing is a true and correct copy of the Resolution adopted by the Board of Commissioners at a regular meeting on June 11, 2019.

In Witness Whereof, I have hereunto set my hand and affixed the Seal of the County of Cheboygan on the 11th day of June 2019 at Cheboygan, Michigan.

JUN 1 1 2019

Karen L. Brewster

Cheboygan County Clerk/Register

DAWN OLNEY NZIE COUNTY CLERK Betrict/4H, MI 496 District 2

Mary Ellen Tryban Richard B. Sangster Michael Newman

District 3

District 4

District 5 Roberta Matelski

District 6 John B. Wallace District 7 Steve Warfield

Vice-Chairman

Cal Gouine

Chair



The regular meeting of the Board of County Road Commissioners of Benzie County was called to order by Chairman Rosa at the Road Commission offices in Honor, Michigan on Thursday May 30, 2019 at 9:35 AM.

Present:

Chairman Bob Rosa

Vice-Chairman James Bowers

Member Ted Mick

Manager Matt Skeels Clerk Jennifer Kolinske

The agenda was accepted as presented.

The May 16, 2019 minutes were accepted as presented.

Motion by Comm Bowers and supported by Comm Mick to pay bills #46093 to #46135 in the amount of \$139,745.14 and Payroll #11 & #11a for \$62,470.35. Ayes: Rosa, Bowers and Mick. Nays: None. Motion carried.

Motion by Comm Rosa and supported by Comm Mick to pay the MERS EFT in the amount of \$50,838.94. Ayes: Rosa, Bowers and Mick. Nays: None. Motion carried.

### Work Summary:

Mike Johnson Shop Foreman/Facility Manager – Emulsion tank has been cleaned out and filled. Max Patcher out today for the first time this season. Hired two summer workers. Finishing up with winter to summer change overs on trucks. New mechanic is in his third week and seems to be working out well.

Scott Fasel Superintendent - N/A

Matt Skeels Manager – Having issues with Lee Road being gated off. Brining has started. Elmer's plans to start paving on June 12, 2019, weather permitting. Carmean/Brundage first on their list. Crews are working on prepping roads for paving.

Standing guest: Gary Sauer, County Commissioner – Betsie Valley Trail Management Council was happy to keep the trail open this past winter and will try it again. County to have discussions with all townships regarding trail permits. "Planning for Marijuana in Michigan" workshops to be held June 18<sup>th</sup> in Charlevoix, June 19<sup>th</sup> in Manistee and June 24<sup>th</sup> in Traverse City. Joyfield Township - Dodie Putney was appointed to fill the vacant Clerk position, Blaine Township will be appointing a new clerk as well. Attended the Health Department meeting – they are opposed to the e-cigarette bill. Arsenic found in Leelanau County. Attended the 50<sup>th</sup> anniversary of the Historical Society. Mentioned that Benzie County is 150 years old this year. Attended presentation regarding County finances. County will start prioritizing recommendations and moving forward. Elmer's to start on June 7<sup>th</sup> on parking lot and sidewalks at County building. Discussion with BCRC board on school funding issues, housing and creating new jobs in Benzie County.

**Public Input:** - Homestead Township County Commissioner Sherry Taylor mentioned that schools are going to come back in November for another vote.

### Items Before the Board:

Village of Honor – Paving Leelanau Street – Board discussed issues with this project. MDOT needs to replace culvert before paving can be done. Village of Honor is requesting that BCRC do the shoulder gravel as well as the road bed gravel. In addition, they are asking that BCRC pay for one additional inch of asphalt. Motion by Comm Rosa and supported by Comm Bowers to table this subject until we have estimates. Ayes: Rosa, Bowers and Mick. Nays: None. Motion carried.

JUN 17 2019

DAWN OLNEY BENZIE COUNTY CLERK BEULAH, MI 49617

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TY CLERK

Inland Twp 2<sup>nd</sup> & Kent Street Paving – Recommendation was made by Inland Township Supervisor, Paul Beechraft to accept the bid from Elmer's for the paving of 2<sup>nd</sup> and Kent Street. Motion by Comm Bowers and supported by Comm Mick to accept the Elmer's bid for the 2<sup>nd</sup> and Kent Street projects in Inland Township. Ayes: Rosa, Bowers and Mick. Nays: None. Motion carried.

### Correspondence/Information/Discussion:

MERS Annual Actuarial Report 12/31/18 – Manager Skeels and Clerk Kolinske gave a brief summary of the MERS Annual Actuarial Report dated 12/31/18. We are at 41% funded, same as last years report. Manager Skeels and Clerk Kolinske feel we need to be more aggressive in raising this percentage. They will schedule a meeting with Tony from MERS to review options.

Prioritized Hill List – Manager Skeels presented a prioritized list to the board of hills in Benzie County that need work. Next step is to have Scott review each road and recommend a plan to move forward. Comm Bowers stated that it would be a good idea to start with estimates of cost first.

Public Input: N/A		
Board Round Table: N/A		
Meeting Adjourned at 10:40 A.M.		
Minutes approved 6/13/19.		
willtates approved of 13/19.		
Robert Rosa, Chairman	Jennifer L. Kolinske, Clerk	