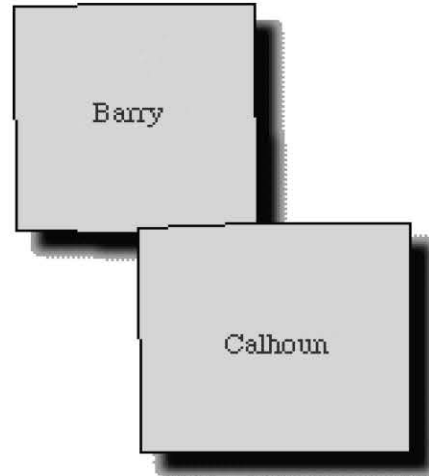


2023—2025 Multi Year Plan  
**FY 2023 ANNUAL IMPLEMENTATION PLAN**  
REGION 3-B AREA AGENCY ON AGING



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**Planning and Service Area**  
Barry, Calhoun

**CareWell Services Southwest**  
**Region 3-B Area Agency on Aging**

200 W. Michigan Ave.  
Suite 102  
Battle Creek, MI 49017  
269-966-2450 (phone)  
800-626-6719 (toll-free)  
269-966-2479 (fax)  
Stacy Wines, CEO  
<http://carewellservices.org>

**Field Representative Annette Gamez**  
[gamezA@michigan.gov](mailto:gamezA@michigan.gov)  
517-331-7504

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### Executive Summary

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please include a summary of your agency that touches on each of the items listed below.

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.
2. A description of planned special projects and partnerships.
3. 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.
4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.
5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.
6. A description of the area agency's assessment of the needs of their service population. See *Operating Standard for AAAs C-2, 4.*

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.

Region 3B Area Agency on Aging, d/b/a CareWell Services Southwest (CareWell), is one of 16 area agencies on aging designated by the state of Michigan as the mandated focal point for aging services in Barry and Calhoun counties charged with the responsibility to address, respond to and advocate for the needs and concerns of seniors in the region. To this end, the agency engages in advocacy, program planning and development, service coordination, funding, and building strategic collaborations to support this goal. Additionally, CareWell maintains a contract as a MI Choice Waiver agent for Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties and partners with other organization throughout Southwest Michigan to ensure a quality continuum of care for seniors, persons with disabilities, and caregivers. CareWell's mission is to promote health, independence and choice for seniors, persons with disabilities and caregivers. The organization has a vision of a community where people are cared for with dignity and respect guided by the values of integrity, quality, commitment, financial responsibility and engaged advocacy.

CareWell's strengths include:

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- consistent and strong financial position
- robust grant writing program which has been extremely successful in launching pilot programs
- trusted community and state partner with a proven record of delivering results
- staff are well-trained in dealing with dementia and providing resources
- innovative partner with Miles for Memories – a Calhoun County nonprofit organization who helps create solutions for those impacted by dementia and Alzheimer's
- quick and efficient response to elder abuse & neglect incidents due to our oversight of the Calhoun County Elder Abuse Prevention Coalition and relationships formed
- an active and invested policy board and advisory council

CareWell's challenges include:

- not being fully staffed
- staff-turnover at the management and executive levels
- the MI Health Link partnership
- obtaining and then retaining trained direct care workers
- multiple platforms to capture data which is not efficient
- still restricted in going into participants' homes
- over reliance on the Waiver Program

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

To enhance and accomplish its mission and vision, CareWell Services has numerous collaborative relationships and is involved with a variety of development activities. CWS is always looking at ways to reduce its wait lists, seek opportunities to improve efficiencies, and expand funding resources. CareWell Services is continually looking for innovative ways to fill gaps as the aging population in our PSA increases. CareWell Services will invest and strengthen partnerships currently in place such as:

2.A. Miles for Memories: A grassroots initiative to change the face of dementia in Calhoun County through movement, programming and research by creating solutions for those impacted by the dementia and Alzheimer's disease.

2.B Michigan Dementia Coalition: A group of organizations and individuals working together to improve quality of life for people living with dementia and their families with a vision to make Michigan a dementia capable state. CareWell Services staff serve on various committees to support efforts to create a blueprint for dementia readiness for Michigan.

2.C. National Council of Dementia Minds: Supports efforts to create opportunities for dialogue and education for persons living with dementia, licensed health care professionals, researchers, families, care partners, policymakers, and communities at large about strategies to live well with Neurocognitive Disorders. CWS is one of five hosts to create a local Dementia Minds group with the intent to create opportunities for dialogue and education for persons living with dementia, care partners, families, licensed health care professionals, researchers, policymakers, and community members about strategies to live well with Neurocognitive Disorders.

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2.D. Willard Library: Monthly educational sessions to create opportunities for anyone who would like to obtain a better understanding of what it is like to live with dementia as well as being a dementia care partner. Community partners and CareWell Services staff will rotate as facilitators with different topics each month .

2.E. Calhoun Professionals in Aging Network (CPAN): CareWell Services engages in a number of activities within the PSA focused on providing leadership on aging issues and promoting advocacy for the needs of older persons in the region. CPAN is a partnership launched with the Calhoun County Office of Senior Services and a steering committee of public/private partners which seek to improve the lives of older persons in Calhoun County through education, information sharing and relationship building. Meetings are held monthly and offer educational and networking opportunities for organizations that serve seniors. Sessions to be included cover topics such as the Older Americans Act, Calhoun County Senior Millage, Combined Senior Needs Assessment, elder abuse, hoarding, workforce challenges, legal topics, veteran services, dementia, and caregiving.

2.F. Elder Abuse Prevention Coalition: CareWell Services is the lead agency for the Calhoun County Elder Abuse Prevention Coalition and an active partner in the Elder Abuse Workgroup in Barry County . Both groups seeks to raise awareness and support prevention of elder abuse through training, education, and collaborations. While the workgroups paused during COVID-19, CareWell Services is eager to start this important work back up to help prevent elder abuse.

2.G. Community Outreach and Regional Engagement (CORE): This is an initiative for veteran stakeholders to meet monthly to engage in consistent dialogue regarding various partners who are vested in making sure veterans are receiving education and allowable services.

2.H. Senior Centers: CWS continues to employ the directors of both senior centers in Calhoun County and has supported senior center staffing and programming in Barry County . In the previous planning period, CWS worked in collaboration with community partners to improve sustainability and capacity of senior centers in Calhoun County. Results of these efforts included identifying a new , permanent location, remodel of structure location, and refined the organizational structure for Heritage Commons Senior Enrichment Center in Marshall. CareWell Services continues to ensure effective leadership at Forks Senior Center in Albion through a Management Service Agreement that provides funding for the director and other operational support . The Kool Family Community Center and CareWell Services reached an agreement for CareWell Services to provide senior programming. CWS will provide staffing and resources, as well as work with community partners to provide additional programming all housed at The Kool Family Community Center .

2.I Hunger Free Calhoun Task Force: A taskforce of community partners the focus on targeting and filling food gaps in Calhoun County.

2.J COVID-19 Vaccination Workgroups: Two workgroups of community partners to educate and market education and outreach and delivery of vaccines by way of clinics and homebound needs.

2.K. Congolese Refugee Community Collaboration: A collaboration to assist the Congolese refugees in Calhoun County with language barriers, transportation, employment, laws.

2.L. Outreach: Outreach and programming at satellite sites to provide senior and caregiving BeWell , SeeWell,

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HearWell and LivingWell Programs. Washington Heights United Methodist Church, Trinity Community Center, Kingdom Builders Worldwide, Barry County Commission on Aging, the village halls of Tekonsha and Athens, along with the city offices of Marshall and Homer, and various township halls in Barry and Calhoun counties are all points of interest for gatherings to conduct programming and outreach.

2.M Caregiver Career Support & Development Initiative (CCSDI): A local project targeted at the direct care workforce initiative to expand and retain the direct care workforce.

**3. 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.**

As part of the process of development of the agency's strategic framework, the Policy Board, Advisory Council and leadership of CareWell Services have and will continue to undertake a number of initiatives to effectively achieve its objectives and remain aligned with its mission and vision.

Mission: Promoting health, independence, and choice for seniors, persons with disabilities and caregivers.  
Vision: A community where people are cared for with dignity and respect.

These initiatives will position the agency to effectively address the needs of its service region. The initiatives are below and include strategic goals from the agency's strategic plan that align with the initiatives:

Alliance of Information and Referral Systems (AIRS): CareWell Services will maintain certification of AIRS for the intake staff. The agency will expand the AIRS certification of two of its resource navigator positions.

National Committee for Quality Assurance (NCQA) Accreditation: In the last planning period the agency was going to expand its services in new markets in order to enhance its reach. In order to do this, obtaining NCQA accreditation to demonstrate the agency's commitment to quality, compliance and accountability was vital. Due to shifting focus when COVID-19 hit, pursuing accreditation did not occur. In February 2022, the CareWell Services Chief Executive Officer (CEO) resigned and relocated out of state. The Executive Committee is currently in the process of interviewing a new CEO and will have a decision made by August 2022. The Interim CEO cannot speak to the intentions of the new CEO.

Leadership Development Initiative (Effectiveness): During 2021, the agency conducted an employee survey to identify the key components of the agency's culture that are successful, as well as identifying areas of needed improvement. The primary effect of this process is focused on improving employee satisfaction, thereby influencing retention of current employees and improving ability to attract future employees. The outcome of the survey showed a need for improvement in the areas of consistency and specific areas of the organization that will be addressed with the help of a consultant to guide the process improvement project. Areas of needed improvement were: eliminate perceived favoritism; improving communication flow; and engendering respect throughout the organization. As the agency has grown and made changes in programming, staff have moved into new positions, some in a management role for the first time. Additionally, the agency is preparing for transition in two key leadership positions in the next two years. Honoring the principle of integrity means engaging in concerted work that models ethical, trustworthy and responsible behavior that begins with the agency's leadership for that permeates all levels of the organization.

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Enhanced Professional Development (Effectiveness): To augment the effort, a more robust professional development process has been launched. Using the Relias e-learning platform, all staff will be engaged in ongoing, active professional development that can be tailored to their unique needs, position, and/or contract requirements. In addition to mandated trainings in areas such as HIPAA; compliance; waste, fraud and abuse; and blood borne pathogens, individualized trainings can be assigned to staff to address gaps in skill sets, augment competencies for specific disciplines, or improve knowledge and learning for staff moving into new areas of responsibility. It also has capacity for management and executive level training modules that can be assigned and moved through collectively. This will benefit our management team as they engage in improvement efforts mentioned above. An ongoing focus on quality helps ensure quality that nets improved lives for those we serve.

Cost Sharing/Resource allocation (Responsiveness): Because resources are limited and the demand for services continues to increase, CareWell Services will further develop its cost sharing and private pay offerings in this planning period. By offering opportunities for individuals to contribute to the cost of services helps ensure maintenance of service levels for those most in need, impact ability to reduce wait lists, and generate resources to expand services where possible.

Business Acumen (Innovation): As the agency has adapted to changes in the environment, it has become increasingly necessary to improve its business acumen, particularly in the areas of finance and compliance. To this end, a management initiative during this planning period will be to further build and strengthen the agency's service infrastructure and alignment with community needs through expanded cross-sector partnerships. It supports the agency's dedication to being financially responsible to assure accountability, transparency, continuity and stability.

Policy Board and Advisory Council Development: Provide Diversity, Equity and Inclusion (DEI) and Belonging training to build an inclusive culture and improve not only engagement within the Board and Advisory Council, but also with the population the agency serves. Create a mentor program within both the Board and Advisory Council for new members to receive coaching from seasoned members. Ongoing education to improve the capacity of the Board and Advisory Council to most effectively respond to the needs of seniors, persons with disabilities, and caregivers by increasing their own knowledge and skills. This work ensures that the Policy Board and Advisory Council are both inwardly focused as well as outwardly focused – emphasizing their role as advocates as well as stewards.

Technology:

Sharepoint - digital files

Docushare - online to electronic files

Verizon Field Force

KnowBe4

**4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.**

Pivot became a word CareWell Services used several times a day during the COVID-19 (CV) pandemic. Initially when the pandemic struck, the agency swiftly implemented a successful virtual work from home environment. Each staff member was supplied with equipment to efficiently work from home - not only

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technology needs but shifting to each employee having access to order approved office supplies and have them shipped to their home. Management held regular all staff meetings to keep employee engagement high, shared information about the pandemic and the agency's response to the community's needs. CareWell Services also continuously reminded staff of HelpNet, the employee assistant program. By implementing IT structure and redefining each department's internal processes, the agency's employees delivered outstanding services with excellent effectiveness and efficiency without compromising the CareWell Services mission.

CareWell Services worked in partnership with emergency operations staff, funders, Barry and Calhoun Health Department officials, and health agencies to address the needs of older adults were heard and resources were delivered.

Grocery assistance for those with CV became a necessity. CWS implemented a system to track those needing assistance, shopped, delivered groceries and frequently paid for the items. This was more than just food; it included hygiene and cleaning supplies, medications and pet food. Once the restrictions were lifted, CWS used Shipt to do the shopping and delivery. For many of our seniors, prior to CV they depended on their family and/or neighbors to help them obtain weekly groceries or pick up medications. With the quarantine, loss of jobs and other factors, many were cut off from their lifeline to meet their most basic needs.

The CV pandemic gave the agency insight as to how detrimental the digital divide is among the populations we serve. Difficulty obtaining and using technology was and continues to be substantial, thereby creating further social isolation and contributing to seniors being ill informed on COVID-19 education, scheduling vaccinations, and obtaining the proper health care. It wasn't uncommon for older adults and persons with disabilities to cancel medical appointments or refuse to schedule anything due to fear of contracting CV.

CareWell Services also responded to the CV pandemic as follow:

- Collaborated with the Calhoun County Health Department and that state to obtain personal protective equipment (PPE) such as mask, gloves, hand sanitizers, and face shields. Staff distributed the PPE to other aging services providers, older adults, volunteers, caregivers, and the agency's vendor network.
- Obtained and distributed rapid test kits for staff, participants, and providers.
- Collaborated with the Calhoun County Health Department (CCHD) to schedule vaccination clinics throughout Calhoun County, deployed staff to work at the vaccination clinics, developed a real-time scheduling system to utilize across nonprofits to schedule, and took the lead in scheduling appointments. In collaboration with the CCHD and local community organizations, we offered targeted through social media, billboards, print and radio, direct mailings and flyers. CWS staff contacted all its in-home service participants and residents at adult foster care homes and homes for the aged.
- Collaborated with CCHD and local hospitals to coordinate access and delivery of vaccines to the older adult/persons with disabilities homebound population.
- Pivoted from agency and senior center programming to virtual programming. CareWell Services also heavily promoted *GetSetUp*, an online community of people who want to learn new skills, connect with others and unlock new life experiences.
- Created SafeAtHome kits to be delivered by CWS staff. These kits contained cleaning supplies, health and beauty items, masks, hand sanitizers, toilet paper, paper towels and activity items such as puzzles, word searches, or custom made activity pages.
- CareWell Services worked in collaboration with the South West Food Bank, Calhoun County Senior Services, Homer Community Foundation, Folk Oil and other community partners to provide fresh food and 400 lbs. of



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fresh ground beef to older adults and persons with disabilities residing in Albion, Tekonsha, Homer, participants and the five senior living facilities in Calhoun County.

Ongoing challenges resulting from the pandemic:

- Continued isolation as a result of seniors believing they can still easily get sick, even though vaccinated.
- Fear/uncertainty on how to be safe in public spaces
- Misinformation about health topics and vaccinations is rampant. Lack of education and resources for same have decreased significantly.
- Fear of having to quarantine or shelter in place again resulting in social isolation.
- Lack of knowledge of how to use a computer, not having a computer, and not having internet. -The waitlists for apartments have increased in duration, hotel costs have increased, so interim or temporary housing is an unmet need.
- Lack of workforce to do basic construction/chore services and run errands.

**5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.**

**COVID:** CareWell Services is aware it will need to dedicate significant resources to continue to address the CV pandemic. It will have to continue to campaign for the importance of vaccinations and assist with getting homebound older adults and persons with disabilities vaccinated and continue to address unmet needs with gap funds. As mentioned above, the digital divide must be addressed. CareWell Services has set up a committee to address this concern.

**Senior Programming Partnerships:** CareWell Services and Kool Family Community Center (KFCC) have collaborated to offer outreach and programming at the KFCC (where CareWell's offices are held). In this partnership, CWS intends to assist KFCC in its senior programs currently being officered (billiards, card games, biking, golf, dances), plus add programs and activities that have been successful and popular in other senior centers. CWS will serve as a conduit for program delivery, work with community organizations both in the public and private sectors to build trust, ensure quality and provide variety. CareWell Services goals are to reduce social isolation, improve health, create opportunities for independence and build networks of care through senior programs and activities. Offerings will include: ten different evidence-based activities/programs; evidence-informed activities such as Companion Pets (<https://agelessinnovation.com/>); fun games and activities such as cards, bingo, lending library and Obie games (<https://obieforseniors.com/>). A Senior Passport will be created for all three senior centers (Kool Family Community Center in Battle Creek, HCSEC in Marshall, and Forks Senior Center in Albion).

Barry County Commission on Aging (BCCOA) serves as the senior center for Barry County. CareWell Services will continue to support the programming at BCCOA and look to enhance our partnership to reduce social isolation, improve health, create opportunities for independence and build networks of care through senior programs and activities. In addition to the activities already successful at BCCOA, our partnership would allow us to provide other popular programming including, but not limited to, the Companion Pets and Obie.

**American Rescue Plan Act (ARPA) funds:** ARPA funds will be utilized to support our two current nutrition grant providers transportation and equipment needs to improve the efficiency and safety of the nutrition

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programs. The Home Improvement program in Barry County is desperately in need of replacing its service truck and we expect to see a quote addressing this need. The funds will be instrumental in CareWell addressing the ongoing needs and high inflation as we continue to navigate a world with COVID. Internally, funds are set aside for staff training, staffing, program enhancement and purchasing two vehicles to help us conduct our mission in our PSA, whether rural or those living in cities. Additionally, ARPA monies are earmarked for support of senior center operations.

**6. A description of the area agency's assessment of the needs of their service population.**

**See *Operating Standard for AAAs C-2, 4.***

To understand and identify the needs of consumers in the agency's service area it has engaged in a process of community needs assessment (CNA) working in collaboration with the Calhoun County Office of Senior Services and Barry County Commission on Aging. The 2022 Barry & Calhoun County Senior Needs Assessment was distributed October 2021 - February 2022. The Agency had a 7% return rate with 5,973 paper surveys mailed to seniors in Barry and Calhoun County. Of the 5,973, 327 were returned as no forwarding address on file. The Surveys were available in Spanish and Burmese. Respondents identified service needs and gaps as follows: Respondents identified service needs and gaps as follows:

**SERVICES MOST UTILIZED**

Accessing Healthcare Services  
Medication Management  
Documents  
Understanding Medicare  
Senior Center Activities  
Meals, Food, Nutrition  
Legal - Preparing Estate Planning Documents  
Managing Finances

Affordable Housing Staying Physically Active

**SERVICES MOST NEEDED**

Using & Understanding Technology  
Legal – Preparing Estate Planning

Information & Assistance  
Social - Finding Friends & Activities  
Senior Center Activities  
Managing Finances  
Transportation

Nursing Home Placement

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**County/Local Unit of Government Review**

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP 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 July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:

Send a letter through the US Mail with delivery and signature confirmation or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP/AIP on the area agency's website. Instructions for how to view and print the document must be included. Offer to provide a printed copy of the MYP/AIP via US Mail or an electronic copy via email, if requested. Be available to discuss the MYP/AIP with local government officials, if requested. Request email notification from the local unit of government of their approval of the MYP/AIP, or their related concerns. Please describe the efforts, including the use of electronic communication, made to distribute the MYP/AIP and to gain support from the appropriate county and/or local units of government.

The Multi-Year Plan (MYP) was presented to the Administrator and Chairperson of each local unit of government for review prior to being submitted to the State Commission on Services to the Aging (CSA).

Calhoun County Board of Commissioners (CCBOC):

- The plan was sent on June 6, 2022, electronically
- Interim CEO Wines presented to the CCBOC on Thursday, June 16, 2022
- The CCBOC actively approved the MYP on the June 16, 2022, meeting

Barry County Board of Commissioners (BCBOC):

- The plan was sent on July 8, 2022, electronically
- Interim CEO Wines presented to the Commission of the Whole for BCBOC on Tuesday, July 19, 2022, whom actively voted it be recommended to the full BCBOC
- At the regular, full meeting on July 19, 2022, the BCBOC actively approved the MYP

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**Public Hearings**

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with 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 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP 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 public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; 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. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

Date	Location	Time	Barrier Free?	No. of Attendees
05/23/2022	Kool Family Community Cente	04:00 PM	Yes	22

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06/21/2022	Barry County Commission on Aging	02:00 PM	Yes	13
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CareWell Services held two public hearings on the proposed plan with a total attendance of 45. The agency placed the required Legal Notice in the classified ad section of the Battle Creek Shopper News on April 28, 2022, (Marshall) Ad-Visor & Chronicle on April 30, 2022 and the Hastings Reminder on April 30, 2022. The events were also publicized on the agency's website, social media and through promotion to senior centers, service providers, elected officials, board and advisory council members to encourage attendance.

The first public hearing was held at the Kool Family Community Center, located in the City of Battle Creek, County of Calhoun, Michigan. The public hearing was held jointly with the Policy Board and Advisory Council. The meeting was called to order by the Advisory Council Chair, Lyn Briel. Chair Briel welcomed attendees and noted the purpose of the public hearing after introductions. Stacy Wines, Interim CEO, shared the agency's mission, its vision and core values. She explained the importance of the multi-year plan and provided the contextual framework. Seven (2) guests, five (5) CWS staff, seven (8) Policy Board members, and seven (7) Advisory Council members attended the public hearing at the Kool Family Community Center. No oral testimony on the Public Hearing was given.

**BARRY COUNTY COMMISSION ON AGING PUBLIC HEARING:** One (1) guest, Two (2) staff and eleven (10) Barry County Commission on Aging Board members attended the public hearing at the Barry County Commission on Aging. No oral testimony.

**PRESENTATION TO GOVERNMENTAL UNITS:** Interim CEO Wines presented the proposed FY 2023-2025 Multi Year Plan to the Calhoun County Board of Commission on Thursday, June 16, 2022. The Commissioners unanimously approved the plan as presented. On July 19, Interim CEO Wines presented the FY 2023-2025 Multi Year Plan to the Barry County Board of Commissioners of the Whole. They voted and recommended the plan go before the regular Board of Commissioners meeting held on July 26, 2022. They voted to approve the plan.

For both Public Hearings held in Calhoun and Barry Counties, the Notice of Public Hearing was posted on our website and on social media pinned to the top of our business page.

To inform communities of color, immigrant communities and/or other underrepresented groups, CWS reached out directly via email communication to:

- On the Ground – Second Wave Media
- The Coordinating Council – Calhoun County
- Albion Salesman
- Albion Morning Star
- Battle Creek Chamber
- Homer Index
- Albion Recorder
- Battle Creek Enquirer
- Battle Creek Pride
- Voces – LATINX – Calhoun County
- Linda Whitfield – NAACP – Calhoun County

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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, unit of service, minimum standards, and rationale for why activities cannot be funded under an existing service definition.

**Service Name/Definition**

HEALTH ACCESS HUB

Rationale (Explain why activities cannot be funded under an existing service definition.)

This service is necessary to accurately reflect the work, ensuring an adequate supply can be provided more economically, with comparable quality if CareWell provides it. We are integrated with community health care providers and are sought after to serve as a liaison for seniors as they navigate and seek access to community services promoting management of their chronic disease or for those with significant challenges in the area of social determinates of health.

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

**Minimum Standards**

Definition: Using person-centered principles of choice, empowerment, and shared decision making, Community Health Workers (CHWs) help seniors, persons with disabilities and caregivers navigate and access services and resources and adopt strategies to support positive health outcomes, especially during transitions of care. CHWs support individuals as they seek to manage their ongoing health concerns or address social determinants of health by serving as intermediary between health care and services. CHWs provide assistance and coaching in daily management of chronic conditions, social/emotional support, facilitating linkages to clinical and community resources, options counseling, advocating for needs, benefits access, and home-care assistance to support ongoing independence. Services are intended to be provided through one-on-one home visits and telephonic support and designed to be short term and/or intermittent under a person-centered plan of service. This service reflects a continuum of services that is more intense than outreach or information and assistance, but does not rise to the level of need that is provided through Case Coordination and Support or Care Management. CHWs receive specialized training and are certified lay-professionals with unique skills to come alongside seniors and caregivers in the community. They also are liaisons with health care professionals in the primary care and acute settings.

1. Program shall develop uniform intake procedures which identifies and documents the needs and wishes of the participant. Persons who appear to have ongoing needs that meet nursing home level of care shall be

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referred to care management programs when requested, appropriate and available.

2. Using methods such as motivational interviewing, informal counseling, social support, advocacy, education and outreach, CHWs shall seek to encourage behavior change and chronic disease self-management by empowering individuals to build capacity through increased self-sufficiency and knowledge. CHWs shall seek to establish trusting relationships with participants and their families while providing general support and encouraging.

3. Program shall seek to support participants in establishing patient-centered, self-management goals appropriate to the participant's health-seeking outcomes. Participant goals should focus on improved self-management engagement, compliance with clinical recommendations, and participant satisfaction through a person-centered approach that includes empowerment, strength-based problem solving, and shared decision making.

4. Services shall normally be provided in-person in the setting of the individual's choice including hospitals, physician's offices, senior housing, nursing facilities, or participants place of residence. Coordination with health service providers including through direct referrals is desirable. Ongoing telephone contact shall be made at least monthly or as needed based on the individual's needs.

5. CHWs shall serve as a member of the integrated, multi-disciplinary team, when appropriate and requested they may include the primary care or specialist physicians, social workers and/or discharge planners and other health services team members.

6. CHWs may assist with non-medical issues (social determinants of health) that impact overall health and wellness including providing support for advocacy, service connections and supports, coaching, and facilitation. Home-care assistance may be made available to those whose plan of service include support with execution of IADLs.

7. CHWs will provide assistance to individuals in navigating both health and community systems to achieve desired goals. CHWs will make appropriate referrals, assisting individuals with making connections to programs that support active management of chronic health conditions such as evidenced-based services, support groups, community-based services, and other health services, as appropriate.

8. Program shall abide by requirements of privacy and HIPAA as required by law. Participant records shall include information adequate to address the needs of the participant and must include properly executed release of information.

9. Program shall utilize certified Community Health Workers (CHWs) or other para-professionals who have had specialized training in motivational interviewing, health coaching and/or education, and person-centered plans. All CHWs shall be supervised by a certified and/or licensed professional with a minimum of a Bachelor's Degree in a related field or an RN with experience in resource navigation or health coaching. Ongoing in-service shall be provided at least bi-annually for all staff. Training records shall be maintained for each staff person working in the program. Home care assistance staff shall receive appropriate training and support, supervised by the Community Health Worker and delivering services as identified in the Plan of



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Service.

10. Records shall be maintained for a minimum of six years. Records may be archived after three years. Records shall include nature of services provided, source of referrals, organizations to which referrals were made, service made, service logs, and case notes. Records may be maintained using an electronic health records systems.

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<b>Service Name/Definition</b>				
GAP FILLING				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
This regional service is requested to insure that there are flexible, cost effective, and person centered services available in the region to meet the needs of seniors. Because of the extensive wait list for ongoing care management services in the region and the agency's engagement in elder abuse prevention activities, gap filling services allows the agency to meet pressing needs that are usually one-time or intermittent.				
<b>Service Category</b>	<b>Fund Source</b>			<b>Unit of Service</b>
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title VII <input type="checkbox"/> State In-home <input type="checkbox"/> Other _____	<input type="checkbox"/> Title III PartD <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Respite	<input type="checkbox"/> Title III PartE <input type="checkbox"/> State Access	1 occurrence of service

**Minimum Standards**

Definition: Services address needs that cannot be met from any other funding stream available in the region. The service seeks to eliminate a threat to independence, health, or safety that requires immediate attention when other resources are unavailable. The requests are often of an urgent nature to ensure the health, safety and continued independence of the senior.

1. Services shall be based on and intake and assessment conducted by I&A and outreach staff.
2. Staff will verify the lack of availability under other programs and community resources .
3. Consumers will be encouraged to cost share for gap filling services.
4. Services can include home modifications and environmental aids, personal care training, private duty nursing, specialized medical equipment, chore services, utility assistance, and supplies and other services deemed necessary to reduce the risk to the senior.
5. Seniors do not need to be enrolled in a care management program to receive gap filling services.
6. The CEO will have final approval for use of funding for gap filling services.

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**Access Services**

**Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations. If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.**

**Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.**

**Direct service budget details for FY 2023 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.**

**Care Management**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$0.00	Total of State Dollars	\$142,569.00

Geographic area to be served  
Barry & Calhoun Counties

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

Goal: Support frail older adults and their caregivers to assist them in maintaining their level of function so they may remain at home and avoid institutionalization as long as possible.

Activities:

1. Provide telephonic and in-person assessment, consultation, care planning and home and community-based services to meet the needs of older adults at risk of institutionalization.
2. Engage in continuous quality improvement supported by the Quality Shared Decision Team (SDT) and tools such as the HASA Quality Outcome Measures, annual client surveys, and accreditation readiness survey.
3. Increase efforts to preserve and expand resources by exploring improved models for cost-sharing.
4. Explore certifications available for staff in specialized areas (dementia, case management, etc.) with a focus on future opportunities for accreditation.
5. Conduct at least four trainings annually for care management staff in areas that improve their core competency.
6. Expand capacity to identify data, analytics and performance metric.
7. Conduct quarterly Diversity, Equity and Inclusion, Belonging, and Implicit Bias training for Care Management staff.

Number of client pre-screenings:	Current Year: 445	Planned Next Year: 468
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Number of initial client assessments:	Current Year:	331	Planned Next Year:	348
Number of initial client care plans:	Current Year:	245	Planned Next Year:	260
Total number of clients (carry over plus new):	Current Year:	437	Planned Next Year:	463
Staff to client ratio (Active and maintenance per Full time care	Current Year:	34	Planned Next Year:	36

**Case Coordination and Support**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$100.00	Total of State Dollars	\$8,100.00

Geographic area to be served  
Barry & Calhoun Counties

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

Goal: Enhance access to existing community services and other supports and services for individuals who do not meet CareWell Services Care Management criteria and are not eligible for the MI Choice Waiver program to adequately address their care needs.

Activities:

1. Provide assessment, options counseling, service arrangement and ongoing monitoring of the developed service plan.
2. Ensure high level of satisfaction and adequacy of services through continued evaluation and monitoring of effectiveness and benefit of services.
3. Expand capacity to identify data, analytics and performance metrics that support data-driven decision making within each program service category (agency wide activity).

**Disaster Advocacy & Outreach**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$100.00	Total of State Dollars	\$0.00

Geographic area to be served  
Barry & Calhoun counties

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

Goal: Ensure necessary capacity to be responsive during a time of emergency through continued involvement in training, local emergency response efforts and awareness.

Activities:

1. Continue engage with local emergency management services.
2. Maintain CERT trained volunteer staff person.
3. Conduct at least one training with providers, older adults and/or staff on disaster preparedness.
4. Maintain a monthly meeting during the pandemic to address IT trends, process efficiencies, staffing to ensure standard of excellence. and efficiency is maintained throughout pandemic and in the event staff must all work from home.

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**Information and Assistance**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$30,000.00	Total of State Dollars	\$14,621.00

Geographic area to be served  
Barry & Calhoun counties

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

Goal: Enhance the awareness, effectiveness and quality of information and assistance available in the region .

Activities:

1. Improve the current information system or transition to AIS system .
2. Continue to enhance the skills of staff providing information and assistance .
3. Conduct quarterly Diversity, Equity and Inclusion and Implicit Bias training for all I&A Staff and Resource Navigators.
4. Engage in targeted outreach and efforts to improve awareness of information and assistance among caregivers and older adults seeking services to achieve a 10% increase in contacts with the agency annually.
5. Conduct survey of at least 10% of all calls to I&A related to quality.
6. Achieve 100% follow up for all calls with accurate and appropriate documentation and the provision of resources that address their needs.
7. Expand capacity to identify data, analytics and performance metrics that support data-driven decision making within each program service category (agency wide activity).

**Outreach**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$14,600.00	Total of State Dollars	

Geographic area to be served  
Barry & Calhoun counties

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

Goal: Increase awareness of, access to and utilization of services for seniors at greatest social-economic need with a focus on isolated, underserved or under-represented seniors.

Activities:

1. Continue efforts to improve awareness of services available for seniors , persons with disabilities and caregivers in region through targeted events and outreach efforts using a variety of methods .
2. Engage in key partnerships to address identified unmet needs or expand service capacity within the region including partnerships that further integrate CareWell Services with health care providers , payors, and new service delivery models.
3. Use social media, local media outlets and sponsorships to promote CareWell Services programs more consistently to develop brand identity.
4. Provide programs and resources to housing providers in the region to build partnerships.
5. Conduct quarterly Diversity, Equity and Inclusion and Implicit Bias training for all staff involved in outreach .

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**Care Transition Coordination and Support**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$100.00	Total of State Dollars	\$100.00

Geographic area to be served  
Barry & Calhoun Counties

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

Goal: To provide coaching, guidance, and resources as adults 60 and over discharge from medical care facilities to support a full recovery and opportunity to live well and thrive as they age in their communities.

Activities:

1. Complete initial assessments of individuals discharged from medical care institutions.
2. Coordinated delivery of services to support successful care transitions.
3. Conduct follow-up with previously discharged patients.

Number of client pre-screenings:	Current Year:	445	Planned Next Year:	468
Number of initial client assessments:	Current Year:	331	Planned Next Year:	348
Number of initial client care plans:	Current Year:	245	Planned Next Year:	260
Total number of clients (carry over plus new):	Current Year:	437	Planned Next Year:	463
Staff to client ratio (Active and maintenance per Full time care	Current Year:	34	Planned Next Year:	36

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**Direct Service Request**

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure 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 requesting approval to provide an in-home, community, 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 Provision Request for FY 2023-2025. 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 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

**Medication Management**

Total of Federal Dollars      \$100.00                      Total of State Dollars      \$300.00

Geographic Area Served      Barry and Calhoun Counties

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

Goals: Reduce risk of adverse effects due to medication non-adherence or adverse reaction.

Activities:

1. Utilize CHWs to expand use of Medication Management and/or annual medication reviews by pharmacists using technology to connect seniors to pharmacists.
2. Build relationships with health care providers and pharmacists in our PSA to build a referral system to serve those who do not already have care management in place to assist with Medication Management.

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

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

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

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

A. Provision of services by AAA necessary to assure an adequate supply of such services .

**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.**

Through a grant from the Michigan Health Endowment Fund, which is now over, CareWell worked with a local health care system and pharmacy to provide connections with seniors with complex care needs in their own home. With its success, we would like to start it back up once staffing numbers are where they need to be at CareWell. The program was built upon the utilization of certified CHWs with supervision by an RN, working cooperatively with primary care managers. The program identified that a key determinant in readmission or non-stabilization in the home was medication non-adherence or improper utilization. As the program developed, we were able to use i-pad equipped with ZOOM technology to connect the pharmacist with the senior. We found this service was not available in our community and was an innovative approach and CHWs were, and still remain, a cost-effective choice for this service. The partnership with the pharmacy and health care providers was crucial in the success of this program and remains so going forward by ensuring proper oversight and that CHWs remain with their scope of practice.

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

No discussion was held.

**Friendly reassurance**

Total of Federal Dollars      \$100.00

Total of State Dollars

Geographic Area Served      Barry & Calhoun counties

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

Goal: To connect trained volunteers and seniors and/or persons with disabilities in Barry and Calhoun Counties to reduce social isolation and loneliness.

Activities:

1. Provide training to volunteers such as active listening, communication skills, community resources,



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warning signs for elder abuse and neglect and what to do if it's suspected.

2. Volunteers will be matched with isolated seniors and/or persons with disabilities based on common interests.

3. Volunteers will make routine calls as the senior and/or person with disabilities requests, ie - weekly, monthly, etc.

4. To measure success of program, participant and volunteer surveys to be conducted on a biannual basis.

**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.**

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.**

During the COVID-19 pandemic, the stay at home order had us pivoting as to reaching isolated seniors. We knew the way we normally did so was not an option. CareWell was able to expeditiously train staff and volunteers in a friendly phone reassurance program. Until the program grows, we are able to continue at a relatively low cost to CareWell. A current retiree of CareWell Services who is a social worker and former Michigan Medicaid Medicare Assistance Program (MMAP) coordinator has volunteered to conduct calls three days a week.

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

No discussion was held.

**Disease Prevention/Health Promotion**

Total of Federal Dollars      \$21,140.00

Total of State Dollars

Geographic Area Served      Barry & Calhoun counties

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

Goal: Promote continued self-management and prevention of disease and injury among older adults and caregivers through a comprehensive cadre of programs with a strong emphasis on rural areas and programs within senior centers and health care providing agencies.

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Activities:

1. Maintain evidenced-based program certification.
2. Train an additional staff member to deliver programming.
3. Reach annual goals for participation and number of completers within each program.
4. Present evidenced-based programs at all senior focal points and in partner locations that serve people of color, immigrants, and LBTQ+ individuals.

**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.**

Provision of such services by the AAA is necessary to assure an adequate supply of such services .

AND

Such services can be provided more economically and with comparable quality by the AAA.

**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.**

Through previous funding from the Michigan Health Endowment Fund, CareWell Services expanded its focus on evidenced-based programs in the region. While many programs are designed to be delivered by lay leaders, the reality is that these type of volunteers are difficult to find in our region . Using paid staff allows for the greatest flexibility in scheduling the programs as we have strong relationships with the senior centers, hospitals, and community partners who serve communities of color, veterans, immigrants and LGBTQ+ individuals in our region. This allows us to keep costs very low. We also generate extensive grant-funded revenue to support the expansion of the programs. In addition, we recruit participants as we work with health care partners as they interact with CHWs.

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

There was no discussion or feedback provided related to this direct service as the agency has been delivering these services with other funding for a number of years.

**Senior Center Operations**

Total of Federal Dollars      \$100.00

Total of State Dollars

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Geographic Area Served Barry & Calhoun counties

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

Goal: To have quality senior centers where staff can provide older adults with services and activities that respond to their needs by offering resources for their entire community including information on aging and assistance for family and friends who care for older adults, evidence based programming and fellowship.

Activities:

1. Build relationships and trust through fellowship.
2. Conduct programming and outreach at satellite locations in CareWell Services service area .
3. Be a conduit for program delivery, work with community organizations both in the public and private sectors to build trust, ensure quality and provide variety.
4. Reduce social isolation, improve health, create opportunities for independence and build networks of care through senior programs and activities.
5. Provide evidence-based activities/programs, including but not limited to: Companion Pets (<https://agelessinnovation.com/>), and Obie games for Senior (<https://obieforseniors.com>).
6. Provide a lending library for books and technology.
7. Offer lunch and learn series with community expert speakers, arts and crafts, board/card games, exercise equipment, and billiards.
8. Program delivery methods will be virtual and in-person.

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**(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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**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.**

In all that CareWell Services does for senior centers and programming, the focus will be outward. CareWell will emphasize continued partnerships with community organizations to ensure diverse programming, innovative activities, and improve community resources to maximize effective collaboration .

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To ensure sustainability of the Forks Senior Center and Heritage Commons Senior Enrichment Center in Marshall, technical assistance and support has been requested by the Forks Senior Center Board and the Steering Committee for Heritage Commons Senior Enrichment Center. This service provision will ensure strong leadership and stable financial position for each of the senior centers over the next three years that contribute to the achievement of their strategic objectives. With the support of CareWell Services and the Calhoun County Senior Millage, Calhoun County now has a senior center in each of its major communities: Battle Creek's Kool Family Community Center, which is a multi-use facilities owned by the Battle Creek Community Foundation; Albion's Forks Senior Center, which now has a strong and stable executive director through their management services agreement with CareWell Services; and Marshall's Heritage Commons Senior Enrichment Center, which is directly operated by CareWell Services in partnership with the Calhoun County Senior Millage, Oaklawn Hospital and the City of Marshall. CareWell Services provides the operational support and supports the efforts that are directed by the Steering Committee, which is made up of members of the Center and a non-voting representative from each partner. CareWell Services has a strategic objective to continue its support of efforts to stabilize and sustain the existing senior centers and support work on development of Barry County Commission on Aging staff, programming and outreach. Albion and Marshall are important strategic locations for information and assistance and other programming. The sustainability and stability of the senior centers are vital to ensuring adequate access to services within the eastern part of Calhoun County. Without CareWell Services, the centers could not operate as effectively. Our strategic objective is further supported through funding for the Barry County Commission on Aging's senior center in Hastings. Funding to support this location has steadily increased in the last three years.

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

No discussion was held.

**Senior Center Staffing**

Total of Federal Dollars      \$63,000.00                      Total of State Dollars

Geographic Area Served      Calhoun counties

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

Goal: Seniors throughout the region have access to multi-faceted senior centers that serve as a focal point for socialization, recreation, learning and wellness activities that contribute positively to their physical and psychological health.

Activities:

1. Support continued efforts to improve sustainability of Forks Senior Center
2. Contribute time and resources to and Heritage Commons Senior Enrichment Center, including serving as operational partner
3. Support continued efforts to improve sustainability of Barry County Commission on Aging

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Due to the costs of paying for senior center staffing, neither Senior Center have budgets to pay for qualified staff salaries, let alone their benefits. CareWell Services, working with Calhoun County Senior Services, is best positioned to offer this type of support.

The details previously share above under Senior Center Operations support the justification for this request.

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

No discussion was held.

**Prevention of Elder Abuse, Neglect and Exploitation**

Total of Federal Dollars      \$4,000.00

Total of State Dollars

Geographic Area Served      Barry & Calhoun counties

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

Goal: Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation. The expected outcome is to increase awareness of occurrence of elder abuse and improve the capacity of the community to respond to abuse situations including increased reporting, supplemental supportive services and case management for potential victims.

Activities:

1. Continue facilitation of the Elder Abuse Prevention Coalition in Calhoun County and support for the Elder Abuse Workgroup in Barry County.
2. Conduct at least one elder abuse awareness event or campaign in the service region.

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3. Pursue other funding opportunities to address services and supports needed to prevent abuse and to respond to abuse victims outside of the APS system.
4. Continue to work with local partners, support expansion of resources and programs that help seniors avoid financial exploitation and increase awareness in the forms of protection and resources for vulnerable adults and individuals with disabilities potential victims.

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The AAA has the staffing and resources to support local abuse-prevention efforts. The agency also has had specialized training in abuse identification and participates on state-wide initiatives related to elder abuse prevention. The agency had previously attempted to identify a grant-funded provider for this service, The Calhoun County Elder Abuse Prevention Coalition also has formally requested that this work remain under the auspices and direction of the AAA. In Barry County, the AAA assisted with the development and deployment of a more active coalition. The AAA has supported the development of prevention coalitions in both counties . Now that we are on the other side of the COVID-19 pandemic, we will begin to re-engage both coalitions. In Barry County, we continue to serve on the coalition and support efforts on elder abuse prevention including serving on the protocol team and sponsoring events in the county.

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

No discussion was held.

**Caregiver Education, Support and Training**

Total of Federal Dollars      \$45,818.00

Total of State Dollars

Geographic Area Served      Barry & Calhoun counties

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

Goals: Support caregivers through enhanced information and assistance, options counseling, educational

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programs, care coaching, and training with a focus on caregivers of persons with dementia.

Activities:

1. Continue efforts to connect with and enhance services for caregivers to include caregiver education , care coaching, enhanced resource navigation and other services.
2. Conduct at least 2 evidenced-based training workshops annually.
3. Identify caregivers of persons with dementia and support efforts to expand caregiver ID program of Miles for Memories (TECH) and Help Home registration (emergency elopement identification registry in Calhoun County).
4. Expand caregiver support services in Barry County with a focus on Dementia caregivers.

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The Senior Needs Assessment continues to show that awareness of and availability of services to help navigate services were lacking in our PSA. This was especially true among caregivers and persons with dementia. Additionally, the previous service delivery model was less intense and did not include a focus on the provision of care coaching and service navigation that addresses caregiving skills for efficacy and caregiver confidence. It also separated the connection of respite services from the caregiver education, meaning it was under-utilized. There was limited support through information and assistance concentrated on the unique needs of caregivers, especially caregivers of persons with dementia living in the community. Previously, contracted providers offered support groups, a few evidenced-based caregiver support programs, and limited and ineffective resource navigation and access to care management programs . Providers lack the staffing and programming capacity to offer the more intense caregiver education and support services that are proposed . The AAA is able to leverage additional service dollars from grant funded programs to expand services for caregivers, with a focus on caregivers of persons with dementia. This one-on-one health and caregiver coaching is provided by certified community health workers and will include integration with health service providers including primary care and specialist physicians, nursing facilities, and hospitals. The program will also be more closely integrated with ongoing community efforts focused on improving the systems delivery model for persons with dementia.

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

No discussion was held.

**Creating Confident Caregivers**

Total of Federal Dollars      \$100.00

Total of State Dollars

Geographic Area Served      Barry & Calhoun counties

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

Goal: Provide knowledge, skills, and information to improve caregiving for both the caregiver and the person with dementia through the delivery of evidenced-based workshops.

Activity:

1. Offer at least two Creating Confident Caregiver (CCC) classes annually.

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CareWell Services has provided the CCC program for several years in Barry and Calhoun counties . Previous efforts to provide the program through grant-funded providers was not successful in assuring that the program was made available consistently. The Senior Needs Assessment continues to show that awareness of and availability of training to help navigate services were lacking in our PSA. This was especially true among caregivers and persons with dementia. Respite services were not coordinated for CCC participants when the services were provided by grant-funded providers. This limited the ability of caregivers to participate. The delivery of CCC as a direct service supports the integration of caregiver support with other services of CareWell Services, as well as an increased capacity to leverage additional service dollars from grant funded programs to expand services for caregivers, with a focus on caregivers of persons with dementia.



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

No discussion was held.

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**Regional Direct Service Request**

It is expected that regionally defined services will be provided under contracts with community-based service providers, but when appropriate, a provision to provide such regional services directly by the area agency may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure 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 requesting permission to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after a screen refresh. Select the link for the newly added regional service and enter the requested information pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2023-2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Since regional service definitions expire with the end of each multi-year plan period, please include any previously approved regional services the agency expects to continue providing directly, including COVID-19 policy-waiver-approved services. Address any discussion at the public hearing related to each regional direct service provision request.

Regional Direct Service Budget details for FY 2023-2025 are to be included under the Direct Service Budget tab and the Support Services Detail 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.

Please skip this section if the area agency is not planning on providing any regional services directly as of now.

**Elder Abuse Prevention**

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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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**

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

**Diversity, Equity, and Inclusion Goal**

Aging and Community Living Services Bureau (ACLS) *Operating Standards for Area Agencies on Aging* have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to *Operating Standards for Area Agencies on Aging sections C-2 and C-4*.

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

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

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

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau'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. Additional instructions on completing the Program Development section can be found in the Documents Library.

Area Agency on Aging Goal

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**A. Improve the accessibility of services to Michigan's communities and people of color, immigrants, and LGBTQ+ individuals.**

State Goal Match: 0

Narrative

CareWell Services is committed to Diversity, Equity (DEI) and Inclusion and belonging through improving the accessibility of services to underserved populations in southwest Michigan inclusive of people of color, immigrants, veterans, age and LGBTQ+ individuals. This will occur by ensuring CareWell Services staff, Board and Advisory Council members, providers, volunteers and subcontractors are trained in DEI and belonging, including the ability to recognize and address implicit bias, ensuring that programming and outreach is culturally sensitive and welcoming to all, and ensuring that culturally and linguistically appropriate outreach is directed to non-English speaking persons. CareWell Services staff, Board and Advisory Council members, providers, volunteers and subcontractors will be trained to adapt to the diverse cultural needs. It is imperative this begins at the hiring stage and is in the forethought of our minds. This initiative and goal cannot be an afterthought and it must lead CareWell Services in all aspects of business.

Objectives

1. Increase the number of CareWell Services staff, Board and Advisory Council members, providers, volunteers and subcontractors who are trained in the ability to recognize and address implicit bias, ensuring that programming and outreach is culturally sensitive and welcoming to all, and ensuring that culturally and linguistically appropriate outreach is directed to non-English speaking persons.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Develop and execute a strategic DEI and belonging orientation and training plan inclusive of CareWell Services staff, Board and Advisory Council members, providers, volunteers, and subcontractors.
- Expand access to DEI and belonging resources, education, and training available on topics such as implicit bias, cultural competence, and root causes of racism.

Expected Outcome

Participants will receive services provided by culturally competent professionals.

2. Increase services provided to veterans, black, indigenous and people of color (BIPOC) and the LGBTQ+ communities.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Collaborate and build trusting relationships with organizations within the community known and trusted for serving underserved members and underserved populations.
- Collect and analyze local population health and participant data such as race, ethnicity, language preference, gender identify, sexual orientation, health outcomes, social determinants of health barriers and needs, and geography to execute a DEI data-informed approach to design, outreach, delivery, and continuous quality improvement of programs and services.

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Expected Outcome

Increased service outreach, accessibility, and delivery to members of marginalized and underserved communities.

3. Increase availability of linguistic translation services and communications based on the cultural needs in Barry and Calhoun counties.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Expand linguistic translation of outreach and education materials across all means of communication.
- Strengthen and utilize partnerships with organizations within the community known and trusted for serving members of marginalized and underserved populations for review and input on the development of outreach and education materials across all forms of communications/marketing to ensure cultural and linguistically appropriate service.
- Provide linguistic translation services to individual participants for all forms of communication according to their person-centered needs.

Expected Outcome

Participants will receive culturally and linguistically appropriate information and services.

- B. Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of and access to quality services where and when they need them.**

State Goal Match: 1

Narrative

CareWell Services mission of "Promoting health, independence and choice for seniors, persons with disabilities and caregivers" along with our vision "A community where people are cared for with dignity and respect" puts the emphasis on meeting people where they are in the community and helping them maintain their independence through person centered care and decision making. CareWell continues to expand outreach and awareness throughout its service area and invests in a fulltime Resource Navigator to help those CareWell Services serves to access solutions to their needs.

Objectives

1. Promote awareness of and access to programs and services available for older adults and caregivers through CareWell Services and its network of providers and partners to expand their ability to make informed decisions, with DEI at the forefront, and support quality of life and independence.

Timeline: 10/01/2022 to 09/30/2025

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Activities

- Build structural linkages to organizations within the community known and trusted for serving members of minority and underserved populations.
- Continue to develop and maintain strong working relationships with professional referral sources across the health and human services continuum of care.
- Develop and execute a strategic marketing and communications plan informed by the evolving needs of older adults and caregivers and analysis of local population health and participant data.

Expected Outcome

Seniors and caregivers will have access to and receive information and services to enhance and support informed decision-making, quality of life, and independence.

**C. Prioritize resources to promote social interaction and connectedness, including expanding access to technology and transportation.**

State Goal Match: 2

Narrative

The impact of lack of access to needed medical services is obvious when it comes to health-related matters (missed appointments, emergency hospital visits, lack of continual care), one cannot overlook social isolation due to lack of adequate transportation has negative effect on not only the physical health, but the mental health of older adults.

According to a 2019 article by Ronald Moore in the National Caregivers Library, there are about 8.4 million senior citizens who depend on others for their transportation. The number of older drivers will soon more than double, making the issue of senior transportation even more critical. In fact, according to the Administration on Aging, by the year 2030 the number of drivers over age 85 will be 4–5 times what it is today. Moore goes on to say because America's roads and automobiles are not designed for the existing elderly population—and because the skills and abilities associated with driving tend to diminish with age—viable alternate forms of transportation for the elderly will continue to be an important issue for years to come.

Objectives

1. Increase access to and opportunities for virtual and in-person social and community engagement of older adults, people with disabilities, and caregivers.  
Timeline: 10/01/2022 to 09/30/2025

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Activities

- Support advocacy efforts to expand broadband access.
- Explore opportunities to build partnerships and contribute to collective impact strategies to improve and develop transportation solutions.
- Promote the Telephone Reassurance Program among those CareWell Services services to address social isolation or loneliness.
- Promote GetSetUP, a user-friendly virtual platforms to promote social interaction and connectedness between older adults, people with disabilities, and caregivers.
- Explore other user-friendly virtual platforms to promote social interaction and connectedness between older adults, people with disabilities, and caregivers.
- Promote awareness of and expand opportunities for creativity, learning, growth and purpose through CareWell Services service area.
- Develop and conduct a comprehensive assessment of the characteristics, needs, and preferences of caregivers in CareWell Services service area to execute a data-informed approach to design, outreach, delivery, and continuous quality improvement of programs and services.
- Work with community partners to provide more evidence based classes and avoid duplication of efforts .
- Increase awareness by offering dementia trainings such as DementiaLive , Dementia Friends, and caregiving specific to cognitive decline.

Expected Outcome

Older adults, people with disabilities, and caregivers will have access to meaningful opportunities for social and community engagement.

**D. Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.**

State Goal Match: 3

Narrative

The direct care workforce shortage is a national crisis that demands multi-level strategies and solutions. CareWell Services is committed to its roles in advocacy, convening community partners, building coalitions, and pursuing innovative approaches to develop, invest and support a robust and diverse direct care workforce.

CareWell Services has a grant from the Michigan Health Endowment Fund (MHEF) for the Caregiver Career Support and Development Initiative. CareWell Services partnered with a former hospital administrator and local provider to design, develop and implement a Personal Care Attendant comprehensive apprentice training pilot program. This hands-on, high touch program included classroom training, fieldwork training and oversight, with competency skill checks on all key PCA skills. Nurses validated attendees' knowledge and skills with classroom testing, skill check offs and field work competency validation in the home care setting . The pilot was so successful, MHEF reached out to CareWell Services to replicate the initiative in Michigan .

Objectives



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1. Enhance support of the direct care workers and employing providers through implementation of a comprehensive and multi-level strategy.

Timeline: 10/01/2022 to 09/30/2025

Activities

- Strengthen partnerships with Michigan Health Endowment Fund and providers to see the value and promote the Caregiver Career Support and Development Initiative.
- Promote use of online caregiver education platforms and expand use of effective technology that improves capacity to serve caregivers, improves efficiency and lowers costs.
- Develop and implement CareWell Services AAA staff training focused on partnering with providers in person-centered care plan development and implementation.
- Sustain focus on the Direct Care Workforce crisis through education, public awareness and collaboration that highlights the key issues facing an aging community.
- Expand capacity to communicate key issues on the Direct Care Workforce presented in legislation at the local, state and national level, including improving communication methods with consumers, key stakeholders, and elected officials using a variety of modes and methods.
- Engage in more purposeful advocacy with legislators including informing staff on the impact of pending legislation.
- Increase empowerment and education of the Advisory Council, enabling members to take a more proactive role in Direct Care Workforce advocacy.

Expected Outcome

The direct care workforce of Southwest Michigan will receive the support needed to meet the complex challenges it faces in recruitment, professional development, and retention.

**E. Leverage programs, services, and resources to ensure older adults have the opportunity to make their own decisions and enable them to age in place.**

State Goal Match: 4

Narrative

CareWell Service and its Policy Board knows it must engage in responsive and prevention-focused innovations to proactively respond to changes in the environment and the needs of those we serve to help them remain independent in a setting of their choice. By leveraging partnership and leading efforts to strengthen and maximize resources to address the needs of those we serve amidst resource uncertainty, CareWell Services can live its mission and vision to ensure older adults have the opportunity to make their own decisions and enable them to age in place with dignity and respect.

Objectives

1. To enhance and leverage programs, services and resources to ensure those individuals CareWell serves in its service population, through person-centered conversations, may make their own decisions and enable them to age in place.

Timeline: 10/01/2022 to 09/30/2025

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Activities

- Engaging in responsive and person-centered approach to enable older adults to age in place.
- Lead efforts to strengthen and maximize resources to address the needs of those we serve amidst resource uncertainty to help them age in place if they so choose.
- Build strategic collaborations and key partnerships to provide more resources in helping older adults age in place if they desire.
- Lead advocacy and educational initiatives that increase awareness and address the needs of seniors and persons with disabilities, collaboration, effectiveness, and advocacy.

Expected Outcome

Older adults and persons with disabilities will have the knowledge to make their own decisions to enable them to age in place.

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**Supplemental Documents**

The Supplemental Documents listed below must be included if marked "Required" or if they are applicable to your area agency. Fillable copies of documents A through F can be found in the list on the left below. Select the applicable document(s) from the list and provide all requested information for each. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

**Membership Documents**

- A. Policy Board Membership - *Required***
- B. Advisory Council Membership - *Required***

**Documents Requiring Special Approval by the CSA**

- C. Proposal Selection Criteria - *only include if there are new or changed criteria for selecting providers.***
- D. Cash-In-Lieu-Of-Commodity Agreement - *only include if applicable***
- E. Waiver of Minimum Percentage of a Priority Service Category - *only include if the area agency is requesting to use local resources to meet part of the minimum required expenditure for a priority service category***
- F. Request to Transfer Funds - *only include if applicable***

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**SUPPLEMENTAL DOCUMENT A**  
**Board of Directors Membership**

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	1	0	7	13
Aged 60 and Over	0	1	0	0	0	5	5

Board Member Name	Geographic Area	Affiliation	Membership Status
Jim Baldwin	Calhoun County	Finance	Appointed
Lyn Briel	Barry County	Long Term Care, older adult	Appointed
Al Byam	Calhoun County	Retired Sheriff	Appointed
Barb Frederick	Calhoun County	Retired - Community Activist	Appointed
Steve Marzolf	Barry County	Health Care Administration	Appointed
Corally O'Dell	Barry County	Retired Educator & Older Adult-Nutrition	Appointed
Jose Orozoco, Jr.	Calhoun County	Executive - LATINX Community	Appointed
Sherii Sherban	Calhoun County	Medical/Publisher/Marketing	Appointed
Deana Spencer	Calhoun County	Banking & LGBTQ+ Community	Appointed
Thom Unger	Calhoun County	Provider, Older Adult	Appointed
Linda Whitfield	Calhoun County	Retired Kellogg's, Community Activist, NAACP	Appointed
Glin Winsor	Calhoun County	Finance and health services	Appointed
Nancy Mullett	Calhoun County	Legal	Appointed

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**SUPPLEMENTAL DOCUMENT B**  
**Advisory Board Membership**

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	0	1	10	13
Aged 60 and Over	0	1	0	0	1	8	10

Board Member Name	Geographic Area	Affiliation
Robert Armstrong	Calhoun County	Retired College Professor
Jennifer Bouchard	Calhoun County	Senior Housing
Lyn Briel	Barry County	Long Term Care - Older Adult
Lois Bowers	Barry County	Retired Senior Services
Jan Lydy	Barry County	Retired Nutrition
Jake Smith	Calhoun County	Calhoun County Commissioner
Aaron Edelsfon	Calhoun County	Veteran Services
Julie McGinnis	Calhoun County	Retired Dietician/Health Care
Lynnette Rich	Calhoun County	LGBTQ+ Community
Sherii Sherban	Calhoun County	Medical/Marketing/Publisher
Vivian Conner	Barry County	Barry County Commissioner
Corally O'Dell	Barry County	Retired Educator & Nutrition
Shirley Tuggle	Calhoun County	Nursing

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**SUPPLEMENTAL DOCUMENT F**  
**Request to Transfer Funds**

<b>1</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> 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
<b>2</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> 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  100,000
<p>Due to the COVID-19 pandemic, seniors are still isolating and not utilizing congregate meals as much as they did prior to the pandemic. In addition, other funding has been made available to nutrition programs which normally isn't available.</p>		
<b>3</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> 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  0

### Scope of Services

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

Constantly changing service demand challenges make it essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

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

According to the U.S. Census Bureau's 2020 American Community Survey 5-year population estimates, the population of Barry County is 61,045 persons, and the population of Calhoun County is 133,943 persons.

CareWell Services prioritizes services for those age 60+ in Barry and Calhoun counties, which is approximately 49,467 older adults - an increase of 3,309 from the last MYP report. This overall increase translates to 26% of the total population of the Agency's service population being 60 years of age or older. The older adult population of both counties has already surpassed the number of youth population, and data show that overall populations in both counties are rapidly aging. Additionally, both counties have a higher proportion of older adults who are female than in Michigan as a whole.

Both Barry and Calhoun Counties have a larger white population and smaller minority populations. The BIPOC populations in Barry County that is 60+ is 1.1%, which is significantly smaller compared to the proportions in Calhoun County (10.7%). While the area is not especially diverse, the percentage of older adult minorities who

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live in poverty is higher than non-minority populations. According to the 2020 American Community Survey, 4.2% of Barry County older adults and 3.3% of Calhoun County older adults reportedly live with their grandchildren. The number of 60+ below poverty level is 1,182 in Barry and 1,708 in Calhoun. However, the number of informal caregivers of grandchildren is much higher in the region. Multi-generational family housing is not unusual, especially in areas of concentrated poverty such as Battle Creek and Albion.

The service area of CareWell Services is an excellent example of disparities in life expectancy despite geographic similarity. Out of 83 Michigan counties, Barry County has average life expectancy for men of 77.42 years and 88.43 for women. Calhoun County, on the other hand, with an average life expectancy for men of 74.48 years and 79.61 for women. The two counties are next to each other, and yet individuals residing in Barry County have an average life expectancy longer than their neighbors in Calhoun County.

Examining the leading causes of mortality within the two counties, there are three notable changes since the previous Senior Needs Assessment. In Barry County, the top four health warning indicators are behavioral health, health access and quality: substance abuse and obesity. Cancer has now surpassed heart disease as the leading cause of death in the 75-84 age group and Alzheimer's disease has become the 3rd leading cause for the 85+ age group. Similarly, Alzheimer's disease is now the second leading cause of death for the 85+ age group in Calhoun County. The top four health warning indicators from Calhoun County area chronic kidney disease, depression, dementia and heart failure.

According to secondary data, depression among the Medicare population is an indicator of concern for both Barry and Calhoun Counties. Both Barry and Calhoun Counties have a high prevalence of depression among the Medicare population compared to other counties across the state of Michigan. The impact of isolation due to the rural nature of the region may contribute to the prevalence of depression. There is also the impact of the stigmatization of mental health that may prevent individuals from seeking care for depression and other behavioral health conditions that can impact their health and longevity.

**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.**

The Barry & Calhoun County 2022 Senior Needs Assessment (SNA), concluded that overall, the seniors in Calhoun and Barry Counties are well-served. While vast improvements have been made and innovative outreach initiatives are constructed, the residents of these rural counties could continue to benefit from better information resource sharing and improved collaboration of programs and services. Additionally, a more inclusive, targeted exchange of information could go a long way in improving and preserving the independence and health of seniors and persons with disabilities in the region.

Needs are still being unmet. Given a slight reconfiguration, or expanded collaboration, CareWell Services may be better equipped to address those needs.

Respondents identified services needs and gaps as follows:

**SERVICES MOST UTILIZED**

Accessing Healthcare Services  
Medication Management  
Understanding Medicare  
Senior Center Activities

**SERVICES MOST NEEDED**

Using & Understanding Technology  
Legal – Preparing Estate Planning Documents  
Information & Assistance  
Social - Finding Friends & Activities



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Meals, Food, Nutrition	Senior Center Activities
Legal - Preparing Estate Planning Documents	Managing Finances
Managing Finances	Transportation
Affordable Housing	Staying Physically Active
	Nursing Home Placement

Future Needs Identified:

**CONCERNED NOW**

Staying Physically Active  
Preventing Falls/Accidents  
Social Isolation  
Memory Loss  
Dependency  
Meals/Nutrition  
Substance Abuse

**FUTURE NEEDS**

Respite/Adult Day Care  
Preventing Abuse and Fraud  
Caregiving Assistance  
Transportation  
Affordable Housing

When asked what makes it difficult to get help the answers did not surprise CareWell Services : Don't qualify; don't know who to ask; can't afford it; don't want to wait (waitlists); and prefer not to ask. These answers will direct our future outreach and messaging during this planning period.

Health warning indicators revealed from the SNA stayed the same for Barry County as they were in 2017: behavioral health; health care access and quality, substance use disorder; and obesity.

Calhoun County responses: Chronic kidney disease; depression; dementia; heart failure; hypertension; COPD; people 65+, rheumatoid arthritis or osteoarthritis; diabetes; and hyperlipidemia.

CareWell Services will target their efforts in rural outreach among health care providers and among marginalized and underserved populations. It will increase knowledge, use and availability of services as well as increase efforts to support individuals with dementia and caregivers throughout its entire PSA .

To help older adults maintain their health and independence at home and in their community , CareWell Services will target the following objectives:

1. Services and support for caregivers and persons living with dementia
2. Bridge programs for non-care management eligible seniors
3. Address gaps among underserved populations
4. Expand access to evidence-based disease prevention programs
5. Growth of senior centers as wellness hubs

**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.**

Older Americans Act programs and services are open to all older adults age 60 and over. However, the Act contains provisions that require AAAs to target older adults according to the following criteria : Greatest social and economic need; minority status, frailty, and rural or isolated populations. "Greatest social need" is defined as the need caused by non-economic factors such as disability, language, culture, social or geographical

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isolation that restrict the ability of an individual to perform normal daily tasks or impedes their ability to live independently. To this end, CareWell Services gives specific focus to activities and efforts that address social determinants of health that may include isolation, lack of family or caregiver support, and restricted access to programs and services due to other contributing factors, such as minority, religious affiliation, sexual orientation and gender identity, disability, and other factors. Grant-funded and contracted providers are required to target individuals with minority status or low income. Agency staff employ motivational interviewing and person-centered approaches to resource navigation contacts, MMAP inquiries, and in the assessment and enrollment of participants in funded programs. The goal of these efforts is to ensure that a person's unique needs, wants, wishes, and desires are heard and recognized as important to the quality delivery of services. While the service area of CareWell Services has limited minority populations, this does not limit our efforts to address the needs of and reach out to marginalized persons with programs and services; including persons from diverse communities in our planning and governance; and helping improve access and connections to these communities of people. We concentrate our efforts on addressing social determinants of health that impact access to services, impede quality and culturally appropriate service delivery, and can result in negative health outcomes. As part of its targeting efforts, CareWell Services has set a priority in three areas: Those living in rural areas who lack informal supports; caregivers and persons living with dementia; and LGBTQ+ community members. Rural: There are unique challenges to reaching persons in rural areas. Transportation options may be limited. Persons in rural areas have deeply rooted beliefs in autonomy and individual responsibility. Additionally, services are more limited and not available in the most rural areas. CareWell Services continues to establish new strategies and partnerships to reach people in rural areas through a mobile health kiosk and learning lab that bring services, information, and programs to focal points in rural areas such as libraries, township halls, and churches in their community.

Over this planning period, CareWell Services will continue to improve on expanding services to older adults and persons with disabilities who are low-income, limited English proficient, LGBTQ+, people of color, veterans and immigrants.

Caregivers often experience feelings of being overwhelmed with their role, but find it challenging to reach out or navigate systems of care. This is especially true of caregivers of persons with dementia. CareWell Services has made a concerted effort to address the needs of caregivers and persons with dementia using certified community health workers; ensuring all staff and as many as community partners as possible receive dementia capable care training and the Dementia Live® experience.

DementiaLive® is an experience that immerses participants into what life might be like living with cognitive impairment and sensory change. CareWell will have three-four more staff certified in DementiaLive® training to be able to provide this experience to caregivers and businesses in Barry and Calhoun County.

**4. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.**

CareWell has an acute awareness, recognition and understanding about the prevalence and impact of dementia within our community. Individuals in our community must understand the risks, signs of and symptoms of the disease and the importance of early diagnosis and treatment. CareWell Services seeks to have individuals, organizations and businesses knowledgeable and prepared to respond to the needs of those living with dementia in our community.

Strategies/Activities CareWell Services focused on and will continue to provide are:

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**Brain Health Awareness/Recognition**

Brain health education initiative – community wide, multi-faceted education and awareness program for businesses, faith community, organizations, etc.

Tools and resources developed for the community and professionals that are standardized and widely distributed.

Training for providers and health care in dementia-friendly practices.

Employer/employee education initiative – disease recognition, supporting caregivers/employees impacted, seeking diagnosis, tools and resources, etc.

**Dementia training and coordination**

Healthcare providers and systems that care for persons with dementia operate from a shared understanding of treatment protocols and best practices.

Pathways of care are well aligned and provide ease of navigation for persons with dementia and their families seeking care and supportive services to help manage their condition. Supportive services for person with dementia are adequate, integrated within broader systems and available so as to provide a quality of life for persons living with dementia.

Strategies/Activities: Appropriate clinical and Supportive services response

Education and recognition

Diagnosis and treatment and response protocols

Specialized services, specialists, coordinated care team

Supported community response

Toolkit for physicians, health care providers

EMR and tracking of patients

Expanded community services and support

Environment Infrastructure and design within the community is adequate and age-friendly providing continued opportunity for engagement and participation in community for as long as possible, to the greatest extent possible housing and care environments are appropriate, safe and adequate so as to allow persons living with dementia to live.

Strategies/Activities: Age and Dementia friendly physical environments

Dementia Friends business designation

Signage, lighting, flooring

Navigation

Age-friendly principles

Community response protocols

Meaningful activities

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

CareWell Services has a robust information and assistance program that includes an assortment of public and private resources. The Calhoun County Senior Millage funds a number of services that are not funded through the MYP including dental services, home heating assistance, minor home repair, handy helper services, money management, community care options, hearing and vision, prescription assistance, senior transportation and senior fitness. Resource navigators are able to make referrals to these programs through a warm transfer for

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callers. Additionally, the agency makes referrals frequently to Disability Network, Habitat for Humanity, Community Action, VA Health Center, Senior Services of SW Michigan, Senior Health Partners, Senior Care Partners PACE and other programs that can best meet the service needs of information seekers. Individuals are offered connections to services for which they can utilize their own resources, but only after all other options of care have been considered.

**6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2023-2025 MYP.**

Collaboration, partnerships and grant development have been effective tools in helping to address unmet needs in the PSA. Working with diverse partners with whom CareWell has established relationships positions the agency to effectively address an assortment of unmet needs due to limited funding, restrictive program policies, gaps in service continuum, and other barriers to access. In circumstances where the needs are acute and could cause the loss of housing or independence, CareWell Services has used funds from operating surplus. Situations involving bed bug eradication, unsafe furnances or hot water heaters, the need for air conditioning, back taxes preventing access to home repair service, and ramps are examples of needs that have been met by the agency. In Calhoun County, CareWell Services participates with workgroups that help address ongoing unmet needs, seeking to build collaborative partnerships and pool resources from a variety of agencies. For example, the Congalese Refugee group was meeting weekly to pool resources to the older adults in Calhoun County to help them live independently. Additionally, the Homeless Coalition, CareWell Services and community partners work closely to provide temporary housing for the older populatoin until sustainable, long-term housing is acquired.

**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.**

There has consistently been wait lists for in-home services supported by Care Management. We anticipate increasing shortages of service dollars as the population in our region continues to age and as seniors in the region live longer. Cuts in programs like the MI Choice Waiver will create greater demands on state funding. Changes in policy that impact tax revenues can also create reductions in Millage funding. While funding for services associated with care management has seen increases in the recent years, there is inadequate funding to support the care management needed to provide those services. This challenge is exacerbated by the lack of enough nurses, social workers and especially direct care workers. Persons who cannot be served are placed on a wait list using a priority system that assists the most vulnerable people first. All priority clients must have no other financial means to pay for needed care and must meet at least three situational criteria from a pre-determined list, such as impaired decision making, no informal supports, frequent falls, and hospitalizations. The wait list clients are also provided with other options for assistance if available. In order to maximize the limited funding available for in-home services a cost share/donation program has also been established. Assisted by certified CHWs and resources navigators, individuals who cannot be served or who are on the wait list are connected to programs and services that can provide some level of service to address their needs, such as home delivered meals, transportation, PERS (Personal Emergency Response System), SeeWell & HearWell programs (a collaboration with Calhoun County Senior Milage to provide eye glasses and hearing aids to low income older adults).

**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.**

The Advisory Council members are actively engaged and committed to their role of informing, advocating, and

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supporting the creation of a robust, responsive plan for the provision of aging services. The Public Hearing each year is hosted by the Advisory Council and input from their review of the Senior Needs Assessment and public hearing are incorporated into the MYP.

The Advisory Council also oversees the Request for Proposals (RFP) three-year cycle for our contracted service providers.

**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.**

The Policy Board and management team, through the strategic planning process, set a priority on more proactively anticipating the needs of those within the service region and ensuring programs and services are focused on prevention, collaboration and innovation. Critical success factors for accomplishment of the agency's goals include continual assessment, alignment and adapting efforts to ensure adequate resources to address the demand; being a leader in the areas of collaboration, program development and planning; and expanding business lines to create positive net revenue that enable the organization to maximize available funding and expand services within the region. Continued coordination with the Barry County Commission on Aging and Calhoun County Senior Services (Millage) helps to ensure available funds are used judiciously. The priority on programs and services that are preventive rather than reactive and that support continued integration with health services supports accomplishment of these goals.

**10. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

The five service categories receiving the most funds are:

1. Case Coordination & Support
2. Congregate Meals
3. Home Delivered Meals
4. Homemaking
5. Respite

The five service categories with the greatest number of anticipated participants are:

1. Congregate Meals
2. Home Delivered Meals
3. Information & Assistance
4. Long-Term Care Ombudsman
5. Outreach

**11. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?**

Two Executive Team members and one HR staff member successfully attended the Advancing Equity Through Systems Change presented by the Center for Health Equity Practice & MPH (Michigan Public Health Institute).

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The former CEO was in the process of securing the Michigan Nonprofit Association to perform a DEI assessment on the staff, Policy Board and Advisory Council. With her departure, this was not completed. After the assessment, CareWell Services will move forward with DEI Training for not only those listed above, but also subcontracting agencies it works with. CareWell Services is aware and knows the importance of this vital training to assist relationship building, communication, and empathy for not only each other, but the communities we serve. These trainings are a chance to bring people together who may not typically work together to hear different perspectives or experiences.

CareWell Services recently formed a DE2IB Team (Diversity, Equity, Inclusion & Implicit Bias). The framework is still being developed as we move forward. It is still in its infancy stage; however, we do want to have all employees receive relevant training on DEI & IB on various topics each quarter as professional development. New Hires, depending on their hire date, will make up the previous quarters' training for the current fiscal year. This team will also be charged with providing training and resources to CareWell Services providers, Policy Board and Advisory Council members.

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**Planned Service Array**

Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

	Access	In-Home	Community
<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support *</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Home Delivered Meals</li> <li>• Respite Care *</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Congregate Meals</li> <li>• Assistance to the Hearing Impaired and Deaf *</li> <li>• Home Repair *</li> <li>• Legal Assistance</li> <li>• Senior Center Operations</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> </ul>	<ul style="list-style-type: none"> <li>• Home Care Assistance</li> <li>• Medication Management</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Center Staffing</li> </ul>
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Case Coordination and Support</li> <li>• Disaster Advocacy and Outreach Program</li> <li>• Information and Assistance</li> <li>• Outreach</li> <li>• Care Transition Coordination and Support</li> <li>• HEALTH ACCESS HUB</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Management</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Senior Center Operations</li> <li>• Senior Center Staffing</li> <li>• Creating Confident Caregivers</li> <li>• Caregiver Education, Support and Training</li> <li>• GAP FILLING</li> </ul>
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Personal Care</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Legal Assistance</li> <li>• Long-term Care</li> <li>• Ombudsman/Advocacy</li> <li>• Senior Center Operations</li> <li>• Senior Center Staffing</li> <li>• Kinship Support Services</li> <li>• Caregiver Education, Support and Training</li> </ul>

\* Not PSA-wide

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**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the MYP/AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.**

**Instructions**

**Use the provided text box to present the Planned Service Array narrative.**

CareWell works collaboratively to ensure an array of services adequately meets the identified needs within the PSA. Through its ongoing coordination with funders, program partners and other providers within the PSA, it identifies what services under the MYP will be funded using federal and state resources, giving consideration to the programs and services that can be funded using local millage funds or through other grants. Barry and Calhoun counties both have a millage; however, they are managed quite differently. In Barry County, the millage funding remains with the Barry County Commission on Aging (BCCOA) for their mission-driven operations. CareWell works directly with the BCCOA to determine gaps in services, and where additional funding is needed to meet a higher demand. The MYP is presented to the BCCOA Board for input and feedback. CareWell's CEO meets with the BCCOA Director throughout the planning period to ensure that funding is coordinated most effectively. If a service is outside of the capacity, willingness or ability of the BCCOA, CareWell may find another provider (such as transportation services in Barry County) or purchase or provide the service directly (such as the Personal Emergency Response program). There are some services that we both fund and deliver in order to ensure adequate services to address the need, such as Evidenced Based Programs, Caregiver Support and elder abuse prevention. Even when services are provided directly, we work in concert with the BCCOA. They are the focal point within the community and we seek to walk alongside them in partnership as we provide supplemental support and fund services when requested and when it aligns with our core competencies.

In Calhoun County, the Senior Millage is not a service delivery provider but a funder only. To this end, we seek to align the two funding sources to the best advantage of the community. For instance, the Millage has made a significant investment in transportation. Limited Title IIIB funding makes this difficult for CareWell to make the same level of investment. Therefore, we do not fund transportation in Calhoun County. The Millage also funds a number of services in a significant way that would not be possible with the limited funding of CareWell, such as vision, hearing, legal services, guardian, money management, dental, etc. The Senior Millage Allocation Committee (SMAC), made up of members of the community and elected officials, determines how the millage funds are spent. A member of the SMAC also serves on the CareWell's Advisory Council, which is responsible for bringing awareness to the needs of seniors in our community and recommending the MYP for approval to the Policy Board. Another Calhoun County example is senior nutrition funding. Senior Millage allocated funding for senior nutrition to CareWell, who then grants the funds to a provider. This decision was made for a couple of reasons: (1) It eases the administrative burden on the provider by having only one funder for reporting, assessment, standards, and funding; (2) It provides greater flexibility for the funder to address changes in demand between congregate and home delivered meals (HDM) the millage does not restrict transfers between HDM and congregate; and, (3) It provides a leveraging opportunity and match for CareWell's funding that generates additional revenue through NSIP. This collaboration is solely responsible for the lack of a wait list in Calhoun County for HDM. As CareWell coordinates with other funders in the PSA, it is able to ensure that funding decisions are collaborative; reflect the needs of the community; are done in a



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way that promotes efficiency; and includes key stakeholders in the decision-making process. These efforts assure that seniors have the right service mix and that public funding is effectively leveraged and responsibly managed to serve as many people as possible.

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### Strategic Planning

Strategic planning is essential to the success of any area agency on aging 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 ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.

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.

#### **1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.**

CareWell Services Policy Board of Directors, Executive Leadership and select staff, undertook a thorough strategic planning process during the first part of FY 2022. It was an extensive process consisting of four 2.5 to 3 hour sessions. CareWell Services hired an outside consultant to lead the process. After identifying major strengths and weaknesses, participants determined whether the trends and their impacts identified at the first planning retreat presented potential opportunities or threats to achieving our mission and vision. Trends were defined as future external events that may have a positive or negative impact on the organization's operation and services. Trends in socials and demographic, economic, political and regulatory, and technology were separate, but overlapping environments and their direct impact on our internal operations were identified. The strategic plan identified threats so they do not impede progress toward our mission and vision. At the conclusion of the SWOT exercise, we engaged in a Gaps Analysis review. Participants identified challenges, gaps, and barriers that could impede progress toward CareWell's vision to the fullest extent possible. The purpose of this activity was to show consensus and alignment with respect to the top gaps and barriers.

#### **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.**

A lesser future role for the area agency on agency with the home-and community-based services Waiver program would significantly impact the capacity of the organization to effectively coordinate, manage and sustain the continuum of care within the service region. Currently, MI Choice Waiver is more than 79% of the agency's total budget. An increased role for the agency would ensure a strong service coordination continuum that is rooted in person-centered planning and integrated with existing programs and services. The comprehensiveness of the aging network, under the guidance of CareWell Services, cannot be understated. The agency's experience with the MI Health Link program clearly shows the weaknesses in a managed-care system that is not locally managed and coordinated. Services are more limited, the needs of participants are not proactively addressed and the system lacks quality and true person-centered planning. While the program spends extensively more on staffing and administration, it's direct service expenditures are immensely limited, meaning individuals are not getting the services they need to maintain them in the setting of their choice for as long as possible. To reduce the role of a trusted and proven network seems

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short sighted and ill advised, especially considering the lower administrative costs, improved local coordination, percentage of services vs. overhead, and the desire of participants to have in-person, local connection to their service provider.

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

Were the funding from ACLS to be reduced by 10% the agency would be required to reduce funding and cut services to the funding level. This would create even larger waitlists for care management (which already is extensive due to inadequate funding for case management staffing) and case coordination and support and would limit the agency's ability to address the needs of seniors. It would likely result in a reduction in staff and an increase in the rate of hospitalizations and institutionalizations among our seniors in the region.

**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**

As part of the process of development of the agency's Strategic Plan, the Policy Board, Advisory Council and leadership CareWell Services will undertake a number of initiatives to effectively achieve its objectives and remain aligned with its guiding principles. These efforts will support the accomplishment of the agency's mission and vision, while positing it most effectively to address the needs of the service region. These initiatives are listed below and include the guiding principles that serve as the foundation for these priorities. Accreditation and Certifications (Quality): As the agency seeks to expand its services in new markets in order to enhance its reach, the value of obtaining NCQA accreditation to demonstrate the agency's commitment to quality, compliance and accountability has become apparent. CareWell Services will work toward NCQA accreditation during this planning period. Filling leadership roles and redefining interim roles will be the initial step in placing quality at the center of all management initiatives. Additionally, the agency will seek to be fully certified under Medicare. The goal of these efforts is to position the organization to effectively respond to the changes in the service environment including pursuing partnerships, agreements and contracts with health plans, health systems, as well as increasing non-formula resources available to expand and enhance services within the region.

**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.**

CareWell Services will leverage human resources and technology to strengthen organizational effectiveness, quality and adaptability. The agency will use assistive devices and technology for direct purchase of service. CareWell Services is looking into further expanding the use of effective technology that improves capacity to serve seniors, improves efficiency of operations and lowers costs. CareWell Services has recently contracted with an IT Specialist to conduct an audit of our current technology, as well as make sure the current databases are working together in an effort to avoid duplication of services.

**6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.**

CareWell Services became very efficient in working remotely during the pandemic and utilizing cloud based technology. In the event a disaster or emergency should occur and we need to contact participants, CareWell Services would reach out to the Compliance Director and have them run the Emergency Plan Report out of Clear Access. They can run a query to target specific geographic areas or hone in on specific

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demographics. The report contains the Service Level Need, the assigned Care Management team, name, address, phone, caregiver information, and specific health information such as living situation, if bedbound, on oxygen and such. This will help CareWell Services respond to the participants' specific needs should an emergency occur. The Compliance Director would give said information to the Care Managers for those participants impacted. Any needs would be elevated to the emergency management team at CareWell to activate any necessary action.

CareWell Services uses Rehmann Technologies Solutions for its IT, along with an in house contracted employee who specializes in IT and databases and a dedicated staff member. All IT is cloud based and accessible at all times of site. We have multilevel encryptions in place, as well as a high-level firewall. The databases are backed up nightly via the cloud. Executive management lives in various locations. In the event power is out in southwest Michigan, for example, we have other management within varying geographic 75-mile distances (of the main office).

In the recent Strategic Plan prepared this year, CareWell Services has addressed its emergency planning system and prioritized it to be reviewed quarterly.

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**Advocacy Strategy**

**Describe the area agency's comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging* section C-6.**

**Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state. Enter your advocacy strategy in the dialogue box.**

CareWell's advocacy strategy is continually focused on fostering and facilitating a comprehensive network of funders, providers, and grantees that ensure older adults, persons with disabilities and their caregivers have access to needed services and that local, state and federal policies support continued engagement, quality of life and choice. To this end, the agency has increased its focus on services that support prevention; empower and engage consumers; and support innovation that increases capacity of the aging network.

Strategies to achieve these objectives include:

1. Improve resource navigation and service coordination through purposeful partnerships
2. Expand use of effective technology that improves capacity to serve older adults, persons with disabilities and their caregivers, improves efficiency of operations and lowers costs.
3. Sustain focus on education, public awareness and collaboration that highlights the issues facing an aging community especially related to transportation, direct care workforce, elder abuse prevention and dementia.
4. Expand capacity to communicate key issues presented in legislation at the local, state and national level, including improving communication methods with consumers, key stakeholders, and elected officials using a variety of modes and methods.
5. Engage in more purposeful advocacy with legislators including informing staff, providers, community partners in the aging network, Board and Advisory Council members on the impact of pending legislation and providing them with the tools to self-advocate if they so choose.
6. Increase empowerment and education of Advisory Council, enabling members to take a more proactive role in advocacy.

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**Leveraged Partnerships**

**Describe the area agency's strategy for FY 2023-2025 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**

Senior Millage/Commissions on Aging: Both counties within the PSA have a millage, but only Barry County has a Commission on Aging. In Calhoun County, the millage is managed by a county department and a Senior Millage Allocation Committee (SMAC) that determines distribution of the millage dollars. CareWell Services actively coordinates with the Barry County Commission on Aging and Calhoun County Senior Services to align service priorities and programs to meet identified gaps and best allocate available funding. In Calhoun County, CareWell receives funding from the senior millage through grants for personal emergency response systems and MMAP.

In Barry County, the Barry County Commission on Aging is a significant focal point in the community. In order to support BCCCOA most effectively, CareWell assumes a different role than in Calhoun County. In Barry County, the agency lends support and contributes time, talent and energy where needed by coming alongside BCCCOA. For instance, CareWell contributes to fundraising efforts that support Meals on Wheels and the adult day center, sponsors events, serves as a speaker for presentations, serves on committees, etc. We seek to fill gaps such as creating a more robust Personal Emergency Response Program within Barry County. Efforts are ongoing to increase funding and capacity for the senior center that is operated by the COA, supporting efforts around dementia friendly communities and enhancing the caregiver support program.

Other leveraged resources:

A recent Michigan Health Endowment Fund partnership has brought together providers in a Personal Care Attendant (PCA) comprehensive apprentice training pilot program for Carewell Services. This hands-on, high touch program will include classroom training, fieldwork training and oversight, with competency skill checks on all key PCA skills. Nurses will validate attendees' knowledge and skills with classroom testing, skill check offs and fieldwork competency validation in the home care setting.

Community partnerships whereby CareWell coordinates referrals and serves on a numerous workgroups and committees to serve marginalized communities and vulnerable, isolated seniors:

- The agency serves on the Coordinating Council who prepares the community needs assessment for Calhoun County and brings the needs from the survey to the forefront to be addressed collaboratively.
- Access to Care (Calhoun County) which addresses the barriers to health care in Calhoun County
- Calhoun County Response Consortium shares resources, needs and opportunities pertaining to community preparedness, response and recovery efforts to address the emergency needs of the community.

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- Hunger Free Calhoun County
- CareWell's Interim CEO is on the the board for NorthPointe Woods, a nonprofit assisted and senior living community in Battle Creek. CareWell works with NorthPointe Woods and other senior living communities to add programming, expand outreach, and coordinate health and wellness programs.

Health and Behavior Health: CareWell is represented on several health-focused entities in the service region including Barry Health Services Network, Barry County Resource Network, Access to Care and Regional Health Alliance leadership cabinet. CareWell is also a partner in the MI Calhoun project which gathers non-biased data, local resources and information with intent to give the community tools to understand public health indicators that affect the quality of life for residents .

Health Plans: CareWell parnters with a health plan operating as an Integrated Care Organization which provides MI Health Link Services. Under contract, CareWell provides services arrangements and vendor management services. Conversations are currently ongoing regarding additional services to provided in this partnership and other health plans.

**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.**

CareWell is committed to building the capacity of its EBDP programs . By taking a more active role in the delivery of these programs in the PSA, we are able to increase the number of classes offered . Until the agency is certified for Medicare reimbursement, we are focused on increasing participation and establishing partnerships with a variety of organizations to build a strong reputation of quality around these programs. Our senior centers are a key partner in this effort. Currently, the local health system in Marshall has trained Matter of Balance, as does CareWell, instructors that provide the classes. Additionally, Barry County COA has added more evidenced-based programs to its delivery array. CareWell has trainers for the full suite of PATH programs, Creating Confident Caregivers, Savvy Caregiver, Matter of Balance, Dealing with Dementia, Dementia Capable Care, Dementia Live. Dementia Friends, Aging Mastery Program and other programs.

**3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.**

CareWell's strategy for developing non-formulas resources is created through various strategies such as grants, cost-sharing, support of senior millages, advocacy and gap funding, as well as other fund development opportunities. CareWell has a vast number of diverse volunteers and partners to help augment resources to meet those individuals whose needs fall through the gaps. Those same volunteers/community partners are diverse and able to fill a number of needs that may rise up from the implementataion of this MYP.

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**Community Focal Points**

**Community Focal Points are visible and accessible points within communities where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review and update the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note if updates have been made.**

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

A focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the PSA. During development of the MYP, the AAA will determine the effectiveness of the currently identified community focal points and insure adequate coverage of the service region.

Rationale: The service region has four major city areas and a large rural population. These “city-centers” are used as primary access points for older adults and include Albion, Battle Creek, Marshall in Calhoun County and Hastings in Barry County. Each area of has an identified physical location where seniors can access information, resources, support, activities, and services. Each site represents a funder of services, a provider or services or information, a cultural or recreational gathering place, or a unit of government. Each location provides some level of information about services to seniors and adults with disabilities. The region also has a number of informal focal points, especially in rural areas and Albion at rural locations such as at senior centers and congregate meal sites throughout the region.

Heritage Commons Senior Enrichment Center as been revised to reflect its new location and interim manager.

**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.**

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Name:	Barry County Commission on Aging
Address:	320 W Woodlawn, Hastings, MI 49058
Website:	<a href="http://www.barrycounty.org/health-and-community/commission-on-aging/">www.barrycounty.org/health-and-community/commission-on-aging/</a>
Telephone Number:	269-948-4856
Contact Person:	Tammy Pennington
Service Boundaries:	Barry County
No. of persons within boundary:	15982
Services Provided:	ADC, senior nutrition, health promotion/disease prevention, chore, tax clinic, elder abuse prevention, caregiver programs, senior center, MMAP counseling

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Name:	Calhoun County Senior Services
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Address: 315 W. Green St., Marshall, MI 49068  
Website: [www.calhouncountymi.gov](http://www.calhouncountymi.gov)  
Telephone Number: 269-781-0846  
Contact Person: Helen Guzzo  
Service Boundaries: Calhoun County  
No. of persons within boundary: 33485  
Services Provided: MMAP site, primarily a funder of services

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Name: CareWell Services Southwest  
Address: 200 West Michigan Ave., Suite 102, Battle Creek, MI 49017  
Website: [www.carewellservices.org](http://www.carewellservices.org)  
Telephone Number: (269) 966-2450  
Contact Person: Stacy Wines  
Service Boundaries: Calhoun and Barry Counties  
No. of persons within boundary: 49467  
Services Provided: Senior Info Line, Caregiver and Dementia Support Program, Health Access Hub, Care management, BeWell Workshops, HomeSafe PERS Program, Mobile health kiosk, Medicare/Medicaid Assistance Program, elder abuse prevention, MI Choice Waiver services, senior project fresh

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Name: Forks Senior Center  
Address: 101 N. Albion Street  
Website: [forksseniorcenter.org](http://forksseniorcenter.org)  
Telephone Number: 517-629-3842  
Contact Person: Luann Sommers  
Service Boundaries: City of Albion & Eastern Calhoun County  
No. of persons within boundary: 2,400  
Services Provided: Health promotion/disease prevention, elder abuse prevention, caregiver programs, senior center, MMAP counseling

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Name: Heritage Commons Senior Enrichment Center  
Address: 15885 W. Michigan Avenue  
Website: [marshallheritagecommons.org](http://marshallheritagecommons.org)  
Telephone Number: 269-968-7342  
Contact Person: Paulette Porter  
Service Boundaries: Calhoun County  
No. of persons within boundary: 33485  
Services Provided: Senior nutrition, senior center, MMAP counseling, health promotion/disease prevention, elder abuse prevention, caregiver programs, exercise equipment

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**Other Grants and Initiatives**

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

- Tailored Caregiver and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- 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)
- Care Transitions Project

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

MMAP: CareWell Services receives funding from MMAP, Inc. for the delivery of benefits counseling for Medicare/Medicaid Recipients.

Michigan Health Endowment Fund: Grant awarded for the Personal Care Attendant (PCA) comprehensive apprentice training pilot program. This hands-on, high touch program includes classroom training, fieldwork training and oversight, with competency skill checks on all key PCA skills. Nurses validate attendees' knowledge and skills with classroom testing, skill check offs and fieldwork competency validation in the home care setting.

Evidence Based Programs:

PATH Programs (Standard, Pain, Diabetes, Caregiver)

Creating Confident Caregivers

Matter of Balance

Arthritis Foundation Walk With Ease

Local grants: A local grant from the Battle Creek Community Foundation supports evidence based programming and outreach at the three focal points in Calhoun County - Ablion's Forks Senior Center, Marshall's Heritage Commons Senior Enrichment Center, and Battle Creek's Kool Family Community Center.

Calhoun County Senior Millage awarded a grant for the senior center operations at Heritage Commons Center Enrichment Center in Marshall, where CareWell serves as the operational partner. CareWell has

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**Region 3B Area Agency on Aging**

**FY 2023**

garnered support from the Cronin Foundation, Marshall Community Foundation, Enbridge, Consumers Energy and various community partners to support the development of this new location for the senior center in Marshall. The Grand Opening is scheduled for July 21, 2022.

United Way awarded GAP filling services for at risk seniors who don't fit into other funding streams.

PREVNT grant to decrease the likelihood of abuse, neglect and exploitation of elder or vulnerable adults. CareWell Services is a subgrantee.

Senior Millage Allocation Committee funded SeeWell, HearWell and Personal Emergency Response Systems. Also funded, in part, MMAP salaries.

MI Health Link: CareWell Services has contracts with two of the health plans in the MI Health Link demonstration project providing service arrangement and network capacity for the plans.

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

Special projects and initiatives are the catalyst for change in the region. They provide opportunity to build new partnerships, explore best practices, supplement existing services or fill gaps in services, and address critical needs for which there are inadequate state-funded resources. Often these projects are smaller scale or involved demonstration programs. As the outcomes of the initiatives are gathered and impact can be demonstrated, the programs can influence the allocation of resources within the MYP. The impact on seniors is significant because the programs are in response to specific needs that have been identified. This is especially true within the service area of CareWell Services as we seek to determine the best strategy for addressing social determinants of health. Special projects can also make a valued contribution to local initiatives by informing key decision makers, funders and stakeholders about the importance of addressing the needs of seniors so as to impact the health outcomes of the community as a whole. Our work in this area in Calhoun County resulted in the addition of a CHW in the Albion area after partners in the Regional Health Alliance became more acutely aware of the need for support for seniors. Additionally, CareWell was invited to coordinate its needs assessment results with the larger Community Health Needs Assessment. This type of work gives aging services a seat at the table and in some cases places them in the position of being the driver of initiatives that benefit not just seniors but the community as a whole.

**3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.**

Engaging in new and innovative efforts are nearly impossible relying only on state-funding. A variety of revenue streams are needed to test new ideas, address gaps in services for which state funding is inadequate, develop best practices, and build new programs. Without these non-formula resources, CareWell Services would not be able to address some of the most critical needs in the region, such as addressing and preventing elder abuse; expanding senior centers; creating interventions that assist persons with complex chronic conditions; and increasing access to services for persons living with dementia and their caregivers.