

BOARD OF COMMISSIONERS MEETING

William J. Bunek, Chairman

NOTICE OF MEETING

The Executive Board of Commissioners Meeting of the Leelanau County Board of Commissioners will be held on Tuesday, July 9, 2019, at 9:00 a.m. in the Commissioner Meeting Room, Leelanau County Government Center, Suttons Bay, Michigan

(Please silence cellular/electronic devices)

(Proceedings of the meeting are being recorded and are not the official record of the meeting; the formally approved/accepted written copy of the minutes will be the official record of the meeting.)

TENTATIVE AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE / MOMENT OF SILENCE

ROLL CALL

COMMUNICATIONS, PROCLAMATIONS, PRESENTATIONS:

PAGE #

- Administrator Update
- Senior Services Department Update. 2-17
- Meals on Wheels – Agency Update 18-20
- Area Agency on Aging of Northwest Michigan – Agency Update 21-31

APPROVAL OF AGENDA / LATE ADDITIONS OR DELETIONS

PUBLIC COMMENT

ACTION ITEMS

1. Probate & Family Court –
 - a. Reimbursement Request, *no handout.*
 - b. Bed Rental Agreement, Ottawa County Juvenile Detention Center. 32-40
2. Area Agency on Aging of Northwest Michigan (AAANM) – Fiscal Year 2020 Annual Implementation Plan Resolution. 41-122
3. Sheriff’s Office – Renewal of Agreement for Animal Control Services, Grand Traverse Band. 123-127
4. Register of Deeds –
 - a. Waiver of Insurance Requirement Policy for Corporate Service Company (CSC). 128-129
 - b. Register of Deeds Online Fee Schedule. 130-141
5. IT –
 - a. ESRI (GIS Software) Maintenance Agreement Renewal. 142-147
 - b. Dell Back Up Server Maintenance Renewal. 148-149
6. Brownfield Redevelopment Authority Vacancy. 150-155
7. Parks and Recreation Commission – Grub Shack Contractor Recommendation. 156-168
8. Administration –
 - a. Annual MERS Conference Delegates. 169
 - b. 2020 Budget. 170
 - c. 2019 Goals Update –
 - i. Early Childhood Committee, *no handout.*
 - ii. Septic Systems Inspections, *no handout.*

REVIEW OF FINANCIALS

SPECIAL REPORTS BY STAFF, COMMISSIONERS, AND AFFILIATED AGENCIES

PUBLIC COMMENT

COMMISSIONER COMMENTS

APPROVAL OF FINANCIALS

- Amendments & Transfers
- Miscellaneous Fund Transfers and Amendments
- Claims and Accounts
- Post Audit

ADJOURNMENT

Leelanau County Senior Services

July 2019 Department Update

Population Projections

Our county composition is quickly changing!

Leelanau Population

OVERALL POPULATION TRENDED 2010 CENSUS THRU PROJECTED 2022

LEELANAU	Census 2010	2011 Est	2012 Est	2013 Est	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2010 to 2019	Chg 2019 to 2022
Total	21,708	21,420	21,365	21,464	21,583	21,624	21,493	21,657	21,658	21,683	21,706	21,726	21,745	0%	0%
0-19	4,692	4,481	4,318	4,268	4,193	4,118	3,998	3,953	3,913	3,899	3,902	3,912	3,929	-17%	1%
20-29	1,546	1,602	1,713	1,852	1,932	1,950	1,877	1,918	1,891	1,853	1,800	1,740	1,678	20%	-9%
30-39	1,736	1,634	1,634	1,698	1,740	1,782	1,860	1,912	1,942	1,969	1,989	2,007	2,023	13%	3%
40-49	2,797	2,570	2,377	2,189	2,116	2,042	1,990	1,996	1,960	1,942	1,941	1,954	1,977	-31%	2%
50-59	3,963	3,885	3,817	3,710	3,589	3,441	3,307	3,194	3,058	2,922	2,787	2,654	2,525	-26%	-14%
60-64	1,892	2,046	2,028	2,062	2,185	2,244	2,212	2,218	2,214	2,201	2,176	2,139	2,088	16%	-5%
65-69	1,542	1,557	1,736	1,805	1,867	1,965	2,094	2,127	2,181	2,224	2,256	2,279	2,292	44%	3%
70-74	1,188	1,254	1,309	1,367	1,431	1,494	1,498	1,631	1,705	1,778	1,850	1,920	1,987	50%	12%
75-79	932	918	935	999	1,043	1,064	1,089	1,135	1,188	1,248	1,315	1,386	1,459	34%	17%
80-84	715	746	762	747	714	730	746	758	782	808	836	864	895	13%	11%
85+	705	727	736	767	773	794	822	815	826	838	853	871	892	19%	6%
60+	6,974	7,248	7,506	7,747	8,013	8,291	8,461	8,684	8,895	9,097	9,286	9,460	9,613	30%	6%

Leelanau Population

POPULATION AS % OF TOTAL BY AGE COHORT TRENDED

LEELANAU	Census 2010	2011 Est	2012 Est	2013 Est	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2010 to 2019	Chg 2019 to 2022
Total	21,708	21,420	21,365	21,464	21,583	21,624	21,493	21,657	21,658	21,683	21,706	21,726	21,745	(25)	63
0-19	22%	21%	20%	20%	19%	19%	19%	18%	18%	18%	18%	18%	18%	-4%	0%
20-29	7%	7%	8%	9%	9%	9%	9%	9%	9%	9%	8%	8%	8%	1%	-1%
30-39	8%	8%	8%	8%	8%	8%	9%	9%	9%	9%	9%	9%	9%	1%	0%
40-49	13%	12%	11%	10%	10%	9%	9%	9%	9%	9%	9%	9%	9%	-4%	0%
50-59	18%	18%	18%	17%	17%	16%	15%	15%	14%	13%	13%	12%	12%	-5%	-2%
60-64	9%	10%	9%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	1%	-1%
65-69	7%	7%	8%	8%	9%	9%	10%	10%	10%	10%	10%	10%	11%	3%	0%
70-74	5%	6%	6%	6%	7%	7%	7%	8%	8%	8%	9%	9%	9%	3%	1%
75-79	4%	4%	4%	5%	5%	5%	5%	5%	5%	6%	6%	6%	7%	1%	1%
80-84	3%	3%	4%	3%	3%	3%	3%	4%	4%	4%	4%	4%	4%	0%	0%
85+	3%	3%	3%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	1%	0%
60+	32%	34%	35%	36%	37%	38%	39%	40%	41%	42%	43%	44%	44%	3%	2%

Current Role and Penetration of Leelanau County Senior Services

Different needs at different ages

In generalities:

60+ needs:	Information, prevention, education, future planning options
75+ needs:	Information, care management, in-home services, socialization
80+ needs:	Intensive care management, end of life planning, long term care placement planning
85+ (the fastest growing age group)	

Leelanau County Senior Services Role

1. Provide a broad spectrum of services and play a pivotal role in connecting people with community organizations and services available to assist seniors in maintaining their independence.
2. Provide in home services unmet needs assistance to seniors who fall under poverty guidelines.

LCSS Services

Seniors who meet certain income/asset guidelines are eligible for the following services.

- Personal Care
- Respite Care
- Homemaking
- Medication Management
- Financial Assistance: Heating/Utilities, Dental, Eye Glasses, Hearing Aides, Snow Removal, Legal Assistance, Safety Repairs-86
- Project Fresh Coupons (USDA Program)

Other LCSS Services/Programs

All Leelanau County Seniors are eligible to utilize the following services and programs.

- Medical Transportation
- Foot Care Vouchers
- Medical Equipment Loan Closet
- Freedom Alert/Care Trak
- AARP Tax Preparation
- MMAP Counseling
- Bitesize Learning
- Information and Assistance
- Euchre
- Social Outings
- Senior Expo

Current penetration of LCSS

- 5,600 bi-monthly newsletters mailed to senior households and other agencies. Provides timely information about healthy aging, connecting to resources, Medicare and Social Security updates and prevalent scams.
- 2,500 or 29% of population touched through in-home services, referrals to community resources, Medicare/Medicaid counseling, tax preparation and social opportunities.

Budget

- 2019 Budget = \$881,177
- Reduction in personnel costs
- Contracted nurse care coordination services
- Contracted volunteer program coordination
- Increase budget for in-home services, unmet needs, and transportation services

Connection and Collaboration

Millage dollars are used to not only provide direct service but also facilitate connection of seniors to other community services and assets.



Partnerships/Collaborations

- Planning Department
- Probate Court
- Munson/CK
- AAA-Referrals, Quarterly meetings with COA Directors, Community Survey, MMAP
- BASA-Bay Area Senior Advocates
- Meals on Wheels
- BATA-Leelanau Wellness, Leelanau County Transit Alliance
- Emergency Management/Sheriff's Dept. –Freedom Alert, Care Trak
- ShareCare-Care Coordination services, Volunteer Coordination, Transportation, Bitesize Learning, Medical Equipment loan Closet
- Vulnerable Adults Group
- Leelanau County Family Coordinating Council
- Leelanau Christian Neighbors
- Substance Abuse Coalition

Volunteers

- Medical Transportation
- Senior Volunteer Program
- Senior Expo
- AARP Tax Program
- Medicare Medicaid Assistance Program

2019 Senior Expo



Meals on Wheels of NMCAA improves the health and quality of life of vulnerable homebound seniors by delivering vital nutrition, compassionate visits, and safety checks, enabling the seniors to live nourished lives with independence and dignity.

**Meals on Wheels provides...
 “So Much More than a Meal”
 in
 Grand Traverse
 Leelanau
 Manistee
 Wexford
 and Missaukee
 Counties**



Photo courtesy Traverse City Record Eagle

Donations enable us to deliver meals “and so much more” when seniors need us the most. Donations provide:

- \$16,000—10 seniors for a year
- \$1,600—A senior for a year
- \$133—A senior for a month
- \$6.58—A senior for a day

Vital Nutrition

1 in 7 seniors face food insecurity. Malnutrition and poor nutrition occurs frequently in the elderly population. Lack of proper nutrition over long periods of time can cause multiple health issues. Meals on Wheels provides seniors with critical, **well-balanced hot meals, meant to be their main meal of the day.** Caregiving spouses also receive meals because seniors are more likely to maintain good nutrition when they do not eat alone and so that the caregivers can maintain their own health. Daily hot meals are delivered Monday-Friday. Seniors needing weekend meals receive frozen meals during the week.

Compassion and Security

Homebound seniors often suffer from isolation, depression and loneliness. Drivers deliver **Meals on Wheels with love.** Just as important as the meals, attentive, caring & compassionate drivers provide **much needed personal contact, delivering smiles, friendship, a feeling that people care, a daily safety check and peace of mind** for seniors and their families. Drivers are often the only people that clients may see for days at a time. Often, that friendship can be a lifesaver. **Drivers have called 911** on many occasions.

Independence with Dignity

Knowledgeable staff complete comprehensive in-home assessments every six months to ensure that Meals on Wheels is meeting seniors’ needs and to make referrals for other services. Our goal is to **help seniors be safe, healthy, and independent to remain in their own homes, where 85% of seniors prefer to be.**



\$1.5 million budget: 70% Local contributions. 30% Federal/State grant
 There is a constant need for community involvement to ensure that Meals on Wheels can be there for seniors when they need us the most. It is the generosity of our community that helps provide for our seniors in **18** ad.

Meals on Wheels of NMCAA by the numbers:

What outcomes were achieved for seniors last year (FY '18: Oct '17—Sept '18)

191,562 well-balanced Meals on Wheels “and so much more than a meal” were delivered to **1,356** homebound seniors.

In addition, **39,694** meals were served to **1,659** active seniors at 18 “Dining Senior Style” luncheon sites, providing fun, food, and friendship,

What clients told us about Meals on Wheels:

99% said: Made it easier to live independently.

99% said: Made it easier to maintain a well-balanced diet.

87% said: They, their friends, or family felt safer as a result of visits from their Meals on Wheels driver.

90% said: Made it easier to maintain or gain weight.

Who is eligible to receive Meals on Wheels?

- Individual 60 years of age or older, or the spouse/partner of someone who is receiving Meals on Wheels.
- Homebound, i.e. normally unable to leave the home unassisted and for whom leaving home takes considerable and taxing effort.
- Unable to obtain food or prepare meals for themselves. Unable to dine at a Senior Luncheon Center.
- No one is willing and able to perform the service(s) needed.

Is there a charge for Meals on Wheels?

- Eligibility is based on medical and nutritional needs, not income. Monthly letters are sent to participants detailing the number of meals received, giving seniors the opportunity to contribute a suggested donation of \$3.00/meal (actual cost of meals is \$6.58/meal). No one is ever denied service because of an inability to contribute.

Are volunteers important to the Meals on Wheels program?

- YES! The program could not operate without the dedicated group of volunteers who provide great care and compassion in all of our counties. Because we cover every inch of the counties we serve, we also have staff drivers in all counties providing service on long and difficult routes. We are always looking for volunteers!
- Our Meals on Wheels team includes 155 Volunteers and 32 Staff members—talented cooks, caring drivers, knowledgeable assessors conducting in-home visits to connect seniors with valuable resources, and committed office staff who coordinate services.



***Waiting for Daylight**—I knocked once more, this time a little louder. There was still no answer. I walked around to the side door and knocked again. This door was unlocked. I opened it and called her name. The voice I heard was faint. I went in and found “Sarah” on the floor of the bedroom. She had fallen in the night and was unable to reach her phone. “Sarah” told me that she wasn’t hurt, just unable to get up. I called for assistance and waited with her until they arrived. She told me that what kept her calm was watching and waiting for daylight. “Once it was light, I knew it wouldn’t be long before you got here.”*

For more information, to volunteer, donate, or inquire about receiving meals:

Grand Traverse/Leelanau counties:

Lisa Robitshek, Dave Hagen, Jennifer Watkins, 3963 Three Mile Rd, Traverse City, MI 49686, (231) 947-3780

Wexford/Missaukee :

Chuck Dolley, 1640 Marty Paul, Cadillac, MI 49601, (231) 775-9781

Manistee:

Bonnie Kruse, 457 River St, Manistee, MI 49650, (231) 723-6461

You can contact us throughout our service area at 1(800) 632-7334

Lisa Robitshek, Manager, Meals on Wheels, Lrobitshek@nmcaa.net or (231) 947-3780

Visit us at www.MealsWheelsLove.org and www.facebook.com/MealsonWheelsofNorthwestMichigan

Meals on Wheels is a program of Northwest Michigan Community Action Agency, a 501(c)(3) corporation.



Meals on Wheels of NMCAA

Leelanau County-specific information

Meals on Wheels in Leelanau County, spanning 285 daily miles:

Two full routes and one partial route (Grand Traverse/Leelanau) delivered by staff.

One partial route (Grand Traverse/Leelanau) delivered by volunteers.

Congregate

Program:

Suttons Bay	Friday
Northport	Thursday (seasonally)
Elmwood	4th Thursday
Empire	Monday and Tuesday

	<u>Meals</u>	<u>Cost/meal</u>	<u>FY '18 Leelanau County Expenses</u>	<u>Leelanau county millage funding</u>	<u>Remaining of Leelanau County expenses</u>	<u>Number of Leelanau County clients</u>
Home-delivered meals	15,210	\$ 6.58	\$ 100,082	\$ 28,000	\$72,082	117
<u>Congregate meals</u>	<u>1,224</u>	<u>\$ 6.58</u>	<u>\$ 8,054</u>	<u>\$ -</u>	<u>\$ 9,100</u>	<u>181</u>
Total	16,434	\$ 6.58	\$ 108,136	\$ 28,000	\$80,136	298

Total including MI Choice Waiver program:

Note: Total meals is 17,473 meals serving total of 301 clients.

16,199	120
<u>1,274</u>	<u>181</u>
17,473	301

Area Agency on Aging of Northwest Michigan
MULTI-YEAR PLAN (MYP) SUMMARY
(October 1, 2019 – September 30, 2022)

Who We Are

Part of an Aging Network:

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

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

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

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

What We Do

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

- Information and Assistance
- Caregiver Support and Education
 - Tailored Caregiver Assessment & Referral Program
 - Creating Confident Caregivers Program
- Care Management Program
- Caregiver Respite Program
- MI Choice Waiver Program
- Nursing Facility Navigation
- Veteran’s Directed Home and Community-Based Services
- Medicare/Medicaid Assistance Program (MMAP)
- Long-Term Care Ombudsman
- Elder Abuse Awareness and Prevention
- Healthy aging / Evidence-Based Disease Prevention Programs
 - Personal Action Toward Health (PATH)
 - A Matter of Balance: Managing Concerns about Falls

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

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal Care
- In-Home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support

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

Demographic and Environmental (Need) Analyses

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

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

Overall population trends

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

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

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

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

Workforce Issues will Intensify

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

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

Poverty and Economic Stability

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

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

Minority Population

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

Data sources used:

2010 Census Data

American Community Survey 2013-2017 Estimates

EMSI Economic Modeling retrieved 1/19/2019

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

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

Preferences, Community Conditions and Quality of Life

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

Observations and trends identified:

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

4) Older adults are staying in the workforce longer and are willing to work part-time. Conversely, older adults with expertise and experience in professional careers are retiring and creating a void in the workforce.

5) “Loss is an everyday thing” as one ages. Fear of losing independence is a primary concern for older adults and persons with disabilities. Individuals are often unprepared for the life changes that accompany the aging process or living long term with chronic health conditions and disability. Older adults want to maintain control as long as possible.

6) Social isolation is a prevalent issue among older adults that is complicated by rural geography. Many older adults have moved to northwest Michigan to retire and do not have family in the area to support them. Transportation challenges are a contributing factor as well.

7) The nature of family structures is changing due to economic and social shifts in our country. Some older adults are finding themselves providing support to adult children with disabilities, grandchildren, or children with spouses and kids who have moved back home due to financial instability.

8) Elder abuse and exploitation is an increasing, under-reported issue in the region, including domestic abuse (financial, physical, psychological and sexual), as well as predatory unethical relationships (realtors having themselves declared guardian for older adults with valuable real estate), and financial scamming schemes deliberately targeted at seniors.

9) There is a shortage of Adult Protective Services (APS) workers to investigate and mitigate elder abuse and exploitation situations. This is further compounded by a shortage of guardians and conservators to support older adults who need this assistance. However, there are significantly differing opinions about when older adults need a guardian appointed and the role of the guardian.

10) A culture of ageism and viewing seniors as a burden or having limited value influences the quality of life for older adults in our region.

11) Electronic communication has become a way of life – to connect with family, to complete applications and do banking, for safety monitoring, and to access telehealth. Landlines for telephone service are less prominent. Yet many areas of northwest Michigan do not have consistent cell phone coverage or high-speed broadband. This impacts quality of life for communities in general and for older adults.

Economics

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

Observations and trends identified:

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

Social Determinates of Health

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

Observations and trends identified:

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

Accessing / Using Healthcare

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

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

Observations and trends identified:

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

Accessing / Using Long Term Care Supports and Services

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

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

Observations and trends identified:

1) The rural nature of the region contributes to inconsistent availability of long term supports and services for older adults. This contributes to situations of compromised health, accelerated decline and decreased quality of life, and use of expensive healthcare resources including Emergency Room visits and hospitalizations.

2) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently long term. Navigating programs and services was cited as a concern, particularly services that have complicated application or qualification processes.

3) Funding for long term supports and services and other public programs that support older adults and persons with disabilities requires vigilant advocacy.

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

Caregiving (paid and unpaid)

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

Observations and trends identified:

1) Paid caregivers are hired at the direction of the employer or through self-determination. There is no universal background check system to promote safety for older adults and reduce abuse/neglect/exploitation (i.e. it is impossible to know if a paid caregiver has been terminated by an employer for abuse/neglect/exploitation unless a criminal record has been established).

2) A thoughtful strategy for increased Medicaid MI Choice Waiver reimbursement rates passed through to direct care wages is necessary to impact the direct care workforce crisis.

3) The critical lack of childcare in the region also contributes to the dire shortage of paid caregivers. Parents are increasingly choosing between staying at home to care for children and working because of the childcare shortage.

4) Caregiver education, for both informal and paid caregivers, has been consistently identified as a valuable support that improves quality of life for older adults and reduces stress and burden for caregivers.

Regional needs identified

Supporting healthy lifestyles

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

Infrastructure for delivery of care and services to older adults

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

Information, education, access, advocacy

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

Healthcare, care coordination and care management

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

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

Caregiving

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

Services and Priorities Proposed for the FY 2020-2022 MYP

NO CHANGES TO THE FOLLOWING

- Information and Assistance
- Caregiver Support and Education
 - Tailored Caregiver Assessment & Referral Program
 - Creating Confident Caregivers Program
- Care Management Program
- Caregiver Respite Program
- MI Choice Waiver Program
- Nursing Facility Navigation Program
- Veteran’s Directed Home and Community-Based Services
- Medicare/Medicaid Assistance Program (MMAP)

REQUEST FOR PROPOSALS WERE SOUGHT WITH NO RESPONSES

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

ADDITIONAL SERVICE BEING ADDED

- Options Counseling

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

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal Care
- In-Home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support

Development Priorities Proposed for the FY 2020-2022 MYP

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

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

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

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

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

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

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

Key Relationships and Strategic Partnerships

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

EXECUTIVE DOCUMENT SUMMARY

Department: Probate/Family Court Contact Person: <u>Hon. Marian Kromkowski</u> Telephone No.: <u>231-256-9803</u>	Submittal Dates <input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input checked="" type="checkbox"/> Regular Session: <u>07/16/2019</u>
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Source Selection Method <input type="checkbox"/> Negotiated <input type="checkbox"/> Other: _____	VENDOR: <u>Ottawa County</u> Address: _____ Phone: _____
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Budgeted Amount: <u>\$ 130,462.00</u>	Contracted Amount: <u>\$ 23,400.00</u>
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Document Description	
<input checked="" type="checkbox"/> Professional Service	<input type="checkbox"/> Other _____

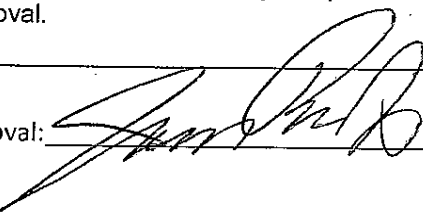
Request to Waive Board Policy on Bid Requirements

This is a contract between the Leelanau County Family Court and the Ottawa County Juvenile Detention Center.

Ottawa County Corporate Counsel has recommended this signature process. This is a Court-Ordered placement by Judge Kromkowski.

Per diem is \$195.00 and estimated length of stay is 4 months. The above amount is reimbursed 50% from the state.

Suggested Recommendation: Recommend that the Board of Commissioners approve the contract between the Ottawa County Juvenile Detention Center and the Leelanau Family Court for placement of Court-ordered youth placed in their facility, pending counsel review and approval.

Department Head Approval:  Date: 6/28/2019

OTTAWA COUNTY JUVENILE DETENTION CENTER
BED RENTAL AGREEMENT

This Agreement is made among LEELANAU COUNTY acting through the authority of the 13th JUDICIAL CIRCUIT COURT (“Placing Court”) and its legislative funding body, the Leelanau County Board of Commissioners (collectively the “Placing Agencies”) and Ottawa County, acting through the 20th Judicial Circuit Court (“20th Circuit”) and its legislative funding body, the Ottawa County Board of Commissioners (“Ottawa”):

Whereas, the Ottawa County Juvenile Detention Center (“Detention Center”) is owned by Ottawa County but is a court not county operated county juvenile detention facility that is managed by the 20th Circuit Court and is subject to the all rules and regulations under Michigan law pertaining to court management juvenile detention facilities;

Whereas, the Placing Court orders certain court wards in detention and/or treatment facilities; administers the local county Child Care Fund (“Placing CCF”); and desires to enter into this Agreement for the purpose of renting secure detention and treatment beds for delinquent juveniles within its jurisdiction into the Detention Center;

Now, therefore in consideration of the mutual covenants and promises contained herein, the parties agree as follows:

I
TERM OF CONTRACT

This contract shall begin on June 1, 2019 and will be effective until September 30, 2020 unless terminated earlier as provided herein or as amended by the parties in a like writing signed by all parties. Any party may terminate this Agreement by

giving the other parties written notice, postmarked or hand delivered, at least thirty (30) days prior to the intended date of termination.

II
THE DETENTION CENTER'S DUTIES

1. House juvenile offenders ("Juveniles") under the jurisdiction of the Placing Court at the Detention Center. The Detention Center will treat all such Juveniles with respect and in the same manner as other juveniles housed at the Detention Center in accordance with the policies, rules, and regulations of the 20th Circuit and the Michigan Department of Health and Human Services, Bureau of Regulatory Services.

2. In addition to the occupancy of a secured bed/board and care, various treatment services may be available to a juvenile from the Placing Court upon mutual agreement. Additional costs related to the case while a juvenile is in the care of the Detention Center (e.g., psychological or other assessment/testing in addition to the 20th Circuit's Assessment Unit for the Lighthouse Program) fall outside this Agreement and may be arranged with the 20th Circuit, and such arrangement will be documented at the Detention Center and the Court.

111
THE PLACING AGENCIES AGREE TO:

1. Conduct appropriate and necessary legal proceedings and provide the Detention Center with a valid court order detaining the Juvenile(s).

2. Contact the Detention Center Superintendent (or designee) to make the initial referral and determine bed space availability. If substance abuse treatment is being sought for the referred juvenile prior to this call, the Placing Court will have the juvenile assessed by a substance abuse provider for the appropriate clearances necessary for this type of treatment.

3. Obtain medical releases for the Juvenile and provide all information requested by the Detention Center's administrative staff. The Placing Agencies will also be responsible for all necessary arrangements, such as transportation, prescriptions, surgery, post-surgical care, psychological testing, medical and dental care and costs of all desired services not normally provided at or by the Detention Center or its staff, including, but not limited to, medical, dental, mental health, optical care or testing for the conditions not directly related to or arising from housing of the Juvenile at the Detention Center.
4. Provide weekly contact between the Placing Court's caseworker and Juvenile, unless other specific arrangements to the contrary are agreed upon by the Detention Center.

IV COMPENSATION

1. In consideration for the services provided by the Detention Center under the terms of this agreement, for youth referred to it by the Placing Court and accepted by the Detention Center, the Placing Agencies agree to reimburse Ottawa in accordance with the terms specified below:
 - A. Detention bed rental - \$160.00 per day;
 - B. Lighthouse Program - \$195.00 per day (\$160.00 per day for assessment period)
 - C. Specialized/Individualized Treatment Program as requested and agreed upon by the Placing Court and the Detention Center/20th Circuit Court - \$165.00 per day
 - D. Residential Substance Abuse Treatment - \$165.00 per day

E. Psychological Assessments - \$300.00 per assessment if done by the 20th Circuit; additional costs for specialized testing may be higher based on agreement from the Placing Court.

F. Challenge Ropes Course - Not to exceed \$25.00 per juvenile

2. The 20th Circuit will submit an invoice to Placing Court by the tenth (10th) working day of the month following the month in which services were provided. The invoice will list the names of juveniles and the days of service provided as well as the per diem rate.

3. The Placing Agencies shall issue payment within thirty (30) days from receipt of the invoice. Questions or discrepancies must be submitted in writing to Detention Center within ten (10) days of receipt of the invoice.

4. The Placing Agencies recognize the Detention Center has calculated the rates above based on its actual costs. By signing this Agreement and placing the Juvenile(s) in the Detention Center, the Placing Court is finding that services of the Detention Center are necessary for the Juvenile(s) and the fees reasonable and necessary for his, her or their treatment, irrespective of any limitation on reasonable and necessary costs imposed by the State of Michigan or limitation on state contributions to the local child care fund.

5. The Placing Agencies further recognize the Detention Center reserves the right to change programs and/or increase costs and fees of the programs above as costs dictate in the sole discretion of the 20th Circuit Court. The Detention Center shall endeavor to give advanced notice of any increases and to keep increases to a minimum to the Placing Agencies, but circumstances may not enable such advanced notice.

V

LIABILITY

1. All liability to third parties, loss or damage as a result of claims, demands, costs, or judgments arising out of activities to be carried out by the Placing Agencies in the performance of this Agreement shall be the responsibility of the Placing Agencies, and not the responsibility of the 20th Circuit, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Placing Agencies, or anyone directly or indirectly employed by the Placing Agencies, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the placing Agencies or its employees by statute or court decisions.

2. All liability to third parties, loss, or damage as a result of claims, demands, costs or judgments arising out of activities to be carried out by the 20th Circuit in the performance of this Agreement shall be the responsibility of the 20th Circuit and not the responsibility of the Placing Agencies if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any 20th Circuit employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the 20th Circuit or its employees as provided by statute or court decisions.

3. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the 20th Circuit and the Placing Agencies in fulfillment of their responsibilities under this Agreement, such liability, loss, or damage shall be borne by the 20th Circuit and the Placing Agencies in relation to each party's responsibilities under these joint activities provided that nothing herein shall be construed as a waiver of any governmental immunity by the 20th Circuit, the Placing Agencies or their employees, respectively, as provided by statute or court decisions.

VI

MISCELLANEOUS PROVISIONS

1. The Detention Center reserves the right to refuse admittance of any juvenile not under the jurisdiction of 20th Circuit when such admittance would unduly burden the facilities or create disadvantage for other juveniles under the management or jurisdiction of the 20th Circuit. In addition, The Detention Center may temporarily deny admission when the Detention Center census is too high. The Detention Center may also order the removal within twenty-four (24) hours of any juvenile whose continued presence is unduly detrimental to the welfare of such juvenile, or any juveniles in the Detention Center, or to the general operation of the detention facility. This right to order removal may be invoked in situations when:

- A. Complete and proper documents are not presented with the juvenile at the time of detention;
- B. Medical conditions or injuries requiring immediate medical or mental health treatment;
- C. The juvenile is in such an emotional or distraught state as to be a risk to themselves or other juveniles at the Detention Center or employees in the Detention Center.

2. Neither party shall discriminate against or give preference to any employee or applicant for employment, or any Juvenile placed and cared for because of that Juvenile's race, color, creed, national origin, religion, sex, sexual orientation, gender identity, height, weight, marital status or disability. Breach of this section shall be regarded as a material breach of this Agreement.

3. No officer, agent or employee of any of the parties to this Agreement shall be entitled to receive or be admitted to any personal share or benefit under any provision of this Agreement.

4. It is expressly acknowledged and agreed the parties shall observe the confidentiality of information, applicable provisions of Michigan Court Rules; County,

State and Federal regulations pertaining to records, access to which is provided by Placing Court and/or 20th Circuit.

5. This Agreement may be modified or amended only by a writing duly executed by the parties as provided below.

6. This writing embodies the whole agreement of the parties. There are no promises, terms, conditions or obligations other than those contained in this Agreement. All previous and contemporaneous communications, representations or agreement between the parties, either verbal or written, are superseded by this Agreement. This Agreement may only be modified by a written agreement signed and approved by all parties in a manner like the original Agreement's approval.

7. This Agreement is not intended as a third-party beneficiary contract and may not be assigned. No party may claim a benefit to or right in this Agreement or its provisions or services hereunder, except the parties signing below

PLACING AGENCIES

By: _____
Honorable Marian Kromkowski, Judge
Leelanau County Probate & Family Court

Dated: _____

By: _____
William J. Bunek, Chairperson
Leelanau County Board of Commissioners

Dated: _____

DETENTION CENTER/ 20th CIRCUIT COURT

By: _____
Honorable Jon A. Van Allsburg, Chief Judge
20th Circuit Court

Dated: _____

By: _____
Gregory J. DeJong, Chairperson
Ottawa County Board of Commissioners

Dated: _____

By: _____
Justin Roebuck
Ottawa County Clerk/Register of Deeds

Dated: _____

Leelanau County Resolution #2019-_____
Fiscal Year 2020-2022 Multi-Year Plan
of the Area Agency on Aging of Northwest Michigan

At the Regular Session meeting of the Leelanau County Board of Commissioners, the Board of Commissioners gave consent to the following action:

Be it resolved that the Leelanau County Board of Commissioners have reviewed the Fiscal Year 2020-2022 Multi Year Plan of the Area Agency on Aging of Northwest Michigan and believe that the plan addresses the needs of the aging population in Region 10.

Be it further resolved that the Leelanau County Board of Commissioners approves the Fiscal Year 2020-2022 Multi Year Plan of the Area Agency on Aging of Northwest Michigan.

William J. Bunek, Chairman *Date*
Leelanau County Board of Commissioners

Michelle Crocker, County Clerk *Date*
Clerk to the Board of Commissioners

FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020

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Area Agency On Aging of Northwest MI, Inc.

FY 2020

County/Local Unit of Govt. Review

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

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

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

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

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

Area Agency On Aging of Northwest MI, Inc.

FY 2020

Plan Highlights

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

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

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

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

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

Overall Population Trends

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

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

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

Area Agency On Aging of Northwest MI, Inc.

FY 2020

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

AAANM provides the following services directly:

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

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

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal care
- In-Home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support

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

- Congregate and Home Delivered Meals
- Care Management
- Respite Care
- Personal Care
- Homemaking

The following programs serve the greatest number of participants:

- Congregate and Home Delivered Meals
- Information & Assistance
- Care Management (including services purchased on behalf of Care Management participants - Respite Care, Personal Care and Homemaking)
- Legal Assistance
- Long-Term Care Ombudsman

4. Highlights of planned Program Development Objectives.

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

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

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

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

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

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

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

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

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5. A description of planned special projects and partnerships.

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

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

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

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

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

Strengthening and maintaining a balanced, transparent, proactive, engaged culture.

Ensuring that AAANM has sufficient qualified, resilient, well-trained staff.

Providing consistent, high quality programs and services.

Implementing financial stability/sustainability strategies.

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

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

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

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

8. Highlights of strategic planning activities.

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

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

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

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

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Public Hearings

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

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

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

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

Date	Location	Time	Barrier Free?	No. of Attendees
05/09/2019	Cadillac Senior Center	12:30 PM	Yes	19
05/10/2019	Kalkaska County Commission	10:00 AM	Yes	19

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

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Cadillac Senior Center input and feedback:

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

Kalkaska County Commission on Aging input and feedback:

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

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

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

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

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

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

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

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

Scope of Services

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

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

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

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

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

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

Overall Population Trends

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

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

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

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

Workforce Issues will Intensify

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

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

Poverty and Economic Stability

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

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

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

Minority Population

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

Data sources used:

2010 Census Data

American Community Survey 2013-2017 Estimates

EMSI Economic Modeling retrieved 1/19/2019

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

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

Preferences, Community Conditions and Quality of Life

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

Observations and trends identified:

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

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

10) A culture of ageism and viewing seniors as a burden or having limited value influences the quality of life for older adults in our region.

11) Electronic communication has become a way of life – to connect with family, to complete applications and do banking, for safety monitoring, and to access telehealth. Landlines for telephone service are less prominent. Yet many areas of northwest Michigan do not have consistent cell phone coverage or high-speed broadband. This impacts quality of life for communities in general and for older adults.

Economics

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

Observations and trends identified:

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

Social Determinates of Health

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

Observations and trends identified:

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

Accessing / Using Healthcare

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

Observations and trends identified:

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

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5) Advances in medical care have created complex ethical issues for older adults, families and healthcare providers. Older adults and families would benefit from proactive planning while healthy to articulate desired quality of life and end of life wishes.

6) Coordination of care among healthcare providers and with community organizations to support older adults is difficult and contributes to frustration and health complications for older adults.

7) Accessing and understanding healthcare (Medicare and Medicaid) and Social Security benefits can be challenging for seniors. In the community survey conducted in 2018, this was rated within the top three concerns of younger seniors.

8) Recent changes in opioid laws and physician practice patterns have left some older adults challenged by sudden cessation of medication without alternative pain management strategies.

Accessing / Using Long Term Care Supports and Services

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

Observations and trends identified:

1) The rural nature of the region contributes to inconsistent availability of long term supports and services for older adults. This contributes to situations of compromised health, accelerated decline and decreased quality of life, and use of expensive healthcare resources including Emergency Room visits and hospitalizations.

2) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently long term. Navigating programs and services was cited as a concern, particularly services that have complicated application or qualification processes.

3) Funding for long term supports and services and other public programs that support older adults and persons with disabilities requires vigilant advocacy.

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

Caregiving (paid and unpaid)

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

Observations and trends identified:

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

Regional Needs Identified

Supporting healthy lifestyles

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

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6) Assistance with utilities

7) Affordable, accessible and widely available transportation options for non-emergency medical transportation and social, quality of life needs

8) Increased use of technology may be an avenue to address unmet community needs (i.e. in-home monitoring, autonomous vehicles, telehealth)

Infrastructure for delivery of care and services for older adults

1) Availability of support services to help older adults remain independent at home or in the setting of their choice including but not limited to home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modifications and social engagement opportunities

2) Increased availability and appropriate use of guardians and conservators

3) Increased funding for and availability of Adult Protect Services

4) Availability of broad band consistently across the region to support use of technology

5) Livable wages in the region for all, but particularly the direct care workforce

6) Availability of affordable childcare

7) Options for long term care support services for those who are low-to-moderate income, disabled individuals, under the age of 60 and for older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for services

8) Out of the box solutions including non-traditional service partners, i.e. Shipt for groceries

9) Advocacy to increase the 1 mill state cap for senior millages to expand county safety net systems for older adults

10) Improvements to the MDHHS Universal Case Load system and the interface between MI Bridges and CHAMPS

Information, education, access, advocacy

1) Increased education and advocacy with elected officials about demographic changes and aging issues

2) Education to older adults and caregivers about the importance of proactive planning – financial, legal, advance care planning

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

Healthcare, care coordination and care management

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

Caregiving

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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1) Supporting advocacy efforts to preserve or increase funding for programs that benefit older adults, especially home delivered meals, care coordination and in-home support, and

2) Participating in community-based discussions and collaboratives seeking to address needs that impact older adults (i.e. transportation, access and delivery of health care, improved inter-agency coordination).

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

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

1) Using a person-centered planning process, AAANM refers individuals to services available through millage funded county aging units or private pay options.

2) Those placed on the wait list have been assessed and prioritized based on frailty (those in the oldest age category and those with the highest health care needs), availability of support systems, income-level and minority classification.

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

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

Significant conversations included:

1) County millages will become insufficient to meet need, if they are not already. It would take significant advocacy with legislators to remove the 1 mill cap on senior millages. It is important to educate legislators about the difference between "tax increase" and "services."

2) Lengthy discussion about the direct care workforce crisis including regional contributing factors (i.e. rural geography, transportation challenges, lack of affordable child care, lack of affordable housing, lack of living wage).

3) Demographics are changing and our limited view and language about the aging population creates tension. We need to look at the community "holistically" versus just the aging population. A lack of affordable daycare in the region is an "aging issue."

4) Who are untapped and unconventional partners to help with aging needs? Discussed grocery stores and school systems. It is cheaper to provide groceries for malnutrition than to pay for health issues. Schools offer opportunities to address social isolation.

5) There is a philosophical and political divide in social issues. Is Medicaid expansion "giving away

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

6) The needs that were identified in the MYP FY2017-2019 continue to be needs moving into this MYP FY2020-2022. Community conditions have not changed. There has been some improvement in transportation in Wexford, Grand Traverse and Emmet counties where transportation programs have been implemented that are making a difference since the last MYP.

7) Caregivers need more support and education. The BOA has requested that AAANM put more priority on supporting caregiver needs. Their needs change with the progression of a disease or decline of the person they are caring for.

8) Universal Case Load implemented by MDHHS is a new barrier to serving vulnerable populations since the last MYP. While it is improving, it is not fixed. Universal Case Load taxes AAANM staffing resources and hinders AAANM's ability to serve older adults and persons with disabilities.

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

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

1) Staff receives ongoing information and education about resources, programs and supports in the community that may be accessed.

2) Options Counseling is available to any individual to identify goals and create a plan for long term care needs including identification of personal supports and private pay options.

3) Healthy aging programs like Matter of Balance: Managing Concerns About Falls, Personal Action Toward Health (PATH) and Creating Confident Caregivers (CCC) are offered throughout the region to support healthy lifestyles and delay health complications if possible. AAANM works to promote and create awareness about health education offerings provided by other organizations.

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Planned Service Array

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

	Access	In-Home	Community
Contracted by Area Agency		<ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance • Private Duty Nursing 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Legal Assistance • Creating Confident Caregivers • Kinship Support Services
Local Millage Funded	<ul style="list-style-type: none"> • Information and Assistance • Transportation * • Options Counseling * 	<ul style="list-style-type: none"> • Chore * • Homemaking * • Medication Management * • Personal Care * • Assistive Devices & Technologies * • Respite Care * • Friendly Reassurance * • Private Duty Nursing * 	<ul style="list-style-type: none"> • Adult Day Services * • Home Repair *
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Information and Assistance • Options Counseling 		<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Long-term Care • Ombudsman/Advocacy • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Creating Confident Caregivers
Participant Private Pay	<ul style="list-style-type: none"> • Transportation * 	<ul style="list-style-type: none"> • Homemaking • Medication Management • Personal Care • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services *

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<p>Funded by Other Sources</p>	<ul style="list-style-type: none"> • Transportation * 	<ul style="list-style-type: none"> • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Private Duty Nursing 	<ul style="list-style-type: none"> • Adult Day Services *
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* Not PSA-wide

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Planned Service Array Narrative

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

Prioritization of Services for Funding by AAANM

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

Funding source:

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

Needs of Older Adults:

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

History:

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

Community Resources/Collaborations:

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

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

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

Strategic Planning

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

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

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

Strengths

1) Region 10 has a strong, collaborative network for aging services. AAANM and the county aging units enjoy strong partnerships to create a continuum of home and community based care for those with early Long Term Care Supports and Services (LTSS) needs to those with complex needs. This system maximizes funding streams between county based millages, AASA funded services and the MI Choice Waiver program. Without this braided network, many older adults would lack access to LTSS.

2) There is significant momentum in Region 10 around community health improvement and addressing social/economic/health inequity. This is changing (or creating) dialogue and relationships between disparate sectors like healthcare, public health and the aging network.

3) AAANM is a strong organization with a culture that embraces and retains talented staff. The organization creates community impact by supporting individuals in times of vulnerability while simultaneously working to change community systems.

Weaknesses

1) The LTSS system in northwest Michigan, and the community systems that work to address social determinates of health, are chronically underfunded. Often organizations are competing for the same funding streams. This causes tension that 1) creates confusion for residents about how to access services and leaves the needs of vulnerable community members unmet, 2) restricts collaboration between agencies that may have increased systems efficiencies otherwise, and 3) leaves the stability of AAANM vulnerable to yearly fluctuations and changes in federal and state budgets.

2) AAANM, in collaboration with partners, seeks innovative ways to address community needs. Funding is always the challenge though. Grants are short term opportunities for programs or initiatives that always require additional subsidization to cover expenses. AAANM has on-going research and pilots to explore opportunities to diversify revenue (i.e. Medicare billable services, fund development), but there is no holy

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grail. Through multiple projects, AAANM has identified system changes that would highly benefit the health and quality of life of older adults. It is difficult to identify and procure sustainable funding streams to make these changes though.

3) Disparate, cumbersome, inadequate IT systems and inefficient data collection have become a barrier to improving operational efficiency, managing the populations we serve, and measuring the impact of AAANM's work. Long term strategic needs will require data systems that are interoperable and foundational for population analytics beyond what is available from existing systems.

4) AAANM and most service providers (along with many other industries/sectors in northwest Michigan) are experiencing a severe workforce shortage. The most desperate situation in home and community based services is with direct care workers. It is increasingly difficult for providers to staff in-home services.

5) Internally, AAANM staff identified that existing workflows need to be analyzed and adapted. The organization has experienced rapid growth in staff over the last several years (to support the MI Choice Waiver program). It is necessary to examine our structure and work in this new paradigm.

6) During 2019, AAANM will experience the retirement of its two senior management team members who both have tremendous longevity with the organization. While there is an aggressive succession plan in place and the change creates many opportunities, the loss is still felt and acknowledged.

Opportunities

1) The transformation of healthcare delivery and payment affords the opportunity to form new or different collaborations and partnerships with service agencies and providers. This landscape is continuously changing and it will take several iterations to fully grasp potential opportunities for AAANM.

2) AAANM has identified a need or opportunity to examine workflows and develop on-going key performance measures to monitor and maximize operational efficiencies.

3) There is continued opportunity to strengthen AAANM's relationships, collaborations and efforts to increase awareness of the aging network and to advance social impact/social change to support older adults in northwest Michigan.

4) Increased IT capacity is an opportunity to integrate with physical, behavioral and long term care providers and improve coordination of care.

Threats

1) Demographic changes will be particularly felt during this MYP cycle as the Baby Boomer bubble begins to turn 75 and a wave of older adults with increased LTSS needs is experienced. This demographic change will tax existing systems and challenge communities to examine existing infrastructures and future planning assumptions.

2) The workforce shortage is a significant threat to providing home and community based services.

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3) The unpredictable political climate that has emerged at multiple levels of government over the last few years forces agencies like AAANM into continuous scenario planning and rapid programmatic overhauls. This is a drain of energy and resources.

4) AAANM is at a tipping point. The organization has become just big enough that it needs increased administrative infrastructure to deliver programs and services and meet increasing administrative requirements associated with the MI Choice Waiver program, but just small enough that it is difficult to fund this organizational advancement.

5) The State of Michigan has transitioned to the MI Bridges platform that does not have a sufficiently working interface with the CHAMPS system while simultaneously transitioning MDHHS workers to a Universal Case Load system. This has significantly impacted AAANM's ability to process new LTC Medicaid applications and redeterminations. This has negatively impacted residents of Michigan and AAANM operations/financial stability.

6) With the release of the 2019 Center for Health & Research Transformation (CHRT) report from the University of Michigan, a study commissioned by the MDHHS, it is inevitable that the State will pursue changes to integrate physical, behavioral and long term care for Medicaid recipients. AAANM anticipates the beginning of disruptive change during this MYP cycle that will have irreversible impacts to AAANM's scope and presence in Region 10.

7) Not keeping pace with IT interoperability advances is a threat to the existence of AAAs during a time when the federal and state governments are calling for integration of services and care plans.

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

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

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

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

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

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

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

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

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

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

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

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

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

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Regional Service Definitions

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

Service Name/Definition

Private Duty Nursing

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

Private Duty Nursing allows AAANM to provide licensed nursing services to Care Management participants for things such as monitoring and evaluation, occasional blood draws, wound care, training of informal caregivers and other treatments consistent with physician orders. The service does not duplicate skilled care nursing services available under Medicare and Medicaid and falls outside of the current AASA service standards for foot care and medication management.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input checked="" type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	.25

Minimum Standards

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

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

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

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

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Access Services

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

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

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

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$5,000.00	Total of State Dollars	\$431,825.00

Geographic area to be served
Region 10

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

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

Activities:

1. Maintain strong partnerships with county aging units in order to provide a continuum of care as well as effective pairing of AASA and millage funded service monies.
2. Outreach to and actively participate in community collaboratives that include American Indian tribes and organizations that serve minorities, low income and vulnerable adults.

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

Activities:

1. Program and service monitoring includes chart reviews, peer reviews, participant satisfaction surveys, staff training and monitoring of quality indicators such as hospitalizations and re-institutionalization rates, social isolation and access to transportation.
2. Support a Consumer Quality Collaborative that provides feedback and has input into program operations and initiatives.

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

Information and Assistance

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$100,000.00	Total of State Dollars	
Geographic area to be served			
Region 10			

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

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

Activities:

1. Ensure that staff receive on-going information and education about community resources and aging issues.
2. Outreach to referral sources and the community through brochures, marketing, social media, public speaking and expos that Information and Assistance for aging needs is available through AAANM.
3. Continue to serve as the "local contact agency" for those in nursing homes who are interested in exploring other options for long term care.

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

Activities:

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

Options Counseling

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$95,000.00	Total of State Dollars	
Geographic area to be served			
Region 10			

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

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

Activities:

1. Ensure that staff receive on-going information and education about community resources and aging issues.
2. Outreach to referral sources and the community through brochures, marketing, social media, public speaking and expos that Options Counseling is available through AAANM.

Goal: Maintain strong referral relationships with county aging units, nursing facilities, PACE and other long term care options in Region 10.

Activities:

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

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Direct Service Request

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

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

Disease Prevention/Health Promotion

Total of Federal Dollars \$31,274.00

Total of State Dollars

Geographic Area Served Region 10

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

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

Activities:

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

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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 such services by the Area Agency is necessary to assure an adequate supply of such services.

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

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

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

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

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

Long Term Care Ombudsman

Total of Federal Dollars \$18,948.00 Total of State Dollars \$32,691.00

Geographic Area Served Region 10

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

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

Activities:

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

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

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

Activities:

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

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

Activities:

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

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.

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

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

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

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

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

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

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

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$13,946.00

Total of State Dollars

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Geographic Area Served Region 10

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

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

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

Activities:

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

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

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

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

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

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

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

Creating Confident Caregivers

Total of Federal Dollars \$7,500.00

Total of State Dollars

Geographic Area Served Region 10

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

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

Activities:

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

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.

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

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

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

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

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Program Development Objectives

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

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

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

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

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

Area Agency on Aging Goal

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

State Goal Match: 1

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Narrative

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

Objectives

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

Activities

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

Expected Outcome

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

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

State Goal Match: 2

Narrative

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

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

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Objectives

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

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

Activities

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

Expected Outcome

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

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

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

Activities

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

Expected Outcome

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

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

State Goal Match: 2

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Narrative

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

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

Objectives

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

Activities

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

Expected Outcome

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

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Advocacy Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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Leveraged Partnerships

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

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:
 - a. Commissions Councils and Departments on Aging.
 - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
 - c. Public Health.
 - d. Mental Health.
 - e. Community Action Agencies.
 - f. Centers for Independent Living.
 - g. Other

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

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

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

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

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

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

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

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

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

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Community Focal Points

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

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

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

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

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

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

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

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name: Kalkaska County Commission on Aging

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Address: 303 S Coral St, PO Box 28, Kalkaska, MI 49646
 Website: http://www.kalkaskacounty.net/government/commission_on_aging/index.php
 Telephone Number: 231-258-5030
 Contact Person: Jodi Willison
 Service Boundaries: Kalkaska County
 No. of persons within boundary: 4,961
 Services Provided: Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Companion, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation, Dining Out, Assistance with hearing devices, Tax Assistance, Retired Senior Volunteer Program, Food Pantry, Commodities, Assistance with unmet needs, Senior Expo, Senior Newsletter, Medication Management, Personal Emergency Response Systems, Dementia Support, Physical activity programs, Social activities, Health Screening, Support Groups, Education

Name: Leelanau County Senior Services
 Address: 8527 E Governmental Center Dr, Ste 106, Suttons Bay, MI 49682-9718
 Website: <http://www.leelanau.cc/seniorservices.asp>
 Telephone Number: 231-256-8121
 Contact Person: April Missias
 Service Boundaries: Leelanau County
 No. of persons within boundary: 8,684
 Services Provided: Information and Assistance, Medical Transportation, Homemaking, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Senior Project FRESH

Name: Antrim County Commission on Aging
 Address: 308 E Cayuga, PO Box 614, Bellaire, MI 49615
 Website: <http://www.antrimcounty.org/coa.asp>
 Telephone Number: 231-533-8703
 Contact Person: Judy Parliament
 Service Boundaries: Antrim County
 No. of persons within boundary: 8,294
 Services Provided: Information and Assistance, Home Delivered Meals, Personal Care, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (Chronic Pain and Diabetes PATH), Senior Center Operations/Staffing, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH

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Name: Area Agency on Aging of Northwest Michigan
Address: 1609 Park Dr, PO Box 5946, Traverse City, MI 49686
Website: www.aaanm.org
Telephone Number: 231-947-8920
Contact Person: Robert Schlueter
Service Boundaries: Region 10
No. of persons within boundary: 92,303
Services Provided: Information and Assistance, Options Counseling, Care Management, MI Choice Waiver, Caregiver Respite, T-CARE, Creating Confident Caregivers, Nursing Facility Transition, Veteran's Directed Home and Community-Based Services, Medicare/Medicaid Assistance Program, LTC Ombudsman, Elder Abuse Awareness, Evidence-Based Disease Prevention Programs (PATH; A Matter of Balance)

Name: Benzie Senior Resources
Address: 10542 Main St, Honor, MI 49640
Website: <https://benzieseniorresources.org/>
Telephone Number: 231-525-0600
Contact Person: Doug Durand
Service Boundaries: Benzie County
No. of persons within boundary: 6,065
Services Provided: Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Companion, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation, Dining Out, Assistance with dental care, Tax Assistance, Commodities, Assistance with unmet needs, Senior Expo, Senior Newsletter, Medication Management, Personal Emergency Response Systems, Wandering Alert Bracelets, Physical activity programs, Social activities, Health Screening, Chore Services, Snow Removal, Lawn Care, Education, Volunteer Opportunities, Estate Planning, Hearing Clinic

Name: Charlevoix County Commission on Aging
Address: 218 W Garfield Ave, Charlevoix, MI 49720
Website: <http://www.charlevoixcounty.org/coa.asp>
Telephone Number: 231-237-0103
Contact Person: Amy Wieland
Service Boundaries: Charlevoix County
No. of persons within boundary: 8,493

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

Name: Disability Network/Northern Michigan
Address: 415 E Eighth St, Traverse City, MI 49686
Website: <http://disabilitynetwork.org/>
Telephone Number: 231-922-0903
Contact Person: Jim Moore
Service Boundaries: Region 10
No. of persons within boundary: 92,303
Services Provided: Information and Assistance, Options Counseling, Nursing Facility Transition Services, Medicare/Medicaid Assistance Counseling

Name: Friendship Centers of Emmet County
Address: 1322 Anderson Rd, Petoskey, MI 49770
Website: <http://www.emmetcoa.org/>
Telephone Number: 231-347-3211
Contact Person: Denneen Smith
Service Boundaries: Emmet County
No. of persons within boundary: 9,972
Services Provided: Information and Assistance, Transportation, Homemaking, Home Delivered Meals, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (A Matter of Balance), Health Screening, Senior Center Operations/Staffing, Support Groups, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH, Retired Senior Volunteer Program

Name: Grand Traverse County Commission on Aging
Address: 520 W Front St, Ste B, Traverse City, MI 49684
Website: <https://www.grandtraverse.org/710/Commission-on-Aging>
Telephone Number: 231-922-4688
Contact Person: Cynthia Kienlen
Service Boundaries: Grand Traverse County
No. of persons within boundary: 24,677

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Services Provided: Information and Assistance, Chore Services, Homemaking, Personal Care, Respite Care, Foot Care

Name: Grand Traverse County Senior Center Network
 Address: 801 E Front St, Traverse City, MI 49686
 Website: <https://www.grandtraverse.org/712/Senior-Centers>
 Telephone Number: 231-922-4911
 Contact Person: Lori Wells
 Service Boundaries: Grand Traverse County
 No. of persons within boundary: 24,677
 Services Provided: Senior Center Operations/Staffing

Name: Manistee County Council on Aging
 Address: 457 River St, Manistee, MI 49660
 Website: www.manisteecountycoa.com
 Telephone Number: 231-723-6477
 Contact Person: Sarah Howard
 Service Boundaries: Manistee County
 No. of persons within boundary: 8,363
 Services Provided: Information and Assistance, Congregate Meals / Offered at the Senior Center through NMCAA, Home Delivered Meals / prepared at the Senior Center / by NMCAA, Homemaking / Senior Reimbursement Program, Senior Companion / Seniors Visiting Seniors / Centra Wellness, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation / Senior Reimbursement Program, Dining Out, Assistance with dental care, hearing devices / Eyeglass Assistance, Tax Assistance, Retired Senior Volunteer Program / Seniors Visiting Seniors program / Centra Wellness, Food Pantry / Senior Food Bank, Commodities / Emergency Senior Food Pantry, Assistance with unmet needs, Senior Newsletter, Wandering Alert Bracelets / City and County Police, Dementia Support, Physical activity programs, Social activities, Health Screening, Support Groups, Chore Services / Senior Reimbursement Program, Snow Removal / Senior Reimbursement Program, Lawn Care / Senior Reimbursement Program, Education

Name: Missaukee County Commission on Aging
 Address: 105 S Canal St, PO Box 217, Lake City, MI 49651
 Website: <http://missaukeeco.org/>
 Telephone Number: 231-839-7839
 Contact Person: Eric Karbowski
 Service Boundaries: Missaukee County

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No. of persons within boundary: 4,155
Services Provided: Information and Assistance, Homemaking, Personal Care, Respite, MMAP, Medication Management, Foot Care, Chore, Transportation

Name: Wexford County Council on Aging
Address: 117 W Cass St, Cadillac, MI 49601
Website: <http://wexfordcoa.org/>
Telephone Number: 231-775-0133
Contact Person: Kathy Kimmel
Service Boundaries: Wexford County
No. of persons within boundary: 8,639
Services Provided: Information and Assistance, Adult Day Services, Transportation, MMAP, Chore, Personal Care, Homemaking, Respite, Medication Management, Foot care, Senior Project FRESH, Senior Center Staffing, Veteran's Services

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Other Grants and Initiatives

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

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

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

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

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

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

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

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

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

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

Area Agency On Aging of Northwest MI, Inc.

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

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

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

FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/25/2019

Agency: Northwest Senior Resources Inc

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

PSA: 10

Date: 05/06/19

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	405,286		405,286
2. Fed. Title III-C1 (Congregate)		528,453	528,453
3. State Congregate Nutrition		9,517	9,517
4. Federal Title III-C2 (HDM)		268,399	268,399
5. State Home Delivered Meals		475,690	475,690
8. Fed. Title III-D (Prev. Health)	31,274		31,274
9. Federal Title III-E (NFCSP)	189,894		189,894
10. Federal Title VII-A	8,448		8,448
10. Federal Title VII-EAP	6,446		6,446
11. State Access	28,408		28,408
12. State In-Home	506,535		506,535
13. State Alternative Care	111,891		111,891
14. State Care Management	431,825		431,825
15. St. ANS	44,300		44,300
16. St. Nursing Home Ombuds (NHO)	22,088		22,088
17. Local Match			
a. Cash	44,500	800,000	844,500
b. In-Kind	181,300	225,000	406,300
18. State Respite Care (Escheat)	82,592		82,592
19. MATF	120,000		120,000
19. St. CG Support	16,109		16,109
20. TCM/Medicaid & MSO	15,603		15,603
21. NSIP		381,220	381,220
22. Program Income	-	540,000	540,000
TOTAL:	2,246,499	3,228,279	5,474,778

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	158,145	43,000	4,000	205,145
State Administration	27,314			27,314
MATF Administration	10,563	-	-	10,563
St. CG Support Administration	-	-	-	-
Other Admin				-
Total AIP Admin:	196,022	43,000	4,000	243,022

Expenditures		
	FTEs	
1. Salaries/Wages	2.50	115,000
2. Fringe Benefits		50,000
3. Office Operations		78,022
Total:		243,022

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
County Funding	43,000	Board Expenses	4,000
Total:	43,000	Total:	4,000

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


Signature


Title


Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Northwest Senior Resources Inc
 PSA: 10

Budget Period: 10/01/19 to 09/30/20
 Date: 05/06/19

Rev. 03/25/2019
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Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppt	TCM Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL	
A	Access Services																			
A-1	Care Management			178,394		28,408			431,825						5,000		9,500	68,000		721,127
A-2	Case Coord/supp																			-
A-3	Disaster Advocacy & Outreach Program																			-
A-4	Information & Assis	100,000															10,000			110,000
A-5	Outreach																			-
A-6	Transportation													4,000				400		4,400
A-7	Options Counseling	95,000															10,000			105,000
B	In-Home																			
B-1	Chore																			-
B-2	Home Care Assis																			-
B-3	Home Injury Cntrl																			-
B-4	Homemaking						100,000	94,891			14,300							25,000		234,191
B-6	Home Health Aide																			-
B-7	Medication Mgt						75,000											8,000		83,000
B-8	Personal Care	71,786					291,535											30,000		393,321
B-9	Assistive Device&Tech						40,000											5,000		45,000
B-10	Respite Care										30,000	82,592	50,000	12,109					20,000	194,701
B-11	Friendly Reassure																			-
C-10	Legal Assistance	30,000																	4,000	34,000
C	Community Services																			
C-1	Adult Day Services												70,000				6,000	3,000		79,000
C-2	Dementia ADC																			-
C-6	Disease Prevent/Health Promtion		31,274																4,000	35,274
C-7	Health Screening																			-
C-8	Assist to Hearing Impaired & Deaf Cmty																			-
C-9	Home Repair																			-
C-11	LTC Ombudsman	10,500			8,448					22,088					10,603			6,000		57,639
C-12	Sr Ctr Operations																			-
C-13	Sr Ctr Staffing																			-
C-14	Vision Services																			-
C-15	Prevt of Elder Abuse,Neglect,Exploitation	7,500			6,446														2,000	15,946
C-16	Counseling Services																			-
C-17	Creat.Conf.CG® CCC	7,500															1,000	2,000		10,500
C-18	Caregiver Supplmt Services			2,000														500		2,500
C-19	Kinship Support Services			9,500														1,000		10,500
C-20	Caregiver E,S,T																			-
*C-8	Program Develop	80,000															8,000			88,000
	Region Specific																			
	a. PDN	3,000						17,000											2,400	22,400
	b.																			-
	c.																			-
	d.																			-
	7. CLP/ADRC Services																			-
Sp Co	8. MATF Adm												10,563							10,563
Sp Co	9. St CG Sup Adm																			-
	SUPPRT SERV TOTAL	405,286	31,274	189,894	14,894	28,408	506,535	111,891	431,825	22,088	44,300	82,592	130,563	16,109	15,603	-	44,500	181,300		2,257,062

FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 03/25/2019

Agency: Northwest Senior Resources Inc Budget Period: 10/01/19 to 9/30/20
 PSA: 10 Date: 05/06/19 Rev. Number 0

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

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	438,453		9,517		100,000	370,000	300,000	160,000	1,377,970
B-5	Home Delivered Meals		268,399		475,690	281,220	170,000	500,000	65,000	1,760,309
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	90,000								90,000
	Nutrition Services Total	528,453	268,399	9,517	475,690	381,220	540,000	800,000	225,000	3,228,279

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

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

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	10,500	8,448		22,088	10,603	-	-	6,000	57,639
C-15	Elder Abuse Prevention	7,500		6,446			-	-	2,000	15,946
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	18,000	8,448	6,446	22,088	10,603	-	-	8,000	73,585

FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

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

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	9,500				-	-	1,000	10,500
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	-	9,500				-	-	1,000	10,500

Planned Services Summary Page for FY 2020			PSA: 10		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 721,127	13.15%			x
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 110,000	2.01%			x
Outreach	\$ -	0.00%			
Transportation	\$ 4,400	0.08%	x		
Option Counseling	\$ 105,000	1.91%			x
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 234,191	4.27%	x		
Home Delivered Meals	\$ 1,760,309	32.09%		x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 83,000	1.51%	x		
Personal Care	\$ 393,321	7.17%	x		
Personal Emergency Response System	\$ 45,000	0.82%	x		
Respite Care	\$ 194,701	3.55%	x		
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 79,000	1.44%	x	x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,377,970	25.12%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 35,274	0.64%			x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 34,000	0.62%		x	
Long Term Care Ombudsman/Advocacy	\$ 57,639	1.05%			x
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 15,946	0.29%			x
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 10,500	0.19%			X
Caregiver Supplemental Services	\$ 2,500	0.05%	x		
Kinship Support Services	\$ 10,500	0.19%		x	
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ 90,000	1.64%			x
PROGRAM DEVELOPMENT	\$ 88,000	1.60%			x
REGION-SPECIFIC					
a. PDN	\$ 22,400	0.41%	x		
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 5,474,778				
MATF & ST CG ADMINISTRATION	\$ 10,563	0.19%			x
TOTAL PERCENT		100.00%	18.57%	58.75%	22.68%
TOTAL FUNDING	\$ 5,485,341		\$1,018,513	\$3,222,779	\$1,244,049

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

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

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	111,680		213,522		9,500			334,702
Fringe Benefits	41,819		119,594					161,413
Travel	11,886		20,147					32,033
Training								0
Supplies	1,220							1,220
Occupancy	1,396		5,756					7,152
Communications	1,396		5,756					7,152
Equipment	5,245		7,195					12,440
Other:	3,752		88,263			68,000		160,015
Service Costs								0
Purchased Services (CM only)	5,000							5,000
								0
Totals	183,394	0	460,233	0	9,500	68,000	0	721,127

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Client and Family Support		68,000			
AAANM Fund Balance	6,000				
Totals	6,000	68,000	0	0	

Difference 3,500 OFF OK OK 0 0

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

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	55,478				10,000			65,478
Fringe Benefits	26,623							26,623
Travel	4,270							4,270
Training								0
Supplies	488							488
Occupancy	1,220							1,220
Communications	1,220							1,220
Equipment	1,525							1,525
Other:	9,176							9,176
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	100,000	0	0	0	10,000	0	0	110,000

SERVICE AREA: _____

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

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

If yes, please describe: _____

Explanation for Other Expenses: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local	10,000				
Totals	10,000	0	0	0	

Difference 0 0 0 0

OK OK OK

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

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Options Counseling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	52,459				10,000			62,459
Fringe Benefits	25,438							25,438
Travel	4,080							4,080
Training								0
Supplies	466							466
Occupancy	1,166							1,166
Communications	1,166							1,166
Equipment	1,457							1,457
Other:	8,768							8,768
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	95,000	0	0	0	10,000	0	0	105,000

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local	10,000				
Totals	10,000	0	0	0	

Difference

0

0

0

OK

OK

OK

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

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Long Term Care Ombudsman/Elder Abuse

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	12,895		12,457					25,352
Fringe Benefits	53		7,819					7,872
Travel			3,032					3,032
Training			1,500					1,500
Supplies			1,200					1,200
Occupancy			2,783					2,783
Communications			1,500					1,500
Equipment			1,500					1,500
Other:	6,000		900		6,000			12,900
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	18,948	0	32,691	0	6,000	0	0	57,639

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
AAANM ADMIN		6,000			
Totals	0	6,000	0	0	

Difference 6,000 -6,000 OK 0

OFF OFF OK

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

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Disease Prevention (Path, Matter of Balance)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	13,553							13,553
Fringe Benefits	7,070							7,070
Travel	539							539
Training	2,156							2,156
Supplies	293							293
Occupancy	1,750							1,750
Communications	350							350
Equipment	350							350
Other:	5,213					4,000		9,213
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	31,274	0	0	0	0	4,000	0	35,274

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #5

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
AAANM Admin		4,000			
Totals	0	4,000	0	0	

Difference

OK

0

OK

0

OK

0

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

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Disease Prevention (CCC)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	590				1,000	2,000		3,590
Fringe Benefits	166							166
Travel	400							400
Training	4,713							4,713
Supplies	26							26
Occupancy	800							800
Communications	200							200
Equipment	605							605
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	7,500	0	0	0	1,000	2,000	0	10,500

SERVICE AREA: _____

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

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

If yes, please describe: _____

SCHEDULE OF MATCH & OTHER RESOURCES #6

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
AAANM Admin	1,000	2,000			
Totals	1,000	2,000	0	0	

Difference

0

0

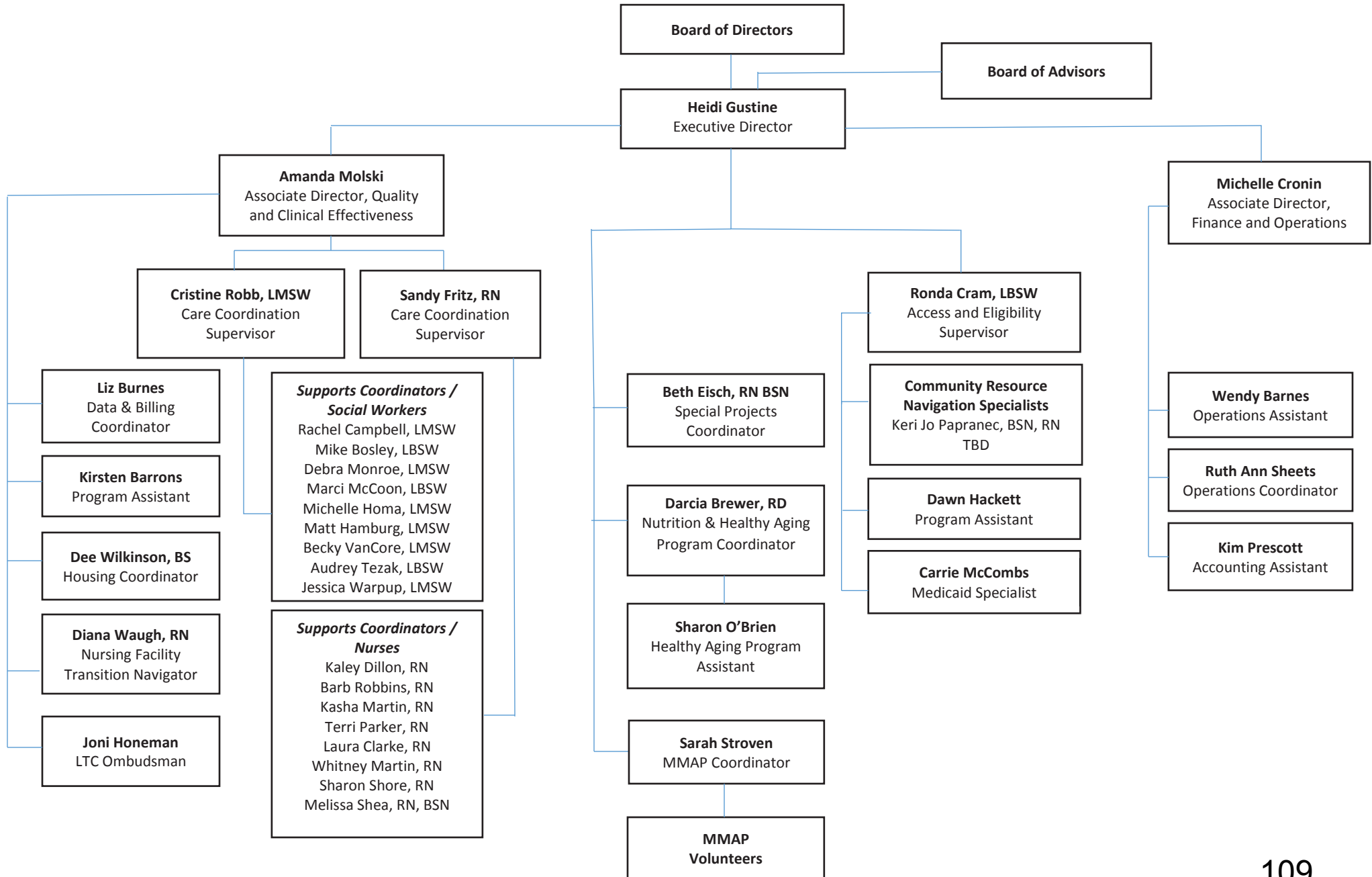
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**Area Agency on Aging of Northwest Michigan
Organizational Chart (as known on 5/28/2019, effective 10/1/2019)**



ACCESS AND SERVICE COORDINATION CONTINUUM

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

Instructions

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

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

QUALITY OUTCOME MEASURES*

For Care Management and Case Coordination and Support

FY 10/01/2019 – 09/30/2020

1. Participant Satisfaction Level

The Measure

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

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

The Measure

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

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

3. Prevalence of Social Isolation

The Measure

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

4. Prevalence of Emergency Room Visits and Hospital Stays

The Measure

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

5. Prevalence of Inadequate Meals and Dehydration

The Measure

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

The Measure

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

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2020

Funded Under Disease Prevention Health Promotion Service Definition

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

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

Provider Name	Program Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i>	<i>Example: List each provider offering programs on a single line as shown below.</i>	<i>Example: Total participants for all providers</i>	<i>Example: Funding total for all providers</i>
Arthritis Exercise Program	1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	80	\$14,000
Personal Action Toward Health - Chronic Pain and Diabetes	AAANM coordinates the scheduling, marketing, registration, leader training/monitoring, and data collection for PATH in Region 10, and contracts with trained independent leaders or leaders affiliated with a partner agency (CMH, MSUE, Commission on Aging, etc.) to deliver the workshops.	100	\$31,274
			112

EMERGENCY MANAGEMENT AND PREPAREDNESS

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

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

Area Agency on Aging
Area Agency on Aging of Northwest Michigan

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

1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).

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

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

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

3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.

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

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

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

5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REGION 10 TRENDED POPULATION STATISTICS APPENDIX

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

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
Total	301,694	302,045	302,895	303,996	304,921	305,815	306,638	307,387	308,076	1%	1%
0-19	68,227	67,461	66,927	66,727	66,628	66,617	66,584	66,574	66,695	0%	0%
20-29	32,434	32,643	32,781	32,658	32,393	31,972	31,518	31,001	30,358	-2%	-5%
30-39	32,094	32,509	33,121	33,446	33,869	34,251	34,586	34,887	35,174	3%	3%
40-49	36,164	35,091	34,240	33,649	33,106	32,732	32,537	32,513	32,617	-4%	0%
50-59	48,215	47,449	46,477	45,213	44,222	43,162	42,039	40,857	39,658	-7%	-8%
60-64	23,750	24,314	24,717	25,246	25,520	25,703	25,771	25,730	25,562	4%	-1%
65-69	20,081	21,137	22,371	22,531	23,189	23,810	24,376	24,869	25,270	6%	6%
70-74	15,153	15,551	15,848	17,262	17,950	18,621	19,261	19,897	20,532	17%	10%
75-79	10,508	10,771	10,993	11,624	12,164	12,779	13,458	14,159	14,856	16%	16%
80-84	7,352	7,332	7,574	7,711	7,895	8,114	8,366	8,652	8,976	7%	11%
85+	7,716	7,787	7,846	7,929	7,985	8,055	8,141	8,247	8,379	3%	4%
60+	84,560	86,892	89,349	92,303	94,703	97,082	99,373	101,554	103,575	9%	7%

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

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

POPULATION AS % OF TOTAL BY AGE COHORT TRENDED

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
Total	301,694	302,045	302,895	303,996	304,921	305,815	306,638	307,387	308,076	2,920	2,261
0-19	23%	22%	22%	22%	22%	22%	22%	22%	22%	0%	0%
20-29	11%	11%	11%	11%	11%	10%	10%	10%	10%	0%	-1%
30-39	11%	11%	11%	11%	11%	11%	11%	11%	11%	0%	0%
40-49	12%	12%	11%	11%	11%	11%	11%	11%	11%	-1%	0%
50-59	16%	16%	15%	15%	15%	14%	14%	13%	13%	-1%	-1%
60-64	8%	8%	8%	8%	8%	8%	8%	8%	8%	0%	0%
65-69	7%	7%	7%	7%	8%	8%	8%	8%	8%	0%	0%
70-74	5%	5%	5%	6%	6%	6%	6%	6%	7%	1%	1%
75-79	3%	4%	4%	4%	4%	4%	4%	5%	5%	1%	1%
80-84	2%	2%	3%	3%	3%	3%	3%	3%	3%	0%	0%
85+	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%
60+	28%	29%	29%	30%	31%	32%	32%	33%	34%	2%	2%

REGION 10 TRENDED POPULATION STATISTICS APPENDIX

OLD ADULTS AS PERCENTAGE OF POPULATION TRENDED

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
60+	28%	29%	29%	30%	31%	32%	32%	33%	34%	2%	2%
65+	20%	21%	21%	22%	23%	23%	24%	25%	25%	2%	2%
70+	14%	14%	14%	15%	15%	16%	16%	17%	17%	2%	2%
75+	8%	9%	9%	9%	9%	9%	10%	10%	10%	1%	1%
80+	5%	5%	5%	5%	5%	5%	5%	5%	6%	0%	0%
85+	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%

Data sources:

2010 Census

2013-2017 American Community Survey Estimates

EMSI Economic Modeling retrieved 1/19/2019

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

Area Agency On Aging of Northwest MI, Inc.

FY 2020

Appendices

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020

APPENDIX A

Board of Directors Membership

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020

APPENDIX B
Advisory Board Membership

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

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

Area Agency On Aging of Northwest MI, Inc.

FY 2020

APPENDIX C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	04/04/2013
Outline new or changed criteria that will be used to select providers: No changes	

FY 2020 ANNUAL IMPLEMENTATION PLAN

Area Agency On Aging of Northwest MI, Inc.

FY 2020


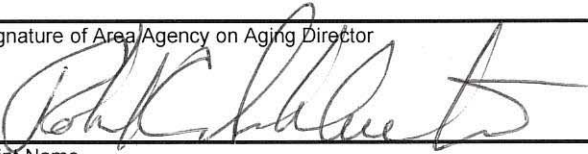
APPENDIX F
 Request to Transfer Funds

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

SIGNATURES

This document covers Fiscal Year 2020. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

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

Signature of Chairperson, Board of Directors 	Date 6-6-19
Print Name Don Schuiteman, President	
Signature of Area Agency on Aging Director 	Date 6/6/19
Print Name Robert Schlueter, Executive Director	
Area Agency on Aging Area Agency on Aging of Northwest Michigan	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none"> ▪ FY 2020 Area Plan Grant Budget ▪ FY 2020 Direct Service Budgets ▪ Request to Transfer Funds ▪ Waiver for Direct Service Provision ▪ Assurances and Certifications ▪ Assurance of Compliance with Title VI of Civil Rights Act of 1964 ▪ Michigan Department of Health and Human Services Annual Grant Agreement Requirements and Conditions ▪ Regional Service Definitions ▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly ▪ Waiver of Minimum Percentage for a Priority Service Category 	

EXECUTIVE DOCUMENT SUMMARY

Department: Sheriff Contact Person: _____ Telephone No.: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Submittal Dates</th> </tr> <tr> <td style="width: 10px;"><input checked="" type="checkbox"/></td> <td>Executive Board: <u>07/09/2019</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Regular Session: _____</td> </tr> </table>	Submittal Dates		<input checked="" type="checkbox"/>	Executive Board: <u>07/09/2019</u>	<input type="checkbox"/>	Regular Session: _____
Submittal Dates							
<input checked="" type="checkbox"/>	Executive Board: <u>07/09/2019</u>						
<input type="checkbox"/>	Regular Session: _____						

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Source Selection Method</th> </tr> <tr> <td> <input type="checkbox"/> Select One <input checked="" type="checkbox"/> Other: <u>Contract</u> </td> </tr> </table>	Source Selection Method	<input type="checkbox"/> Select One <input checked="" type="checkbox"/> Other: <u>Contract</u>	VENDOR: _____ Address: _____ Phone: _____
Source Selection Method			
<input type="checkbox"/> Select One <input checked="" type="checkbox"/> Other: <u>Contract</u>			

Budgeted Amount: _____	Contracted Amount: <u>\$ 5,000.00</u>
------------------------	---------------------------------------

Document Description	
<input type="checkbox"/> Select One	<input checked="" type="checkbox"/> Other <u>GT Band Animal Control Contract</u>

<input type="checkbox"/> Request to Waive Board Policy on Bid Requirements	<p>The Sheriff's Office requests the Board of Commissioners to approve a renewal of the Agreement for Animal Control Services between the County and the Grand Traverse Band of Ottawa and Chippewa Indians. The contract will run from October 1st, 2019 through September 30th, 2022. No wording has changed from the previous contract and Corporate Counsel has reviewed.</p> <p>Suggested Recommendation: The Board of Commissioners approve a renewal of the Agreement for Animal Control Services between the County of Leelanau and the Grand Traverse Band of Ottawa and Chippewa Indians until September 30th, 2022.</p>
--	---

Department Head Approval:  ²⁴⁵⁻² Date: 6/24/2019

Professional Services Contract

Program Number: 100.2150.6310
Description of Contractual Services:

Contract # _____
P.O. # _____

Animal Control Services for the Grand Traverse Band of Ottawa and Chippewa Indians for fiscal years starting October 1, 2019 and ending September 30, 2022, not to exceed a total of \$5,000.00 per fiscal year.

Materials to be furnished by: Leelanau County

Rate of Reimbursement: \$1,250.00 Quarterly Not to exceed Total of: \$5,000.00/Fiscal Year

TERM: **From:** 10/01/2019 **To:** 09/30/2022

BUDGET (PER FISCAL YEAR)

Labor: \$5,000.00
Materials: \$0.00
Total: \$5,000.00

I, Leelanau County, agree to provide the above services and/or materials to the Grand Traverse Band of Ottawa and Chippewa Indians (Tribe) as an independent contractor. As an independent contractor, I am not representing the Tribe as an employee and I am doing this on my own personal time, and I agree to hold the Tribe harmless for any liabilities that may be incurred providing the above services and/or materials. I acquiesce to the jurisdiction of the Tribe's court system (Tribal Judiciary) for purpose of resolving any issues related to this contract. I understand that payment requests for terms outside the contract limits will not be honored without written pre-approval.

Contractor Signature: _____ Date: _____

Contractor printed name: Michelle L. Crocker Employer ID# _____

Address: 8527 E. Government Center Drive, Suite 103 Tax ID# 46-1385335

Suttons Bay, MI 49682 Tribal ID# _____

Certification of Workers' Compensation Coverage: YES _____ NO _____

Worker's Compensation Disclaimer

I understand that I will not be covered under the Grand Traverse Band's worker's compensation insurance policies. I further understand that, if I wish for myself or my employees or subcontractors to be covered under worker's compensation insurance, I shall be responsible for obtaining such coverage.

Contractor's Signature Date _____

Do you have a current W-9 on file with GTB: YES NO _____ (if no, please furnish one)

Social Security number and address are required information. **W-9 forms are required.** Contractors will receive a 1099 at year-end for contractual income received during the calendar year. No work is to be performed until this contract is returned will all the proper signatures and a contract number assigned to it. **This contract is void unless all signatures are complete and dated.**

Program Director: _____ Date: _____

Division Manager: _____ Date: _____

Purchasing Manager: _____ Date: _____

Tribal Manager: _____ Date: _____

(Revised 08/05/10. All previous contractual forms will no longer be accepted.)

***Invoices (company/personal) are required - not GTB timesheets/forms**

AGREEMENT FOR ANIMAL CONTROL SERVICES

THIS AGREEMENT made and entered into on this 1st day of October 2019, by and between the COUNTY OF LEELANAU, Michigan (hereinafter referred to as the “County”) and the GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS (hereinafter referred to as the “GTB” or “Tribe”).

WITNESSETH:

WHEREAS, the Tribe desires to secure certain animal control services on Tribal Land in Leelanau County; and

WHEREAS, the County agrees that the Animal Control Deputy (ACD) shall provide those services to the Tribe as outlined below and as permitted by law.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, **IT IS HEREBY AGREED** as follows:

FIRST: Services to be Performed by the Animal Control Deputy. The ACD shall provide the Tribe with animal control services on Tribal Land in Leelanau County as follows:

- A. Apprehending and subduing aggressive animals.
- B. Accepting passive animals detained for pick-up by Tribal Police.
- C. Transporting passive and aggressive animals to Cherryland Humane Society for lodging.
- D. GTB will be responsible for any additional charges by Cherryland Humane Society, incurred due to animal boarding or lodging.
- E. The Animal Control Deputy shall not issue “tickets” or citations on Tribal Land.
- F. In the event the Animal Control Deputy is unavailable due to vacation, illness, or outside training, neither the Sheriff nor the County shall be obligated to provide animal control services.

SECOND: Equipment to be Provided by the County. The County shall provide and maintain at its expense the motor vehicles to be used for animal control services and any and all uniforms, weapons, insignia and general equipment to be used by an Animal Control Deputy on Tribal Land.

THIRD: Insurance. The County shall provide insurance for the motor vehicle(s) used in the performance of the services described in this Agreement as well as the liability and workers compensation insurance coverage for any Animal Control Deputy on Tribal Land. Evidence of the above-mentioned insurance policies must be provided by certificate to the Tribe indicating limits of insurance and effective dates of said coverage.

FOURTH: Compensation. It is expressly understood and agreed that the Tribe shall pay the County for the services which it receives under this Agreement as follows:

- A. The sum of Five Thousand and no/100 Dollars (\$5,000.00) for the period covering each fiscal year of the contract.
- B. The sum due the County during each twelve (12) month period covered by this Agreement shall be paid in equal quarterly installments due at the end of each quarter, with payments to be made no later than the 15th day of the month following the end of a quarter. All payments shall be made payable to the County of Leelanau and submitted to the Leelanau County Treasurer's Office, 8527 E. Government Center Drive, Suttons Bay, MI 49682.

FIFTH: Status of Animal Control Deputy and Sheriff's Responsibility for Management. The Animal Control Deputy on Tribal Land under the Agreement shall remain an employee of the Sheriff and under his supervision, direction, management and control. All rights in the management of the Sheriff's Department shall remain with the Sheriff.

SIXTH: Waivers. No failure or delay on the part of any of the parties to this Agreement in exercising any right, power or privilege hereinunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege.

SEVENTH: Modification of Agreement. Modifications, amendments or waivers of any provision of this Agreement may be made only by the written mutual consent of the parties hereto.

EIGHTH: Assignment or Subcontracting. The parties to the Agreement may not assign, subcontract or otherwise transfer their duties and/or obligations under this Agreement.

NINTH: Disregarding Titles. The titles of the sections set for this Agreement are inserted for the convenience of reference only and shall not be disregarded when construing or interpreting any of the provisions of this Agreement.

TENTH: Completeness of this Agreement. This Agreement contains all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof, shall have any validity or binding any of the parties hereto.

ELEVENTH: Agreement Period and Termination. This Agreement shall commence on the 1st day of October 2019, and shall continue through the 30th day of September 2022, at which time it shall terminate.

Notwithstanding any other provision in this Agreement to the contrary, either the County or the Tribe may terminate this Agreement at any time upon sixty (60) days prior written notice to the other party. In the event this Agreement is prematurely terminated under this section, the Tribe shall pay the County, as set forth in the Fourth section, the pro-rated amount (based on

days) for services performed in the last quarter of performance up to the effective date of termination.

TWELFTH: Invalid Provisions. If any provision of this Agreement is held to be invalid, it shall be considered to be deleted and the remainder of this Agreement shall not be affected thereby. Where the deletion of the invalid provision would result in the illegality and/or unenforceability of the Agreement, this Agreement shall be considered to have terminated as of the date on which the provision was declared invalid.

THIRTEENTH: Certification of Authority to Sign Agreement. The person signing on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that said parties have authorized this Agreement.

IN WITNESS THEREOF, the authorized representatives of the parties hereto have fully signed this Agreement on the day and year first above written.

**COUNTY OF LEELANAU
BOARD OF COMMISSIONERS**

William J. Bunek, Chairperson

Date

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

Captain David Crockett

Date

Jolanda Murphy, Department Manager

Date

EXECUTIVE DOCUMENT SUMMARY

Department: Register of Deeds Contact Person: <u>Dorothy M. Miller</u> Telephone No.: <u>256-9682</u>	Submittal Dates
	<input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input checked="" type="checkbox"/> Regular Session: <u>07/16/2019</u>

Source Selection Method	VENDOR: <u>Corporate Service Company (CSC)</u> <u>251 Little Falls Dr, Willington, DE 19808</u> Address: _____ Phone: <u>800-927-9800, ext 63161</u>
<input type="checkbox"/> Select One <input type="checkbox"/> Other: _____	

Budgeted Amount: _____	Contracted Amount: _____
------------------------	--------------------------

Document Description	
<input type="checkbox"/> Select One	<input type="checkbox"/> Other _____

<input type="checkbox"/> Request to Waive Board Policy on Bid Requirements	<p>Please see the attached email.</p> <p>Corporate Service Company (CSC), an eRecording vendor who will provide an e-recording courier service to the County has a concern with the Insurance Requirements Policy that Corporate Counsel attached to the Agreement upon their review.</p> <p>CSC will be a paying customer of the County not a provider of goods and services who will get paid for those goods and services. They do not fall into the category as a contractor, vendor or organizations receiving monies from Leelanau County. Corporate Counsel has recommended that I ask for a waiver of board policy regarding the Insurance Requirements Policy for Corporate Service Company.</p> <p>Suggested Recommendation: Motion to recommend to the Board of Commissioners to waive the Board policy regarding the Insurance Requirements Policy for Corporate Service Company (CSC).</p>
---	--

Dorothy Miller

Subject: FW: CSC eRecording MOU and ACH

From: Cerami, Philip [mailto:Philip.Cerami@cscglobal.com]

Sent: Thursday, June 06, 2019 4:00 PM

To: Dorothy Miller <dmiller@co.leelanau.mi.us>

Subject: RE: CSC eRecording MOU and ACH

Hey Dorothy,

Here is the statement from the legal team:

The insurance requirements are of concern. CSC is a customer of the county, not a provider of goods or services. We are simply the electronic equivalent of a courier that records documents across the counter. However, the insurance requirements added by the county are written for a contractor providing goods and services in return for payment. By the terms stated in the Purpose paragraph of the Insurance Requirements, the policy on insurance requirements applies to “contractors, vendors, individuals, and/or organizations receiving monies from Leelanau County.” CSC does not fall into this category. CSC is a consumer of county services and pays the county for those services. Moreover, many of the specific items in the insurance requirements are not applicable to the types of transactions contemplated under the MOU or the nature of CSC’s business. Consequently, CSC’s insurance may not fully comply.

CSC is fine with a provision that says it will substantially comply with the Insurance Requirements. That would balance the needs of the county to have insurance reflected in the MOU but still accommodate CSC’s insurance policies.

Otherwise, the county’s changes are fine.

Please contact me with any questions. Feel free to have the county representative contact me directly if that would help.

Thank you and have a great day!

Phil Cerami

National Account Manager | eRecording

Phone : 302-636-5401 x63161

philip.cerami@cscglobal.com

[Meet With Me Now](#)

CSC®

251 Little Falls Drive

Wilmington, Delaware 19808-1674

USA

cscglobal.com



We are the business behind business

EXECUTIVE DOCUMENT SUMMARY

Department: Register of Deeds Contact Person: <u>Dorothy M. Miller</u> Telephone No.: <u>256-9682</u>	Submittal Dates <input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input checked="" type="checkbox"/> Regular Session: <u>07/16/2019</u>
---	--

Source Selection Method <input type="checkbox"/> Select One <input type="checkbox"/> Other: _____	VENDOR: _____ Address: _____ Phone: _____
--	--

Budgeted Amount: _____	Contracted Amount: _____
------------------------	--------------------------

Document Description	
<input checked="" type="checkbox"/> Service	<input type="checkbox"/> Other _____

<input type="checkbox"/> Request to Waive Board Policy on Bid Requirements
Website Revenues: 2015: \$57,009.85; 2016: \$56,713.99; 2017: \$57,919.57; 2018: \$58,633.45
Attached is an explanation of the current fee structure for on-line copies from the Register of Deeds website and a new proposed fee structure.
Currently there is no way to know how many copies are being printed from the website. With the implementation of the new software and a new searching platform, we will be able to track the numbers.
Michigan statute allow the Register of Deeds to charge \$1.00 per page printed, to charge a search fee and costs for providing enhanced digital access to the public records. We feel this new structure is fair compared to what other counties and software vendors are charging, but will also generate more revenue than in past years.
Suggested Recommendation: Motion to recommend to the Board of Commissioners to approve the new proposed fee structure for on-line copies for the Register of Deeds office effective when the new software and website go live.



CSC Memorandum of Understanding Agreement

Prepared for: **Leelanau County, Michigan**

Prepared by:

Phil Cerami

Prepared on:

February 14, 2019

CSC® 251 Little Falls Drive Wilmington, DE 19808-1674

Phone: 800-927-9800 x63161

Phone: 302-636-5401 x63161

Fax: 302-636-5454

Web: www.cscglobal.com

Contents of this proposal are confidential and are presented for the exclusive use of Leelanau County, Michigan

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CSC Memorandum of Understanding Agreement

THIS MEMORANDUM OF UNDERSTANDING, dated February 14, 2019, (this "MOU") is between the the County of Leelanau, a municipal corporation and political subdivision of the State of Michigan, Leelanau County, Michigan Government Recording Office ("~~GRO~~the County") with its principal offices located at **8527 E Government Center Dr. Ste 101201, Suttons Bay, Michigan, 49682**, and Corporation Service Company ("CSC"), a Delaware corporation with principal offices located at 251 Little Falls Drive, Wilmington, DE 19808.

The parties acknowledge that Electronic Recording permits its customers ("Submitters") to prepare and sign documents, transmit them in electronic format, and that the transmitted electronic likeness of the original documents can be considered as the "original" record of the transaction in substitution for, and with the same intended effect as, the original paper documents.

For purposes of this MOU, Electronic Recording ("E-Recording") is the electronic submission of documents from CSC to GRO-the County for which GRO-the County will provide CSC an electronic receipt.

Therefore, the parties agree to the following:

GRO' The County's Responsibilities:

GRO-The County shall promptly notify CSC of any material changes to recording requirements or any changes to recording fees.

GRO-The County shall examine the electronic documents and indexing information, and complete the recording process using the electronic documents (the "E-files"). GRO-The County acknowledges that Submitter provides indexing data for convenience and that such indexing data is not required for the E-Recording of documents. GRO-The County shall not reject a document based on the indexing information unless the incorrect indexing information prevents GRO-the County from verifying the document image or correctly calculating the recording fees.

GRO-The County shall monitor the documents received and recorded through E-Recording in an effort to ensure document integrity.

GRO-The County shall test and maintain E-Recording software and hardware required to operate the E-Recording capability. GROThe County, however, shall be held harmless for any damages resulting from software or equipment failure.

GRO-The County shall apply the same level of diligence in handling E-files as those submitted via hard copy. Documents received on any business day after 5pm local time may be processed the next business day and in the order they were received.

GRO-The County shall not void a document after recording except when required by law and shall immediately notify CSC when GRO-the County voids a recorded document.

CSC's Responsibilities:

CSC shall work to ensure that security measures and credentials implemented are protected from unauthorized access, including by utilizing unique credentials for Submitters.

CSC shall maintain an electronic audit trail of all activity.

CSC shall be responsible for supporting any technical issues associated with E-Recording through their submitting software program. CSC is solely responsible for any and all costs of the system or services that enable CSC to meet the E-Recording program requirements.

CSC will email a daily report to GRO-the County each evening detailing the documents recorded that day and the associated recording fees owed by Submitters ("ePay Report"). Recording fees will be paid daily via ACH by CSC for the E-Files recorded on the prior business day.

General Understanding:

~~GRO-The County~~ will not incur any liability for the E-files transmitted by CSC to ~~GROthe County~~.

~~GRO-The County~~ will not incur any liability for any breach of security, fraud or deceit as a result of E-Recording.

Neither party shall be liable to the other for (i) any special, incidental, exemplary or consequential damages arising from or as a result of any unintentional delay, omission or error in the E-Recording transmission or receipt; (ii) any failure to perform processing of the E-files where such failure results from any act of God or other cause beyond the party's reasonable control including, without limitation, any mechanical, electronic or communications failure which prevents the parties from transmitting or receiving the E-Recording transactions.

The parties will attempt in good faith to resolve claims arising out of or relating to E-Recording either through negotiation or mediation prior to initiating litigation.

The parties acknowledge that the electronic recording process is an emerging technology and that state and national standards will continue to evolve. To further the technology and the E-Recording process, all parties agree to meet to discuss changes and additions to this MOU.

This MOU shall not be deemed to create a partnership between CSC and ~~GRO-the County~~ in their respective endeavors, nor cause them to be considered members of any joint enterprise.

ENTIRE AGREEMENT. Except as expressly provided otherwise herein, this MOU, together with Attachment A, Technical Specifications, ~~and Attachment B~~, Contact Information, and Attachment C, Insurance Requirements, represents the entire agreement between the parties.

TERMINATION. Either party may terminate this MOU without cause with 30 days written notice to the other party. CSC remains responsible for payment of fees for the filing and recordation of documents prior to the effective date of termination.

NO WARRANTIES/RELEASE OF LIABILITY. Absent gross negligence or willful misconduct, CSC agrees to release the ~~GRO-the County~~ from any liability in connection with the E-Recording of documents under this MOU. Parties to E-Recording understand that there are no warranties, express or implied, in connection with such transactions or E-files.

GOVERNING LAW. Without regard to state conflict of law provisions, the parties agree that this MOU shall be governed by the laws of the state in which the E-files are recorded, as if this MOU were a contract wholly entered into and wholly performed within that state. Any action to enforce this MOU or any matter related to

this MOU shall be brought in any federal or state court within the state in which the E-files are recorded.

Insurance. CSC at all times during the term of this Agreement shall maintain insurance that meets or exceeds the requirements of Leelanau County’s Board of Commissioners Policy on “Insurance Requirements:” (aA copy of said Board Policy is attached to this Agreement labeled Attachment C) as to General Liability Insurance, Workers Compensation Insurance and Professional Liability Insurance. The requirements in Attachment C pertaining to Insurance for Contractor’s Tools and Equipment and Insurance for Motor Vehicle Liability do not apply to this Agreement. -The attached Attachment C is incorporated by reference into this Agreement and is made a part thereof. _____

Nondiscrimination. The Parties to this Agreement shall adhere to all applicable Federal, State and local laws, ordinances, rules and regulations prohibiting discrimination. The parties, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, gender identity, sexual orientation, disability that is unrelated to the individual’s ability to perform the duties of a particular job or position, height, weight, marital status, or political affiliation. Breach of this Section shall be regarded as a material breach of this Agreement.

Iran Linked Business. CSC has certified to the County that neither it nor any of its successors, parent companies, subsidiaries, or companies under common ownership or control of CSC, are an “Iran Linked Business” engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. It is expressly understood and agreed that CSC shall not become an “Iran linked business” during the term of this Agreement.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO (2) TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS OF INVESTIGATION AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed by their duly authorized representatives as of the Effective Date.

CORPORATION SERVICE COMPANY

LEELANAU COUNTY,
MICHIGAN COUNTY OF
LEELANAU



SIGNED

SIGNED

Mark Rosser

PRINT NAME

PRINT NAME

Vice President

TITLE

TITLE

February 14, 2019

DATE

DATE

APPROVED AS TO FORM
FOR COUNTY OF LEELANAU
COHL, STOKER & TOSKEY, P.C.

By: _____
Sarah K. Osburn

N:\Client\Leelanau\Agreements\Recording\CSC - Leelanau County MI Memorandum of Understanding (rev).docx
Leelanau Co. #19-022

Attachment A

Technical Specifications

E-Recording involves three levels of automation, which are described as follows:

Model 1 Submitters transmit the E-files of executed original documents (the “Original Copies”) to the [GRO County](#). The [GRO County](#) performs an electronic examination of the E-files and then completes the recording process using the E- Files. The E-files of the recorded document are returned electronically to the Submitters.

Model 2 Submitters transmit E-files of Original Copies along with electronic indexing information to the [GRO County](#). The [GRO County](#) performs an electronic examination of the E-files and indexing data, and then completes the recording process using the E-files and electronic indexing information. The E-files are returned electronically to Submitters along with the electronic recording data.

Model 3 Submitters transmit documents which have been created, signed and notarized electronically along with the electronic indexing information. The [GRO County](#) performs an electronic examination of the E-files and indexing information then completes the recording process using the E-files.

1) Format of the transmitted File:

PRIA file format standard will be used. Images will be in single page Group IV TIFF format

2) Communications Protocol and Options:

TCP/IP, HTTP and HTTPS

3) Security Framework:

Encryption will be 128bit file and image encryption. SSL and user login/password will be employed.

4) Returned File Format:

PRIA file format standard will be used. Images will be in single page Group IV TIFF format.

5) Models (or Levels) of Recording Supported:

Models 1, 2 and 3 are supported.

6) Electronic Signatures and Use of Digital Certificates:

The use of Electronic or Digital signatures, notary seals, and notary signatures are supported but are not required. CSC must work with the [GRO County](#) to accommodate their use. Digitized signatures, notary signatures, and notary seals are immediately acceptable.

7) Indexing Requirement and Imaging Standards:

Will be determined by CSC and the [GRO County](#) during the implementation process.

8) Acceptance/Rejection of Documents:

Submitted documents that are accepted for recording will be provided to CSC by [GROthe County](#) in electronic format after acceptance. Confirmation of acceptance and recordation by [GROthe County](#) will be provided to CSC in electronic format after recordation is complete. This confirmation will include the document image and [GROthe County](#) recording data. [GROthe Ccounty](#) reserves the right to make changes to the index at a later date.

[GROthe County](#) will return rejected documents to CSC in electronic format after rejection, along with a description of the reason(s) for rejection. CSC will electronically return the documents to the Submitter for correction and resubmission.

CSC agrees to provide the transmission to the [GROthe County](#) following the specifications outlined. CSC understands that the specifications may change from time to time. In the event changes to the specification are required, the [GROthe County](#) will provide a written notice to the CSC within a reasonable timeframe.

Attachment B

Contact Information

Primary Contact Name:

Primary Contact Phone:

Primary Contact Email:

Additional Contact Names, Phone, Email:

Daily Reports will be sent to:

Additional recipients of Daily Reports (Name, Email):

Vendor Contacts:

1) System/Ops Support:

or csc-help@cscglobal.com

2) Billing/Accounting Support:

Please contact csc-accounting@cscglobal.com

3) Additional Vendor Contacts:

Reggie Rogers, Operations Mgr. reggie.rogers@cscglobal.com (800) 927-9801 x64147

Tyler Worf, Operations Mgr. tyler.worf@cscglobal.com (800) 927-9801 x64131

ATTACHMENT C
LEELANAU COUNTY
BOARD POLICY

GENERAL SUBJECT: Administration/General Policy No. 13
(County Administrator)

SPECIFIC SUBJECT: Insurance Requirements Policy Adopted: 04/17/1990
Revised: 02/15/1994
Revised: 05/21/2013
Revised: 12/19/2017

APPLIES TO: All Leelanau County Employees and Elected Officials.

PURPOSE: The Leelanau County Board of Commissioners hereby establishes a policy on insurance requirements for contractors, vendors, individuals, and/or organizations receiving monies from Leelanau County. The purpose of these requirements is to assure that the parties referenced above are accepting appropriate responsibility for insuring their own operations, and that they are not unduly exposing Leelanau County taxpayers to liability and/or loss.

The Contractor, and any and all of their subcontractors, shall not commence any work until they have met the insurance requirements outlined in this policy. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to Leelanau County and have a minimum A.M. Best Company (www.ambest.com) Insurance Report rating of not less than A or A- (Excellent).

1. Workers' Compensation Insurance: The Contractor shall procure and maintain during the life of the contract, Workers' Compensation Insurance, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan. Workers' Compensation and Employers' Liability Insurance are required if the party hires one or more persons or currently has employees. If a party currently does not have any employees, and is a sole proprietor, an affidavit must be filed with the County Clerk stating that the party currently has no employees and will not hire any while working for Leelanau County as a contractor or a subcontractor, etc. If a party currently does not have any employees and is incorporated (Inc.) or a limited liability corporation (LLC), they must file a Notice of Exclusion, WC-337, with the State of Michigan and then provide a copy of the State-approved document to the County Clerk.

2. Contractor's Tools & Equipment: The Contractor shall be responsible for insuring all its tools, equipment and materials which it may leave at the Project's work site. The County shall not be responsible for any loss or damage to the Contractor's tools, equipment and materials.

3. Professional Liability (Errors and Omissions) Insurance: [For contracts for professional services, e.g., Architect, Engineers, Doctors, Dentist, etc.] The Contractor shall possess Professional Liability Insurance (errors and omissions) with limits of not less than \$1,000,000.00 per occurrence or claim. If the Professional Liability Insurance is on a claims-made basis, the Contractor shall purchase extended reporting period "tail" coverage for a minimum of three (3) years after termination of the Agreement.
4. Commercial General Liability Insurance: The Contractor shall procure and maintain during the life of their contract, Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.
5. Motor Vehicle Liability: The Contractor shall procure and maintain during the life of their contract Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit, Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non- owned vehicles, and all hired vehicles.
6. Deductibles: The Contractor shall be responsible for paying all deductibles in its insurance coverages.
7. Additional Insured: Commercial General Liability and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating that the following shall be **Additional Insureds**: Leelanau County, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. The Contractor's insurance coverages shall be primary to the Additional Insureds and not contributing with any other insurance or similar protection available to the Additional Insureds, regardless of whether said other available coverage be primary, contributing or excess.
8. Cancellation Notice: Workers' Compensation Insurance, Commercial General Liability Insurance, and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to the office of the Leelanau County Administrator.
9. Owners' and Contractors' Protective Liability: [For Contracts for Construction or Large Repair or Maintenance Projects such as road work, sewer work or building projects] The Contractor shall procure and maintain during the life of the contract, a separate Owners' and Contractors' Protective Liability Policy with limits of liability not less than \$1,000,000.00 per occurrence and aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage. Leelanau County shall be "Named Insured" on said coverage. Thirty (30) day Notice of Cancellation shall apply to this policy.
10. Proof of Insurance Coverage: The Contractor shall provide Leelanau County at the time that the contracts are returned by him/her for execution, A "Certificate of Liability Insurance," on Accord Form #25, with the necessary coverages included, as listed below:

- a. Certificate of Insurance for Workers' Compensation Insurance;
- b. Certificate of Insurance for Commercial General Liability Insurance;
- c. Certificate of Insurance for Vehicle Liability Insurance;
- d. Certificate of Insurance for Professional Liability Insurance on Projects where such insurance is required.
- e. Original Policy, or original Binder pending issuance of policy, for Owners' & Contractors' Protective Liability Insurance, where such insurance is required.
- f. If so requested, Certified Copies of all policies mentioned above will be furnished.

11. If any of the above coverages expire during the term of the contract, the Contractor shall deliver renewal certificates and/or policies to the Leelanau County Administrator at least ten (10) days prior to the expiration date.

Failure to comply with these insurance requirements could result in the termination of a contract or delay in receipt of funds. Questions regarding the scope of applicability of this policy may be directed to the Leelanau County Administrator.

EXECUTIVE DOCUMENT SUMMARY

Department: Information Technology Contact Person: <u>Ron Plamondon</u> Telephone No.: _____	Submittal Dates
	<input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input type="checkbox"/> Regular Session: _____

Source Selection Method	VENDOR: <u>ESRI</u> Address: _____ Phone: _____
<input checked="" type="checkbox"/> Quotation <input type="checkbox"/> Other: _____	

Budgeted Amount: _____ \$ 5,400.00	Contracted Amount: _____ \$ 5,475.81
------------------------------------	--------------------------------------

Document Description	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other _____

<input type="checkbox"/> Request to Waive Board Policy on Bid Requirements	Request approval to continue with the ESRI Software (GIS) for one year. This will give us access to their Technical Support as well as any available updates
<p>Suggested Recommendation: To recommend to approve the renewal of the maintenance agreement between Leelanau County and ESRI in the amount of \$5,475.81, with funds to come from the Data Processing Fund #636.</p>	



Esri Inc
380 New York Street
Redlands CA 92373

Subject: Renewal Quotation

Date: 06/21/2019
To: Ron Plamondon
Organization: County of Leelanau
Information Technology
Fax #: 231-256-0120 **Phone #:** 231-256-8105

From: Taylor Smith
Fax #: 909-307-3031 **Phone #:** 909-793-2853 Ext. 3929
Email: taylorsmith@esri.com

Number of pages transmitted
(including this cover sheet): 5

Quotation #25908276
Document Date: 06/21/2019

Please find the attached quotation for your forthcoming term. Keeping your term current may entitle you to exclusive benefits, and if you choose to discontinue your coverage, you will become ineligible for these valuable benefits and services.

If your quote is regarding software maintenance renewal, visit the following website for details regarding the maintenance program benefits at your licensing level
<http://www.esri.com/apps/products/maintenance/qualifying.cfm>

All maintenance fees from the date of discontinuation will be due and payable if you decide to reactivate your coverage at a later date.

Please note: Certain programs and license types may have varying benefits. Complimentary User Conference registrations, software support, and software and data updates are not included in all programs.

Customers who have multiple copies of certain Esri licenses may have the option of supporting some of their licenses with secondary maintenance.

For information about the terms of use for Esri products as well as purchase order terms and conditions, please visit
<http://www.esri.com/legal/licensing/software-license.html>

If you have any questions or need additional information, please contact Customer Service at 888-377-4575 option 5.



esri[®] 380 New York Street
 Redlands, CA 92373
 Phone: 909-793-28533929
 Fax #: 909-307-3031

Quotation

Date: 06/21/2019

Quotation Number: 25908276

Contract Number: 318946

Send Purchase Orders To:

Environmental Systems Research Institute, Inc.
 380 New York Street
 Redlands, CA 92373-8100
 Attn: Taylor Smith

Please include the following remittance address on your Purchase Order:

Environmental Systems Research Institute, Inc.
 P.O. Box 741076
 Los Angeles, CA 90074-1076

County of Leelanau
 Information Technology
 8527 E Government Ctr Dr Ste 101
 Suttons Bay MI 49682
Attn: Ron Plamondon

Customer Number: 268872

For questions regarding this document, please contact Customer Service at 888-377-4575.

Item	Qty	Material#	Unit Price	Extended Price
10	1	52384 ArcGIS Desktop Advanced Concurrent Use Primary Maintenance Start Date: 09/20/2019 End Date: 09/19/2020	3,000.00	3,000.00
1010	1	87194 ArcGIS Desktop Basic Concurrent Use Primary Maintenance Start Date: 09/20/2019 End Date: 09/19/2020	700.00	700.00
2010	1	87195 ArcGIS Desktop Basic Concurrent Use Secondary Maintenance Start Date: 09/20/2019 End Date: 09/19/2020	500.00	500.00
3010	1	87198 ArcGIS 3D Analyst for Desktop Concurrent Use Primary Maintenance Start Date: 09/20/2019 End Date: 09/19/2020	500.00	500.00
4010	1	87192	187.98	187.98

Quotation is valid for 90 days from document date.

Any estimated sales and/or use tax has been calculated as of the date of this quotation and is merely provided as a convenience for your organization's budgetary purposes. Esri reserves the right to adjust and collect sales and/or use tax at the actual date of invoicing. If your organization is tax exempt or pays state taxes directly, then prior to invoicing, your organization must provide Esri with a copy of a current tax exemption certificate issued by your state's taxing authority for the given jurisdiction.

Esri may charge a fee to cover expenses related to any customer requirement to use a proprietary vendor management, procurement, or invoice program.

Issued By: Taylor Smith **Ext:** 3929

[CSBATCHDOM]

To expedite your order, please reference your customer number and this quotation number on your purchase order.



esri[®]

380 New York Street
Redlands, CA 92373
Phone: 909-793-28533929
Fax #: 909-307-3031

Quotation

Page 2

Date: 06/21/2019

Quotation Number: 25908276

Contract Number: 318946

Item	Qty	Material#	Unit Price	Extended Price
		ArcGIS Desktop Basic Single Use Primary Maintenance Start Date: 04/01/2020 End Date: 09/19/2020		
5010	1	161322 ArcGIS Enterprise Workgroup Standard Up to Two Cores Maintenance Start Date: 04/01/2020 End Date: 09/19/2020	587.43	587.43
			Item Subtotal	5,475.41
			Estimated Tax	0.00
			Total	USD 5,475.41

DUNS/CEC: 06-313-4175 CAGE: 0AMS3



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380 New York Street
Redlands, CA 92373
Phone: 909-793-28533929
Fax #: 909-307-3031

Quotation

Page 3

Date: 06/21/2019

Quotation Number: 25908276

Contract Number: 318946

Item	Qty	Material#	Unit Price	Extended Price
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IF YOU WOULD LIKE TO RECEIVE AN INVOICE FOR THIS MAINTENANCE QUOTE YOU MAY DO ONE OF THE FOLLOWING:

- RESPOND TO THIS EMAIL WITH YOUR AUTHORIZATION TO INVOICE
- SIGN BELOW AND FAX TO 909-307-3083
- FAX OR EMAIL YOUR PURCHASE ORDER TO 909-307-3083/Service@esri.com

REQUESTS VIA EMAIL OR SIGNED QUOTE INDICATE THAT YOU ARE AUTHORIZED TO OBLIGATE FUNDS FOR YOUR ORGANIZATION AND THAT YOUR ORGANIZATION DOES NOT REQUIRE A PURCHASE ORDER.

If there are any changes required to your quotation please respond to this email and indicate any changes in your invoice authorization.

If you choose to discontinue your support, you will become ineligible for support benefits and services. All maintenance fees from the date of discontinuation will be due and payable if you decide to reactivate your support coverage at a later date.

The items on this quotation are subject to and governed by the terms of this quotation, the most current product specific scope of use document found at <http://assets.esri.com/content/dam/esrisites/media/legal/product-specific-terms-of-use/e300.pdf>, and your applicable signed agreement with Esri. If no such agreement covers any item quoted, then Esri's standard terms and conditions found at <http://assets.esri.com/content/dam/esrisites/media/legal/ma-full/ma-full.pdf> apply to your purchase of that item. Federal government entities and government prime contractors authorized under FAR 51.1 may purchase under the terms of Esri's GSA Federal Supply Schedule. Supplemental terms and conditions found at <http://www.esri.com/en-us/legal/terms/state-supplemental> apply to some state and local government purchases. All terms of this quotation will be incorporated into and become part of any additional agreement regarding Esri's offerings. Acceptance of this quotation is limited to the terms of this quotation. Esri objects to and expressly rejects any different or additional terms contained in any purchase order, offer, or confirmation sent to or to be sent by buyer. Unless prohibited by law, the quotation information is confidential and may not be copied or released other than for the express purpose of system selection and purchase/license. The information may not be given to outside parties or used for any other purpose without consent from Esri. Delivery is FOB Origin.

[CSBATCHDOM]



esri[®]

380 New York Street
Redlands, CA 92373
Phone: 909-793-28533929
Fax #: 909-307-3031

Quotation

Page 4

Date: 06/21/2019 **Quotation No:** 25908276 **Customer No:** 268872 **Contract No:** 318946

Item	Qty	Material#	Unit Price	Extended Price
------	-----	-----------	------------	----------------

In order to expedite processing, please reference the quotation number and any/all applicable Esri contract number(s) (e.g. MPA, ELA, SmartBuy, GSA, BPA) on your ordering document.

By signing below, you are authorizing Esri to issue a software support invoice in the amount of USD _____ plus sales tax, if applicable.

Please check one of the following:

I agree to pay any applicable sales tax.

I am tax exempt. Please contact me if Esri does not have my current exempt information on file.

Signature of Authorized Representative

Date

Name (Please Print)

Title

EXECUTIVE DOCUMENT SUMMARY

Department: Information Technology Contact Person: <u>Ron</u> Telephone No.: _____	Submittal Dates
	<input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input checked="" type="checkbox"/> Regular Session: <u>07/16/2019</u>

Source Selection Method	VENDOR: <u>Dell</u> Address: _____ Phone: _____
<input checked="" type="checkbox"/> Quotation <input type="checkbox"/> Other: _____	

Budgeted Amount: _____ \$ 5,000.00	Contracted Amount: _____ \$ 4,466.23
------------------------------------	--------------------------------------

Document Description	
<input checked="" type="checkbox"/> Maintenance	<input type="checkbox"/> Other _____

Request to Waive Board Policy on Bid Requirements

Request to extend the existing Maintenance Agreement for our Dell Backup Server and the Dell Powervault data storage device for an additional two years. The device is going off it's original three-year maintenance plan and is expected to be in use for the next two years.

Suggested Recommendation: Recommend to purchase an extended maintenance agreement with Dell for the Data Backup Server and storage device for an additional two years at a cost of \$4,466.23, with funds to come from Data Processing Fund #636.

Department Head Approval:  Digitally signed by Ron Plamondon
Date: 2019.07.01 15:37:42 -04'00'

Date: _____ **148**

Extended Services Quote Information	
Quote #:	v 3000041395313.2

Dell Contact Information
Fernando Rangel APOS Services Consultant
Fernando_Rangel@Dell.com Phone: 512- 725-1040

Customer Information	
Date:	June 27, 2019
Company Name:	LEELANAU COUNTY
Dell Customer # :	10249994
Contract Code # :	70137

Dell Extended Services Details

Current Equipment Information

Extended Service Information

Service Tag #	Model	Service Contract Type	Ship Date	Service Contract Expiration	Service Contract Type	New Contract End Date	Service Extension	Reinstatement Fees	Total Price
90WDBK2	PowerEdge R930 Upgrades and Extensions	ND + PS	7/12/2016	7/12/2019	ND + PS	7/12/2021	\$3,300.51		\$3,300.51
CR04QD2	PowerVault MD1200 Upgrades and Extensions	ND + PS	8/10/2016	8/10/2019	ND + PS	8/10/2021	\$3,079.81		\$3,079.81

Contract Descriptions	
S1/S9	4-Hour Onsite Response
ND	Next Business Day Onsite Response=(Does not cover SATA hard drive)
PS/SV	ProSupport Technical Support
PSMC/GD	ProSupport Mission Critical Technical Support
S9 + P+	ProSupport Plus Mission Critical Technical Support
PSP/ P+	ProSupport Plus Technical Support
PS+	ProSupport Plus Technical Support for Client + CC + KK
KK	Keep Your Hard Drive
Post Standard Support for End of Life Tags	
SF	PSS Support

Extended Services Subtotal	\$6,380.32
Reinstatement Fees	
Subtotal	\$6,380.32
30% Discount	\$1,914.09
Total:	\$4,466.23

Pricing does not include sales tax where applicable. This quotation is not valid after Friday July 12th.

[Questions about Services? Click here.](#)

Purchase Order Conditions
Please remember to include the following information:
- Billing address
- Shipping address, including a contact name & phone number
- Terms stated as 'Net 30'
- A total dollar amount
- An authorizing signature (if required)
Please attach a coPS+ of your Dell quote, or reference the Dell quote number(s) on the purchase order.

[Support Questions? Click here.](#)

Motion by _____ to recommend to the Board of Commissioners to appoint _____ to fill a vacancy on the Brownfield Redevelopment Authority Board, term to expire December 31, 2020.

Laurel Evans

From: Trudy Galla
Sent: Monday, July 01, 2019 11:33 AM
To: Laurel Evans
Subject: RE: DRAFT - 7/9/19 Executive Board Agenda - EDS/documentation due at 12 noon today

Expires: Saturday, December 28, 2019 12:00 AM

Yes, but the LCBRA had already made a recommendation and they did not feel it would be fair to Mr. Arens to just change that recommendation because another applicant had applied. They understand the Board will make final appointment.

From: Laurel Evans <levans@co.leelanau.mi.us>
Sent: Monday, July 1, 2019 11:25 AM
To: Trudy Galla <tgalla@co.leelanau.mi.us>
Subject: RE: DRAFT - 7/9/19 Executive Board Agenda - EDS/documentation due at 12 noon today

Hi Trudy,

Thanks for the update. However, it is worth noting that partial-term vacancies are not subject to the same restrictions as full term vacancies –

4. Appointment Procedure for Partial Term Vacancies – Appointments to fill vacancies shall be made upon the occurrence of the vacancy, and each person so appointed shall take office immediately upon the approval by the Board of Commissioners to serve for the remainder of the unexpired term.

*The process for filling partial term vacancies shall follow the same procedures as for filling full term vacancies except that the **time line constraints shall not apply, as the process shall begin upon occurrence.** In the event the official list contains no qualified applicants for the current partial term openings, a special limited purpose advertisement may be issued.*

Laurel

From: Trudy Galla
Sent: Monday, July 01, 2019 11:12 AM
To: Laurel Evans
Subject: RE: DRAFT - 7/9/19 Executive Board Agenda - EDS/documentation due at 12 noon today

Laurel;

The Brownfield Redevelopment took no action on the recommendation for a Brownfield member at Friday's meeting. They noted they had already made a recommendation to the County Board for Mr. John Arens at their last meeting (prior to the new application coming in), and they didn't have a reason to change that

recommendation on a candidate who had properly followed procedure and had his application on file. They thought the new applicant was well qualified and his application would be kept on file in case of a future opening.

From: Laurel Evans <levans@co.leelanau.mi.us>
Sent: Monday, July 1, 2019 10:32 AM
To: Joe Povolito <jpovolito@co.leelanau.mi.us>; Dorothy Miller <dmiller@co.leelanau.mi.us>; Ron Plamondon <rplamondon@co.leelanau.mi.us>; Trudy Galla <tgalla@co.leelanau.mi.us>; Steve Christensen <schristensen@co.leelanau.mi.us>
Subject: DRAFT - 7/9/19 Executive Board Agenda - EDS/documentation due at 12 noon today

Greetings:

Just a friendly reminder that any Executive Document Summaries with correlating documentation for the July 9, 2019, Executive Board session **must be forwarded to me by 12 noon today** – thank you.

Laurel

From: Laurel Evans
Sent: Friday, June 28, 2019 11:05 AM
To: boc@co.leelanau.mi.us
Subject: DRAFT - 7/9/19 Executive Board Agenda

Greetings:

I have attached a draft of the agenda for the next scheduled Executive Board session of the Leelanau County Board of Commissioners; please forward revisions to me no later than 9:00 a.m. Monday, July 1, 2019.

Laurel S. Evans

Executive Assistant to the County Administrator

Leelanau County Government Center
8527 E. Government Center Dr. Suite 101
Suttons Bay, Michigan 49682
levans@co.leelanau.mi.us
231-256-8101 (*direct*) 231-256-0120 (*fax*)

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Brownfield Redevelopment Authority

Date Applied	Membership	Appointed	Expiration	.	Also Serves On	Requests Reapp.
	Commissioner Soutas-Little	1/1/2017	Annually			
	Administrator Janik	5/1/2012	Annually			
10/15/2017	Randy Harmson	12/19/2017	12/31/2020		LBA	
2/17/2017	Katharine Sterken	3/1/2017	12/31/2020			
11/2/2017	Richard Foster	12/19/2017	12/31/2020		LBA	
8/2/2017	Kathy Egan	12/18/2018	12/31/2021		SESSRC	
10/13/2017	W. Dennis Bushey	12/18/2018	12/31/2021			

	Applicants	Also Serves On	Also Applied For
10/26/2018	John C. Arens	EHBOH	BATA/BLDHDBOH
7/13/2017	Eric Winkelman	PC	LBA, PC

Also: CCBOA/P&R/PC/SWC

Comissioner/Member	Term	.	Served
Commissioner Walter Commissioner Shiflett County Administrator Barbara Gordon William Drozdalski Tom Triebes (2007) <i>resigned</i> / Eric Winkelman (2008) Kathy (Finch) Egan John Hoagland	2007	-	2008
Commissioner Shiflett County Administrator William Drozdalski Kathy (Finch) Egan John Hoagland (2009) <i>resigned</i> / Lee Nowak (2010) Eric Winkelman Mark Walter	2009	-	2010
Commissioner Shiflett County Administrator William Drozdalski Kathy (Finch) Egan Eric Winkelman Mark Walter Lee Nowak/Robert Bunek (2012)	2011	-	2012
Commissioner Zemaitis (2013) Commissioner Rentenbach (2014) County Administrator William Drozdalski Kathy (Finch) Egan Eric Winkelman Mark Walter Robert Bunek	2013	-	2014

<p>Commissioner Rentenbach County Administrator Kathy (Finch) Egan Mark Walter Robert Bunek (2015) Karen Zemaitis Emerson Hilton (2015) <i>resigned</i>/F. (Bud) Welch (2016) Frank Goodroe (2016)</p>	<p>2015 - 2016</p>
<p>Kathy (Finch) Egan Mark Walter (2017) Karen Zemaitis (2017) F. (Bud) Welch (2017) <i>(resigned, 1/2017)</i> Frank Goodroe <i>(resigned, 12/2016)</i></p>	<p>2017 - 2018</p>

Laurel Evans

From: Trudy Galla
Sent: Tuesday, June 04, 2019 5:00 PM
To: Laurel Evans
Subject: Brownfield open position

Expires: Sunday, December 01, 2019 12:00 AM

At the last Brownfield Redevelopment Authority meeting, the LCBRA recommended to the County Board that applicant John Arens be considered for the position (vacated by Kate Sterken). In the meantime, another possible applicant contacted me and he is very familiar with brownfield activities and is now living in Leelanau County. He just sent you his application -T. Eftaxiadis.

Trudy J. Galla, AICP, Planning Director
Leelanau County
231-256-9812
tgalla@co.leelanau.mi.us

EXECUTIVE DOCUMENT SUMMARY

Department: Parks & Recreation Contact Person: <u>Casey Noonan</u> Telephone No.: _____	Submittal Dates
	<input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input checked="" type="checkbox"/> Regular Session: <u>07/16/2019</u>

Source Selection Method	
<input checked="" type="checkbox"/> Quotation <input type="checkbox"/> Other: _____	VENDOR: <u>J Schichtel Construction</u> Address: <u>2827 W Armstrong Rd., Empire</u> Phone: <u>231-218-4649</u>

Budgeted Amount: _____	Contracted Amount: <u>\$ 27,550.00</u>
------------------------	--

Document Description	
<input checked="" type="checkbox"/> Service	<input type="checkbox"/> Other _____

Request to Waive Board Policy on Bid Requirements

Old Settlers Park has a grub shack that the Leelanau County Parks and Recreation Commission designated as in need of remodeling and expansion, in order to modernize and make it more user-friendly, as the current structure is at least 50 years old.

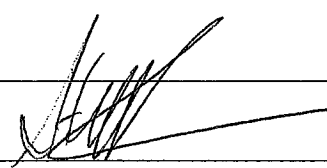
A RFP was released in February, 2019, with a due date of April 4, 2019. No bids were received at that time.

Since then, a quote was recently submitted by J. Schichtel Construction to complete the work in the amount of \$27,550.00, with construction expected to begin in 2020.

A sample, boilerplate type contract has been submitted to Mr. Schichtel for review and potential approval (see attached).

Motion to recommend approval of the agreement between J. Schichtel Construction and Leelanau County for the remodeling and expansion of the Old Settlers Park Grub Shack, pending counsel review and approval.

Suggested Recommendation:

Department Head Approval:  Date: 07/01/2019

AGREEMENT

THIS AGREEMENT, is made and entered into this ____ day of _____, 2019, by and between the **COUNTY OF LEELANAU**, a municipal corporation and political subdivision of the State of Michigan (hereinafter referred to as the "County") and _____, whose business address is _____ (hereinafter referred to as the "Contractor").

RECITALS:

WHEREAS, the County has requested proposals from experienced and qualified contractors for the repair and remodeling of the Grub Shack located at Old Settlers Park, a Leelanau County Park, located at 8854 S. Dunns Farm Rd., Maple City, Michigan (hereinafter referred to as the "Work Site"); and

WHEREAS, the Contractor has submitted a quote to the County to furnish all labor, materials, tools, equipment, permit fees, and services necessary to perform and complete the entire work the County requires at the Work Site; and

WHEREAS, the County accepts the Contractor's proposal subject to the terms and conditions of this Agreement.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, **IT IS HEREBY AGREED** as follows:

I. SERVICES TO BE PERFORMED BY THE CONTRACTOR. The Contractor shall repair and remodel the Grub Shack at the Work Site, consistent with the Contractor's Proposal (hereinafter referred to as "Project.").

The primary interface between the Contractor and the County shall be through the Leelanau County Administrator's Office and/or Leelanau County Maintenance Department. The Leelanau County Maintenance Department Director shall be responsible for the coordination of the Contractor's work. The Contractor, prior to commencing work, shall schedule all work at the Work Site with the County's Maintenance Department Director.

All labor, tools, equipment, machinery, vehicles and materials required for the Project shall be supplied by the Contractor.

The Contractor guarantees its performance of the services required under this Agreement, and shall submit to the personal inspection of such services by the County's Maintenance Department Director and by such other representative or agent as may be designated by the County.

II. COMPENSATION. It is expressly understood and agreed that the total compensation to be paid to the Contractor shall not exceed the sum of Twenty-seven Thousand Five Hundred Fifty AND NO/100 DOLLARS \$27,550.00).

The compensation authorized above shall be billed and paid as follows:

- A. When the entire Project is completed.
- B. The County shall process and pay Contractor the sum correctly billed to it in accordance with the County's procedure for payment of Accounts Payable within thirty (30) days after the County has received all of the following:
 - 1. The bill stating the Project has been completed on or before the date of invoicing and total sum due.
 - 2. Verification of said completion from the inspector(s) designated by the County pursuant to Section III of this Agreement.
 - 3. Before payment of the bill, County may require that it be provided with proof that Contractor has paid its employees and any suppliers and/or subcontractors providing materials or performing services under this Agreement.

Completion of the work being billed shall be to the satisfaction of the County's inspector(s). The inspector(s) shall conduct an inspection before payment of any bill submitted pursuant to this section within five (5) business days of the County's receipt of a bill.

III. EXAMINATION OF EXISTING FACILITY, QUALITY OF WORKMANSHIP AND INSPECTION OF WORK. The Contractor shall be responsible for examining the Work Site's existing conditions in order to gain full information under which the work is to be carried out. Failure of the Contractor to inform itself shall in no way relieve the Contractor from the necessity to complete the work without additional cost to the County.

All work done by the Contractor under this Agreement shall be performed in a skillful and workmanlike manner, and according to applicable local and State of Michigan codes. The Contractor shall only employ persons who are skilled in the work to be performed. The County may in its sole discretion require the Contractor to remove any worker from the Project that County deems incompetent or careless.

The County shall designate the Director of the County's Maintenance Department and such other individual or individuals it may desire to act as its representative(s) in the inspection of work done by the Contractor under this Agreement (hereinafter referred to as the "inspector(s)"). The inspector(s) shall periodically inspect the work done by the Contractor under this Agreement to ensure that such work is in accordance with the Project's requirements set forth in Section I of this Agreement.

The inspections to be conducted by the inspector(s) shall include, but not be limited to, inspection of the work completed by the Contractor upon notification from the Contractor of having substantially completed the Project and on completion of all items on the final punch list, but prior to Contractor receiving compensation therefore as set forth in Section II of this Agreement. In the event the inspector(s) discovers that any of the work is not in compliance with the requirements of this Agreement, and applicable Federal, State or local laws, ordinances, rules, regulations and codes, or is otherwise defective, he/she/they shall deliver to the County and the Contractor written notification of such defects or failure to comply with this Agreement. The County may, without any additional cost to the County other than that agreed to in Section II, require the Contractor to correct such defects, deviations from or non-compliance with the requirements of this Agreement, or the requirements of applicable Federal, State or local laws, ordinances, rules, regulations and codes prior to compensating the Contractor under this Agreement.

Any inspection(s) by the County, as authorized by this Section III shall not relieve the Contractor from any responsibility regarding defects or other failures to meet the requirements of this Agreement.

IV. WARRANTIES. The Contractor warrants that it meets all Federal, State and local licensing, certifications and authorization requirements to perform all the work required by the Project.

V. CLEANING UP. The Contractor and its subcontractors shall at all times keep the Work Site and surrounding area free from accumulation of waste material or rubbish caused by its operations. Daily clean-up and removal from the work area of all debris resulting from Contractor's work is required. The Contractor shall be responsible for paying for and hauling away any debris and waste resulting from the Project. At the completion of the Project, the Contractor shall remove all the Project's remaining waste material and rubbish from and about the Work Site, as well as its tools, equipment, and machinery.

If the Contractor fails to clean up during and at the completion of the Project, the County may do so and the cost thereof shall be charged to the Contractor. The Contractor shall reimburse the County for the clean-up costs it incurs within thirty (30) days of receipt of the County's bill setting forth such costs and the total sum due.

VI. PROTECTION OF PERSONS AND PROPERTY.

- A. The Contractor shall be responsible for initiating, maintaining and supervising all safety precautions and programs in connection with the work it is to perform under this Agreement.
- B. The Contractor shall take all reasonable precautions for safety of, and shall provide all reasonable protection to prevent damage, injury or loss to:

1. All its and the County's employees at the Work Site and all other persons who may be affected thereby.
 2. Other property at the Work Site or adjacent thereto.
- C. The Contractor shall give all notices and comply with all applicable laws, ordinances, rules and regulations and lawful orders of any public authority bearing on the safety of persons or property or their protection from damage, injury or loss.
- D. The Contractor shall erect and maintain, as required by existing conditions and progress of the Project, all reasonable safeguards for safety and protection, including but not limited to posting danger signs and other warnings against hazards, and setting up barriers where needed.
- E. The Contractor shall promptly repair or remedy all injury, damage or loss to any property that is caused in whole or in part by the Contractor, any subcontractor, any sub-subcontractor or anyone directly or indirectly employed by them, or by anyone for whose acts any of them may be liable and for which the Contractor is responsible under subsection B of this section.
- F. Under no circumstances shall any tools of any kind or materials being used be left unattended at the Work Site.
- G. The foregoing obligations of the Contractor are in addition to its obligations under Section XI of this Agreement.

VII. COMPLIANCE WITH THE LAW AND OBTAINING PERMITS.

- A. In performing its responsibilities under this Agreement, the Contractor shall comply with all applicable Federal, State and local laws, ordinances, codes, rules and regulations, including but not limited to the following:
1. American National Standards Institute.
 2. American Society for Testing and Materials.
 3. National Electric Code
 4. Occupational Safety and Health Administration.
 5. State and Local Zoning and Building Codes.
- B. The Contractor shall secure and pay for all permits and governmental fees, licenses and inspections necessary for the Project.
- C. The Contractor and its subcontractors shall comply with the Michigan Occupational Safety and Health Act, 1974 PA 154, as amended, (hereinafter referred to as "OSHA") and regulations promulgated pursuant thereto. If

during the progress of the Project, it is discovered that the Contractor has failed to comply with OSHA, its regulations, or other applicable Federal, State or local laws, ordinances and regulations, the Contractor and its subcontractors shall take such steps as necessary to comply, at no additional cost to the County.

- D. The Contractor and its subcontractors shall be held responsible for the safety of their employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and around the Work Site under this Agreement.
- E. If the Contractor or any subcontractor uses any product at the Work Site which contains any ingredient that could be hazardous or injurious to a person's health, a Material Safety Data Sheet (MSDS) must be submitted to the Director of the Leelanau County Maintenance Department prior to commencement of work.
- F. Breach of this Section VII shall be regarded as a material breach of this Agreement, and in the event the Contractor, its subcontractors and sub-subcontractors are found not to be in compliance with this subsection, the County may terminate this Agreement effective as of the date of delivery of written notification to the Contractor.

VIII. APPLICABLE LAW AND VENUE. This Agreement shall be subject to, governed by, and construed according to the laws of the State of Michigan.

It is expressly understood and agreed that any legal or equitable action that arises out of or regarding this Agreement shall be in Michigan Courts whose jurisdiction and venue shall be established in accordance with the statutes of the State of Michigan and Michigan Court Rules. In the event any action is brought in or moved to Federal Court, the venue for such action shall be the Federal Judicial District of Michigan, Western District, Southern Division.

IX. NONDISCRIMINATION. The Contractor, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, height, weight, disability which is unrelated to the individual's ability to perform the duties of a particular job or position, marital status or political affiliation.

The Contractor shall adhere to all applicable Federal, State and local laws, ordinances, rules and regulations prohibiting discrimination, including, but not limited to the following: (i) the Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended; (ii) the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended; (iii) Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat 355, as amended, and regulations adopted thereunder; and (iv) the Americans with Disabilities Act of 1990, P.L. 101-336, 104 Stat

327 (42 USC §12101 *et seq.*), as amended, and regulations promulgated thereunder.

Breach of this section shall be regarded as a material breach of this Agreement.

X. INDEPENDENT CONTRACTOR.

- A. It is expressly understood and agreed that the Contractor, its subcontractors and sub-subcontractors, are independent contractors. The employees, servants, agents and assigns of the Contractor, its subcontractors or sub-subcontractors shall in no way be deemed to be and shall not hold themselves out as employees, servants or agents of the County and shall not be entitled to any fringe benefits of the County, such as, but not limited to, health and accident insurance, life insurance, paid vacation or sick leave, or longevity. The Contractor, its subcontractors and sub-subcontractors shall be responsible for paying all salaries, wages and other compensation which may be due their employees or agents for performing work under this Agreement and for the withholding and payment of all applicable taxes, including, but not limited to, income and social security taxes, to the proper Federal, State and local governments.
- B. The direction and supervision of the working forces, including subcontractors, rests exclusively with the Contractor. The County shall not issue any instructions to, or otherwise interfere with the same.

XI. INDEMNIFICATION AND HOLD HARMLESS. The Contractor shall, at its own expense, protect, defend, indemnify and hold harmless the County, and its elected and appointed officers, employees and agents from all claims, damages, costs, law suits and expenses, including, but not limited to, all costs from administrative proceedings, court costs and attorney fees that they may incur as a result of any acts, omissions or negligence of the Contractor or any of its officers, employees, agents or subcontractors which may arise out of this Agreement.

The Contractor's indemnification responsibilities under this section shall include the sum of damages, costs and expenses which are in excess of the sum paid out on behalf of or reimbursed to the County, its officers, employees and agents by the insurance coverage obtained and/or maintained by the Contractor pursuant to the requirements of this Agreement.

XII. LIABILITY INSURANCE. The Contractor at all times during the term of this Agreement shall maintain insurance that meets the requirements of Leelanau County's Board of Commissioners Policy on "Insurance Requirements." A copy of the Board Policy is incorporated by reference into this Agreement and labeled Attachment A.

XIII. WAIVERS. No failure or delay on the part of either the County or the Contractor in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any

other or further exercise of any other right, power or privilege. No modification, amendment, or waiver of any provision of this Agreement, nor consent to any departure from any provision of the Agreement by either party hereto, shall in any event be effective unless the same is in writing and signed by the other party, and then such waiver or consent shall be effective only in the specific instance and for the purpose for which given.

In no event shall the making by the County of any payment due to the Contractor constitute or be construed as a waiver by the County of any breach of a provision of this Agreement, or any default which may then exist, on the part of the Contractor. The making of any such payment by the County while any such breach or default shall exist, shall in no way impair or prejudice any right or remedy available to the County in respect to such breach or default.

XIV. MODIFICATION OF AGREEMENT. Modifications, amendments or waivers of any provisions of this Agreement may be made only by the written mutual consent of the parties hereto.

XV. ASSIGNMENT OR SUBCONTRACTING. The parties to this Agreement may not assign, subcontract or otherwise transfer their duties and/or obligations under this Agreement.

XVI. PURPOSE OF SECTION TITLES. The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.

XVII. COMPLETE AGREEMENT. This Agreement and the attached Attachment A contain all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

XVIII. AGREEMENT PERIOD. This Agreement shall become effective on the date in which it has been fully signed by the authorized representatives of both parties (hereinafter referred to as the "Effective Date"). All work on the Project including all items on the final punch list and Work Site clean-up shall be completed by no later than the ____ day of _____, _____.

It is also understood and agreed by the parties hereto that all obligations of the Contractor set forth in this Agreement which extend to beyond the completion date of the work shall survive said completion and remain in full force and effect for the time set for the performance of said obligations.

Notwithstanding any other provision in this Agreement to the contrary, the County may terminate this Agreement, with or without cause, upon five (5) days prior written notice to the Contractor. In the event this Agreement is prematurely terminated without cause (i.e. for reasons other than Contractor's breach of the terms of this Agreement) as set forth herein, the Contractor shall be compensated for services completed as of the effective date of termination in accordance with Section II of this Agreement.

XIX. IRAN LINKED BUSINESS. The Contractor has certified to the County that neither it nor any of its successors, parent companies, subsidiaries, or companies under common ownership or control of the Contractor, are an "Iran Linked Business" engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. It is expressly understood and agreed that the Contractor shall not become an "Iran linked business" during the term of this Agreement.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS OF INVESTIGATION AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

XX. SEVERABILITY OF INVALID PROVISIONS. If any part of this Agreement is declared by any Court having jurisdiction to be invalid, unconstitutional, or beyond the authority of either party to enter into or carry out, such part shall be deemed deleted and shall not affect the validity of the remainder of this Agreement, which shall continue in full force and effect. If the removal of such provision would result in the illegality and/or unenforceability of this Agreement, this Agreement shall terminate as of the date in which the provision was found invalid, unconstitutional or beyond the authority of the parties and the Contractor shall be reimbursed for all services which it has provided under this Agreement up to the date of termination.

XXI. CERTIFICATION OF AUTHORITY TO SIGN AGREEMENT. The people signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign on behalf of said parties and that this Agreement has been authorized by said parties.

THE AUTHORIZED REPRESENTATIVES OF THE PARTIES HERETO HAVE FULLY EXECUTED THIS AGREEMENT FOR REPAIR AND REMODELING OF THE GRUB SHACK LOCATED AT OLD SETTLERS PARK.

COUNTY OF LEELANAU

J. Schichtel Construction

By: _____

William J. Bunek, Chairman
County Board of Commissioners

Date: _____

By: _____

(Signature)

Name: _____

(Print or Type)

Title: _____

(Print or Type)

Date: _____

APPROVED AS TO FORM
FOR THE COUNTY OF LEELANAU
COHL, STOKER & TOSKEY, P.C.

By: _____

Timothy M. Perrone

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Leelanau #17-0__revised

**LEELANAU COUNTY
BOARD POLICY**

GENERAL SUBJECT: Administration/General (County Administrator) Policy No. **13**

SPECIFIC SUBJECT: Insurance Requirements Policy
Adopted: 04/17/1990
Revised: 02/15/1994
Revised: 05/21/2013
Revised: 12/19/2017

APPLIES TO: All Leelanau County Employees and Elected Officials.

PURPOSE: The Leelanau County Board of Commissioners hereby establishes a policy on insurance requirements for contractors, vendors, individuals, and/or organizations receiving monies from Leelanau County. The purpose of these requirements is to assure that the parties referenced above are accepting appropriate responsibility for insuring their own operations, and that they are not unduly exposing Leelanau County taxpayers to liability and/or loss.

The Contractor, and any and all of their subcontractors, shall not commence any work until they have met the insurance requirements outlined in this policy. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to Leelanau County and have a minimum A.M. Best Company (www.ambest.com) Insurance Report rating of not less than A or A- (Excellent).

1. Workers' Compensation Insurance: The Contractor shall procure and maintain during the life of the contract, Workers' Compensation Insurance, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan. Workers' Compensation and Employers' Liability Insurance are required if the party hires one or more persons or currently has employees. If a party currently does not have any employees, and is a sole proprietor, an affidavit must be filed with the County Clerk stating that the party currently has no employees and will not hire any while working for Leelanau County as a contractor or a subcontractor, etc. If a party currently does not have any employees and is incorporated (Inc.) or a limited liability corporation (LLC), they must file a Notice of Exclusion, WC-337, with the State of Michigan and then provide a copy of the State-approved document to the County Clerk.
2. Contractor's Tools & Equipment: The Contractor shall be responsible for insuring all its tools, equipment and materials which it may leave at the Project's work site. The

County shall not be responsible for any loss or damage to the Contractor's tools, equipment and materials.

3. Professional Liability (Errors and Omissions) Insurance: [For contracts for professional services, e.g., Architect, Engineers, Doctors, Dentist, etc.] The Contractor shall possess Professional Liability Insurance (errors and omissions) with limits of not less than \$1,000,000.00 per occurrence or claim. If the Professional Liability Insurance is on a claims-made basis, the Contractor shall purchase extended reporting period "tail" coverage for a minimum of three (3) years after termination of the Agreement.
4. Commercial General Liability Insurance: The Contractor shall procure and maintain during the life of their contract, Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.
5. Motor Vehicle Liability: The Contractor shall procure and maintain during the life of their contract Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit, Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
6. Deductibles: The Contractor shall be responsible for paying all deductibles in its insurance coverages.
7. Additional Insured: Commercial General Liability and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating that the following shall be **Additional Insureds**: Leelanau County, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. The Contractor's insurance coverages shall be primary to the Additional Insureds and not contributing with any other insurance or similar protection available to the Additional Insureds, regardless of whether said other available coverage be primary, contributing or excess.
8. Cancellation Notice: Workers' Compensation Insurance, Commercial General Liability Insurance, and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to the office of the Leelanau County Administrator.

9. Owners' and Contractors' Protective Liability: [For Contracts for Construction or Large Repair or Maintenance Projects such as road work, sewer work or building projects] The Contractor shall procure and maintain during the life of the contract, a separate Owners' and Contractors' Protective Liability Policy with limits of liability not less than \$1,000,000.00 per occurrence and aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage. Leelanau County shall be "Named Insured" on said coverage. Thirty (30) day Notice of Cancellation shall apply to this policy.

10. Proof of Insurance Coverage: The Contractor shall provide Leelanau County at the time that the contracts are returned by him/her for execution, A "Certificate of Liability Insurance," on Accord Form #25, with the necessary coverages included, as listed below:
 - a. Certificate of Insurance for Workers' Compensation Insurance;
 - b. Certificate of Insurance for Commercial General Liability Insurance;
 - c. Certificate of Insurance for Vehicle Liability Insurance;
 - d. Certificate of Insurance for Professional Liability Insurance on Projects where such insurance is required.
 - e. Original Policy, or original Binder pending issuance of policy, for Owners' & Contractors' Protective Liability Insurance, where such insurance is required.
 - f. If so requested, Certified Copies of all policies mentioned above will be furnished.

11. If any of the above coverages expire during the term of the contract, the Contractor shall deliver renewal certificates and/or policies to the Leelanau County Administrator at least ten (10) days prior to the expiration date.

Failure to comply with these insurance requirements could result in the termination of a contract or delay in receipt of funds. Questions regarding the scope of applicability of this policy may be directed to the Leelanau County Administrator.

EXECUTIVE DOCUMENT SUMMARY

Department: Administration Contact Person: <u>Chet Janik</u> Telephone No.: <u>231-256-8100</u>	<p style="text-align: center;">Submittal Dates</p> <input checked="" type="checkbox"/> Executive Board: <u>07/09/2019</u> <input checked="" type="checkbox"/> Regular Session: <u>07/16/2019</u>
---	--

<p style="text-align: center;">Source Selection Method</p> <input type="checkbox"/> Select One <input type="checkbox"/> Other: _____	VENDOR: _____ Address: _____ Phone: _____
--	---

Budgeted Amount: _____	Contracted Amount: _____ \$ 350.00
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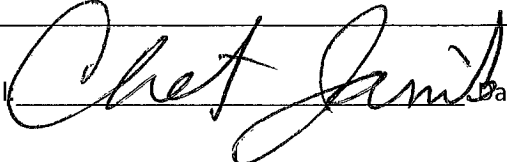
Document Description	
<input type="checkbox"/> Select One	<input checked="" type="checkbox"/> Other <u>Annual MERS Conference</u>

Request to Waive Board Policy on Bid Requirements

The 73rd Annual MERS Conference will be held at the Grand Traverse Resort, located in Traverse City, October 3-4, 2019. The Employee Delegate nominations deadline was Friday, July 5th, and a formal vote by employees will conclude on Friday, July 12th, at 3:00 p.m. The officer delegate has historically been the County Administrator.

By registering for the conference prior to August 16th, the County would pay a reduced rate of \$175.00 per person. After August 16th, the rate is \$250.00/person.

Suggested Recommendation: Motion to approve the appointment of Administrator Chet Janik as the Officer Delegate to attend the 73rd Annual MERS Conference and to appoint Michelle Crocker as the Alternate Officer Delegate at a cost of \$175.00 per person. Funds to come from Board of Commissioners Travel Line Item #101-100.101-860.000 and Board of Commissioners Education Line Item #101-100.101-960.000.

Department Head Approval:  Date: 06/28/2019

LEELANAU COUNTY BOARD OF COMMISSIONERS
FY 2020 – Proposed Budget Preparation Schedule

2019 Dates	Action	
June 12	Budget forms, instructions, and guidelines distributed to departments.	
June 28	Department 2020 budget submission to Chief Deputy County Clerk – 4:00 p.m. deadline.	
July 8-12	1. Budget review; Administrator, Clerk, Treasurer, and Chief Deputy County Clerk.	
July 15-19	1. Administrator, Clerk, Treasurer, and Chief Deputy County Clerk meet to complete budget proposal.	
July 23 <i>(Suggested)</i>	Prepared budget presented to the Board of Commissioners by Administrator w/full Board budget work session, 9:00 a.m.	C
August 8 or 12 <i>(Suggested)</i>	Board budget work session, time TBD	C
August 13 <i>(Suggested)</i>	Possible budget meeting date, immediately following the Executive Board of Commissioners Meeting.	C
August 14 – September 19	Additional Board of Commissioners work sessions to be scheduled, if necessary. Staff availability for budget meetings: August 14 (a.m. only), 15, 22, 28 (a.m. only) September 5, 12, 17 (noon or later), 18, 19 Administrator, Clerk, Treasurer, and Chief Deputy County Clerk will meet to review budget based on Board of Commissioners' recommendation/direction.	C
September 20 <i>(Suggested)</i>	Proposed budget sent to the Board of Commissioners for review prior to October 1, 2019, Executive Board meeting.	
October 1	Budget proposal to Executive Board for recommendation.	C
October 8	Annual Meeting. Public Hearing at 7:10 p.m. Budget approved. Appropriations Act approved.	C

C = commissioner attendance.

Notice of Public Hearing to the Enterprise **by Noon on September 13, 2019**, for publication on September 19 & 26, 2019; budget available for the public on Monday, September 30, 2019.