



Wexford County

FINANCE & APPROPRIATIONS COMMITTEE

Mike Musta, Chair

NOTICE OF MEETING

The Finance and Appropriations Committee of the Wexford County Board of Commissioners will hold a regular meeting on Thursday, July 14, 2022, beginning at 4:00 p.m. in the Commissioners' Room, 437 E. Division St., Cadillac, Michigan.

TENTATIVE AGENDA

- A. CALL TO ORDER
- B. ROLL CALL
- C. ADDITIONS / DELETIONS TO THE AGENDA
- D. APPROVAL OF THE AGENDA
- E. APPROVAL OF THE JUNE 22, 2022, REGULAR MEETING MINUTES 1
- F. PUBLIC COMMENTS
The Committee welcomes all public input.
- G. AGENDA ITEMS
 - 1. Approval of the Claims (*A. Nyman, County Clerk*)
 - 2. AAANWM FY 2023-2025 Multi Year Plan..... 3
 - a. Resolution 22-18 Approving FY 2023-2025 Plan for AAANWM..... 43
 - 3. U.S. District Court Substance Abuse Testing Services..... 44
 - 4. Child Care Fund Budget for Fiscal Year 2023 51
 - 5. Central Dispatch Parking Lot Discussion 60
 - 6. Budget Amendment(s) 65
- H. CORRESPONDENCE
- I. ADMINISTRATOR'S COMMENTS
- J. PUBLIC COMMENTS
- K. COMMITTEE COMMENTS
- L. CHAIR COMMENTS
- M. ADJOURN

WEXFORD COUNTY
FINANCE & APPROPRIATIONS COMMITTEE MEETING
REGULAR MEETING MINUTES
June 22, 2022

The Finance and Appropriations Committee regular meeting was called to order by Chairman Michael Musta at 4:00 p.m. in the Commissioners' Room, Historic Courthouse, 437 E. Division St. Cadillac, Michigan.

Members Present: Michael Musta, Mike Bengelink, Brian Potter, and Gary Taylor
Members Absent: None.
Also Present: Jami Bigger, Deputy County Administrator/HR Director; Megan Kujawa, Senior Executive Administrative Assistant; Alaina Nyman, Clerk; Kristi Nottingham, Treasurer; Joe Porterfield, County Administrator/Equalization Director; and Roxanne Snyder, Register of Deeds.

ADDITIONS OR DELETIONS TO THE AGENDA

None.

APPROVAL OF THE AGENDA

A motion was made by Comm. Taylor and supported by Comm. Bengelink to approve the agenda. A vote was called, all in favor. Motion passed, 4-0.

APPROVAL OF THE MINUTES

A motion was made by Comm. Taylor and supported by Comm. Bengelink to approve the June 9, 2022 Regular Meeting Minutes. A vote was called, all in favor. Motion passed, 4-0.

PUBLIC COMMENTS

None.

AGENDA ITEMS

G.1. Approval of Claims

A motion was made by Comm. Potter and supported by Comm. Taylor to approve paying the bills in the amount of \$250,247.45. A vote was called, all in favor. Motion passed, 4-0.

G.2. Year – to – Date Revenue and Expense Reports

Reports were provided in the packet, no discussion.

G.3. Fiscal Year 2023 Budget Calendar Draft

A motion was made by Comm. Taylor and supported by Comm. Bengelink to forward a recommendation to the full board to approve the Fiscal Year 2023 Budget Calendar Draft. A vote was called, all in favor. Motion passed, 4-0.

Chairman Musta stated that he is thankful for the well put together calendar and how it is spaced out giving time to work with department heads.

CORRESPONDENCE

None.

ADMINISTRATOR'S COMMENTS

Mr. Porterfield informed the committee that he is looking at meeting with the ARPA committee to touch base along with holding a Department Head meeting to bring everyone up to date and on the same page.

PUBLIC COMMENTS

None.

COMMITTEE COMMENTS

Comm. Bengelink stated that he would like another ARPA committee meeting to be held to discuss various projects.

CHAIR COMMENTS

None.

ADJOURN

A motion was made by Comm. Taylor and supported by Comm. Bengelink to adjourn the meeting at 4:05 p.m.

Michael Musta, Chairman

Megan Kujawa, Recording Secretary



Area Agency on Aging
of Northwest Michigan

Dignity. Independence. Choice.

June 2, 2022

Dear County Board of Commissioners,

The Area Agency on Aging of Northwest Michigan (AAANM) is seeking approval of the Fiscal Year 2023-2025 Multi Year Plan (MYP), which, once approved by the State, will go into effect on October 1, 2022. As part of the preparation of this document, the State requires that all Area Agencies on Aging (AAA) request approval of the MYP from each County Board of Commissioners within their respective planning and service area. Enclosed is a summary of the FY 2023-2025 MYP for your review and comment.

Pursuant to State requirements and in order to respond to the Bureau of Aging, Community Living and Supports (ACLS) in a timely manner, AAANM requests your county's written or e-mail (gustineh@aaanm.org) response no later than August 1, 2022. For convenience, I have provided a copy of a resolution that may be used in responding to this request.

Thank you for taking the time to review the FY 2023-2025 MYP. AAANM welcomes your comments. If you or other members of the County Board of Commissioners have questions, please reach out to me.

Sincerely,

Heidi Gustine

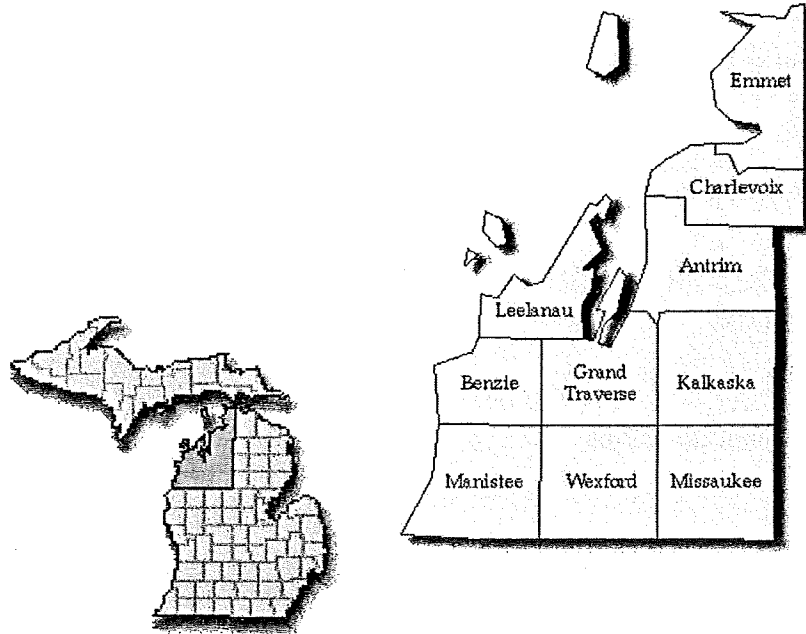
Heidi Gustine, Executive Director

Received by Wexford County

JUN 07 2022

Administration Office

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



Planning and Service Area

Antrim, Benzie, Charlevoix, Emmet,
Grand Traverse, Kalkaska, Leelanau,
Manistee, Missaukee, Wexford

**Area Agency on Aging of Northwest
Michigan, Inc.**

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Executive Summary

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

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

History: 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 Bureau of Aging, Community Living, and Supports (ACLS Bureau), formerly, Aging and Adult Services Agency (AASA) and Michigan Office of Services to the Aging (OSA), respectively. 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.

Mission: 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.

Description of PSA: 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).

Service Population:

The Environmental Systems Research Institute (ESRI) determined that 315,339 individuals resided in the Region 10 service area in FY2021 and projected that this will increase 2% to 322,647 persons by FY2026.

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that we serve cannot afford the service when it is available. This impacts access to services for older adults that are homebound or do not have transportation. Lack of internet access creates gaps in access to telemedicine, purchasing groceries for home delivery and socializing using social media.

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. There are opportunities to build AAANM's branding and reputation, reduce wait times, increase referrals, services, participants, and revenue. Additionally, there are opportunities to maximize operational efficiencies, further leverage technology, and diversify funding streams. There is also room for AAANM to use the flexibilities and new ways of doing business learned throughout the pandemic that can help expand programs, strengthen relationships with providers and increase the morale of staff experiencing burn out. Importantly, there is also opportunity to build on the skills and knowledge learned through process mapping to refine key areas and practices internally.*

Threats: *There are significant factors that pose substantial risk for AAANM and the aging network in northwest Michigan. The aging Baby Boomers will have a dramatic effect on the increased need for supports and services this MYP cycle. There 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 ambiguous political climate and limited direction from the State of Michigan about plans to integrate physical, behavioral, and long-term care, changes that could have irreversible impacts to AAANM's scope and presence in Region 10 is a continued threat. Keeping pace with changing program requirements, market dynamics, and organizational best practices, is consuming and pressing. Staff burnout and risk of possible turnover is a threat to AAANM. Not keeping pace with IT interoperability advances is a threat during a time when the federal and state governments are calling for integration of services and care plans.*

Primary Focus 2023-2025:

AAANM has four programmatic goals for this MYP period:

- 1.1. Continue to identify on-going community needs resulting from COVID-19 that AAANM may help address.*
- 2. Continue to evaluate and implement programming to maximize ACLS Bureau and other funding streams for greatest community benefit and reduce wait lists.*
- 3. Maintain and strengthen regional capacity to support paid and unpaid caregivers of older adults and persons with disabilities.*
- 4. Improve the accessibility of services to Michigan's communities and people of color, immigrants, and LGBTQ+ individuals.*

A description of planned special projects and partnerships. *As part of AAANM's efforts to evaluate and implement programming to maximize funding streams, AAANM engaged TBD Solutions to assist with Revenue Cycle Management and Utilization Management analyses of the organization. From this, multiple*

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The pandemic provided a new opportunity for the aging network to expand nutrition services to older adults, and to build new partnerships. Being flexible and resourceful was key to these many successes. Traditional congregate and home delivered meal programs adapted quickly to continue serving meals, allowing older adults to shelter in place. Increased flexibilities made this possible.

County Aging Units and senior nutrition programs also quickly implemented processes to receive and distribute a variety of food boxes. Through this experience, we learned our strengths, and how working together in new ways helps everyone be stronger together, for a common goal of serving those in need!

AAANM has seen a 30% increase in call volume of older adults and caregivers requesting information and assistance or options counseling. These calls are more acute and complex than the organization has previously experienced and at times, are crisis in nature (new territory for AAANM). Like many organizations, AAANM and our participants are impacted by the ongoing direct care workforce shortage that has been exacerbated by the pandemic. Program participant service plans are often incomplete from the shortage of workers that providers are experiencing. AAANM has also felt the impact of the workforce shortage; trying to secure nurse/social work and other qualified staff to fill vacancies has been difficult.

AAANM continues to evaluate the impact of COVID-19 and will maintain the Access service definition for Disaster Advocacy and Outreach in anticipation of future COVID-19 waves or other emergencies. Maintaining this definition will allow AAANM the flexibility to shift funding to disaster support if needed, whether it be for COVID-19 or other unanticipated disasters.

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

Please see responses to Questions 2 and 3. No significant new priorities, plans or objectives are set forth but rather a refocus on modernizing the organization.

Description of the area agency's assessment of the needs of their service population. See Operating Standard for AAAs C-2, 4.

As part of the MYP development process, AAANM evaluated 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 FY2023-2025 MYP.

For the FY2023-2025 MYP AAANM used a multi-source approach for its needs assessment:

1. Demographic analysis of population projections and forecasts from 2021 to 2026 sourced from ESRI. See Appendix 1: Region 10 Population Trend by Age Category

2. Review and validation of needs assessments completed for the MYP 2015-2019 and MYP 2020-2022. Most of the themes identified have remained the same, if not intensified. See Appendix 2: Regional Needs

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3. Mental health (prevalence, lack of access) was expressed as a crisis issue across most need assessments and within the focus groups/interviews. Social isolation and caregiver fatigue, intensified by the COVID-19 pandemic, has exacerbated the mental health crisis. In addition, focus groups and interviews articulated burnout and compassion fatigue in the human services industry.

4. Social determinants of health were identified as intensified needs at large and within the 60+ population, including access to housing, food and transportation. Inflation is a compounding factor.

a. Housing is a multi-faceted issue. Lack of affordable workforce housing is putting negative pressure on the social services workforce. Lack of capacity in skilled nursing and long-term care facilities is pushing some older adults back into private residences, where there is a severe lack of affordable options. This may be contributing to a rise in homelessness among older adults in the region. Even those with homes sometimes are dealing with an aging housing stock with needs for repairs and weatherization.

b. Food insecurity remains a widespread need among older adults, although a number of creative and collaborative programs have been implemented to meet this need. Of particular success has been the fresh produce boxes sponsored by the ACLS Bureau.

c. Transportation issues have become even more acute as public transit services have scaled back operations due to workforce shortages.

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Public Hearings

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

At least two public hearings on the FY 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

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

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

Date	Location	Time	Barrier Free?	No. of Attendees
04/07/2022	Virtual	11:15 AM	Yes	18

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Regional Service Definitions

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

Service Name/Definition

Service Name: Community Gap Filling Services

Service Definition: The intention of this definition is to assist community organizations in addressing a temporary/emergent need for the identified population or system - i.e., older adults facing homelessness or elder abuse, mobilization of new food distribution opportunities to older adults, rapid response establishment of a new service to meet a previously unidentified need, organizational improvements to expand/adapt service provision to meet the changing environment, where no other funding source is available.

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

Current ACLS Bureau service standards do not exist to support systems change activities that support the defined population.

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

Minimum Standards

Minimum Standards:

Community gap filling assistance is to address a population/system need affecting adults aged 60 years or older, caregivers of adults 60 years of age or older (regardless of the age of the caregiver), and adults (or caregivers of adults) with Alzheimer's disease or dementia (regardless of the age of the caregiver or adult).

Population/system needs may be identified as a result of an emergent state or as a result of regional needs identified. Needs identified through the regional aging network, AAANM service provider network, and AAANM-designated focal points will take precedence, but other community organizations supporting older adults and caregivers are also eligible to receive assistance.

All requests must be approved by the Executive Director.

Request documentation must include the need to be addressed, rationale/support for addressing the need, other funding sources explored and the reason why each source would not fund part or all of the need;

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Service Name/Definition Service Name: Nutrition Gap Filling Services Service Definition: Supplemental nutritional services provided to older adults 60 years and older for the following purposes under OAA Part C: (1) to reduce hunger, food insecurity, and malnutrition; (2) to promote socialization of older individuals; and (3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. These services are used as a last resort when no other resources are available to meet the identified need.		
Rationale (Explain why activities cannot be funded under an existing service definition.) Current ACLS Bureau service standards do not address the ACL/OAA category of "other nutritional services" which allows for opportunity to meet nutrition needs of meal participants in unique ways (groceries, meal supplements, etc.)		
Service Category <input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	Fund Source <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Title III PartB <input type="checkbox"/> Title VII <input type="checkbox"/> State In-home <input checked="" type="checkbox"/> Other </div> <div> <input type="checkbox"/> Title III PartD <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Respite Title III-C1, Title III-C2, State Congregate, State Home D </div> <div> <input type="checkbox"/> Title III PartE <input type="checkbox"/> State Access </div> </div>	Unit of Service One unit of goods or services purchased

Minimum Standards

All requests must be approved by the Executive Director.

Other nutrition needs may include, but are not limited to:

1. Nutritional supplements when determined necessary by the AAANM Registered Dietitian, and following the AAANM Liquid Nutrition Supplement Policy
2. Groceries
3. Services to assist in identification of and providing support/resources to address food insecurity and access other community nutrition programs
4. Supplemental nutrition counseling/education offered in the community when no other resources are available
5. Innovative programming to expand or improve quality of existing Senior Nutrition Programs i.e. fresh produce boxes

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- a. Be 18 years old.
- b. Be able to communicate effectively both orally and in writing and follow instructions .
- c. Be trained in universal precautions and blood-borne pathogens. AAANM must maintain a copy of the employees' training record in the participant's case file.
- d. Providers of self-determined services cannot also be the participant's spouse, guardian, legally responsible decision maker, or designated representative.

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preferences

- vi. Attendance at medical appointments
- vii. Acquiring or procuring goods and services necessary for home and community living
- c. Reminding, cueing, observing, and monitoring of medication administration
- d. Staff assistance with preserving the health and safety of the individual in order that he or she may reside and be supported in the most integrated independent community setting.
- e. Training or assistance on activities that promote community participation, such as using public transportation or libraries, or volunteering.
- f. Dementia support, including but not limited to redirection, reminding, modeling, socialization activities, and activities that assist the participant as identified in the individual's person-centered plan.
- g. Observing and reporting to the supports coordinator any changes in the participant's condition and the home environment.

2. When the CLS services provided to the participant include tasks specified in 1.a.i, 1.a.ii, 1.a.iii, 1.a.v, 1.b.i, 1.b.iii, 1.b.v, 1.b.vi, 1.b.vii, 1.d, or 1g above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

3. When the CLS services provided to the participant include tasks specified in 1.a.iv, 1.b.ii, 1.c, 1.d, 1.e, 1.f, or 1.g above, the direct service providers furnishing CLS must also:

- a. Be supervised by a registered nurse (RN) licensed to practice nursing in the State. At the State's discretion, other qualified individuals may supervise CLS providers. For licensed residential settings, persons employed as facility owners or managers qualify to provide this supervision. The direct care worker's supervisor must be available to the worker at all times the worker is furnishing CLS services.
- b. Develop in-service training plans and assure all workers providing CLS services are confident and competent in the following areas before delivering CLS services to participants, as applicable to the needs of that participant: safety, body mechanics, and food preparation including safe and sanitary food handling procedures.
- c. Provide an RN to individually train and supervise CLS workers who perform higher-level, noninvasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.
- d. AAANM strongly recommends each worker delivering CLS services complete a certified nursing assistant training course, first aid, and CPR training.

4. When the CLS services provided to the participant include transportation described in 1.b. iv the ACLS Bureau Operating Standards for Transportation apply.

5. When medication management is provided, as described in 1.c above, the ACLS Bureau Operating Standards for Medication Management apply.

6. Additional Standards for Participants Who Reside in Licensed Settings

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Service Name/Definition Service Name: Private Duty Nursing Services Service Definition: Nursing services may include, but are not limited to, tasks such as monitoring and evaluation, occasional blood draws, wound care, training of informal caregivers and other treatments consistent with physician orders.				
Rationale (Explain why activities cannot be funded under an existing service definition.) This service does not duplicate skilled nursing services and falls outside of current ACLS Bureau service standards.				
Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input checked="" 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 _____			One hour spent performing allowable nursing serv.

Minimum Standards

Minimum Standards:

1. Nursing services must be provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN. All nurses must meet licensure requirements and maintain a current State of Michigan nursing license.
2. 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.
3. Nursing services shall not duplicate any skilled nursing services available through other payers (i.e., Medicare, Medicaid, etc.).

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11. Glasses, dentures, and/or hearing aids (not covered by insurance) ordered by a physician
12. Utility assistance for the clients subject to disconnection when loss of service would affect the safety , health and well-being of the client
13. Assistance to avoid loss of housing (rent, moving expenses, etc.)
14. Consumable supplies: groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), pet supplies, blankets, clothes, cell phone or internet access.
15. Goods or services to address social isolation
16. Short-term purchase of services such a community living supports services, chore, respite care
17. Emergency caregiver respite

Documentation must include other funding sources explored and the reason why each source would not fund part or all of the need; funding amount (which may be capped per individual per year); and assurance that payment is not made directly to the recipient.

Questions to ask before allocating funds for goods or services:

1. Has the client received gap filling funded goods or services in the past? If so, why does the client need them again?
2. Is this the most cost-effective approach for this client?
3. Are services/goods available through any other funding sources?
4. Is it necessary to maintain or increase the person's level of independence?
5. If the need will be long-term, is there a long-range plan for meeting the need?
6. What are the long-term benefits of the purchase?
7. Are there any cost sharing options - family, other service groups, etc.?
8. Does the service/equipment provided require assistance from others or training? If yes, is it available?
9. Will the client use it?

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and initiatives.

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

Case Coordination and Support

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$0.00	Total of State Dollars	\$65,000.00
Geographic area to be served			
Region 10			

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

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

Activities:

- 1.1. Transition existing Care Management clients who are more appropriate for care under CCS*
- 2. Open individuals on the Care Management wait list to CCS if more appropriate for CCS level of care*
- 3. Monitor and adjust as needed*

Disaster Advocacy & Outreach

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$1.00	Total of State Dollars	\$0.00
Geographic area to be served			
Region 10			

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

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

Activities:

- 1. Identify an emergency should one present*
- 2. Activate the definition and identify emergency response activities that fall within the service definition*
- 3. Respond to the emergency*
- 4. Shift funding as needed from other service definitions*

Information and Assistance

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Direct Service Request

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor and with comparable quality. Area agencies requesting approval to provide an in-home, community, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any Direct Service Provision Request for FY 2023-2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

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

Disease Prevention/Health Promotion

Total of Federal Dollars \$9,680.00

Total of State Dollars \$0.00

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: Support opportunities for older adults and caregivers from Region 10 to participate in approved Disease Prevention/Health Promotion virtual programs including A Matter of Balance, Aging Mastery Program, Cancer: Thriving and Surviving, Chronic Disease/Chronic Pain/Diabetes Self-Management Program (PATH), Enhance Fitness, Powerful Tools for Caregivers, Tai Chi for Arthritis, Walk with Ease, Creating Confident Caregivers.

Activities:

- 1.1. Participate in monthly Statewide AAA Evidence Based Programs (EBPs) Collaborative meetings to stay current on statewide planning activities.*
- 2. Promote virtual programs offered by EBP Collaborative partners via AAANM website, Facebook, regular communications with aging network and community partners.*
- 3. Reimburse EBP Collaborative Partners that host workshops that participants from Region 10 attend*

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support during the MYP period and hopes to expand in-person offerings in Region 10 to fill this need.

Long Term Care Ombudsman

Total of Federal Dollars \$37,448.00

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 licensed long-term care 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:

- 1.1. Visit each nursing facility at least quarterly to distribute Long-Term Care Ombudsman information and reinforce residents' understanding of their rights through one-on-one visits.*
- 2. Provide program presentations and regularly attend resident and family council meetings, as applicable.*
- 3. Distribute program materials to residents, family members, and other interested parties.*

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

Activities:

- 1.1. Actively participate in community collaboratives as a way to educate referral sources on the Long-Term Care Ombudsman role and program.*
- 2. Distribute program information via print and electronic media (AAANM website) as well as in person participation at community expos and events.*

Goal 3: Begin to build a Long-Term Care Ombudsman program in Region 10 comprised of a volunteer base.

Activities:

- 1. Create implementation plans with timelines for creation of a Long-Term Care Ombudsman volunteer program.*
- 2. Recruit and retain active volunteers.*
- 3. Oversee and ensure training of Long-Term Care Ombudsman volunteers.*

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would draw away from time that could be spent performing the Long-Term Care Ombudsman responsibilities. AAANM has successfully and efficiently provided a quality Long-Term Care Ombudsman program for many years. Prior to that, AAANM supported the Citizens for Better Care Long-Term Care Ombudsman 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).

There was no discussion of this request at the 2022 public hearings.

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$6,478.00

Total of State Dollars \$0.00

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.

AAANM combines Elder Abuse Funding with the funding for the Long-Term Care Ombudsman.

Goal 1: Increase education and awareness of elder abuse, neglect, and exploitation in long-term care facilities and the community.

Activities:

- 1.1. 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 Michigan Vulnerable Populations work group.*
- 3. Provide 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.*

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4. *Track and report outcomes.*

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

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

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

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

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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.

According to research and the community needs assessment, caregivers report their physical and emotional health is worse than non-caregivers. Typically, only one in five caregivers have been trained. Family caregivers are more technologically savvy than the general population, 84% of caregivers with Internet access use the Internet to research health topics compared to 64% of non-caregivers with Internet access (Family Caregiver Alliance). Providing informal caregivers support will increase their confidence in the care they provide, help their loved one continue to receive optimal care, reduce burn out and stress caregivers experience, helping to extend the length of time they commit to being a caregiver.

AAANM currently partners with AAAs across Michigan to promote, provide, and engage caregivers in onsite and web-based training and education opportunities. Additionally, AAANM holds a contract with Active Daily Living (ADL) through April 2023. ADL supports older adults and caregivers by providing free, personalized advice to enhance health, independence, and aging-in-place.

AAANM would like to offer informal caregivers a deeper level of support using Trualta, a premier partner of USAging. Trualta is uniquely different from other support being offered by AAANM. The program uses a web-based training platform built for family and self-directed caregivers. Trualta originates from professional-level training adapted for the untrained audience with skills-based content across critical care competencies. Trualta is available on-demand, offers personalized educational intervention with social features that can be accessed 24/7 from any device: the intervention can be caregiver-led, or driven by case management. Programming incorporates behavior change theory methods into audio, video, and eLearning modules with PDFs available for print/download. Bite-sized modules that roll up into in-depth courses allow for continuous engagement and advanced learning. Trualta content is ADA compliant and

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medical nutrition therapy allows a very limited number of visits per year or per lifetime, if offered as a benefit. AAAs have a unique opportunity to provide nutrition counseling to older adults in the community, including Care Management and Senior Nutrition Program participants. The program will give participants the choice of where to have the visit, at home, the AAANM office or virtually. Having the option for a home visit with a Registered Dietitian fills a service gap for those that are homebound or lack transportation. Especially, since medical nutrition therapy is not typically provided in the home setting. AAANM does not currently have Providers that offer medical nutrition therapy but will explore this opportunity further as part of the needs assessment process. We will also consider leveraging the AAANM Registered Dietitian or a subcontractor to provide this service. AAANM will explore billing insurance for medical nutrition therapy services but will likely rely on ACLS Bureau funding for the majority of financial support to operate the program due to limited coverage and fractional reimbursement rates.

When income is limited, individuals often must prioritize their care needs. This forces individuals to prioritize medication and other treatments over their nutritional health. A nutrition counseling program provides a holistic approach for managing chronic conditions and removes financial barriers. The nutrition counseling program will center on helping participants understand how to use nutrition as one component of managing their chronic condition/s. Appropriate and timely nutrition support will have a positive impact on slowing disease progression, reducing negative health consequences such as high blood pressure, diabetes, pressure sores, and malnutrition. The program will support quality of life, reduce hospital readmissions, and increase access to nutrition interventions to promote overall health and well-being.

AAANM will use a thoughtful approach to program development. A needs assessment will be conducted, research and incorporation of evidenced-based best practices will be used. AAANM will develop protocols that outline the screening process, how to make referrals to the Registered Dietitian, privacy, documentation, data collection, funding, and billing.

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

There was no discussion of this request at the 2022 public hearings.

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AAANM serves as a regional planning entity and is part of many community collaboratives to stay abreast of and advocate for older adults and caregiver needs/gaps in services and supports. AAANM has leveraged relationships with other complementary organizations that support needs of older adults, including those serving populations to whom services should be targeted. Through these relationships, it is anticipated that these types of community needs will most frequently be identified. It is also through these relationships that resources can be coupled to stretch state/federal funding and AAANM resources to support solutions to needs identified.

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

There was no discussion of this request at the 2022 public hearings.

Community Gap Filling Services

Total of Federal Dollars \$1.00

Total of State Dollars

Geographic Area Served Region 10

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

Community Gap Filling Services

Goal 1: Assist with community gap filling needs as identified

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Nutrition Gap Filling Services

Total of Federal Dollars \$1.00

Total of State Dollars

Geographic Area Served Region 10

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

Goal 1: Assist with nutrition gap filling needs as identified

Activities:

- 1.1. Follow consistent policies/procedures for reviewing/approving requests*
- 2. Track requests for reporting purposes*
- 3. Report expenditures and units of service and clients*

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During the pandemic, AAANM served as the direct connection to statewide activities/programs that were quickly implemented to support nutrition needs of older adults (USDA food boxes, home delivered meals referral calls). AAANM was able to connect various organizations (Senior Nutrition providers, Community Action Agencies, Goodwill Food Rescue) to implement these programs locally. AAANM expects additional regional opportunities to develop Senior Nutrition Programs capacity to work with other community nutrition resources to optimize food and nutrition services for older adults.

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

There was no discussion of this request at the 2022 public hearings.

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A. Identification of on-going community needs

State Goal Match: 4

Narrative

Continue to identify on-going community needs resulting from COVID-19 that AAANM may help address.

Objectives

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

Activities

1. Continue to monitor impacts of COVID-19 on 60+ population
2. Implement Goal 2 to support older adults and caregivers seeking Information and Assistance / Options Counseling or in-home services.
3. Implement Goal 3 to address direct care worker shortage and caregiver support.

Expected Outcome

The needs, where possible, of older adults impacted by the pandemic will be met.

B. Maximize funding streams and reduce waitlists

State Goal Match: 4

Narrative

Continue to evaluate and implement programming to maximize ACLS Bureau and other funding streams for greatest community benefit and reduce wait times / wait lists.

Objectives

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

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Expected Outcome

1. AAANM will address the paid caregiver shortage to the best of its ability.
2. Unpaid caregivers interacting with AAANM will feel supported.

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

State Goal Match: 4

Narrative

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

Objectives

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

Activities

1. AAANM is working to determine the baseline of BIPOC and LGBTQ+ people currently served
2. AAANM is partnering with the local Pride organization(s) to develop outreach strategies to this population. With the addition of gender preference NAPIS questions, Region 10 will be able to establish a baseline of how we may already be serving this population.
3. AAA staff and subcontractors are trained in diversity, equity and inclusion.
4. All AAANM employees have completed implicit bias and cultural diversity training annually.
5. In addition to Spanish speaking staff, AAANM utilizes a translation service to meet the linguistic needs of those in Region 10. The primary second language spoken in Region 10 is Spanish. Continue to use these resources.

Expected Outcome

Those of BIPOC race/ethnicity and LGBTQ+ will find AAANM to be an organization that is inclusive of diversity.

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The net increase in the 60+ population from FY2022 to FY2025 is expected to be 10,247. While this growth is expected to occur throughout the 10-county region, the greatest growth in the 60+ population is projected within Grand Traverse (+3,727), then Wexford (+972) and Benzie (+748) counties.

Workforce Issues Continue to Intensify

It is important to note that population forecasts, while there is fluctuation by county and by age cohort, continue to project a regional decline in the <60+ population, particularly the working age population (ages 20-59). For Region 10, the overall decline from FY2021 projected to FY2026 projected is -1% or -2,939 individuals. While this does not sound significant, it compounds an already exacerbated labor force shortage in all industries, and particularly the healthcare and direct care workforce sectors. The aging network is already experiencing a severe crisis with a shortage of direct care workers, and there is a shortage of qualified nurses and social workers with home and community-based experience or with interest in working in this sector. The projected population changes during this period will further challenge the network's ability to provide/sustain home and community-based services in Region 10. Focus groups conducted in preparation for this MYP stressed the direct care workforce crisis as one of the greatest issues facing the older adult population at this time.

Poverty and Economic Stability

2019 American Community Survey estimates, using a weighted average of seven counties, that 7% of the 60+ population lives at or below 100% of poverty. Using ALICE (Asset Limited, Income Constrained, Employed) data for the 65+ population, 2019 statistics indicate that an additional 37% of the 65+ population lives between poverty and 250% of poverty.

ESRI estimates indicate that by FY2026, 30% of households age 55+ in Region 10 will be living at or below \$34,999 annual household income. Households with those 75+ are projected to have the greatest decrease in income (compared to FY2021 projected).

Focus groups conducted during this MYP preparation period reinforced the challenges of the cost of living increasing (inflation) and the difficulty older adults are having affording necessities, particularly food, housing, and transportation.

Minority Population

Based on the 2019 American Community Survey, the Region 10 60+ population is comprised primarily of "white" older adults (98%). Minority populations include those of Native American origins especially in counties where Native American Tribes have sovereignty (1%) and "Hispanic or Latino" origin (1%). In reviewing NAPIS data, AAANM found that of the 6,837 individuals reported as served with aging programs in Region 10 (i.e. care management or meal programs), 2% are non-"White." AAANM's service demographics mirror regional demographics.

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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. Individual rating of health varies 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 are 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. 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.

10. 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

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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. 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 oneself.

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 are prevalent conditions. Analysis of publicly available hospitalization data also confirms that falls among the older adult population in northwest Michigan is a population health concern. 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 advanced 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 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.

Accessing / Using Long-Term Care Services and Supports

Societally there are many different and conflicting values (and misinformation) 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

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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 FY2023-2025 MYP cycle. AAANM has staff that routinely identify opportunities to reach underserved populations, either directly or through referral relationships.

Service providers awarded ACLS Bureau grant funding by AAANM are required to target those with greatest social or economic need and low-income minority populations. They do this through outreach and coordination 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 these funded 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. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.

AAANM has invested significant organizational time 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.

AAANM conducted a population assessment of current persons being served through internal programs and identified nearly 20% of the population being served by AAANM has a formal diagnosis related to cognitive impairments. Further analysis identified nearly 75% of the population opened to a program at AAANM report some sort of cognitive impairment, new or declining, and not formally diagnosed. The data identified opportunities at AAANM to improve upon the resources and ability for staff to meet the needs of this population, and their caregivers, through focused training. All case management staff at AAANM are trained and certified in Dementia Capable Care through Crisis Prevention Institute. Additionally, AAANM has 3 certified instructors on staff to serve as a resource and support for staff to use the tools and skills learned through the program to impact the population served. The intent and purpose of the training is to enhance the knowledge base and skillset of staff in efforts to better serve and work with participants, and their caregivers, who are experiencing cognitive decline, including dementia related cognitive decline.

Current processes include the use of ACL's Dementia Capability Assessment Tool in the screening process

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funded county aging units or private pay options.

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.

The Advisory Council had one comment agreeing with the identified service population priorities and needs assessment. This was gathered during a public hearing with the Advisory Council present. The Advisory Council voted to recommend the MYP as written to the Board of Directors for approval on May 5, 2022. During that discussion it was noted that the priorities feel on track, and that the MYP is thorough and ambitious.

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:

- 1.1. 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. AAANM works to promote and create awareness about health education offerings provided by other organizations for example, Michigan State University Extension and Area Agencies on Aging across Michigan. Healthy aging programs like Matter of Balance: Managing Concerns About Falls, Personal Action Toward Health (PATH) and Creating Confident Caregivers (CCC) are offered virtually throughout the region to support healthy lifestyles and delay health complications if possible. AAANM also offers Active Daily Living online resources for older adults and caregivers to provide education and support on a variety of topics.*

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

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

- 1.1. Home Delivered Meals*
- 2. Congregate Meals*
- 3. Care Management*
- 4. Respite Care*

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Planned Service Array

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

	Access	In-Home	Community
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Participant Private Pay	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services *
Local Millage Funded	<ul style="list-style-type: none"> • Information and Assistance • Transportation * 	<ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Senior Center Operations • Senior Center Staffing • Caregiver Education, Support and Training

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		These services are used as a last resort when no other resources are available to meet the identified need.	(1) to reduce hunger, food insecurity, and malnutrition; (2) to promote socialization of older individuals; and (3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. These services are used as a last resort when no other resources are available to meet the identified need.
Funded by Other Sources	• Transportation	<ul style="list-style-type: none"> • Home Delivered Meals • Assistive Devices & Technologies • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services * • Disease Prevention/Health Promotion * • Legal Assistance • Caregiver Education, Support and Training

* Not PSA-wide

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Strategic Planning

Strategic planning is essential to the success of any area agency on aging to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.

All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

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

AAANM combined retreat sessions with county aging units, AAANM staff and leadership discussions to develop a robust SWOT analysis in 2019. It was refreshed with the Leadership team and staff in 2022.

Strengths: *Region 10 has a strong aging network dedicated to providing quality Long-Term Services and Supports (LTSS). The changing landscape with a focus on health and social determinants 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. The organization has a strong commitment to technology, increasing visibility, implementing process improvements, and using data to drive decisions. Achieving NCQA accreditation demonstrates AAANM's commitment to quality and excellence. 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. This impacts AAANM's ability to maximize operational efficiency and clinical care quality. Staff have identified that existing workflows need to be analyzed and adapted to successfully position AAANM to manage the rapid growth in staff and service needs. The Direct Care Workers (DCWs) shortage is making it increasingly difficult for providers to staff in-home services, creating unfilled care plans. Constant changes in program standards, rules, regulations, and priorities make it challenging to keep pace with growing service needs. The lack of understanding of who AAANM is and what we do negatively impacts the amount of service provided and collaboration that could be achieved. Finally, there are numerous areas within the region that do not have internet access and many that we serve cannot afford the service when it is available. This impacts access to services for older adults that are homebound or do not have transportation. Lack of internet access creates gaps in access to telemedicine, purchasing groceries for home delivery and socializing using social media.*

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

If the ACLS Bureau 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 achieved NCQA accreditation in FY 2021. The renewal cycle for accreditation is every 3 years. AAANM plans to maintain this accreditation in future years.

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.

AAANM recently upgraded to Microsoft Office 365, added a new accounting system and payroll system for efficiencies and compliance. AAANM is reviewing a Microsoft compatible application to automate data collection for Information & Assistance and service authorizations. In addition, we are investing in data mining activities that will allow us to build out PowerBI dashboards for operational monitoring.

AAANM is participating in Area Agency on Aging Association of Michigan (4AM) efforts to enhance operational data collection, usage, and evaluation of potential electronic health record optimizations. We also continue to work with providers to streamline data collection and importation of NAPIS data.

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

AAANM uses the Leadership Team as "incident command" structure during emergencies. All members of the Leadership team convene electronically to assess situations and create plans. During the Covid 19 pandemic early phases, AAANM established emergency communication channels through Microsoft Teams for immediate planning updates and to ensure there is real time communication with all staff. As a result of the pandemic and transition to remote environment (and to ensure HIPAA compliance), all staff have company issued laptops and cell phones (with hotspots) loaded with Microsoft Teams. This system has proved invaluable for real time planning and to communicate updates as plans and conditions change during emergencies. Post emergencies, incident command conducts debrief sessions to assess lessons learned for continued planning and process improvement.

AAANM operates in a hybrid cloud and server-based environment. This arrangement ensures we are

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Advocacy Strategy

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

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

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 older adults from across Region 10 for Older Michiganian's Day in Lansing (and virutally). AAANM supports Older Michiganian's Day by participating on the planning committee, mailing advocacy letters to participants to engage Legislators, promoting Senior Action Week on our web and social media sites, and participating in the advocacy event held in Lansing which gives us the opportunity to engage with Legislators on behalf of those we serve.

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.

AAANM also has representation on the Silver Key Coalition and participates in advocacy efforts of 4AM.

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 older adults 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.

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communities to advance the common good" and during the pandemic, has partnered with AAANM to distribute KN-95 mask; promote, schedule and address barriers to receiving COVID-19 vaccinations; and other projects where our missions intersect to promote community problem solving and well-being.

AAANM is represented on a variety of regional committees and collaboratives including but not limited to:

- Michigan Model Vulnerable Adult program (MYP)*
- Family Support Team (FST)*
- Partners and Collaboration for Kalkaska Seniors (PACKS)*
- BATA Local Advisory Committee*
- Antrim COA Advisory Committee*
- Elder Death Review Team*
- Manistee HSCB, Human Services Leadership Council (HSLC)*
- Grand Traverse Community Collaborative*
- ACES (Antrim, Charlevoix, Emmet County) Collaborative*
- Senior Networking Advocacy Group (SNAG)*
- Bay Area Senior Advocates (BASA)*
- Northern Michigan Community Health Innovation Region (NMCHIR)*
- Area Agency on Aging Association of Michigan (4AM)*
- Regional Quality Collaborative*
- Silver Key Coalition*

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 a program development goal to offer Evidence-Based Programs (EBPs) available in NWMI by participating in statewide EBP collaborative sponsored by the Area Agencies on Aging of Northwest Michigan. Additionally AAANM will RFP IIID money to entities willing to offer face to face EPS in northwest MI. AAANM will take responsibility for some coordination and marketing.

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

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.

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Community Focal Points

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

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

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

Provide Information and Assistance Services

Serve as senior centers or nutrition sites that operate 5 days per week

Have accessibility, availability and/or co-location of a broad spectrum of services

Serve a community defined by county boundaries

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.

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Address: 801 E Front St, Traverse City, MI 49686
Website: <https://www.gtcountymi.gov/712/Senior-Network>
Telephone Number: 231-922-4911
Contact Person: Michelle Krumm
Service Boundaries: Grand Traverse County
No. of persons within boundary: 27,818
Services Provided: Senior Center Operations/Staffing

Name: Kalkaska County Commission on Aging
Address: 303 S Coral St, PO Box 28, Kalkaska, MI 49646
Website: https://www.kalkaskacounty.net/government/commission_on_aging/index.php
Telephone Number: 231-258-5030
Contact Person: Jodi Magee
Service Boundaries: Kalkaska County
No. of persons within boundary: 5,466
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: <https://www.leelanau.gov/seniorservices.asp>
Telephone Number: 231-256-8121
Contact Person: April Missias
Service Boundaries: Leelanau County
No. of persons within boundary: 9,203
Services Provided: Information and Assistance, Medical Transportation, Homemaking, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Senior Project FRESH

Name: Manistee County Council on Aging
Address: 457 River St, Manistee, MI 49660
Website: www.manisteecountycoa.com

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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: 6,486

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: https://www.charlevoixcounty.org/Commission_on_Aging/
Telephone Number: 231-237-0103
Contact Person: Amy Wieland
Service Boundaries: Charlevoix County
No. of persons within boundary: 8,857

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: Missaukee County Commission on Aging
Address: 105 S Canal St, PO Box 217, Lake City, MI 49651

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Other Grants and Initiatives

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

- Tailored Caregiver and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Care Transitions Project

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

AAANM participates in the Statewide AAA Evidence Based Programs (EBP) Collaborative to stay current on statewide planning activities for offering Disease Prevention/Health Promotion virtual programs including A Matter of Balance, Aging Mastery Program, Cancer: Thriving and Surviving, Chronic Disease/Chronic Pain/Diabetes Self-Management Program (PATH), Enhance Fitness, Powerful Tools for Caregivers, Tai Chi for Arthritis, Walk with Ease, Creating Confident Caregivers. 4AM, Region 2 AAA, and ACLS Bureau coordinate the activities of the collaborative. Efforts have expanded EBP virtual program offerings statewide, offering more coordination/planning to fill workshops more effectively, develop standard data collection processes, and reporting of outcomes.

AAANM is part of the IMPART Alliance, a coalition of researchers, Direct Care Workers (DCWs), clients, and agencies working together to develop a competent direct care workforce, improve the lives of DCWs and the clients they serve, and be a model for the nation.

SNP-AL is a Michigan Health Endowment Fund project led by Michigan State University. AAANM has served as an Advisory Group member since the project began in January 2021. The project is intended to develop a roadmap that acts as a facilitation guide for communities to use when forming collaboratives to address the nutrition needs of their residents. Starting in 2022, the project entered the implementation phase, where two pilot regions (Northwest MI Region and Capital Area Region) will be awarded a portion of the funding to address a food equity issue, utilizing the SNP-AL Roadmap (website) tools to aid in successful collaborative building. The project will continue into 2023.

MMAP is a popular program offered at AAANM. The agency has a regional coordinator who is focused on

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SIGNATURES

This document covers Fiscal Year 2023. 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.

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature of Chairperson, Board of Directors <i>Pam Niebrzydowski</i> <small>Pam Niebrzydowski (Jun 1, 2022 11:28 EDT)</small></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Print Name Pam Niebrzydowski, Chairperson</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date Jun 1, 2022</div>
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature of Area Agency on Aging Director <i>Heidi Gustine</i></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Print Name Heidi Gustine, Executive Director</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date Jun 1, 2022</div>
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 2023 Area Plan Grant Budget▪ FY 2023 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▪ 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	

Minutes of a regular meeting of the Wexford County Board of Commissioners, held at the Wexford County Courthouse, 437 E. Division St., Cadillac, Michigan on the twentieth day of July 2022 at 4:00 p.m.

PRESENT: _____

ABSENT: _____

The following preamble and resolution were offered by Commissioner _____ and supported by Commissioner _____.

RESOLUTION NO. 22-18
APPROVING THE FISCAL YEAR 2023-2025 MULTI YEAR PLAN OF THE
AREA AGENCY ON AGING OF NORTHWEST MICHIGAN

WHEREAS, that the Wexford County Board of Commissioners gave consent to the following action:

BE IT RESOLVED, that the Wexford County Board of Commissioners have reviewed the Fiscal Year 2023-2025 Multi Year Plan of the Area Agency on Aging of Northwest Michigan and believe that the plan addresses the needs of the older adult population in Region 10.

BE IT FURTHER RESOLVED that the Wexford County Board of Commissioners approves the Fiscal Year 2023-2025 Multi Year Plan of the Area Agency on Aging of Northwest Michigan.

A ROLL CALL VOTE WAS TAKEN AS FOLLOWS:

AYES: _____

NAYS: _____

RESOLUTION DECLARED ADOPTED.

 Gary Taylor, Chairman, Wexford County Board of Commissioners

 Alaina M. Nyman, County Clerk

STATE OF MICHIGAN)
) ss.
 COUNTY OF WEXFORD)

I hereby certify that the foregoing is a true and complete copy of Resolution 22-18 adopted by the County Board of Commissioners of Wexford County at a regular meeting held on July 20, 2022, and I further certify that public notice of such meeting was given as provided by law.

 Alaina M. Nyman, County Clerk



Wexford County

Request for Board of Commissioner Action

Department: Community Corrections
Submitted by: Mistine Stark
Subject: Federal Parolee drug testing contract
Committee: Finance & Appropriations Committee
Committee Meeting Date: July 14, 2022
BOC Meeting Date: July 20, 2022

Action Request (proposed motion for the Board to consider):

Renewal of annual United States District Court drug and alcohol testing contract. Community Corrections assists the department with testing inmates that are Federal parolees that live in our area.

Financial Information (note the total cost, if the cost is budgeted, if there will be any future costs, e.g., maintenance contracts, and any other information that would assist the commissioners with this decision):

Community Corrections charges \$20 per substance abuse test performed and \$5 for PBT (alcohol breath test).

Summary (explain why the action is necessary and the desired outcome after implementation):

Term for this non-competitive purchase order is twelve (12) months, beginning October 1, 2022.

Timeline (if request is approved at BOC meeting date noted above):

- Must be turned in by Monday, July 25, 2022 at 4:00pm

List of Attachments:

U.S. District Court Substance Abuse Testing Services

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
PROBATION AND PRETRIAL SERVICES OFFICE



252 Federal Building
315 W. Allegan St.
Lansing, MI 48933
TX: (517) 377-1825
Fax: (517) 377-1682

REBECCA A. HOWELL
CHIEF U.S. PROBATION OFFICER

101 Federal Building
110 Michigan Ave., NW
Grand Rapids, MI 49503
TX: (616) 456-2384
Fax: (616) 456-2223

B-10 Federal Building
410 W. Michigan Ave.
Kalamazoo, MI 49007
TX: (269) 381-5341
Fax: (269) 381-1207

REPLY TO: Grand Rapids

100 N. Front St., Ste. 202
PO Box 906
Marquette, MI 49855
TX: (906) 228-7432
Fax: (906) 228-5514

June 23, 2022

Re: **Non-Competitive Purchase Order
Solicitation Number 0646-23-TS20
Substance Abuse Testing Services**

Dear Program Administrator:

The United States Probation/Pretrial Services Office for the Western District of Michigan is soliciting a Non-Competitive Purchase Order to provide substance abuse testing services for male and female federal defendants and/or offenders in your service area which includes Wexford County.

These individuals include persons on probation, supervised release, parole, and pretrial release status who are under the supervision of the United States Probation and Pretrial Services office.

Enclosed is a Solicitation/Offer/Acceptance. The solicitation contains the full text of all applicable Government regulations, and all offerors are subject to the provisions contained within. The term for this Non-Competitive Purchase Order is twelve (12) months, beginning October 1, 2022. Please list prices for the services your agency will provide, and also the location(s) where the services will be provided. If there are services the agency will not be providing, please put "Not applicable" in that space.

Please read the solicitation carefully. Do not rely on knowledge of previous solicitations, or knowledge of previous federal procurement procedures.

The document must have an original signature on the Solicitation/Offer/Acceptance Section A. A copy of the complete Non-Competitive Purchase Order, Clauses and Terms of Agreement, should be retained by your agency for your files. Please do not submit proposals in binders or notebooks. For all proposals, one (1) original copy of Sections A, B and E-4 & 5 must be received by **Monday, July 25, 2022, at 4:00 p.m.** at the United States Probation/Pretrial Services Office, 110 Michigan N.W., Room 101, Grand Rapids, Michigan 49503.

If you have any questions regarding this Non-Competitive Purchase Order, please call me at 269-381-3680.

Sincerely,

/s/ Natcole West
Natcole West
Supervisory U.S. Probation Officer

SECTION A	SOLICITATION / OFFER / ACCEPTANCE		
1. Solicitation No. 0646-23-TS20		2. Date Issued 06/23/2022	3. Award No.
4. Issued By: Natcole West 101 Federal Building 110 Michigan Street NW Grand Rapids, MI 49503		5. Address Offer To (if other than Item 4):	

SOLICITATION

6. Offers in original and 0 copies for furnishing the required services listed in Section B will be received at the place specified in Item 5, or if handcarried, in the depository located:

**101 Federal Building
110 Michigan Street NW
Grand Rapids, MI 49503**

until **04:00 PM** local time **07/25/2022**
(hour) (date)

7. For Information call:	
a. Name Natcole West	b. Telephone (269) 381-3680

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X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2	PART III – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	21	X	J	LIST OF ATTACHMENTS	17
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OFFER

8. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (365 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

9. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52-232-8)	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
10. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

11. NAME AND ADDRESS OF OFFEROR Community Corrections 437 E. Division St Cadillac, MI 49601		16. <input checked="" type="checkbox"/> AWARD Your offer on Solicitation Number 0646-23-TS20 , including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets.	
12. Telephone No. (Include area code) 231-779-9472			
13. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print) Gary Taylor - Boc Chair		17A. NAME OF CONTRACTING OFFICER	
14. Signature		17B. UNITED STATES OF AMERICA	17C. DATE SIGNED
15. Offer Date		BY _____ (Signature Of Contracting Officer)	

SECTION B - SUPPLIES OR SERVICES AND OFFEROR'S PRICES

The United States District Court for the Western District of Michigan is soliciting a vendor to provide substance abuse, mental health, and/or sex offender treatment services. A Vendor must be capable of providing services within a geographic area encompassing Wexford County.

Section B is generic and used nationwide to procure the particular needs of each U. S. Probation/Pretrial Services Office. For this solicitation, only those services marked by an "X" under the Required Services column are being solicited. Only submit prices on the services marked by an "X."

An asterisk * indicates a requirement line item which has been modified under "Local Services."

URINE COLLECTION:

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	1010 Urine Collection/Testing & Reporting	2023 <input type="text" value="2"/>	<input type="text" value="20.-"/>
Unit: Price: per specimen			

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	1504 Breathalyzer	2023 <input type="text" value="2"/>	<input type="text" value=""/>
Unit: per administration			

10. PBT
20. ETG

**SECTION K - REPRESENTATIONS, CERTIFICATIONS, AND OTHER
STATEMENTS OF OFFERORS OR QUOTERS**

K.1 Provision 3-130, Authorized Negotiators - (Jan 2003)

The offeror represents that the following persons are authorized to negotiate on its behalf with the judiciary in connection with this solicitation (*offeror lists names, titles, and telephone numbers of the authorized negotiators*).

Name: _____
Titles: _____
Telephone: _____
Fax: _____
Email: _____

K.2 Provision 3-5, Taxpayer Identification and Other Offeror Information - (APR 2011)

(a) Definitions.

“Taxpayer Identification (TIN),” as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a social security number or an employer identification number.

(b) All offerors shall submit the information required in paragraphs (d) and (e) of this provision to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\)](#) and [3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041, 6041A](#), and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the government to collect and report on any delinquent amounts arising out of the offeror’s relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). If the resulting contract is subject to payment recording requirements, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror’s TIN.

(d) Taxpayer Identification Number (TIN): 38-6007337

☐ TIN has been applied for.

☐ TIN is not required, because:

☐ Offeror is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

☐ Offeror is an agency or instrumentality of a foreign government;

☒ Offeror is an agency or instrumentality of the federal government.

(e) Type of Organization:

- ☐ sole proprietorship;
- ☐ partnership;
- ☐ corporate entity (not tax-exempt);
- ☐ corporate entity (tax-exempt);
- ☒ government entity (federal, state or local);
- ☐ foreign government;
- ☐ international organization per [26 CFR 1.6049-4](#);
- ☐ other

(f) Contractor representations.

The offeror represents as part of its offer that it is ☐, is not ☒ 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group(s) below:

- ☐ Women Owned Business
- ☐ Minority Owned Business (if selected then one sub-type is required)
- ☐ Black American Owned
- ☐ Hispanic American Owned
- ☐ Native American Owned (American Indians, Eskimos, Aleuts, or Native Hawaiians)
- ☐ Asian-Pacific American Owned (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)
- ☐ Subcontinent Asian (Asian-Indian) American Owned (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal)
- ☐ Individual/concern, other than one of the preceding.



Wexford County

Request for Board of Commissioner Action

Department: Family Division of 28th Circuit Court / Probate Court

Submitted by: Hon. Edward D. Van Alst

Subject: Child Care Fund Budget for Fiscal Year 2023

Committee: Finance

Committee Meeting Date: 7/14/22

BOC Meeting Date: 7/20/22

Action Request (proposed motion for the Board to consider):

Approve Child Care Fund Budget for Fiscal Year 2023
(Oct. 1, 2022 - Sept. 30, 2023)

Financial Information (note the total cost, if the cost is budgeted, if there will be any future costs, e.g., maintenance contracts, and any other information that would assist the commissioners with this decision):

Total expenditure = \$651,999.46 (the same requested for FY 2022)

Numbers were adjusted within the budget to better reflect actual expenditures within each category to the best of our ability.

Summary (explain why the action is necessary and the desired outcome after implementation):

Approval is requested by the Board of Commissioners for the Child Care Fund needs. This is part of the requirement for the budget to be submitted to the State also.

Timeline (if request is approved at BOC meeting date noted above):

As soon as possible, as the Budget has to be completed and into the State by no later than 8/15/22.

List of Attachments:

Copy of County Child Care Budget Summary from FY 2022 for comparison.
In-Home Care Certification (DHS-167) and Basic Grant Certificate (DHS-168)
signed by Judge Edward D. Van Alst.



County Child Care Budget Summary (DHS-2091)

Organization: Wexford County

Fiscal Year: October 1, 2022
through September 30, 2023

Status: In Progress

County Child Care Budget Summary (DHS-2091)

Michigan Department of Health and Human Services (MDHHS)

Children's Services Agency

Wexford County for October 1, 2022 through September 30, 2023

Organization	Court Contact Person	Telephone Number	Email Address
Wexford County	Sandra Watson - CCF Judges D ▼	(231) 779-9510	swatson@wexfordcounty.org
Fiscal Year	MDHHS Contact Person	Telephone Number	Email Address
October 1, 2022 through September 30, 2023	Carey Adrianse - CCF Organiza ▼	(231) 942-2323	adriansec@michigan.gov

Cost Sharing Ratios	Anticipated Expenditures		
County 50% / State 50%	MDHHS	Court	Combined
A. Out of Home Care - Court or Tribal Supervised Add Details	\$0.00	\$457,000.00	\$457,000.00
B. In-Home Care	\$0.00	\$219,999.80	\$219,999.80
C. County/Court-Operated Facilities	\$0.00	\$0.00	\$0.00
D. Subtotals (A+B+C)	\$0.00	\$676,999.80	\$676,999.80
E. Revenue	\$0.00	\$40,000.00	\$40,000.00
F. Net Expenditure	\$0.00	\$636,999.80	\$636,999.80

Cost Sharing Ratios	Anticipated Expenditures		
County 50% / State 50%	MDHHS	Court	Combined
A. Out of Home Care - Neglect Abuse Add Details	\$0.00	\$190,000.00	\$190,000.00
Please Note: The <i>Neglect/Abuse Out-of-Home Care</i> amount reflects ONLY the county court's share of these expenditures. Effective October 2019 the State of Michigan pays 100% of Neglect/Abuse Out-of-Home placements and the county then reimburses the state 50%.			

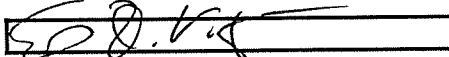
Cost Sharing Ratios	Anticipated Expenditures		
County 0% / State 100% \$15,000.00 Maximum	MDHHS	Court	Combined
Basic Grant	\$0.00	\$14,999.66	\$14,999.66

Total Expenditure	\$651,999.46
--------------------------	--------------

BUDGET DEVELOPMENT CERTIFICATION

THE UNDERSIGNED HAVE PARTICIPATED IN DEVELOPING THE PROGRAM BUDGET PRESENTED ABOVE. We certify that the budget submitted above represents an anticipated gross expenditure for the fiscal year: October 1, 2022 through September 30, 2023; and any requests for reimbursement shall adhere to all state law, administrative rules and child care fund handbook authority.

Presiding Judge




Date 7/6/2022

County Director of MDHHS Signature



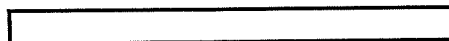
Date

Chairperson, Board of Commissioner's Signature



Date

And/Or County Executive Signature



Date

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

AUTHORITY: Act 87, Publication of 1978, as amended.
COMPLETION: Required
PENALTY: State reimbursement will be withheld from local government.

Approval

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[Release Notes](#) |



County Child Care Budget Summary (DHS-2091)

Organization: Wexford County

Fiscal Year: October 1, 2022
through September 30, 2023

Status: In Progress

Cost Sharing Ratios	County 50% / State 50%	Anticipated Expenditures		
		MDHHS	Court	Combined
A. Out of Home Care - Court or Tribal Supervised (Total of 1,2 & 3)		\$0.00	\$457,000.00	\$457,000.00
	1. Family Foster Care	\$0.00	\$20,000.00	\$20,000.00
	2. Institutional Care	\$0.00	\$427,000.00	\$427,000.00
	3. Independent Living	\$0.00	\$10,000.00	\$10,000.00

[Apply](#) [Save](#) [Cancel](#) [Generate Report](#)



County Child Care Budget Summary (DHS-2091)

Organization: Wexford County

Fiscal Year: October 1, 2022
through September 30, 2023

Status: In Progress

Cost Sharing Ratios	County 50% / State 50%	Anticipated Expenditures		
		MDHHS	Court	Combined
A. Out of Home Care - Neglect Abuse (Total of 1,2 & 3)		<input type="text" value="\$0.00"/>	<input type="text" value="\$190,000.00"/>	<input type="text" value="\$190,000.00"/>
1. Family Foster Care		<input type="text" value="\$0.00"/>	<input type="text" value="\$15,000.00"/>	<input type="text" value="\$15,000.00"/>
2. Institutional Care		<input type="text" value="\$0.00"/>	<input type="text" value="\$170,000.00"/>	<input type="text" value="\$170,000.00"/>
3. Independent Living		<input type="text" value="\$0.00"/>	<input type="text" value="\$5,000.00"/>	<input type="text" value="\$5,000.00"/>

*Please Note: The *Neglect/Abuse Out-of-Home Care* amount reflects ONLY the county court's share of these expenditures. Effective October 2019 the State of Michigan pays 100% of Neglect/Abuse Out-of-Home placements and the county then reimburses the state 50%.

In-Home Care Certification (DHS-167)
Michigan Department of Health and Human Services (MDHHS)
Children's Services Agency

Wexford County for October 01, 2022 through September 30, 2023

In-Home Care (IHC) program expenditures are restricted to new or expanded programs that are alternatives to out-of-home institutional or foster care. IHC funds may not be used to duplicate services.

A. ELIGIBLE CLIENT/STAFFING

1. Children under the jurisdiction of the Court, as an alternative to removal from the child's home, provided that:
 - a. such care is an alternative to detention or other out-of-home care and:
 - o a written complaint has been received and accepted by the Court
 - o the expenditures are not for judicial cost
 - o the caseload size or services are intensive
 - o non-scheduled payments are not made to pay for basic family needs otherwise available through public assistance programs
 - o the parent(s) and the youth have agreed in writing to receive IHC services, or a temporary order has been entered pending an adjudication hearing; or
 - b. such care is provided to children who at the dispositional hearing are ordered into IHC as an alternative to foster care or other out-of-home care, and:
 - o the expenditures are not for judicial costs
 - o the services are intensive, and
 - o non-scheduled payments are not made to pay for basic family needs otherwise available through public assistance programs
2. The IHC early return option may be used to accelerate the early return of a youth from family foster care, institutional care, or other out-of-home care when the case identifies an early return goal and the services are provided to members of the child's family. The case plan should identify the family strengths and deficiencies which, if corrected, would permit the youth to be returned home early. IHC services would typically be provided to the family during the time that the youth is in out-of-home care and, if necessary, for a period of time after the youth has returned to the family.
3. The County Michigan Department of Health and Human Services (MDHHS) may provide IHC services if the juvenile court orders care and supervision of a court ward.
4. The County MDHHS may provide IHC services from its subaccount for CPS category I or category II cases provided that:
 - o such IHC services prevent the need to petition the juvenile court for removal or prevent placement in voluntary foster care, and
 - o non-scheduled payments are not made to cover basic family needs otherwise available through public assistance programs.
5. IHC funds shall not be used to meet the court staff-to-youth population ratio of 1 to 6,000 as specified in the Juvenile Court Standards and Administrative Guidelines for the Care of Children.
6. Court staff hired after 4/30/85, who are responsible for case plan development and monitoring, must meet the qualifications established in the Juvenile Court Standards and Administrative Guidelines for the Care of Children.
 - o Supervisory Personnel
 - o Probation Officers
 - o Counselors
7. County MDHHS staff and supervisor staff providing direct IHC services must meet the standards set forth in Rules 400.6124, 400.6126 and 400.6128 of the Administrative Rules for Child Placing Agencies.
8. County MDHHS staff and supervisory staff providing direct IHC services must be state civil servants assigned to classifications and levels equivalent to staff and supervisors in the state foster care program.
9. In IHC programs, county MDHHS or Juvenile Court contractual staff, who are responsible for case plan development and monitoring, must meet the requirement of staff supervising children in foster care, as established in the Juvenile Court Standards and Guidelines for the Care of Children.
10. IHC reimbursements for program and administrative office space, county purchased supplies, salaries and wages for county employees who provide direct services or support for these services are subject to the same restrictions as reimbursements in county-operated institutions.

B. USE OF THE IN-HOME CARE OPTION FOR NON-SCHEDULED PAYMENTS

If all other IHC requirements are met, budgeted non-scheduled payments for services available to youth in foster care may be provided to youth in their own home. (Non-scheduled payments are defined in the Child Care Handbook).

C. CASE RECORD DOCUMENTATION REQUIREMENTS

Individual case documentation is required for all IHC clients. A caseload list is required for every IHC component. As a minimum, case records must include the following:

- o family case assessment which identifies, by service component, the problems and need for IHC services
- o day of intake
- o type of complaint/allegation, supported as follows:
 - (1) delinquency - a copy of the complaint or court order, when applicable, placing the child in IHC as part of a formal disposition.
 - (2) abuse/neglect - allegation and substantiation entered on the DHS-133 in Department cases;
- o treatment plan which identifies the treatment, objectives and the action steps and timetables which will be used to reach the objectives
- o case plan changes as a result of supervisor/case worker or contractee/contractor case reviews
- o quarterly progress reports
- o dates, type and purpose of service contacts made with the client. Note: weekly face to face contact is required
- o legal status of youth and the family, and
- o the living arrangement of the youth at termination of IHC services.

Note: Case record content for all foster care cases, under the supervision of a county MDHHS, should be maintained according to Services Manual Item 722 (6a-9). It is suggested that all IHC material be kept in the first inside section of the foster care file.

IHC service purchases from a private or public provider require a contract unless the service is supportive of a large component (i.e., clothing or dental work for a youth serviced through an established IHC program as for example, intensive supervision). These non-scheduled payments do not require contracts.

Only IHC expenditures described in the Annual Plan and Budget and approved by Child and Family Services are reimbursable.

IHC funds and services are subject to state review and audit and non-compliance with the above restrictions and requirements may result in withholding or repayment of state reimbursement.

All IHC contractual services purchased with county appropriated monies shall be the sole responsibility of the county. The signature of the County MDHHS Director must be with authority from the County to enter into contractual agreements on behalf of the County for the expenditure of the County Child Care Funds.

The county must have all IHC contracts processed through the county's formal contract approval procedures.

The signatures below certify that IHC policy stated in the document has been reviewed. It is understood that these are conditions for claiming IHC fund reimbursement.



Presiding Judge of Family Division of Circuit Court,
Juvenile Division

Date: 6/30/2022

Date: _____

County Director of Michigan Department of Health and Human
Services as Agent of the County

Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

AUTHORITY: P.A. 87 of 1978.

RESPONSE: Is Required

CONSEQUENCE FOR NON COMPLETION: Child care funds will not be reimbursed.

Basic Grant Certification (DHS-168)
Michigan Department of Health and Human Services (MDHHS)
Children's Services Agency

Wexford County for October 01, 2022 through September 30, 2023

1. Basic Grant funded programs are restricted to youth who are within or are likely to come within the jurisdiction of the probate court as defined under MCL 712A.1 to 712A.28.

Eligible Youth

- o All youth who are under court jurisdiction or for whom a complaint or petition has been filed with the court.
- o Youth who are at risk.

Youth are considered to be at risk and "likely to come within court jurisdiction" if any two or more of the following risk factors apply to the youth and are documented in case files:

- a. Reported abuse and/or neglect of the youth.
- b. History of school truancy, suspensions or being expelled.
- c. Run away from home.
- d. Use of alcohol or drugs.
- e. Ineffective, inconsistent or nonexistent parental control.
- f. Negative or delinquent peer relationship(s).

2. The Basic Grant cannot be used to supplant existing service costs or to pay for any judicial functions that are the responsibility of the court. In general, such "judicial functions" relate to court administration and adjudication costs. (See Child Care Fund Handbook).
3. Basic Grant funds shall not be used to pay for court case services personnel hired after April 30, 1985, who do not meet the minimum standards of education and training as stated in the Juvenile Court Standards and Guidelines for the Care of Children. The following positions are included:
 - o Supervisory Personnel
 - o Probation Officers
 - o Counselors
4. Non-scheduled payments may not be made to pay for basic family needs otherwise available through public assistance programs.
5. In Basic Grant programs, County Michigan Department of Health and Human Services staff responsible for individual case plan development and monitoring must meet the requirements for staff supervising children in foster care, as specified in the Administrative Rules for Child Placing Agencies.
6. In Basic Grant programs, department or juvenile court contractual staff who develop and/or monitor case plans, must meet the requirements for staff supervising children in foster care, as established in the Juvenile Court Standards and Guidelines for the Care of Children.
7. Court administered child specific services provided through Basic Grant reimbursement shall be documented in individual files which conform to the record keeping requirements in the Juvenile Court Standards and Guidelines for the Care of Children. A caseload list must be maintained for each Basic Grant component.
8. County Michigan Department of Health and Human Services administered child specific services provided through Basic Grant reimbursement, shall be documented in individual case files which conform to record keeping requirements in the Administrative Rules for Child Placing Agencies. A caseload list must be maintained for each Basic Grant component.

Only Basic Grant expenditures described in the Annual Plan and Budget and approved by Child and Family Services are reimbursable.

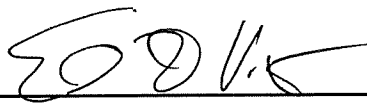
Basic Grant services purchased from a private or public provider require a contract unless the service is supportive of a large component (i.e., clothing or dental work for a youth serviced through an established Basic Grant program as for example, intensive supervision). These non-scheduled payments do not require contracts.

Basic Grant funds are subject to state review and audit and non-compliance with the above restrictions and requirements may result in withholding or repayment of state reimbursement.

All Basic Grant contractual services purchased with county appropriated monies shall be the sole responsibility of the county. The signature of the County MDHHS Director must be with authority from the County to enter into contractual agreements on behalf of the County for the expenditure of the County Child Care Funds.

The county must have all Basic Grant contracts processed through the county's formal contract approval procedures.

The signatures below certify that Basic Grant policy stated in the document has been reviewed. It is understood that these are conditions for claiming Basic Grant fund reimbursement.



Presiding Judge of Family Division of Circuit Court,
Juvenile Division

Date: 6/30/22

County Director of Michigan Department of Health and Human
Services as Agent of the County

Date: _____

Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.

AUTHORITY: P.A. 87 of 1978.

RESPONSE: Is Required

CONSEQUENCE FOR NON COMPLETION: Child care funds will not be reimbursed.

BOARD OF COMMISSIONERS COMMITTEE AGENDA ITEM

TO: Finance & Appropriations Committee
FROM: Administration
FOR MEETING DATE: July 14, 2022
SUBJECT: Central Dispatch Parking Lot Discussion

SUMMARY OF ITEM TO BE PRESENTED:

Central Dispatch has been able to obtain the following quotes for expansion of the parking lot at Dispatch. Mr. Alworden, Central Dispatch Director; has attempted to gather three quotes per the County's policy; however, has been unable to get responses from other vendors. Mr. Alworden asks that the policy for three quotes be waived. Central Dispatch does have the available funds for this project.

RECOMMENDATION:

Administrations recommends that the Finance & Appropriations Committee forwards a recommendation to the full board to approve the one of the quotes for the repairs at Central Dispatch's parking lot.



Proposal
Rieth-Riley Construction Co., Inc.

4435 M-37 South
Grawn, MI 49637
Ph: (231) 263-2100 Fax: (231) 263-2110
Cell: (231) 649-3514

To: Wexford County 911

Attn: Dwayne Alworden

Project: Wexford County 911
Parking Lot Expansion

Date: 6/24/22

Item #	Description	Quantity	Unit	Unit Price	Total
10	New Parking Area 95' x 20'	1.000	LS	\$14,200.00	\$14,200.00
Bid Total					\$14,200.00

Includes placement of 3" average compacted thickness of asphalt for approximately 200 SYDS (95' x 20')

Signing is NOT included.

Pavement marking is NOT included.

All applicable permits by owner.

Asphalt paving quote is only good for the 2022 paving season. Any paving that carries over into the 2023 season or beyond is subject to price increases.

This proposal may be withdrawn if not accepted within 15 days.

Rieth-Riley Construction Co., Inc.:

By: Chad VanderCook (Chad VanderCook - Project Manager)

Acceptance of Proposal: I (we) have read the above Proposal, INCLUDING THE STANDARD TERMS & CONDITIONS ON THE FOLLOWING PAGE(S), and hereby accept this Proposal. You are hereby authorized to begin the work as proposed.

By: _____ (Authorized Signature)

_____ (Printed Name & Title)

_____ (Date Signed)

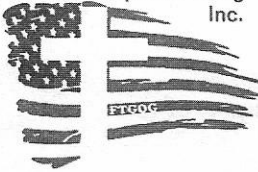
STANDARD TERMS & CONDITIONS OF THIS PROPOSAL

The following terms and conditions are part of this Proposal:

This Proposal's prices are based on the current average posted price for asphalt cement as listed in the "Asphalt Weekly Monitor" published by Potent & Partners, Inc. If this average posted price increases at the time Contractor commences performance of the work covered by this Proposal, we reserve the right to adjust the Proposal prices consistent with the increase in the price of the asphalt cement.

2. All material is warranted to be as specified. All work is to be completed according to this Proposal and in a workmanlike manner. Unless otherwise provided in this Proposal, Customer, at its expense, shall provide a properly compacted and stable subgrade or subbase (proof rolling or other testing satisfactory to Contractor) upon which any material is to be placed.
 3. OTHER THAN AS EXPRESSLY PROVIDED FOR IN THIS PROPOSAL, CONTRACTOR MAKES NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. CUSTOMER'S SOLE REMEDY FOR BREACH OF WARRANTY IS LIMITED EXCLUSIVELY TO REMOVAL AND REPLACEMENT OF THE DEFECTIVE WORK. OTHER THAN REMOVAL AND REPLACEMENT, RIETH-RILEY HAS NO OTHER LIABILITY FOR ANY TYPE OF DAMAGE, WHETHER INCIDENTAL, CONSEQUENTIAL OR OTHERWISE.
 4. Any express performance warranty provided in this Proposal shall be waived in the event Customer, either verbally or in writing, directs Contractor to place its paving materials over a subgrade or a subbase the condition of which Rieth-Riley has advised Customer is unacceptable.
 5. Contractor will not be liable for delays caused by labor disturbances, weather conditions, acts of God, acts of governmental agencies, accidents, shortages of necessary materials and supplies, or any other cause beyond our control.
 6. Any damage to or caused by appurtenances, including but not limited to stumps, buried concrete slabs or footing, septic tanks, sprinkler systems or utilities not specifically described on the plans or accurately marked on the jobsite so as to make us aware of their exact location and depth, will be the Customer's responsibility; and any extra work involved will become an extra charge over the quoted price.
 7. Extra work not included in this Proposal will be performed at the direction of the Customer or his authorized representative. Customer shall promptly issue an appropriate written change order to cover the authorized work.
 8. If no sales tax is included in this Proposal, Customer is required to provide a valid sales tax exemption certificate; otherwise, sales tax will be added when completed work is invoiced.
 9. Contractor will not proceed with the work as specified in this Proposal until satisfied of the Customer's ability and intent to pay according to the terms outlined herein.
 10. PAYMENT IS DUE UPON CUSTOMER'S RECEIPT OF INVOICES issued, whether progress or final, for work completed to date. If prompt payment is not received, Contractor will suspend work in progress.
 11. Nothing herein contained shall be construed as a waiver or modification of Contractor's statutory lien rights, which lien rights Contractor will exercise if payment by Customer is not promptly made.
 12. A SERVICE CHARGE OF 1½% PER MONTH, which is an annual percentage rate of 18% per annum, will be made on all account balances not paid as provided for herein, together with costs of collection and reasonable attorney fees and expenses.
 13. Customer represents and warrants that there are no hazardous substances or hazardous wastes located on or within the jobsite. Customer agrees to defend, indemnify, and hold harmless Contractor, its officers and employees from any type of loss and/or liability, including reasonable attorney fees and expenses, arising from a breach of this representation or warranty or Customer's violation of environmental law, regulation, or policy.
 14. The following sentence only applies if the parties intend that their contractual relationship will be governed by a written contract other than this Proposal: This Proposal is submitted subject to entering into a written contract, the terms and conditions of which are acceptable to both parties.
- "LICENSE NO. 2104006947-2106176414 A residential builder or a residential maintenance and alteration contractor is required to be licensed under Article 24 of the occupational code, 1980 PA 299, MCL 339.2401 to 339.2412. An electrician is required to be licensed under the electrical administrative act, 1956 PA 217, MCL 338.881 to MCL 338.3511 to 338.3569. A Mechanical contractor is required to be licensed under the Forbes mechanical contractors act, 1984 PA 192, MCL 338.971 to 338.988.

Proposal

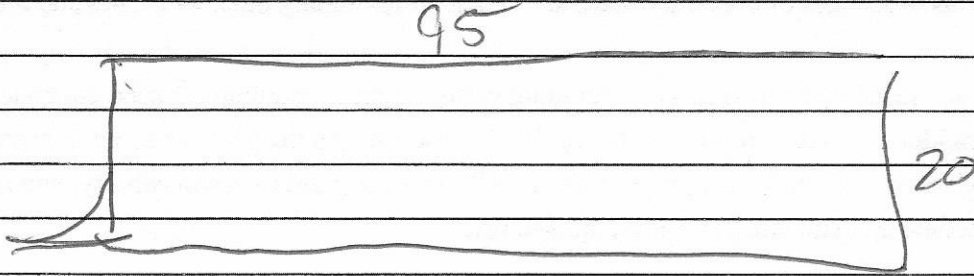


AMERICAN ASPHALT PAVING INC.

9368 E 7TH Street - Manton, MI 49663
(231)839-2384

Date:

Submitted to: <i>Wexford County 911</i>	City, State, Zip Code <i>Cadillac MI</i>
Street <i>Lincoln</i>	Phone <i>(231) 920-5125</i>



*Remove Soil haul away. Add 4" gravel base
grade & compact, Fine grade & Pave with
2" Hot Asphalt.*

WE PROPOSE herby to furnish material and labor, complete in accordance with the above specifications for the sum of:

Nine Thousand Six Hundred NinetyFive dollars (\$ *9,695.00*)

TERMS: 50% down on acceptance of proposal. Balance due upon completion. This proposal includes all the standard conditions set forth on the reverse side of this document.

ACCEPTANCE OF PROPOSAL AND STANDARD CONDITIONS

I (we) have read the above proposal, INCLUDING THE STANDARD CONDITIONS ON THE REVERSE SIDE, and hereby accept the prices Specifications, and standard conditions as stated. You are hereby Authorized to begin the work as proposed at your earliest convenience payment will be outlined above.

Signature: _____

Date of acceptance: _____

Signature: _____

Standard Conditions of This Proposal

All terms and provisions of the conditions, as set forth below, shall be agreed to and accepted as being a part of this proposal.

1. All material is warranted to be specified. All work is to be completed according to this proposal and in a workmanlike manner. Unless otherwise provided in the contract, the customer is to provide a properly compacted and stable base upon which any material is placed. **Customer warrants that there are no hazardous substances located or buried on the property.** We make no warranty of merchantability, and there are no warranties which extend beyond the description contained in this proposal.
2. We will not be liable for delays caused by labor disturbance, weather conditions, acts of god, acts of environmental agencies, accidents, shortages of necessary materials and supplies, or any other cause beyond our control.
3. Any damage to or caused by appurtenances, including but not limited to stumps, buried concrete slabs and footings, septic tanks, sprinkler systems or utilities not specifically described on the plans or accurately marked on the site so as to make us aware of their exact location and depth, will be the customers responsibility; and any extra work involved will become an extra charge over the quoted price.
4. Extra work not included in this proposal will be performed only upon written order by the customer or his/her authorized representative.
5. Nothing herein contained shall be considered as a waiver or modification of American Asphalt Paving's statutory lien rights, which lien rights American Asphalt Paving will exercise if payment by customer is not promptly made.
6. **A SERVICE CHARGE OF 1 ½% PER MONTH**, which is an annual percentage rate of 18% per annum, will be made on all account balances not paid upon completion, together with costs of collection and attorney fees.
7. Customer agrees to defend, indemnify, and hold harmless American Asphalt Paving Inc. and employees from any claims arising from any violation of environmental law, regulation, or policy.

2022-07-20

Wexford County Board of Commissioners				
Amendments to the 2022 Budget				
Adj #	Acct	Acct Description	Revenue	Expense
2022-07-01	225-000-699.00	Appropriated Fund Balance		(\$6,078.00)
	225-000-962.06	G. Phelps Pet	\$6,078.00	

Adj #	Acct	Acct Description	Revenue	Expense
2022-07-02	573-000-390.00	Fund Balance		(\$39,330.00)
	573-000-800.00	Contracted Services	\$39,330.00	
Cedar Creek Well No. 1 cleaning and pump overhaul. Approved by BOC 03/16/2022.				