

AGENDA

HUMAN SERVICES COMMITTEE

111 S. Michigan Ave., Room 200, Saginaw, MI 48602

Monday, August 4, 2025 – 4:00 p.m.

Members: Tracey Slodowski – Chair, Gerald Little – Vice-Chair, Lisa Coney, Michael Webster, Jack Tany
Others: County Clerk, Administrator, Finance Director, Civil Counsel, Board Staff, *Media*

- I. Call to Order
- II. Welcome
- III. Correction/Approval of Minutes (***June 2, 2025 – Attached***) [*Note: No meeting in July*]
- IV. Public Comment
 - *Speakers limited to 3 minutes*
- V. Agenda
 1. **Sandra M. Lindsey, CEO, SCCMHA, re:**
 - **8-19-1** Submitting a draft Resolution in Opposition to the Michigan Department of Health & Human Services (MDHHS) plans to competitively Procure Michigan's Pre-paid Inpatient Health Plan (*Resolution*)
 2. **Jessica Sargent, Commission on Aging Director, re:**
 - **8-19-2** Submitting its 2026 Application Summary for Federal/State Funding through Region VII Area Agency on Aging for discussion and approval (*Board Report*)
 3. **INFORMATIONAL COMMUNICATIONS (To be Received & Filed in Committee)**
 - **8-19-3 REGION VII AREA AGENCY ON AGING** sending notice that Requests for Proposal will be accepted on or before June 23, 2025 from applicants for funding for FY 2026
REGION VII AREA AGENCY ON AGING submitting its proposed Annual Implementation Plan (AIP) for FY 2025
 - **8-19-4 LEGAL SERVICES OF EASTERN MICHIGAN** sending notification of its Application Summary and Budget Submission FY2026 Region VII Area Agency on Aging Proposal
 - **8-19-5 MYMICHIGAN HEALTH, FORMERLY ASCENSION ST. MARY'S HOSPITAL** sending notification of its application to Region VII Area Agency on Aging to fund its Angel Respite & Adult Day Services in FY 2026
 4. Any other matters to come before the committee
- VI. Miscellaneous
- VII. Adjournment

MINUTES

HUMAN SERVICES COMMITTEE

111 S. Michigan Ave., Room 200, Saginaw, MI 48602

Monday, June 2, 2025 – 4:00 p.m.

Present: Tracey Slodowski – Chair, Gerald Little – Vice-Chair, Lisa Coney, Michael Webster, Jack Tany
Others: Vanessa Guerra, Mary Catherine Hannah, Dave Gilbert, William Stanuszek, Jaime Ceja, Darcie Totten, Monica Freier, Jessica Sargent, Darryl Thomas, Chip Hendrick, Isaac Blackmon, Suzy Koeplinger, Renee Sharkey and Catherine Hicks

I. Call to Order ---**Chair Slodowski at 4:00 p.m.**

II. Welcome

III. Correction/Approval of Minutes (**March 31, 2025**)

- **Moved by Coney, seconded by Little, to approve. Motion carried.**

IV. Public Comment ---**None**

V. Agenda

1. **Monica Freier, Interim Executive Director, and Darryl Thomas, Chair, Region VII Area Agency on Aging, re:**

- Provided update on Senior Services and the programs Region VII provides.
- **No action. Informational packets provided to commissioners.**

2. **Jessica Sargent, Commission on Aging Director, re:**

- **6-17-1** Submitted its annual assessment results from Region VII area Agency on Aging
- Jessica Sargent advised the committee about the corrective actions taken after receiving the annual assessment results. Steps were added to the workflow process to ensure compliance in recording food temperature for all meal sites. A new policy was created for documenting food temperatures and all logs must now be submitted to the Nutrition Program Manager for review. She also discussed observations regarding record keeping and gave explanations for the two observations during the assessment. Discussion was held regarding the lack of lawn maintenance at the Marie Davis site and Jessica Sargent reported she is hopeful for a reopening date of July 1, 2025.
- **Moved by Little, seconded by Tany, to receive and file. Motion carried. (Receive & File)**
- **6-17-2** Submitted its 2024 Annual Report
- **Moved by Little, seconded by Coney, to receive and file. Motion carried. (Receive & File)**

3. **William Stanuszek, Director, and Isaac Blackmon, Operations Manager, Mosquito Abatement Commission; and Chip Hendrick, re:**

- **6-17-3** Reported on construction progress. Invited commissioners and the public to attend the Mosquito Abatement Facility Open House at 705 N. Towerline Rd., Buena Vista Township on Friday, June 27, 2025, from 11:30 a.m. to 1:30 p.m.

- Discussion was held about the project progress and the amount of money that has been saved. The transition has been smooth. Chairman Tany remarked how beautiful the new space is, and Chip Hendrick credited the architect for that. He expressed his gratitude for the opportunity to do work for Saginaw County and his appreciation for Administrator Hannah and her involvement in this project.
- **No action.**

4. Any other matters to come before the committee---**None**

VI. Miscellaneous ---**None**

VII. Adjournment ---***Tany moved, seconded by Little, to adjourn. Motion carried; time being 5:09 p.m.***

Respectfully Submitted,
Tracey Slodowski, Committee Chair
Vanessa Guerra, Committee Clerk

July 18, 2025

Commissioner Tracey Slodowski, Chair
Humans Services Committee
Saginaw County Board of Commissioners
111 S. Michigan Ave.
Saginaw, MI 48602

8-19-1

SAGINAW COUNTY BOC
JUL 22 '25 AM 9:35

Dear Commissioner Slodowski:

I am writing to you today and attaching a resolution supported by the Saginaw County Community Mental Health Authority Board of Directors at their regular monthly meeting on July 14, 2025, in opposition to the planned Michigan Department of Health and Human Services (MDHHS) procurement of new regional Prepaid Inpatient Health Plan (PIHP) Regions.

I respectfully request a spot on the August 4, 2025, Human Services Committee Agenda and would like the Human Services committee and full Board of Commissioner to consider supporting a similar resolution.

The MDHHS procurement plan will open the management and oversight of Medicaid funded specialty public mental health services to a competitive process which has already drawn criticism from mental health advocates and other organizations across the state.

This change in the funding and management model would move decisions about mental health care funding to the 46 Community Mental Health Service Programs (CMHSPs) across Michigan now affiliated with the existing public regional PIHPs created in 2013 by their member CMHSPs, and supported by county government, to private insurance companies. Such a move threatens transparency, responsiveness and accountability to local communities that defines the purpose of Michigan Community Mental Health System.

The current public mental health system infrastructure is comprised of 10 regional PIHPs. These regional administrative entities hold and manage the Medicaid Contract with MDHHS and are responsible for downstream funding, state reporting and oversight of their CMHSP partners and their service networks. All the existing 10 regional PIHPs are public entities subject to FOIA and the Open Meetings Act. The Midstate Health Network, the PIHP for Region 5, has 12 CMHSP partners including SCCMHA, and covers a service area of 21 counties. MSHN is a very competent, informed, professionally managed and supportive PIHP for one of the largest geographies in the system and with responsibility for a large number of Medicaid beneficiaries that in number are second only to Wayne County.

I am attaching copies of the current MDHHS PIHP Map and the one being proposed by MDHHS connected to their procurement plan for your reference.

MDHHS rationale for the procurement is to “address issues within the current PIHP System that compromise service quality, accountability and efficiency.” These are not looming problems in the MSHN Region or systemically state-wide. Yet, MDHHS has disallowed any existing PIHP to participate in the upcoming PIHP Procurement. However, not for profit arms of private insurance companies and other private entities are being encouraged by MDHHS to bid once the PIHP Procurement specifications are released this summer.

The Michigan Association of Counties, in a recent letter to Governor Whitmer, explained that the private Medicaid Health Plans in Michigan operate at higher costs than their public PIHP counterparts. The current PIHP system spends approximately 2% of Medicaid funding on administrative costs, marketing, billing, and executive salaries. The costs for these same functions at private companies are 15% of revenue. In short, this letter indicates that a move of the PIHP responsibilities to the management of private insurance companies and other entities would “divert over \$500 million annually from direct service to administrative expenses, exacerbating existing funding shortfalls in the public system, and diminishing the quality and accessibility of care.”

In closing, the MDHHS PIHP Procurement proposal is in the opinion of the SCCMHA Board of Directors, bad for the public Community Mental Health System in Michigan and bad for the Medicaid beneficiaries and their families that depend upon the Specialty Service Benefit that is uniquely provided by the 46 CMHSPs in the state, including SCCMHA.

It is for this reason I write to you and to share the SCCMHA Board of Directors Resolution in Opposition to the MDHHS Plan for PIHP Procurement. My purpose is to inform you of the MDHHS procurement plan and to seek support for a Saginaw County Board of Commissioners’ resolution in opposition to the MDHHS PIHP Procurement Plan.

Do not hesitate to contact me if you have any questions or need for more information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra M. Lindsey".

Sandra M. Lindsey, CEO

Cc: SCCMHA Board of Directors

Attachments

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
BOARD OF DIRECTORS**

**RESOLUTION OPPOSING MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES PLANS TO COMPETITIVELY PROCURE
MICHIGAN'S PRE-PAID INPATIENT HEALTH PLANS**

July 14, 2025

WHEREAS, the State of Michigan currently operates a publicly managed and community-based system for the delivery of specialty behavioral health services through 10 Prepaid Inpatient Health Plans (PIHPs), which are responsible for managing Medicaid mental health, developmental disability, and substance use disorder services; and

WHEREAS, the current PIHP system has consistently demonstrated value, local accountability, and community engagement, while successfully managing costs and improving health outcomes for vulnerable populations; and

WHEREAS, the Michigan Department of Health and Human Services (MDHHS) recently announced plans to initiate a competitive procurement process for the management of PIHP functions, which may open the door to private, non-profit health plans or managed care organizations (MCOs) assuming control over behavioral health services; and

WHEREAS, such privatization could disrupt longstanding relationships between local mental health authorities, providers, and the communities they serve, and jeopardize the person-centered, recovery-oriented approach that has been cultivated under the public system; and

WHEREAS, many stakeholders, including individuals receiving services, advocates, local officials, and providers have expressed significant concerns about the potential impact of a competitive procurement process on care quality, access, local control, and transparency; and

WHEREAS, counties across Michigan have historically played a vital role in the governance, funding, and oversight of the public behavioral health system, and any change to that structure without meaningful county input undermines the principle of local governance; and

WHEREAS, maintaining a publicly accountable and locally governed behavioral health system is essential to ensuring that individuals with mental health and substance use needs receive timely, appropriate, and high-quality care.

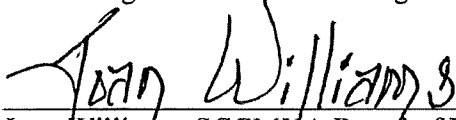
NOW, THEREFORE, BE IT RESOLVED, that the Saginaw County Community Mental Health Authority (SCCMHA) formally opposes the Michigan Department of Health and Human Services' (MDHHS) plan to implement a competitive procurement process for Prepaid Inpatient Health Plans (PIHPs);

BE IT FURTHER RESOLVED, that the SCCMHA Board of Directors strongly urges Governor Whitmer, the Michigan Department of Health and Human Services (MDHHS), and its Director, Elizabeth Hertel, and the Michigan Legislature to halt any plans for privatization and instead work collaboratively with counties, PIHPs, Community Mental Health Services

Programs (CMHSPs), service users, and other stakeholders to strengthen and improve the public behavioral health system, by only allowing public organizations with experience in managing Michigan's public mental health system to be part of any bid process should one occur.

8 Yeas ___ Nays X Resolution Supported ___ Resolution Fails

I certify that I am Secretary of the Saginaw County Community Mental Health Authority Board of Directors, and that the above is a true resolution adopted by a quorum of the Board of Directors of this Organization at a meeting held on the 14th day of July, 2025.



Joan Williams, SCCMHA Board of Directors Secretary

07-14-2025
Date

SAGINAW COUNTY
RESOLUTION XXXX – X



**RESOLUTION RE: OPPOSITION TO MDHHS PLAN TO IMPLEMENT
A COMPETITIVE PROCUREMENT PROCESS FOR PIHPs**

Christopher S. Boyd, Jack B. Tany, Lisa R. Coney, Denny M. Harris, John L. Kaczinski,
Gerald D. Little, Sheldon Matthews, Mark S. Piotrowski, Tracey L. Slodowski,
Richard A. Spitzer and Michael A Webster

At a regular meeting of the Board of Commissioners of the County of Saginaw,
Michigan, held on _____.

PRESENT: _____

ABSENT: _____

The following resolution was offered by _____ and seconded by
_____:

WHEREAS, the State of Michigan currently operates a publicly managed and community-based system for the delivery of specialty behavioral health services through 10 Prepaid Inpatient Health Plans (PIHPs), which are responsible for managing Medicaid mental health, developmental disability, and substance use disorder services; and

WHEREAS, the current PIHP system has consistently demonstrated value, local accountability, and community engagement, while successfully managing costs and improving health outcomes for vulnerable populations; and

WHEREAS, the Michigan Department of Health and Human Services (MDHHS) recently announced plans to initiate a competitive procurement process for the management of PIHP functions, which may open the door to private, non-profit health plans or managed care organizations (MCOs) assuming control over behavioral health services; and

WHEREAS, such privatization could disrupt longstanding relationships between local mental health authorities, providers, and the communities they serve, and jeopardize the person-centered, recovery-oriented approach that has been cultivated under the public system; and

WHEREAS, many stakeholders, including individuals receiving services, advocates, local officials, and providers have expressed significant concerns about the potential impact of a competitive procurement process on care quality, access, local control, and transparency; and

WHEREAS, counties across Michigan have historically played a vital role in the governance, funding, and oversight of the public behavioral health system, and any change to that structure without meaningful county input undermines the principle of local governance; and

WHEREAS, maintaining a publicly accountable and locally governed behavioral health system is essential to ensuring that individuals with mental health and substance use needs receive timely, appropriate, and high-quality care.

NOW, THEREFORE, BE IT RESOLVED, that the Saginaw County Board of Commissioners formally opposes the Michigan Department of Health and Human Services' (MDHHS) plan to implement a competitive procurement process for Prepaid Inpatient Health Plans (PIHPs); and

BE IT FURTHER RESOLVED, that the Board urges Governor Whitmer, the Michigan Department of Health and Human Services (MDHHS), and the Michigan Legislature to halt any plans for privatization and instead work collaboratively with counties, PIHPs, Community Mental Health Services Programs (CMHSPs), service users, and other stakeholders to strengthen and improve the public behavioral health system, by only allowing public organizations with experience in managing Michigan's public mental health system to be part of any bid process should one occur; and

BE IT FURTHER RESOLVED, that a copy of this resolution be transmitted to Governor, Gretchen Whitmer, MDHHS Director Elizabeth Hertel, members of the Michigan Legislature representing Saginaw County, and the Michigan Association of Counties (MAC).

Adopted by the Saginaw County Board of Commissioners this [Date].

Jack B. Tany
Chairperson, Saginaw County Board of Commissioners

Vanessa Guerra
County Clerk



HUMAN SERVICES

SAGINAW COUNTY COMMISSION ON AGING

...Providing Services, Programs and Opportunities for Older Adults...

SAGINAW COUNTY BOO
JUL 7 '25 AM 10:05

July 3, 2025

Honorable Jack Tany, Chairman
Board of Commissioners
County of Saginaw
111 S. Michigan Avenue
Saginaw, MI 48602

8-19-2

RE: REQUEST TO APPROVE 2026 APPLICATION SUMMARY FOR FEDERAL/STATE FUNDING THROUGH REGION VII AREA AGENCY ON AGING

Dear Chairman Tany:

Please accept this letter as my request to discuss with the Human Services Committee regarding the following item for approval:

- **Request a motion to approve the 2026 Application Summary for Federal and State/Funding through Region VII Area Agency on Aging.**

The summary of the Commission on Aging's application and budgeted units to Region VII Area Agency on Aging for FY 2026 funding for the following services:


Case Coordination and Support
Caregiver Case Management
Congregate Nutrition Services
Care Giver Support Program
Minority Outreach Program
In-Home Support Services

Senior Center Staffing
Senior Center Operations
Home Delivered Meals
Minority Transportation Services
Minority Senior Center Staffing

As required by the State of Michigan, Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau), I am required to inform the local Board of Commissioners with intent to file a Request for Proposal for these services. The RFP was approved by motion by the Commission on Aging Advisory Board at the June 26, 2025, board session. The budgeted allocations are already included in our County Budget since the County Budget comes before the RFP. At this point we have not received a formal notice that our RFP has been approved. Should there be a change, we will make the necessary changes to the county budget through the regular process.

I ask that this summary be put on the August Human Services meeting, and I will be there to answer any questions or concerns you may have.

Sincerely,


Jessica Sargent
Director

SAGINAW COUNTY COMMISSION ON AGING

2026 APPLICATION SUMMARY FOR FEDERAL/STATE FUNDING THROUGH REGION VII AREA AGENCY ON AGING

The Saginaw County Commission on Aging is submitting application for FY 2026 State and Federal Funds through the Region VII Area Agency on Aging for service programs for persons age 60 and older in Saginaw County. The State of Michigan requires that all applications be presented to the local Board of Commissioners for their review and approval. State and Federal funds awarded by Region VII require a 10% local match, which may be either a cash match with millage funds, in-kind goods or services, or a combination thereof. Please be aware that this is a Request for Proposal (RFP) and at the time of your review, these grants have not been awarded. Funds are awarded through a competitive RFP process. The service categories and allocations for which funding is sought are as follows:

SERVICE CATEGORY	FY 2025 ALLOCATION	FY 2026 ALLOCATION
Case Coordination & Support	\$112,574	\$85,864
Caregiver Case Management	-	\$28,135
Senior Center Staffing	24,616	25,950
Senior Center Operations	13,000	13,000
Caregiver Training	54,496	49,906
Congregate Nutrition	132,916	113,176
Home Delivered Meals	444,450	444,485
Minority Outreach/Senior Center Staffing/Transportation	47,344	47,344
In Home Support Services	322,170	354,099
TOTAL	\$1,151,566	\$1,161,959

The FY 2026 funds reflect a decrease of \$26,710 for Case Coordination and Support, a new service category in the amount of \$28,135 for Caregiver Case Management, an increase of \$1,334 for Senior Center Staffing, a decrease of \$4,590 for Caregiver Training, a decrease of \$19,740 for Congregate Nutrition, an increase of \$35 for Home Delivered Meals, and an increase of \$31,929 for In Home Support Services. For all programs an increase in funding of \$10,393.

1. CASE COORDINATION & SUPPORT (CCS)

Service Objective: COA proposes to provide **6,819 units of CCS** and serve **1,434 clients**.

Work Statement: The Case Coordination & Support service refers to the provision of a comprehensive assessment of needs for the client 60 and older with a complementing role of arranging for other community services or assistance from relatives, friends and other informal supports as needed.

The components of CCS include:

- Intake activities.
- A comprehensive assessment of the client's needs, including the Home Delivered Meals assessment, using a standardized format.
- Reassessment of need at least once every 180 days for an active client.
- The development of a plan of care, or service plan, designed to address the client's needs as identified through the assessment.
- Arranging for appropriate community services and/or informal assistance by relatives, friends, neighbors, volunteers, etc.
- Follow-up and monitoring of the services and assistance as specified in the plan of care.
- Assisting the client to gain access to other public benefit or entitlement programs for which she/he may be eligible, such as Medicaid, Supplemental Security Income (SSI), Veterans' Benefits, DHHS Adult Home Help Services, DHHS Emergency Needs, etc.
- Transportation to and from a client's home conjunction with the above activities.
- Information and referral, outreach, and distribution of commodities in accord with the 20% limitation established by Region VII for these types of CCS related activities.

Target Group and Service Area: Case Coordination & Support is available to older residents in throughout the County of Saginaw, urban, rural, and suburban.

Eligible CCS clients are county residents age 60 and older. However, priority is given to frail clients with multiple, complex needs. This means that efforts are made to target CCS to persons who, due to illness, disability, or declining health, require assistance from community service agencies or family, friends and neighbors in order to continue living independently in their own home. A multiple needs client is one who requires some level of assistance in more than one of the following areas: mobility and transferring, eating, toileting, bathing/grooming, dressing, housekeeping, essential shopping, and meal preparation. In that the minority elderly, and low-income, have traditionally been under-served in relation to their representation within the older population, special efforts will be taken to serve this segment of the population.

Staffing: The proposed Case Coordination & Support staffing plan shall consist of four full-time & two part-time professional Caseworkers. Regular professional staff qualifications include a minimum of a bachelor's degree in a human service field and/or appropriate training and experience that enables the individual to effectively determine an older client's needs and match

those needs with appropriate services. COA proposes to provide appropriate in-service training specifically structured to increase the staff's knowledge and understanding of the programs and clients and improve service delivery skills.

2. CAREGIVER CASE MANAGEMENT (CGCM)

Service Objective: COA proposes to provide **2,234 units of CGCM** and serve **470 clients**.

Work Statement: The Caregiver Case Management service is provided for a caregiver that assesses needs, and arranges, coordinates, and monitors services to meet the individual needs of the caregiver.

The components of CGCM include:

- Intake activities.
- A comprehensive assessment of the caregivers needs including current status of physical and mental health, needs of the caregiver, statement of strengths and challenges, and existing resources.
- A service plan will be developed to coordinate formal and informal resources to meet the needs of caregiver.
- Each caregiver will be assessed annually, or as needed, to evaluate service plan. Monitoring contacts will be attempted 90 days following initial assessment and ongoing monitoring contacts shall be attempted every 180 days thereafter for an active client.
- Activities may include arranging for appropriate community services and/or informal assistance by relatives, friends, neighbors, volunteers, etc., follow-up and monitoring of the services and assistance as specified in the plan of care.
- Assisting the client to gain access to other public benefit or entitlement programs for which she/he may be eligible, such as Medicaid, Supplemental Security Income (SSI), Veterans' Benefits, DHHS Adult Home Help Services, DHHS Emergency Needs, etc.
- Information and referral, outreach, and distribution of commodities in accord with the 20% limitation established by Region VII for these types of CGCM related activities.

Target Group and Service Area: Caregiver Case Management (CGCM) is available to older residents throughout the County of Saginaw, urban, rural, and suburban. Eligible CGCM clients are county residents aged 60 and older OR the primary caregiver of someone who is at least 60 years of age. Clients participating in Caregiver Training, requiring ongoing assistance, will be referred to CGCM service or other service as appropriate.

Staffing: The proposed Caregiver Case Management staffing plan shall consist of three full-time & two part-time professional Caseworkers. Regular professional staff qualifications include a minimum of a bachelor's degree in a human service field and/or appropriate training and experience that enables the individual to effectively determine the client's needs and match those needs with appropriate services. COA proposes to provide appropriate in-service training specifically structured to increase the staff's knowledge and understanding of the programs and

clients and improve service delivery skills.

3. SENIOR CENTER STAFFING

Service Objective: COA proposes to furnish **2,883 units of Senior Center Staffing** and **serve 349 clients**

Work Statement: This service program partially funds the Senior Center Coordinator at the Eleanor Frank Senior Center and the Marie E. Davis Senior Center. The Senior Center Coordinator is responsible for overseeing the operation of a variety of activities, programs and administrative duties at the senior center. This category also partially funds the Activities/Volunteer Coordinator.

A unit of Senior Center Staffing is one (1) hour of staff time worked.

Targeted Population and Service Area: Participants must be at least 60 years of age and/or meet other eligibility requirements and who demonstrate greatest economic and social need. The geographic area covered by the staffing position at the Marie E. Davis Senior Center is the east side of Saginaw. The area covered by the Eleanor Frank Senior Center is Saginaw Township.

Staffing: The Senior Center Staffing plan is comprised of two part-time Senior Center Coordinators, and one Activities/Volunteer Coordinator.

4. SENIOR CENTER OPERATIONS

Service Objective: COA proposes to furnish **1,893 units (HOURS OF OPERATION) of Senior Center Operations (SCO)** and **serve 147 clients**

Work Statement: This service program provides support for the operations of the Marie Davis Senior Center. Support includes utility costs, communications costs, and building repairs/maintenance costs.

A unit of SCO is one hour of center operation (i.e., generally each hour during which the center is open for programs and/or services).

Target Population and Service Area: Participants attending this center must be at least 60 years of age and/or meet other eligibility requirements. The target population for Senior Center Operations is the low-income minority older population. The Marie E. Davis Senior Center serves primarily African American elderly. The geographical area covered by the program is the East and North areas of Saginaw City.

5. CAREGIVER TRAINING

Service Objective: COA proposes to furnish **1,721 units of Care Giver Support Services/serve 191 clients**.

Work Statement: The Caregiver Support Program is a service which provides an opportunity for caregivers to obtain new skills and additional knowledge and support for taking care of their older love ones. To be eligible to participate in the Caregiver Support Program, either the care giver or the receiver of care must be at least 60 years of age. Another component of the Caregiver Support Program is the services provided to older adults who are at least 55 years of age and taking care of relative children under the age of 18; support groups, information and referral, assistance with support services for children are provided through contact as required through Kinship Care Support Groups and meetings.

Caregiver Support Groups are provided for program participants at least twice a month, as well as individual services targeted to assist the caregiver with expressed needs. Depending on available federal funding, a yearly Caregiver Conference is provided to program participants and the public. The conference addresses all the issues which may affect the wellbeing of the caregiver and the person(s) they are taking care of.

Target Population and Service Area: County of Saginaw

Staffing: The staffing plan consists of two part-time Caseworkers.

6. CONGREGATE MEALS

Service Objective: COA proposes to provide **45,197 units (MEALS)** and serve **923 clients**.

Work Statement: The Congregate Nutrition program provides a nutritionally balanced, daily meal for older persons in strategically located group settings throughout the County. The congregate meal service is currently available at 11 centers and sites operated by the Saginaw County Commission on Aging.

Friendship Center
Buena Vista Center
Eleanor A. Frank Multipurpose Center
Freeland Center
Maple Grove Center
Chesaning Center

Frankenmuth Center
Marie E. Davis Center
South Colony Center
Brady Center
Hemlock Center

The congregate nutrition service includes the provision of a monthly nutrition education program and other appropriate nutrition services.

Targeting and Service Area: Participants must be at least 60 years of age and/or meet other eligibility requirements. The congregate nutrition program is targeted to older persons in greatest economic and greatest social need, with emphasis on serving the low income, minority older population. This complies with federal, state and regional requirements.

Staffing: The proposed congregate nutrition staffing plan is comprised of 6 part-time and 3 on-call assigned center coordinators. In addition, the congregate staffing plan includes a pro-rated share of kitchen staffing and cook's positions at the Central Kitchen and pro-rated share of the

Nutrition Program Manager position and support staff.

Services Delivery Mechanism: The process by which a prospective participant becomes active in the program is summarized as follows:

1. Contact is made through either the senior center or main office by phone or walk in.
2. Clerical personnel inform participant of centers that serve congregate meals.
3. Contact is made by the participant by calling the center of choice, speaking to the Senior Center Coordinator at least 24 hours in advance to reserve a meal or Senior Center Coordinator contacts prospective participant per main office referral.
5. Participant attends center, completes Master Record Intake form (basic personal, emergency contact information), participates in meal and activity programs.

OR

1. Participant contacts senior center by phone or walk ins requesting information.
2. Senior Center Coordinator informs client of various services offered by the Commission on Aging.
3. Senior Center Coordinator completes intake information on client.
4. Senior Center Coordinator refers client to case manager for more in depth assessment or information if necessary.

7. HOME DELIVERED MEALS

Service Objective: COA proposes to provide **177,015 units (MEALS) of Home Delivered Meals (HDM)** and **serve 1,257 eligible older adults.**

Units reflect the total number of home delivered meals funded by this grant. COA supports additional meals with millage funds.

Work Statement: The Home Delivered Meals service will provide a nutritionally sound, daily hot meal to homebound older persons. The service will be available five days per week. An HDM client shall be determined to be homebound, physically, or mentally unable to attend a congregate meals site or to adequately prepare his/her own meal, and to lack the necessary informal supports in his/her living arrangements to assure the provision of a daily nutritious meal. While basic intake information is obtained at the time the request for assistance is made, for eligibility determination, a comprehensive assessment of need is conducted if HDM service continues for more than 10 days. Once the client is determined eligible for HDM, the client is assigned to a route. Meals are delivered by trained volunteers or paid delivery drivers. A monthly nutrition education component is also provided through the monthly newsletter.

**Carry-out meals are funded under HDM units/participants served, however follow congregate service delivery mechanism.*

Target Group and Service Area: All HDM clients must be determined to be homebound and unable to prepare (or have prepared) a nutritionally balanced meal. Priority in the provision of service is given to frail, isolated older persons who, because of physical or mental impairment or

disability, are unable to participate in the congregate program. Home Delivered Meals are distributed through centers and meal sites.

Staffing: The HDM staffing plan is comprised of a pro-rated portion of the Nutrition Program Manager, Food Service Supervisor, Food Service Coordinator, and support staff positions, pro-rated portions of the Senior Center Coordinator, Kitchen Assistant positions, Program Specialist and Delivery Drivers.

8. MINORITY OUTREACH

Service Objective: COA proposes to provide **1,049 units (ONE HOUR OF SERVICE) of information and assistance** and **serve 307 eligible older clients**.

Work Statement: The Minority Outreach Program is designed to locate and assist minority seniors age 60 and above who are residents of Saginaw County. The program provides a comprehensive assessment of needs for the older client, with a complementing role of arranging for other community services or assistance from relatives, friends and other informal supports as needed. Services are designed to specifically assist those seniors who are not proficient in the English language. Staffs in this program are bi-lingual. The components of the Minority Outreach program include:

- Intake activities including an assessment of the client's needs and situational problem.
- Assisting the client to gain access to other public benefit or entitlement programs for which she/he may be eligible, such as Medicaid, Supplemental Security Income SSI), Veterans' Benefits, Department of Health and Human Services, and Adult Home Help
- A follow-up contact is made after a 30-day period to ensure that the documented need has been fulfilled.
- Disseminating Senior Project Fresh Coupon (s) in collaboration with the State of Michigan.

Target Group and Service Area: All minority outreach clients must be at least age 60 and above.

Staffing: The Minority Outreach staff is comprised of a part-time person who is bi-lingual and has knowledge of the community at large.

9. TRANSPORTATION (MINORITY OUTREACH)

Service Objective: COA proposes to provide **2,246 (ONE WAY TRIPS)** and **serves 23 eligible older clients**.

Work Statement: The Transportation Program funded under this category will provide rides to minority seniors who attend the Friendship Center as well as other minority seniors who are in need for medical appointment transportation, etc.

Target Group and Service Area: All minority outreach clients must be at least age 60 and above, attend the Friendship Center and/or require transportation to medical appointments, pharmacies.

Staffing: Transportation services are provided by two on-call vehicle drivers.

10. STAFFING – FRIENDSHIP CENTER

Service Objective: COA proposes to provide **1,299 units (ONE HOUR OF STAFFING)** and **serve 130 eligible older clients.**

Work Statement: Senior Center Staffing provides services to the Friendship Center, which is a minority congregate senior center site serving Hispanic seniors who are at least 60 years of age.

Target Group and Service Area: Participants attending this center must be at least 60 years of age and/or meet other eligibility requirements.

Staffing: Senior Center Staffing is comprised of a part-time Senior Center Coordinator.

11. IN-HOME SUPPORT SERVICES PROGRAM

Service Objective: COA proposes to provide **4,105 units (ONE HOUR OF STAFFING)** and **serve 160 eligible older clients.**

Work Statement: The In-Home Support Services Program will provide assessment and coordinated care for older adults, age 60 or above, who are in need of assistance with in-home supports such as personal care, light housekeeping and respite care for the caregiver. These in-home supports are inclusive of other services the Commission on Aging provides to seniors such as home delivered meals, information and referral and transportation. All support services are provided with the goal of ensuring that older adults people can remain safe and secure in the environment they have chosen to live in.

Target Group and Service Area: The In-Home Support Services Program will target Saginaw County older adults who are in greatest economic and greatest social need who are in need of support services such as personal care, light housekeeping, and respite care for the person's caregiver.

Staffing: This program is comprised of two part-time Caseworkers and one part-time registered nurse.



REGION VII AREA AGENCY ON AGING



DARRYL THOMAS, CHAIR

MONICA FREIER, INTERIM EXECUTIVE DIRECTOR

3 YEARS

MEMBER COUNTIES: BAY ■ CLARE ■ GLADWIN ■ GRATIOT ■ HURON ■ ISABELLA ■ MIDLAND ■ SAGINAW ■ SANILAC ■ TUSCOLA

June 2, 2025

RECEIVE & FILE

8-19-3

Jack Tany, Chairperson
Saginaw County Board of Commissioners
111 S. Michigan Ave.
Saginaw, MI 48602

SAGINAW COUNTY BOC
JUN 5 '25 PM2:50

Dear Mr. Tany:

The Region VII Area Agency on Aging Request for Proposal process has begun. Each applicant applying for grant funds available in your county will be submitting a summary, up to three (3) pages, of its application narrative and a copy of its budget(s). The summary and budgets must be submitted on or before **June 23, 2025**.

The Board of Commissioners may submit any written comments regarding an application(s) for their county to the Area Agency on Aging office, 1615 S. Euclid Avenue, Bay City, MI 48706. The comments must be received on or before **July 2, 2025**, in order to be considered by the AAA Board of Directors.

If you have any questions or concerns regarding this process, please contact the Contract Specialists at 989-893-4506.

Sincerely,

DocuSigned by:

Connie Garcia LBSW, CDP

A4578718285F41A
Connie Garcia

Contract Manager

CG/sn

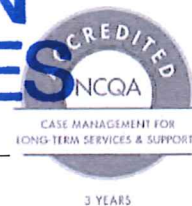
1615 S. EUCLID AVENUE
BAY CITY, MI 48706
989-893-4506 ■ FAX 989-893-3770
1-800-858-1637 ■ WAIVER FAX 989-893-2651

www.region7aaa.org



REGION VII AREA AGENCY ON AGING

HUMAN SERVICES



DARRYL THOMAS, CHAIR

MONICA FREIER, INTERIM EXECUTIVE DIRECTOR

June 17, 2025

Jack Tany, Chairperson
Saginaw County Board of Commissioners
111 S. Michigan Ave.
Saginaw, MI 48602

SAGINAW COUNTY BOC
JUN 23 '25 PM 8:25

Dear Chair Tany:

Enclosed for review and adoption by your County Board of Commissioners is a copy of Region VII Area Agency on Aging's proposed Annual Implementation Plan (AIP) for FY 2026. After review, you are respectfully requested to forward a letter of support or resolution for the Plan to Region VII Area Agency on Aging.

Region VII Area Agency on Aging is respectfully requesting this response by 4:00 p.m. on July 28, 2025. If a response is not received by this date, we will consider the Plan to be passively approved by your Board.

Region VII area Agency on Aging's staff is available to provide an overview of the Annual Plan and how the funds benefit older adults within the planning and service area. If a presentation is requested, please call Connie Garcia, Contract Manager, at 989-893-4506 or by email at garciac@region7aaa.org.

This plan is also available for review online at: www.region7aaa.org.

Sincerely,

DocuSigned by:

Monica Freier

75D6FD617655440...

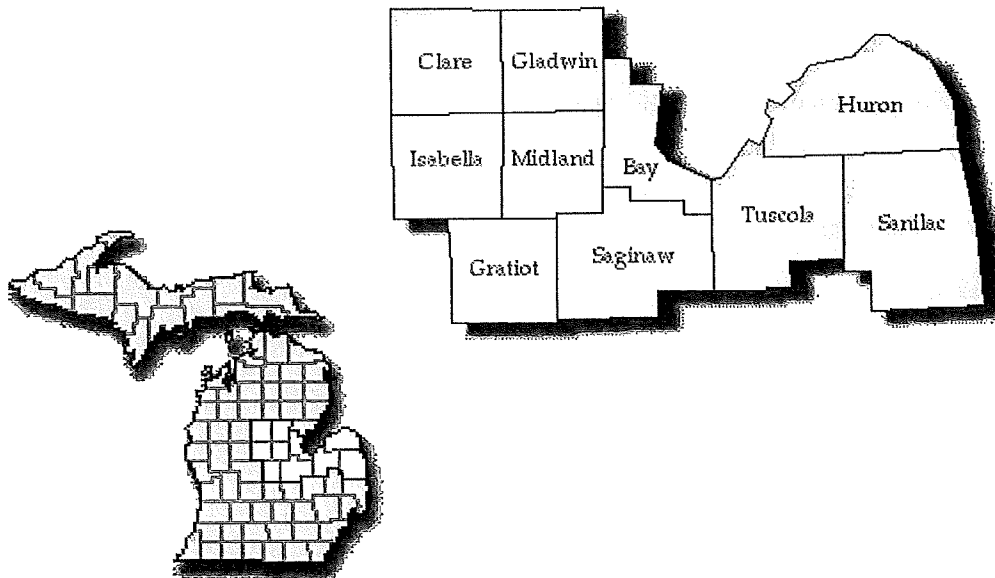
Monica Freier
Interim Executive Director

MF/cg

Enclosure

MEMBER COUNTIES: BAY ■ CLARE ■ GLADWIN ■ GRATIOT ■ HURON ■ ISABELLA ■ MIDLAND ■ SAGINAW ■ SANILAC ■ TUSCOLA

2023—2026 Multi Year Plan
FY 2026 ANNUAL IMPLEMENTATION PLAN
REGION VII AREA AGENCY ON AGING 7



Planning and Service Area

Bay, Clare, Gladwin, Gratiot, Huron,
Isabella, Midland, Saginaw, Sanilac, Tuscola

Region VII Area Agency on Aging

1615 S. Euclid Avenue

Bay City, MI 48706

989-893-4506 (phone)

800-858-1637 (toll-free)

989-893-3770 (fax)

Monica Freier, Interim Executive Director

www.region7aaa.org

Regional Aging Representative

Candice Dubbs

dubbsc@michigan.gov

517-230-8784

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

Executive Summary

Instructions

Please include in the Executive Summary a brief description of the following (**note - if you need additional space, you may upload a Word document via the Budget and Other Documents tab*):

A. Any substantive changes in priorities, plans, or objectives set by the Area Agency on Aging (AAA) for the use of federal and state funding during FY 2026. If none, indicate, "no" to the question: *"Have there been any substantive changes since the previous year?"*

B. How the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need.

C. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2026.

D. AAA's successes over the past year, highlights of new services or other topics, as well as any anticipated challenges.

E. Ways in which your agency will support the Veteran population and a description of any partnerships and/or collaborations with Veteran service organizations within your region.

F. Please provide, in the spaces below, information on counties served, Federally Recognized Tribes in your Planning and Service Area (PSA), and accreditations awarded to your AAA.

Please provide demographic data in the chart below for your PSA (using the most currently available data from the American Community Survey (ACS), the Decennial Census Survey, and NAPIS--see chart entitled: *FY 26 AIP Demographic Data* in the Document Library).

Upload the required supplemental document entitled: *Contingency Planning*, addressing a contingency plan for lack of funding or in the event of a government shutdown/continuing resolution, in the Budget and Other Documents section

Have there been substantive changes since the previous year? (If yes, please describe below.)

☐ Yes ☒ No

Region VII Area Agency on Aging (AAA) was established in 1974 following an amendment to the Older Americans Act (OAA). The agency's mission is to provide effective and innovative care to improve the well-being of community residents in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola counties using OAA funds, the Medicaid MI Choice home and community-based waiver, grants and local monies to meet the needs of vulnerable older adults and persons with disabilities.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

McLaren Bay continue to operate utilizing a mix of senior funding and local funds. Operations at McLaren Central Michigan are ongoing utilizing a grant from the Michigan Health Endowment Fund. The program continues to provide services to 15-20 aging clients each week to ensure needs are met and risk of hospital readmission is reduced. Care Transition (CT) supports include intake, assessment, development of service(s) plan, person-centered planning, arrangement of services, primary care follow up, medical transportation coordination, red flag warning education, medication review and weekly follow up. Future expansions are hopeful as hospital mergers would allow for more programs to serve a larger population.

CHALLENGES GOING INTO FY 2026

The services that are provided by Region VII AAA has been said to be the "best kept secret" to many of the aging population. In an effort to make this "secret" known, Region VII AAA will continue to make it's presence known through the advocacy and outreach efforts in the 10-county planning and service area. Staffing and caregiver shortages have been a challenge for many of Region VII AAA service providers.

DCW Premium Pay is distributed to the Region VII service providers to encourage the Direct Care Workers to maintain employment. Region VII AAA will build/strengthen partnerships with new and existing Region VII AAA providers to obtain/maintain adequate caregivers to provide services. Referrals to Region VII AAA's programs are essential to maintaining/building programming censuses. With the advocacy and outreach efforts, Region VII AAA envisions the success of all programs.

Uncertainty of State and/or Federal funding has been a challenge for both Region VII AAA and the Region VII providers. Region VII AAA has been transparent with the Region VII AAA providers and staff about the possibility of financial changes. Region VII AAA has a contingency plan in place in the event of any State and/or Federal funding changes or pauses. Region VII AAA will continue to communicate any changes in funding to the contracted providers that would deliver the services to the seniors.

SUPPORT FOR VETERANS

Region VII AAA is working with the Veterans Administration to help serve the individuals within the 10 county PSA. Based on the current census, veteran numbers are as follows: Bay County- 6,566; Clare County- 2,397; Gladwin County- 1,893; Gratiot County- 1,792; Huron County- 1,762; Isabella County- 3,042; Midland County- 4,520; Saginaw County-9,825; Sanilac County- 248; and Tuscola County- 3,080. This is a total count of 37,359 veterans that reside within the 10 county PSA. Region VII AAA has a Veterans Administration Representative on the Advisory Council. He is working with Region VII AAA's MI Choice Waiver program to send referrals to connect veterans with services who may qualify. There is also collaboration between Region VII AAA and the VA to share resources. In meeting with the VA representatives, the VA continues sending referrals to the Region VII AAA's Senior Community Service Employment Program (SCSEP) that assists seniors over 55 years of age with learning new job skills to potentially gain employment. Region VII AAA meets with the VA Representative to share updates and new information. This enables Region VII AAA to make more targeted efforts to spread the word that services are available. Staff have also engaged with Arielle Buckley, Older Adult Veteran Liaison at MDHHS to participate in a training for Veterans. This was a military cultural competency training that was held on January 23, 2025 via zoom.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

County/Local Unit of Government and Tribal Review

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non-OAA resources.

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

The AAA must send a notification of the complete AIP to the chairperson of each County Board of Commissioners, and to any Tribes within the Planning and Service Area (PSA) for notification and consultation. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 20, 2025. For a PSA comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government and Tribes within the PSA as well. The AAA may use electronic communication, including e-mail and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via e-mail, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request e-mail notification from the local unit of government of their feedback of the AIP or concerns.

Instructions

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

Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

Public Hearings

At least one public hearing on the FY 2026 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Instructions

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

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

AAAs are also required to upload document entitled: *Newspaper and Media Outlets Notification List*.

For FY 2026, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s).

Date	City	Time	Barrier Free?	No. of Attendees
05/15/2025	Bay City	02:00 PM	Yes	8
05/15/2025	virtual	02:00 PM	Yes	8
05/19/2025	virtual	02:00 PM	Yes	6
05/19/2025	Bay City	02:00 PM	Yes	5

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

Regional Service Definitions

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) regional service that is not included in the Operating Standards for Service Programs, provide rationale as to why activities cannot be funded under an existing service definition, and information about the proposed service in this section.

Instructions

Enter the new regional service name, fund source(s), unit of service, and minimum standards.

Service Name/Definition

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

Service Category	Fund Source		Unit of Service
Access	Title III PartB	Title III PartD	
In-Home	Title III PartE	Title VII	
Community	State Alternative Care	State Access	
Nutrition	State In-home	State Respite	
Caregivers of Older Adults	Other		
Older Relative (Kinship) Caregiver			

Minimum Standards

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

professionals. On-site provider monitoring by trained staff and annual peer review processes reinforces the commitment to quality care.

Actual Outcome: Support Coordinators have access to a resource guide that is on Region VII AAA's local server and also can ask Region VII AAA's I&A department for additional resources. Supports Coordinators also communicate with providers regarding the care of participants via Vendor View and telephone. There is communication with caregivers when completing an in-home visit or when the participant requests assistance making calls. Peer review is completed annually. Provider monitoring are scheduled to ensure that they are in compliance. Providers are also required to attend annual training to review any new guidance and review requirements to ensure that any new staff will have the information that is needed.

Goal 3. Enhance the agency's Quality Management Plan.

Expected Outcome: Region VII AAA Support Coordinators, along with the agency's Quality Assurance Department, will ensure that program participants receive optimal person-centered, high-quality care that meets or exceeds the established standards of care set forth by the Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau).

Actual Outcome: The Quality Assurance Department reviews charts periodically to ensure that services are provided according to the ACLS Bureau and MDHHS guidelines. These reviews are shared with the managers and Support Coordinators. Educational trainings are provided to increase knowledge and meet the standards set forth.

Goal 4. Continue attendance at Care Management meetings sponsored by ACLS Bureau.

Expected Outcome: Maintain on-going communication with ACLS Bureau's staff regarding Care Management policies, procedures, and practices.

Actual Outcome: Staff participate in on-going meetings in person and/or virtual to review Care Management policies, procedures, and practices. Attendance is recorded for any meetings.

Goal 5. Participate in training opportunities related to Person-Centered Planning

Expected Outcome: Staff will participate in training opportunities related to Person-Centered Planning.

Actual Outcome: Staff have received education on Person-Centered Planning. The training includes honoring the choices/preferences of the individual based on their assessment needs and objectives, and assisting the participant to be as independent as possible.

Information and Assistance

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$0.00	<u>Total of State Dollars</u>	\$61,627.00

Geographic area to be served

All 10 Counties

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

community.

Transportation

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$9,765.00	<u>Total of State Dollars</u>	\$0.00

Geographic area to be served

All 10 counties

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

Region VII AAA will ensure that all older adults and persons with disabilities within the Region VII AAA PSA are provided transportation based on their individual needs that are not otherwise being met.

Activities:

1. Region VII AAA will assist clients in finding affordable transportation from both private and public entities prior to providing transportation to clients.
2. Region VII AAA will verify that any transportation source used meets or exceeds the standards of Region VII AAA's own transportation system.
3. Region VII AAA will work with community-based programs to find suitable solutions for those that need transportation and will only be a short notice, ride-of-last resort transportation program.
4. Region VII AAA will work with community-based programs to find suitable solutions for those that need transportation and continue to expand Region VII AAA's short notice, ride-of-last resort program.

Care Transition Coordination and Support

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$11,369.00	<u>Total of State Dollars</u>	\$45,536.00

Geographic area to be served

all 10 Counties

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

Region VII AAA's Care Transitions team will continue to meet with participants that are transitioning from hospital to home in order to minimize the risk of readmission. The Community Health Worker (CHW) or other health care professional will provide proactive discharge planning, extensive coaching, and post discharge supports. This coaching is intended to support adults age 60 or older discharging from a medical care institution to the place they consider to be home and prevent re-institutionalization. Care Transition is currently serving MyMichigan Saginaw, McLaren Central Michigan and McLaren Bay Region facilities. Care Transition supports include intake, assessment, a development of service(s) plan, person centered planning, service arranging, primary care follow-up, medical transportation coordination, red flag warning education, and medication review. The CHWs conduct weekly calls for 1 month, then monthly calls for 3 months to ask how the client is doing and answer any questions they may have.

The Care Transition program is expecting to see 15-20 participants per week. Future expansions are hopeful as hospital mergers would allow for more programs to serve a larger population of clientele.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

The program employs a licensed Pharmacist who supervises program staff and is available to staff when they are in a client's home or making telephone reminder calls. The program shall employ program staff who are appropriately licensed, certified, trained, oriented, and supervised.

The supervising Pharmacist shall review and evaluate the medication management care plan and the complete medication regimen, including prescription and OTC medications, dietary supplements and herbal remedies, with each client and appropriate caregiver. Each program shall implement a procedure for notifying the client's physician(s) of all medications being managed.

The program shall be operated within the five basic levels of service as follows:

Level 1: Telephone reminder call/cueing with maintenance of appropriate documentation. Program staff performing this level of service shall be delegated by the supervising Pharmacist.

Level 2: In-home monitoring visit/cueing with maintenance of appropriate documentation.

Level 3: In-home medication set up, instructions, and passing and /or assistance with medications (e.g., putting in eye drops, giving pills and injections). Program staff performing level 3 services shall be delegated by the supervising Pharmacist.

Level 4: The program shall maintain an individual medication log for each client that contains the following information:

- a. Each medication being taken.
- b. The dosage for each medication.
- c. Label instructions for use for each medication.
- d. Level of service provided and initials of person providing service.
- e. Date and time for each time services are provided.

Level 5: The program shall report any change in a client's condition to the client's physician (s) immediately.

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

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

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

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

(A) Provision of the Medication Management by Region VII AAA is necessary to assure an adequate supply of assistance with healthcare.

(B) Healthcare services provided by the Pharmacist are directly related to Region VII AAA's Administrative functions and will be coordinated with other services to assure optimal health and wellbeing of persons served.

(C) Region VII AAA has been providing Medication Management services under a contract with a local hospitals.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

allow one person at Region VII AAA to provide the service to all 10 counties. Region VII AAA, as a service provider, is locally based and not restricted by county actions. Region VII AAA is able to still check on clients when county services are closed due to weather, emergencies, or disasters.

The regular calls assure that any possible changes in the client's health are identified and recorded, helps reduce isolation, and allows clients to feel more connected to the community by enabling them to remain independent in their own homes.

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

Presented the slides that included all information about Friendly Reassurance. Discussed the process Region VII AAA uses to provide this service. No questions were asked.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

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.

Region VII AAA was able to replace dry wells for safe drinking water when the floods hit Gladwin, Midland, and Saginaw. Staff assisted in meal delivery when programs were shut down, and Region VII AAA provided Personal Protective Equipment (PPE) for those in need during the COVID-19 pandemic. Region VII AAA is requesting funding to cover the cost of proposed expenditures to fill the gap of services not necessarily provided during a food crisis, pandemic, weather-related emergency, or other emergency needs. Region VII AAA has shown that we have the resources and staff available to handle such emergencies if the funding is granted.

Region VII AAA's Support Coordinators document services not currently available to meet the needs of the participants in and around our 10-county Planning and Service Area (PSA). This is analyzed to determine the need for gap-filling funds or services to those that are most vulnerable.

In FY24, Region VII AAA had joint meetings with community partners to identify the needs of the community. Participation was low in the kinship program, so Region VII AAA formed a work group to evaluate how to increase the overall participation. The group discussed what group activity (respite activity) for the family/caregivers would they enjoy and locations for the activities. The group also discussed some needs of the children in the caregivers' care.

Region VII AAA has also provided things such as smoke detectors and carbon monoxide detectors to several participants. Region VII AAA also was able to assist with some funding when the Nutritional Service Incentive Program (NSIP) funds were cut in 2024 so that the counties would not have to absorb the loss. In FY25, Region VII AAA learned that a contracted meal provider in one of the rural counties was no longer going to provide meals to the seniors. Region VII AAA quickly collaborated with the affected county's commissioner, potential meal providers, and other interested partners to get services set up and work toward getting a new contracted provider in place to serve the seniors so that there was little to no interruption in services.

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

Public hearings were held May 15, 2025 and May 19, 2025. No questions were asked.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

Activities

In FY 2025, the following trainings were provided to staff:

- Compliance Training
- Why Emergency Preparedness Matters
- Reducing Stress- Techniques to Relax
- Team Working Excellence
- Unconscious Bias
- OSHA and Right-to Know Laws
- Infection Prevention and Control
- HIPAA Privacy and Security Basics
- Abuse and Elder Justice
- Communicating Effectively
- Cyber security- How to Stay Safe Online
- Teams and Ethics
- Sexual Harassment Prevention
- Preparing for an Active Shooter Situation
- Preventing Workplace Discrimination and Harassment
- Health and Safety in the Workplace
- PPE Awareness
- Mental Health Awareness

Direct Care Workers received Premium Pay in addition to their regular wages as a means to retain workers .
In FY 2026, staff and providers will be mandated to participate in additional trainings to maintain a well-trained workforce.

Expected Outcome

Staff and direct care workers will be well trained , qualified, and supported through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.

B. Partner with local agencies to service seniors within the ten (10) county planning and service area who will be able to meet the needs of the seniors.

State Goal Match: 3

Narrative

Region VII AAA continues to partner with all agencies that will meet the needs of the participants .
Region VII AAA contracts with large and small providers based on the needs of our seniors throughout the 10 county PSA. Region VII AAA is mindful of the seniors' preferences and income levels so that everyone may have the choice to feel at home with the care that they are receiving.

Objectives

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

Activities

On several occasions, Region VII AAA has reached out to V.O.I.C.E. - Valley Organization for Improved Communications and Equality for the Deaf and Hard of Hearing. The State Health Insurance Program (SHIP) had a client who was deaf and needed a sign language interpreter. This agency came to the Region VII AAA office to translate for her appointments. V.O.I.C.E. also has interpreters for other languages such as Spanish and Mandarin. Region VII AAA has the ability to use the V.O.I.C.E. services as needed.

MMAAP has also requested Medicare and You 2025 books in English, Spanish, and Braille.

Region VII AAA received a grant to translate the agency brochure in Spanish. These brochures have been shared throughout the PSA to spread the awareness that services are available for all people of the community. Region VII AAA staff, Board, and Advisory Council members are distributing them in all 10 counties.

Staff are trained to be culturally sensitive and recognize body language and ask if the person requesting / needing services would like to have a representative or other support to be with them to attend a meeting. If a translator is needed, Region VII AAA would be able to accommodate this request.

Expected Outcome

Seniors will be provided translation services, via communication services and/or printed materials.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Region VII Area Agency On Aging

FY 2026

	<p>Community</p> <ul style="list-style-type: none"> • Senior Center Staffing * <p>Nutrition Services</p> <ul style="list-style-type: none"> • Carry Out Meals * • Congregate Meals • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services * • Caregiver Case Management * • Caregiver Education • Caregiver Supplemental Services • Caregiver Support Groups • Caregiver Training • Respite Care <p>Older Relative (Kinship) Caregiver Services</p> <ul style="list-style-type: none"> • Kinship Caregiver Supplemental Services
Local Millage Funded	<p>Access</p> <ul style="list-style-type: none"> • Care Management * • Care Transition Coordination and Support • Outreach * • Transportation * <p>In-Home</p> <ul style="list-style-type: none"> • Chore * • Homemaking * <p>Community</p> <ul style="list-style-type: none"> • Home Repair * • Legal Assistance * • Senior Center Operations * • Senior Center Staffing * <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals * • Home Delivered Meals * <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Education * • Caregiver Supplemental Services *

FY 2026 AREA PLAN BUDGET

Region VII Area Agency On Aging
 Date: 4/3/2025 Rev No: 1
 Budget Period: 10/1/2025 to 9/30/2026

Access Services Expenditures by Fund Source

Service	Cash Match	In-Kind Match	Program Income	State Access Services	State Aging Network Services	State Care Management	State In-Home Services	Targeted Case Management	Title III-B Supportive Services	Grand Total
Access Services	\$ 35,975	\$ 93,253	\$ 126,223	\$ 55,412	\$ 67,547	\$ 431,825	\$ 45,536	\$ 2,800	\$ 562,759	\$ 1,421,330
Care Management	\$ -	\$ 52,244	\$ 1,139	\$ 15,279	\$ 39,454	\$ 415,469	\$ -	\$ 2,800	\$ -	\$ 526,385
Care Transition Coordination & Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,536	\$ -	\$ 11,369	\$ 63,227
Case Coordination & Support	\$ 18,720	\$ 20,014	\$ 92,838	\$ 5,855	\$ 744	\$ 16,356	\$ -	\$ -	\$ 325,654	\$ 480,181
Information & Assistance	\$ -	\$ 6,847	\$ -	\$ 34,278	\$ 27,349	\$ -	\$ -	\$ -	\$ -	\$ 68,474
Outreach	\$ 5,118	\$ 7,826	\$ 2,330	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116,497	\$ 131,771
Transportation	\$ 12,137	\$ -	\$ 29,916	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 109,239	\$ 151,292
Grand Total	\$ 35,975	\$ 93,253	\$ 126,223	\$ 55,412	\$ 67,547	\$ 431,825	\$ 45,536	\$ 2,800	\$ 562,759	\$ 1,421,330

In-Home Services Expenditures by Fund Source

Row Labels	Cash Match	In-Kind Match	Program Income	State Aging Network Services	State Alternative Care	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	Title III-B Supportive Services	Grand Total
In-Home Services	\$ 55,242	\$ 63,621	\$ 422,188	\$ 15,693	\$ 159,568	\$ 811,628	\$ 301,626	\$ 79,925	\$ 1,912,461
Chore Services	\$ 1,828	\$ 1,630	\$ 15,566	\$ -	\$ -	\$ -	\$ -	\$ 31,130	\$ 50,154
Friendly Reassurance	\$ -	\$ 1,695	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,257	\$ 16,952
Homemaker	\$ 34,690	\$ 20,000	\$ 245,558	\$ 1,444	\$ 113,204	\$ 364,771	\$ 188,966	\$ 12,797	\$ 981,430
Medication Management	\$ -	\$ 5,256	\$ -	\$ -	\$ -	\$ 47,305	\$ -	\$ -	\$ 52,561
Personal Care	\$ 18,724	\$ 35,040	\$ 161,064	\$ 17,419	\$ 46,164	\$ 399,552	\$ 112,660	\$ 20,741	\$ 811,364
Grand Total	\$ 55,242	\$ 63,621	\$ 422,188	\$ 15,693	\$ 159,568	\$ 811,628	\$ 301,626	\$ 79,925	\$ 1,912,461

Community Services Expenditures by Fund Source

Sum of Amount	Column Labels	Michigan State Ombudsman	Program Income	State Alternative Care	State In-Home Services	State Nursing Home Ombudsman	Title III-B Supportive Services	Title III-D Preventive Health	Title VII EAP Elder Abuse Prevention	Title VI-A Ombudsman	Grand Total
Community Services	Cash Match	\$ 11,784	\$ 65,842	\$ 265,595	\$ 20,017	\$ -	\$ 42,677	\$ 329,144	\$ 61,252	\$ 15,707	\$ 824,179
Gap Filling/Special Needs(RSD)	\$ -	\$ 111	\$ -	\$ -	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,111
Assistance to Hearing Impaired & Deaf Community	\$ -	\$ 4,739	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,739
Disease Prevention/Health Promotion	\$ -	\$ 6,805	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,805
Elder Abuse Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home Repair	\$ -	\$ 4,649	\$ -	\$ 8,066	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,715
Legal Assistance	\$ -	\$ 9,541	\$ -	\$ 1,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,594
Ombudsman	\$ -	\$ 35,910	\$ 265,595	\$ 1,229	\$ -	\$ 42,677	\$ 14,922	\$ -	\$ -	\$ 15,707	\$ 376,040
Senior Center Operations	\$ 1,444	\$ -	\$ -	\$ 214	\$ -	\$ -	\$ 13,000	\$ -	\$ -	\$ -	\$ 14,658
Senior Center Staffing	\$ 10,340	\$ 3,215	\$ -	\$ 2,517	\$ -	\$ -	\$ 8,850	\$ -	\$ -	\$ -	\$ 13,922
Vision Services	\$ -	\$ 983	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 983
Grand Total	\$ 11,784	\$ 65,953	\$ 265,595	\$ 20,017	\$ 500	\$ 42,677	\$ 329,144	\$ 61,252	\$ 12,161	\$ 15,707	\$ 825,290

FY 2026 AREA PLAN BUDGET

Region VII Area Agency On Aging

Date: 4/3/2025

Rev No: 1

7

Budget Period: 10/1/2025

to 9/30/2026

Method of Service Provision

	77.66%	8.57%	13.77%	100.00%
Services	Contracted Services	Direct Services	Purchased Services	Grand Total
Access Services	\$ 1,011,354	\$ 409,976	\$ -	\$ 1,421,330
Access Services	\$ 1,011,354	\$ 409,976	\$ -	\$ 1,421,330
Care Management	\$ 279,821	\$ 246,564	\$ -	\$ 526,385
Care Transition Coordination & Support	\$ -	\$ 63,227	\$ -	\$ 63,227
Case Coordination & Support	\$ 480,181	\$ -	\$ -	\$ 480,181
Information & Assistance	\$ -	\$ 68,474	\$ -	\$ 68,474
Outreach	\$ 122,882	\$ 8,889	\$ -	\$ 131,771
Transportation	\$ 128,470	\$ 22,822	\$ -	\$ 151,292
Caregivers of Older Adults Services	\$ 1,097,417	\$ -	\$ 385,476	\$ 1,482,893
Access Assistance	\$ 100,652	\$ -	\$ -	\$ 100,652
Caregiver Case Management	\$ 100,652	\$ -	\$ -	\$ 100,652
Counseling/Support Groups/Training	\$ 201,795	\$ -	\$ -	\$ 201,795
Caregiver Training	\$ 201,795	\$ -	\$ -	\$ 201,795
Respite Services	\$ 794,970	\$ -	\$ 309,117	\$ 1,104,087
Adult Day Services	\$ 485,854	\$ -	\$ -	\$ 485,854
Respite Care – In-Home Respite	\$ 95,350	\$ -	\$ 95,351	\$ 190,701
Respite Care – Out-of-Home Respite (Day)	\$ 106,883	\$ -	\$ 106,883	\$ 213,766
Respite Care – Out-of-Home Respite (Overnight)	\$ 106,883	\$ -	\$ 106,883	\$ 213,766
Supplemental Services	\$ -	\$ -	\$ 76,359	\$ 76,359
Caregiver Supplemental - Assistive Devices & Technologies	\$ -	\$ -	\$ 73,287	\$ 73,287
Caregiver Supplemental - Transportation	\$ -	\$ -	\$ 3,072	\$ 3,072
Community Services	\$ 390,916	\$ 385,873	\$ 48,501	\$ 825,290
Community Regional Services	\$ -	\$ -	\$ 1,111	\$ 1,111
Gap Filling/Special Needs(RSD)	\$ -	\$ -	\$ 1,111	\$ 1,111
Community Services	\$ 390,916	\$ 385,873	\$ 47,390	\$ 824,179
Assistance to Hearing Impaired & Deaf Community	\$ -	\$ -	\$ 47,390	\$ 47,390
Disease Prevention/Health Promotion	\$ 74,995	\$ -	\$ -	\$ 74,995
Elder Abuse Prevention	\$ 12,161	\$ -	\$ -	\$ 12,161
Home Repair	\$ 54,560	\$ -	\$ -	\$ 54,560
Legal Assistance	\$ 96,470	\$ -	\$ -	\$ 96,470
Ombudsman	\$ -	\$ 376,040	\$ -	\$ 376,040
Senior Center Operations	\$ 14,658	\$ -	\$ -	\$ 14,658
Senior Center Staffing	\$ 138,072	\$ -	\$ -	\$ 138,072
Vision Services	\$ -	\$ 9,833	\$ -	\$ 9,833
In-Home Services	\$ 921,474	\$ 69,513	\$ 921,474	\$ 1,912,461
In-Home Services	\$ 921,474	\$ 69,513	\$ 921,474	\$ 1,912,461
Chore Services	\$ 25,077	\$ -	\$ 25,077	\$ 50,154
Friendly Reassurance	\$ -	\$ 16,952	\$ -	\$ 16,952
Homemaker	\$ 490,715	\$ -	\$ 490,715	\$ 981,430
Medication Management	\$ -	\$ 52,561	\$ -	\$ 52,561
Personal Care	\$ 405,682	\$ -	\$ 405,682	\$ 811,364
Nutrition Services	\$ 4,419,188	\$ -	\$ -	\$ 4,419,188
Nutrition Services	\$ 4,419,188	\$ -	\$ -	\$ 4,419,188
Congregate Meals	\$ 870,873	\$ -	\$ -	\$ 870,873
Home-Delivered Meals	\$ 3,548,315	\$ -	\$ -	\$ 3,548,315
Older Relative (Kinship) Caregiver Services	\$ -	\$ -	\$ 34,894	\$ 34,894
Information Services	\$ -	\$ -	\$ 34,894	\$ 34,894
Kinship Caregiver Education (use for Kinship Caregiver Outreach)	\$ -	\$ -	\$ 34,894	\$ 34,894
Grand Total	\$ 7,840,349	\$ 865,362	\$ 1,390,345	\$ 10,096,056

HUMAN SERVICES

Application Summary and Budget Submission

FY2026 Region VII Area Agency on Aging Proposal

8-19-4

SAGINAW COUNTY BDC
JUN 24 '25 AM 10:44

RECEIVE & FILE



LEGAL SERVICES
of Eastern Michigan

Prepared for:
County Board of Commissioners

Prepared by:
Legal Services of Eastern Michigan
436 S. Saginaw Street, Suite 101
Flint, MI 48502

**Legal Services of Eastern Michigan (LSEM)
FY2026 Region VII Area Agency on Aging (AAA) Proposal
Three-Page Summary: Legal Assistance and Elder Abuse Prevention Programs**

Organizational Background and Mission

Legal Services of Eastern Michigan (LSEM) is a 501(c)(3) nonprofit civil legal aid organization that has been serving low-income and vulnerable populations since 1951. The organization is guided by its mission: "to provide civil legal services for those who need it the most and have the least access." LSEM focuses its legal advocacy on issues that impact basic human needs, including housing, income security, healthcare access, and personal safety. Core legal practice areas include elder law, housing, public benefits, consumer rights, family law, and employment.

LSEM serves 14 counties across mid-Michigan, including Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Isabella, Lapeer, Midland, Saginaw, Sanilac, St. Clair, and Tuscola. Additionally, through partnerships with the Region VII Area Agency on Aging (AAA) and the Valley Area Agency on Aging, LSEM provides senior-focused legal services in all 10 Region VII AAA counties and in Shiawassee County. Across all programs, the organization serves over 6,000 older adults annually, with an increasing share of those clients residing in the Region VII AAA area.

The organization operates within a flexible eligibility framework that aligns with the requirements of each grant. While most programs prioritize clients at or below 125% to 200% of the federal poverty level, some—including grants for seniors, veterans, and individuals receiving unemployment benefits—do not impose income limits. Under Region VII AAA guidelines, LSEM uses 185% of the federal poverty level as a targeting benchmark, in keeping with the agency's definition of "greatest economic need."

LSEM's recently adopted Strategic Plan outlines a vision of an inclusive legal system where every person has equal access to justice, regardless of economic or social status. Strategic goals include expanding access in rural and underserved areas, enhancing support for seniors, veterans, and individuals with disabilities, and addressing barriers related to language, culture, and digital access.

Current Programming and FY2025 Impact

LSEM was awarded its first Region VII AAA grant in FY2025 to provide Legal Assistance and Elder Abuse Prevention services across all 10 Region VII AAA counties: Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, and Tuscola. From the grant's inception on October 1, 2024, through May 31, 2025, LSEM provided direct legal services by closing 210 cases and assisting 143 seniors. Services included critical support such as estate planning (wills, powers of attorney, and Lady Bird deeds), housing stabilization, eviction defense, and elder abuse prevention.

Of the cases opened through the end of May 2025, 157 clients were at or below 185% of the federal poverty level. LSEM also reached 53 minority clients and 22 veterans, reflecting targeted outreach to historically underserved populations. These numbers reflect LSEM's commitment to equity, access, and responsiveness to need across the Region VII AAA service area.

To support these efforts, LSEM reassigned two (2) experienced staff attorneys to focus exclusively on the Region VII AAA counties, enhancing local presence and enabling more consistent engagement with rural and underserved communities. In-person presentations have been conducted at senior centers, community halls, and housing facilities in at least six (6) counties, including Midland, Saginaw, Gladwin, Sanilac, Tuscola, and Isabella. Presentation sites have included Gladwin Council on Aging, Eleanor Frank Senior Center, Ivan Middleton Hall in Vassar, First Ward Community Center in Saginaw, Brady Senior Center, Marlette VFW, Lexington Community Center, East Side Manor in Sandusky, Caro Dining Center, Eleanor Frank Senior Center (Saginaw COA), Isabella Health & Wellness Expo, Chesaning Senior Center, St. Joseph Church in Mayville, and the Saginaw County Senior Picnic. Additional presentations and outreach events are currently being planned for other Region VII counties throughout the year.

Additionally, over 50 virtual legal education and outreach events were held last year by LSEM organization-wide to ensure accessibility for individuals unable to attend in-person sessions due to mobility, transportation, or health-related challenges. Recognizing that nearly one-third of Michigan households face digital access limitations, LSEM also continues to prioritize in-person mobile clinics, home visits, and paper-based communication strategies.

Target Populations and Outreach Strategy

As part of the Region VII AAA grant application process, applicants are asked to describe how they will target and provide services to older adults in the following categories: those with the greatest economic need, low-income, elderly and minority individuals, those unable to perform activities of daily living, and those with cognitive impairments. LSEM has designed its outreach and service model to directly address these priorities as outlined by Region VII AAA.

LSEM targets its services to older adults experiencing the greatest economic need, as well as those facing barriers related to geography, disability, cognitive functioning, or social isolation. In accordance with Region VII AAA guidelines, LSEM prioritizes outreach and services to the specified key groups.

To reach these populations, LSEM partners with food banks, housing agencies, adult foster care programs, memory care centers, and senior centers. It also maintains collaborative relationships with behavioral health agencies, veterans groups, and culturally specific service providers. Staff conduct home visits and mobile clinics for clients who cannot travel, and tailor intake and communication methods to support accessibility. LSEM has invested in the Levitate digital messaging platform to soon improve outreach

to community stakeholders, complementing its traditional and in-person service approaches.

Culturally competent and linguistically appropriate legal services are delivered through individualized case plans. Educational efforts are bolstered by translated materials, plain-language legal guides, and training sessions for caregivers and service partners. Topics commonly addressed include advance directives, powers of attorney, Medicaid planning, housing preservation, elder abuse prevention, and protection from financial exploitation.

LSEM Program Model and FY2026 Goals

LSEM's legal services model integrates legal advocacy with broader human service delivery. Services are offered by a team of 20 attorneys, 6 paralegals, and 17 support staff across multiple offices. Legal assistance is provided in person, by phone, online, through mobile clinics, and via home visits, ensuring flexibility and responsiveness to client needs. LSEM does not use a formal priority scale but instead trains staff to recognize urgent legal threats and refer clients to appropriate resources. This triage model ensures timely assistance to those at highest risk of harm.

For FY2026, LSEM estimates it will serve approximately 375 seniors through direct legal representation and brief services. The organization also expects to reach up to 700 seniors through elder abuse prevention education and outreach efforts. These services aim to reduce the risk of abuse, eviction, exploitation, and unmet healthcare or estate planning needs. All efforts are guided by LSEM's recent Legal Needs Assessment and Strategic Plan, which emphasize service expansion in rural and high-need communities.

LSEM's work is supported by an extensive network of community partners, including healthcare systems, Adult Protective Services, disability networks, and local aging and housing organizations. These collaborations facilitate warm referrals, co-hosted education events, and integrated service delivery. Internally, LSEM fosters quality and accountability through regular staff meetings, case reviews, cross-training, and Continuing Legal Education (CLE) sessions on elder law, Medicaid, and trauma-informed lawyering.

Conclusion

Legal Services of Eastern Michigan is honored to continue its partnership with Region VII AAA. Through this FY2026 grant, LSEM seeks to build on its successful programming to ensure that older adults across the 10-county Region VII service area have access to the legal tools they need to live safely, independently, and with dignity. Whether through direct representation, legal education, or systemic collaboration, LSEM remains committed to upholding justice and improving quality of life for the seniors who need it most.

REGION VII AREA AGENCY ON AGING

SUPPORT SERVICES BUDGET SUMMARY

Agency: Legal Services of Eastern Michigan


Budget Period: 10/1/2025 to 9/30/2026

PLANNED EXPENDITURES

SERVICE CATEGORIES

Program Name	1	2	3	4	5	6	7	8	9
	Legal Services	Elder Abuse						TOTAL	Admin
LINE ITEMS									
Salaries	130,716	38,776	0	0	0	0	0	169,492	14,750
Fringe Benefits	37,099	10,641	0	0	0	0	0	47,740	2,740
Personal Svc. Contracts	0	0	0	0	0	0	0	0	0
Travel/Conferences	2,500	500	0	0	0	0	0	3,000	0
Supplies	1,070	109	0	0	0	0	0	1,179	1,179
Equipment	0	0	0	0	0	0	0	0	0
Occupancy	4,727	1,109	0	0	0	0	0	5,836	5,836
Communications	1,675	393	0	0	0	0	0	2,068	2,068
Other	0	0	0	0	0	0	0	0	0
TOTAL	177,787	51,528	0	0	0	0	0	229,315	26,573
Program Income (minus)								0	
NET COSTS	177,787	51,528	0	0	0	0	0	229,315	26,573
FUNDING SOURCES									
Area Agency Funds (90%)	85,876	12,161						98,037	
10% Local Match	9,542	1,351	0	0	0	0	0	10,893	
Local Match (10%)	9,542	1,351	0	0	0	0	0	10,893	
Cash	9,542	1,351						10,893	
In-Kind	0	0						0	
Other Resources	82,701	37,408	0	0	0	0	0	120,109	
TOTAL FUNDS	178,113	50,920	0	0	0	0	0	229,039	

CERTIFICATION:


SIGNATURE OF AGENCY DIRECTOR

DATE

6/23/25

Page 2 of 4

SERVICE CATEGORIES

169,492

*FT--Full time employee, place "X"	167,815 00	49,417 00
------------------------------------	------------	-----------

SUPPORT SERVICES BUDGET DETAIL

Page 3 of 4

Agency: Legal Services of Eastern Michigan

SERVICE CATEGORIES

Personal Svc. Contracts				1	2	3	4	5	6	7	8	9	10	11	Other
				Legal Services	Elder Abuse						TOTAL	Admin	In-Kind	Resources	
											0				
											0				
											0				
TOTAL Personal Svc Contracts				0	0	0	0	0	0	0	0	0	0	0	0
Travel				Legal Services	Elder Abuse						TOTAL	Admin	In-Kind	Resources	
Total Miles	Rate	ot													
Mileage	4,478	0.67	#	2,500	500						3,000				233
			0								0				
			0								0				
Conferences											0				
											0				
											0				
TOTAL Travel/Conferences				2,500	500	0	0	0	0	0	3,000	0	0		233
Supplies				Legal Services	Elder Abuse						TOTAL	Admin	In-Kind	Resources	
Office Supplies				1,070	109						1,179	1,179			
											0				
											0				
											0				
TOTAL Supplies				1,070	109	0	0	0	0	0	1,179	1,179	0		0
Equipment				Legal Services	Elder Abuse										
											0	0	0		0
											0				
											0				
TOTAL Equipment				0	0	0	0	0	0	0	0	0	0		0
Occupancy				Legal Services	Elder Abuse						TOTAL	Admin	In-Kind	Resources	
Space (Rent, Utilities, etc...)				4,727	1,109						5,836	5,836			438
											0				
											0				
TOTAL Occupancy				4,727	1,109	0	0	0	0	0	5,836	5,836	0		438
Communications				Legal Services	Elder Abuse						TOTAL	Admin	In-Kind	Resources	
Phone/Internet				1,675	393						2,068	2,068			2,068
											0				
											0				
TOTAL Communications				1,675	393	0	0	0	0	0	2,068	2,068	0		2,068

[illegible]

SUPPORT SERVICES BUDGET DETAIL

Page 4 of 4

Agency: Legal Services of Eastern Michigan

I. Local Cash Match Detail

Service	Source	Dollar Amount
Legal Services	MSBF	10,893
TOTAL Local Cash Match		10,893

Total Local Cash match must equal Budget Summary page: 10,893
0

II. Local In-Kind Match Detail

Service	Source	Dollar Amount
TOTAL Local In-Kind Match		0

0

0

III. Other Resources Detail

Service	Source	Dollar Amount
Legal Services	LSC	109,216

TOTAL Other Resources		109,216

0

June 18, 2025

Saginaw County Board of Commissioners
111 S. Michigan Avenue
Saginaw, MI 48601

RECEIVE & FILE

SAGINAW COUNTY BOC
JUN 20 '25 PM12:10

8-19-5

Dear Saginaw County Board of Commissioners,

MyMichigan Respite Care & Adult Day Services, formerly Ascension St. Mary's Hospital Guardian Angel Respite & Adult Day Services, will be applying for the service provider contract for FY 2026 through the Region VII Area Agency on Aging. The contract will provide funding to the respite program for Adult Day Care in Saginaw County for fiscal year 2026. This notification advises the Board of Commissioners of the opportunity to comment on submitted applications on or before July 2, 2025.

The FY 2026 adult day services funding allocation is projected to provide 39,220 hours of service to 118 clients/participants attending the respite programs. The FY 2026 adult day services funding allocation is estimated to serve 40+ clients with income levels below the 185% poverty level at the greatest economic need (GEN) and 12 clients at low-income minority (LIM). It is also estimated that the funding allocation will serve 4 clients age 60+ that are unable to perform three or more ADL's and 2 clients age 60+ with a cognitive impairment (CI). The target population for respite programs will include any adults, ages 18 years and older, with a disability or chronic illness of any type, who is not a danger to themselves or others. This may include adults with intellectual disabilities, physical disabilities, or neurological impairments i.e., Alzheimer's disease, Traumatic Brain Injuries, and Stroke.

The MyMichigan Respite Care & Adult Day Services is a non-profit community service of MyMichigan Medical Center in Saginaw. The program has two locations in Saginaw. One is located at 7540 Davis Road and a second facility at 801 Howard Street. The respite programs are specialized full-service adult day care programs operating under a social model. The program services adults who need supervised care in a safe place outside the home during the day. Respite Care & Adult Day Services provides care to Saginaw County adults who have some form of disability, chronic illness or special needs. The program participants suffer with developmental disabilities, physical disabilities and/or neurological impairments such as Dementia/Alzheimer's Disease, Stroke, Cerebral Palsy and Down syndrome.

Since its opening in 1999, MyMichigan Respite Care & Adult Day Services, has grown significantly, offering new services to an ever-growing program population. As a vital part of the continuum of supportive services for families, respite services help to prevent out-of-home placement and, in many situations, delays nursing home placement.

The respite programs also assist in preventing abuse and neglect situations, preserves the family unit, and supports family stability while simultaneously providing the participants with social and therapeutic activities to increase their independent living skills. The program's focus is to provide program participants with a stimulating, caring, warm atmosphere fostering independence. The program affords caregivers respite from the demanding responsibilities of caregiving. Their loved ones can take advantage of services up to five days per week in a loving and nurturing environment.

The respite programs provide comprehensive skilled healthcare including the following:

- A full range of interdisciplinary professionals to meet the physical, emotional, and social needs of participants and family caregivers.
- Access to social workers, dieticians and exercise physiologists.
- On-site physical therapy, occupational therapy and speech therapy services.
- One direct care worker for every five participants, facilitating individualized, person-centered care enabling staff to care for increasingly complex needs.
- Can be a provider of long-term day care, transitional care, and short-term rehabilitation following hospital discharge.

The respite programs provide the following services to its participants:

- Social activities – interaction with other participants in planned activities appropriate for their conditions.
- Transportation – door-to-door services
- Meals and snacks – participants are provided with meals and snacks meeting dietary guidelines.
- Personal care – help with toileting, grooming, eating and other personal activities of daily living.
- Therapeutic activities – exercise and mental interaction for all participants
- Community outings

The participants are involved in educational and therapeutic activities that foster physical, emotional, social, and cognitive growth with the greatest emphasis placed on increasing independence in activities of daily living, facilitating movement towards increased living opportunities. All participants' needs are assessed in these areas, and activities are planned according to their functional and/or cognitive abilities. The respite programs environment promotes participants to learn through active exploration and interaction with other adults.

Mission: The MyMichigan Respite Care & Adult Day Services strives to foster a caring atmosphere by protecting and watching over individuals with disabilities, chronic illness, or other special needs by providing a warm and safe haven and respite (relief) to their families to enhance their quality of life.

Philosophy: The MyMichigan Respite Care & Adult Day Services believes that individuals with special needs must be treated as a person first and foremost and their challenges are secondary.

The Joint Commission has surveyed the respite programs and found them to meet the requirements for the Behavioral Health Care Accreditation Program. The program also meets program participation guidelines from Region VII, Saginaw County Community Mental Health, the Veterans Administration, A&D Waiver Program and Michigan Department of Transportation. Our annual patient satisfaction scores have

Agency: MyMichigan Respite Care & At

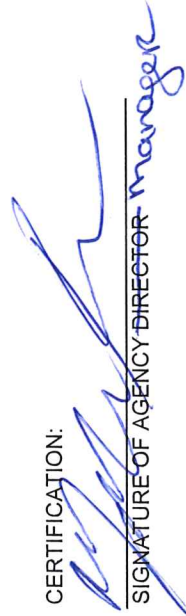
Budget Period: 10/1/2025 to 9/30/2026

PLANNED EXPENDITURES

LINE ITEMS	1	2	3	4	5	6	7	8	9
Program Name	ADC							TOTAL	Admin
Salaries		573,094						573,094	42,000
Fringe Benefits		160,466						160,466	
Personal Svc. Contracts									
Travel/Conferences		5,100						5,100	1,150
Supplies		25,000						25,000	2,500
Equipment									
Occupancy		60,607						60,607	
Communications		3,100						3,100	1,000
Other		109,981						109,981	2,000
TOTAL		937,348						937,348	48,650
Program Income (minus)		290,610						290,610	
NET COSTS		646,738						646,738	48,650
FUNDING SOURCES									
Area Agency Funds (90%)		180,016						180,016	
Local Match (10%)		20,002						20,002	
Cash									
In-Kind		20,002						20,002	
Other Resources		446,720						446,720	
TOTAL FUNDS		646,738						646,738	

Adm %
5.19%

CERTIFICATION:



SIGNATURE OF AGENCY DIRECTOR

DATE

6/20/25

SUPPORT SERVICES BUDGET DETAIL

Agency: MyMichigan Respirite Care

SERVICE CATEGORIES

[illegible]

FRINGE BENEFITS					
Amount for Full-Time	143,015				143,015
Amount for Part-Time	17,452				17,452
TOTAL \$	160,468				160,468

*FT--Full time employee, place "X"

Page 3 of 4

Agency: MyMichigan Respite Care & Ac

SERVICE CATEGORIES

SERVICE CATEGORIES													
Personal Svc. Contracts			1	2	3	4	5	6	7	8	9	10	11 Other
		ADC								TOTAL	Admin	In-Kind	Resources
TOTAL Personal Svc Contracts													
Travel	Total Miles	Rate	Total	ADC						TOTAL	Admin	In-Kind	Resources
	5,000	0.7	3,500	3,500						3,500	450		2,108
Conferences out of town													
				1,600						1,600	700		1,200
TOTAL Travel/Conferences			5,100							5,100	1,150		3,308
Supplies				ADC						TOTAL	Admin	In-Kind	Resources
	Direct Services			17,200						17,200			11,150
	Administration			7,000						7,000	2,500		350
	Copying/Printing			800						800			500
TOTAL Supplies			25,000							25,000	2,500		12,000
Equipment				ADC									
	TOTAL Equipment												
Occupancy				ADC						TOTAL	Admin	In-Kind	Resources
	Facility 1920 sq ft X 8.25			20,840						20,840			20,920
	Facility 2800 sq ft X 8.25			27,100						27,100			5,300
	Utilities			12,667						12,667			5,387
	TOTAL Occupancy			60,607						60,607			31,607
Communications				ADC						TOTAL	Admin	In-Kind	Resources
	Phones			3,100						3,100	1,000		2,100
	TOTAL Communications			3,100						3,100	1,000		2,100
Other				ADC						TOTAL	Admin	In-Kind	Resources
	Fuel			46,090						46,090			15,926
	Groceries			42,721						42,721			23,622
	Dues/permits/ads			3,570						3,570			2,500
	Miscellaneous			17,600						17,600	2,000		8,600
TOTAL Other			109,981						109,981	2,000		50,648	

SUPPORT SERVICES BUDGET DETAIL

Agency: MyMichigan Respite Care & Adult I

I. Local Cash Match Detail

Service	Source	Dollar Amount
TOTAL Local Cash Match		

II. Local In-Kind Match Detail

Service	Source	Dollar Amount
Adult Day Services		20,002
TOTAL Local In-Kind Match		20,002

20,002

III. Other Resources Detail

Service	Source	Dollar Amount
Other		50,648
Communications		2,100
Occupancy		31,607
Salaries		347,057
Travel/Supplies		15,308
TOTAL Other Resources		446,720

0

Using Formulas provided in The RFP Directions

Using Formulas provided in The RFP Directions																		#1 Start Here		#2		
Actual	Total	AAA Amt	Match	20,002	Service	Clients	Units	Non-eligible			3 or more ADLS	CI	Cost per Client	Cost per Unit	Service Area	Grant Amt		Cost/client	Grant Amt/# clients	Cost/Unit	# of Clients	# of Units
								Units	Total Units	GEN						LIM	Units X cost/unit					
0	0	0	0	0	Adult Day Services	118	39,220		39,924	40	12	4	2	1,701.00	5.10	17	180,016	1,701.00	#VALUE!	5.10	118	39,220
0	0	0	0	0													#DIV/0!	#VALUE!		#VALUE!		#DIV/0!
0	0	0	0	0													#VALUE!	#VALUE!		#VALUE!		#VALUE!
0	0	0	0	0													#DIV/0!	#VALUE!		#VALUE!		#VALUE!
0	0	0	0	0													#DIV/0!	#VALUE!		0.00		#DIV/0!
0	0	0	0	0													#DIV/0!	#VALUE!		0		#DIV/0!
0	0	0	0	0													#DIV/0!	#VALUE!				#DIV/0!
0	0	0	0	0													#VALUE!	#DIV/0!		#DIV/0!		#VALUE!
0	0	0	0	0													#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!