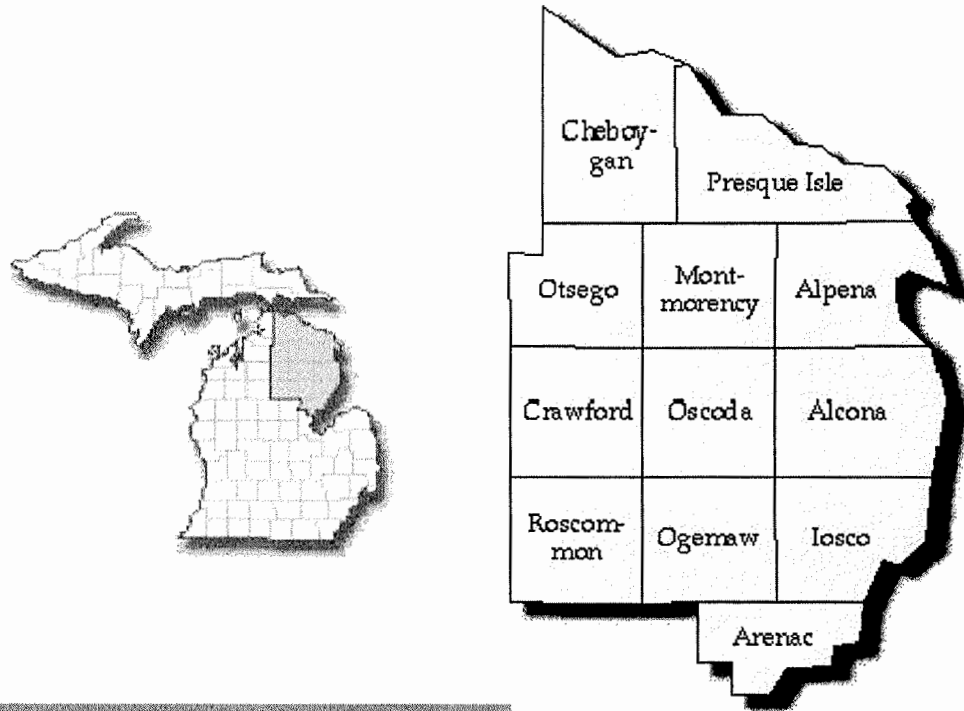


2027-2029 Multi Year Plan  
**FY 2027 ANNUAL IMPLEMENTATION PLAN**  
**REGION 9 AREA AGENCY ON AGING**



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**Planning and Service Area**

Alcona, Alpena, Arenac, Cheboygan,  
Crawford, Iosco, Montmorency, Ogemaw,  
Oscoda, Otsego, Presque Isle, Roscommon

**Northeast Michigan Community Service  
Agency, Inc.**

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Alpena, MI 49707  
989-356-3474 • 1-800-219-2273  
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Laurie Sauer, Director  
[www.nemcsa.org](http://www.nemcsa.org)

**Regional Aging Representative  
Brenda Ross**

[rossb11@michigan.gov](mailto:rossb11@michigan.gov)  
517-265-8296

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**Executive Summary**

**1. Provide a brief history of your AAA and PSA including the mission statement, vision, service population, and primary focus for the next three years.**

NEMCSA has served as the designated Area Agency on Aging (AAA) for the twelve rural counties of northeast Michigan since 1974, covering Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, and Roscommon. Region 9 is the second-largest AAA in Michigan, spanning more than 6,800 square miles. Although sparsely populated, the region is home to approximately 83,000 adults aged 60 and older—an increase of roughly 1,100 since the previous MYP - representing 38% of the total population. All but two counties have a median age of 50 or higher. Additionally, the region's level of poverty for older adults (11%) consistently shows a higher rate than that of the state. Additionally, diversity throughout the region is relatively low with less than 4% of the aged population being other than Caucasian. 17% of Region 9's 60+ population are Veterans,

Region 9's mission is: ***"to empower and advocate for individuals to live with dignity, independence, and personal choice"*** is supported by a vision in which ***"every person is empowered to achieve their fullest potential."*** To advance this mission, Region 9 will focus on four strategic priorities for the 2027-2029 MYP:

- **Ensuring access** to supportive services and programs that promote independence.
- **Reducing social isolation** among older adults.
- **Expanding partnerships** to strengthen programming, outreach, and service promotion.
- **Promoting services** in ways that affirm the value, strengths, and diversity of all older adults and caregivers.

Region 9 AAA strives to be the information resource for sought-after services that address the needs of the older adult population throughout the Planning and Service Area (PSA). Region 9 AAA prioritizes persons with the greatest social and economic need and strives to identify older adults of various races, cultures and ethnicities; veterans; Native Americans; persons with limited English proficiency, persons with disabilities and other hard to reach older adults living throughout our rural service area. Region 9 AAA's staff are highly trained, experienced, knowledgeable, educated and equipped to address its service needs.

Region 9 AAA's 12 rural counties are collaborative in nature which is one of its greatest strengths. Region 9 AAA uses a variety of methods to reach underserved populations: providing service visibility and ongoing collaboration with County Councils/Commissions on Aging (COA), interaction with community agencies, outreach and educational programs held throughout the PSA, 800-line information access, an extensive agency webpage with the description of senior services offered, social media, Facebook, print materials (booklets, brochures, flyers, bookmarks, business cards), weekly AAA newsletter, monthly agency newsletter, postcards, restaurant placemats, highway billboards, press releases to newspapers, radio and television including all traditional media outlets.

Region 9 welcomes all opportunities to partner and promote its services. This year, MSU Extension will offer Evidence-based Disease Prevention series of programs including: A Matter of Balance; Sleep Education Classes; Wits Workout; Mindful Educators; and "Lunch and Learn" presentations including Mindfulness Pebbles; Brief Practices in Mindfulness; Living Well with Diabetes; Changing Negative Self-Talk; Avoiding Burnout and others.

Region 9 will continue to expand and offer multiple caregiver and education opportunities: Caregiver Empowerment & Wellness Conference 2026 (April 23, Alcona COA); Alzheimer's Association Research Event

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(May 7, Alpena COA); A Matter of Balance Refresher (May 21, Otsego County Library); Elder Abuse, Neglect, and Exploitation Conference (September 10 - Standish Divine Shepherd Church); Caregiver Wellness Series (on Tuesdays, April 7 - April 28); Virtual Dementia Series (June 17, June 24, July1); Caregiver Wellness Workshop on Zoom (Tuesdays from April 7 through April 28), Caring for a Veteran webinar (May 8); End of Life Planning: How to Make Your Final Arrangements webinar (May 14); Protecting Yourself from Fraud and Scams webinar (Alpena Alcona Area Credit Union).

The Veterans Affairs benefits officer from Alpena recently retired from Region 9's Regional Advisory Council and a replacement will be sought. His valuable knowledge helped us understand veteran needs, services, and their established web of healthcare services with the Saginaw VA headquarters at the hub and local/regional clinics located in Alpena, Mackinaw, Gaylord, Indian River, Grayling, and Oscoda. VA service offices have been notified by email and invited to attend the Public Hearing.

**"No Wrong Door" Grant -**

MDHHS initiated the "No Wrong Door" (NWD) federal grant program, now known as MI Options, which established two distinct programs—SHIP/MIPPA Counseling for Medicare and Medicaid, and Person-Centered Options Counseling (PCOC). Region 9 is the project lead and has partnered with the Area Agency of Northwest Michigan, Disability Network of Northern Michigan, and the Disability Network of Mid-Michigan to provide this vital program to the 22 counties of the northern lower peninsula.

MDHHS ended its relationship and transitioned from the former statewide MMAP program (Michigan Medicare Assistance Program) into a SHIP (State Health Insurance Assistance Program) that aligns with other state's SHIP programs offered through CMS (Center for Medicare Medicaid Service). Region 9's well-established network of SHIP counselors just completed two very challenging Open Enrollments (Part D drug plans and Advantage plans). Counselors continue to provide personalized Medicare/Medicaid counseling services including: New to Medicare assistance, Dual enrollment (Medicare/Medicaid), LIS (Low Income Subsidy), MSP (Medicare Savings Program), Outreach to Medicare beneficiaries known as MIPPA (Medicare Improvements for Patients and Providers Act), Senior Medicare Patrol (SMP) for scams and fraud, billing advocacy, and other Medicare needs.

This year, Region 9 SHIP will initiate a SMP Awareness Campaign by strategically placing "Statewide 800-Report Scams/Fraud" PR cards at every location serving Medicare beneficiaries and holding "Avoiding Scams and Fraud" presentations/webinars covering the latest scams and where to report occurrences.

**2. Describe how the AAA used data from the assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. [See OAA §1321.65(b)(3); OMA 400.586; Operating Standard for AAAs C-2(4).]**

Two public input sessions were held on March 12 and on March 30 that provided insight into what was important to participants, those being transportation, especially medical transportation, caregiver supports and respite. Additionally, MDHHS-ACLS held two Community Conversations within the region - Alpena and Gaylord.

**Region 9 Survey for MYP** - The Region 9 survey was distributed and promoted throughout all 12 COAs, published in newsletters, paper copies made available, and posted on Region 9's website. A total of 601 surveys reflected an overall survey return rate that ranged as follows: 12% each (Otsego, Alpena), 11% (Iosco), 9% (Roscommon), 8% each (Crawford, Ogemaw, Presque Isle) 7% each (Cheboygan, Oscoda, Arenac), 6% (Alcona) and with 4% (Montmorency). The largest age group of respondents was 43% (age 60 to 74); second

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largest group was 33% (age 75 to 84) and the most notable was 16% (age 85 and over). The 85-plus group indicates that people are living much longer, and have a direct connection between older adults and the need for supportive services.

The demographics of respondents: 67% were female, 32% were male. 96% were White/Caucasian, 3% were American Indian/Alaska Native, 1% Hispanic. 36% of respondents had an income at or under \$15,960, indicating that they would qualify for assistance: food, healthcare and/or other subsidies; 40% of respondents made \$20,000 to \$40,000; 24% received over \$40,000 per year. A somewhat surprising find was that 49% of respondents lived alone, 6% lived with a family member, and 39% lived with their spouse/partner. 12% of respondents were veterans and 20% were volunteers. 24% have a disability and another 28% of respondents have a chronic health condition (diabetes, cancer, chronic pain).

23% of respondents have NO Internet in their home. Only 43% of respondents use the internet daily, 21% do not have an email address and 22% said they rarely use the internet. One third of respondents said they preferred receiving service information by U.S. Mail; 21% said they preferred a phone conversation, 23% said email and only 9% said they would use social media. When asked how do you get information about news and community events, 20% indicated television, 11% said newspaper, 6% indicated radio, 14% said friends/family, 14% said their Senior Center and 13% said the internet. 44% said they have fallen or are at risk of falling; 23% said they have been to the emergency room and 8% said they missed a medical appointment due to a lack of transportation.

**Population (Using the 2022 Census as provided in the MYP) -**

Region 9's total population from the 2022 Census is 218,610. This is only a slight population increase (118) from the previous year's 2021 Census (218,492). Although Region 9's total population remains essentially unchanged, most notable is the significant demographic increase (shift) in Region 9's 60+ population - which has increased from 71,438 (2021 Census) to 82,530 (2022 Census) for a total demographic increase of 11,092 throughout the PSA. This is a strong indication of the growing numbers of aging baby boomers in relation to the ongoing and potential need for Region 9 supports and other services.

**3. List all awards and accreditations received by the AAA.**

Region 9 AAA received the following awards:

- \* The 2025 USAging: Aging Innovations & Achievement Award for Region 9's Caregiver Webinar Series.
- \* Detroit Free Press Top Workplace 2025

Accreditations:

- \* NCQA accredited (National Committee for Quality Assurance).
- \* Region 9 is a MiGen LGBTQ+ Affirming Organization.
- \* Mental Health First Aid Certified Organization.

**4. Does your AAA have a Strategic/Long-Term Plan?**

Yes  No

**Please describe your Strategic/Long-Term Plan and how it informed the development of the MYP.**

Northeast Michigan Community Service Agency (NEMCSA) presented its newest five-year strategic plan, which was officially adopted by the Board of Directors on September 5, 2025. This plan reflects adaptive strategies designed to strengthen the agency's efforts to reduce poverty and expand opportunity across our region. Developed through a comprehensive and inclusive process, the plan draws on the voices of clients, the governing board, funders, community partners, and staff. Grounded in the 2025 Community Needs Assessment

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and supported by multiple additional data-driven resources, this plan charts a clear path forward to ensure NEMCSA and the AAA continue to meet the evolving needs of individuals, families, and communities in Northeast Michigan.

NEMCSA's strategic plan rests on four main goals: 1. Stable and highly capable workforce. 2. Improved client outcomes. 3. Improved long-term sustainability. 4. Collaborative partnerships. All four of these goals are incumbent upon the Area Agency on Aging division to integrate into its planning because they collectively define the agency's direction, expectations, and operational priorities. A stable and capable workforce ensures that divisions have the talent and capacity needed to deliver high quality services. Improved client outcomes reflect the core purpose of our work and guide divisions to align their activities with measurable impact. Long term sustainability requires each division to plan responsibly, manage resources effectively, and contribute to the agency's financial and programmatic stability. Finally, collaborative partnerships strengthen service delivery, expand capacity, and support a unified approach across programs and communities.

Together, these goals provide the framework that every division must use to shape its objectives, strategies, and performance measures, ensuring alignment with NEMCSA's mission and long-term success and integrates well with the overall goals of the Area Agency on Aging.

**Demographic Data for PSA**

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	38.46	8.95
<b>Race/Ethnicity 60+ (%)</b>		
a. Black/African American	0.25	0.11
b. Asian	0.35	0.08
c. White	96.00	87.48
d. Hispanic/Latino	0.87	0.45
e. Other	3.40	0.87
Total 60+ Population in Rural areas (%)	100.00	93.59
Total 60+ Population at Poverty Level (%)	11.01	17.03
Total 85+ Population (%)	7.28	21.58
Total 60+ Non-English-Speaking Population (%)	2.18	0.38

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<b>Public Feedback</b>
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- |  |   |
|--|---|
| <b>1. Did the AAA hold at least one public hearing on the MYP in your PSA?</b>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. Was the meeting held in an accessible facility or virtually following AAA requirements?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. Did the AAA send an official notification of the complete MYP to your county/local government and Tribes within the PSA for review and consultation?</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. Was the Notice of Public Hearing(s) sent at least 30 days in advance of the scheduled hearing(s)?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5. Did the hearing notice include accessibility information for participants seeking to attend either in person or virtually?</b>                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6. Did a representative from either the Policy and/or Advisory Board(s) attend the hearing(s)? [See OAA 1321.63(a)(2)(3)(4)(5).]</b>                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**7. Describe how your agency involved the Policy and/or Advisory Boards in encouraging and promoting participation to capture public feedback.**

Public notice was submitted to all media, COAs, posted to the AAA website, the Sault Tribe Newspaper, VA County offices, and included the MYP survey link, and dates/locations of the input sessions and public hearings. The Regional Advisory Board are provided regular reports at their meetings and encouraged to share the online survey link and QR code with their constituent COA/COA Board members along with their regular reports/minutes/emails in their role as COA liaison to the AAA. All Regional Advisory Council board members receive emails, AAA newsletters and were given updates at their regular meetings. The AAA Director gives regular reports to the NEMCSA board, inviting their participation. NEMCSA's full board approves matters of policy and receives regular updates at their scheduled meetings and will approve the final MYP document for submission to the State.

The Region 9 Area Agency on Aging will conduct two public hearings on its proposed Multi-Year Implementation Plan for Fiscal Years 2027-2029. The plan outlines the use of funds and provision of services under the Older Americans Act, for the counties of Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle and Roscommon. The hearings are scheduled for: Wednesday, May 6, 2026, at 1:00 pm at the Hale Senior Center, 310 N. Washington St, Hale, MI, and Monday, May 18, 2026, at 1:00 pm at NEMCSA, 2569 US-23 South, Alpena, MI. To register, contact Connie at 989-358-4661 or [mcquarriec@nemcsa.org](mailto:mcquarriec@nemcsa.org). A summary of the plan will be available upon request, 15 days prior to the public hearing. Copies may be obtained by calling 989-358-4661 or online at [www.nemcsa.org](http://www.nemcsa.org). Written testimony or email will be accepted through June 10, 2026.

**8. Please provide a description of the use of U.S. Mail and electronic means for MYP distribution.**

To ensure that all Region 9 communities have opportunity to make comment, the draft MYP is broadly advertised through local media and newsletters, the proposal is posted for viewing/download on the NEMCSA website and hardcopy is mailed to anyone upon request.

The proposed Multi Year Plan and notice of the public hearings were emailed to the twelve County Boards of Commission, County Veteran Affairs offices, Saginaw Chippewa headquarters located in Claire County,

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Regional Advisory Council members and all twelve Councils/Commissions on Aging. All county board chairs are emailed the MYP for approval. The NEMCSA Board is given update at their meetings and in newsletters.

**9. Please provide a summary of oral and written testimony received, and its impact on the development of the MYP.**

**Public Input Sessions:**

**March 12, 2026, at Oscoda COA** - The public input sessions provided several insights into what was most important to participants.

- \*Lack of transportation, the cost, and how the local authority implements the service.
- \*Whether services are provided by paid staff or volunteers.
- \*Wait list for homemaker services.
- \*Issues at Apartments: water leaks, mold, and issues not addressed by the manager.
- \*Lack of education and information for seniors to have available in an emergency.
- \*Issue with DHHS and changes in Medicaid causing adjustment to the amount on a Bridge Card.
- \*Respite care was identified as a critical service.
- \*Payment for caregivers taking care of a family member.
- \*Education is needed on how to prepare for end of life.
- \*Help needed to purchase a hot water heater.
- \*Requirement of an email to sign up for assistance and a cellphone to receive a verification text. Many seniors don't have a computer, email, or a cell phone.

**March 30, 2026 - Alcona COA** (rescheduled 2x due to ice storms) - No participants attended so AAA staff met with Alcona COA staff about the following:

- \*Attendance – Getting seniors to attend events at the center is difficult. We did have an increase in attendance during the ice storm because we were open as a warming shelter and people could take a shower and get a meal.
- \*Lunch Meal Survey – A survey was conducted to see if the seniors would like lunch versus a dinner time slot. The COA gets about 10 people regularly for dinner. They have a lot of seniors who utilize their gym in the morning who may stay for a lunch. It was suggested the COA test a lunch slot on Fridays.
- \*Transportation – Transportation is always a need. The Rural Health Group is working with CMU to secure a Health Endowment Grant to pilot a project in Alcona to work with emergency services to develop a non-emergency transportation program with the potential to take it to the federal level for funding on a larger scale.
- \*Lack of donations – this is an ongoing issue. The Alcona COA has about 200 clients and the same 10-15 donate every month.
- \*Taxes were discussed. The COA is restricted to a limit of \$1 mill for senior millage. It was noted that Region 9 has many state parks, military bases, and federal forests that don't pay taxes. 100% disabled veterans don't pay property taxes and now there is talk of eliminating property taxes for seniors. Who will make up that difference?
- \*Falls prevention is a main focus for seniors, perhaps the COA could train someone to provide Matter of Balance workshops in Alcona County.
- \*Additional Needed Services – chore service, respite, and friendly reassurance with someone either on the

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phone or in person.

\*Direct Care Worker Shortage - Will the premium pay continue? If it ends, most COAs won't be able to afford their current workers.

\*Home Repairs – We need licensed and insured contractors to build ramps. Habitat for Humanity has the materials but can't get anyone to build them.

\*Hoarding - This is an increasing problem. There are no other resources or cleaning services who do it.

Core themes emerging from the Needs Assessment include:

1. Transportation.
2. Access to Care.
3. Activities to Reduce Social Isolation.
4. Increased Education of Available Services/Programs in meaningful ways.

These four themes point to systemic barriers that limit independence, wellbeing, and equitable access to services making them essential priorities for planning and resource allocation. Moreover, these four needs are interconnected. Limited transportation reduces access to care and social activities. Poor communication about services increases isolation and prevents people from receiving support. Strengthening any one area helps, but addressing them collectively creates a more responsive, equitable, and person-centered system.

**10. Describe the AAA's approach to ensure the MYP was shared with the aging network, family caregivers, service providers and the public.**

All active Care Management/MI Choice participants received paper copies of the Needs Assessment Survey, along with postage-paid return envelopes, through the USPS. Included with the survey was information regarding upcoming input sessions and public hearings. COA partners provided copies of the survey tool as part of the home delivered meals and in-home services components as well as internally to staff. Traditional media outlets were utilized for public service announcements as well as social media strategies.

The AAA, COAs, and community partners provide information updates in their weekly/monthly newsletters, websites, and board meetings to ensure community-wide awareness. County Boards of Commissioners, tribal organizations, and other community partners received copies and/or notification of MYP availability and were provided opportunities to comment.

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<b>Regional Service Definitions</b>
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<b>Service Name/Definition</b>
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Rationale (Explain why activities cannot be funded under an existing service definition.)
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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**

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<b>Access Services</b>
------------------------

**Care Management**

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$2,000.00	<u>Total of State Dollars</u>	\$449,843.00

Geographic area to be served  
Region 9 AAA

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

**Maintain a consistent level of Care Management Services.**

Activities: Conduct pre-screenings, client assessments, and develop person-centered care plans for individuals in need of supportive in-home services. Increase awareness of program benefits.

Activities: Provide education and conduct outreach efforts with local hospitals, nursing homes, and community members. Maintain a staff of well-informed professionals.

Activities: Provide education opportunities for program staff to enhance their skills and knowledge base of available community resources necessary for the provision of effective care management services .

**Information and Assistance**

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$5,000.00	<u>Total of State Dollars</u>	\$0.00

Geographic area to be served  
Region 9

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

**Maintain a consistent level of Information and Assistance.**

Activities: Develop information and resources for individuals in need of support services.

Activities: Increase awareness of available programs and benefits.

Activities: Provide education opportunities for program staff to enhance their skills and knowledge base of available community resources in Region 9's PSA.

**Transportation**

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$20,000.00	<u>Total of State Dollars</u>	\$0.00

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Geographic area to be served

Region 9 AAA

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

**Maintain a consistent Level of Services.**

Activities: Develop a person-centered care plan for individuals in need of non-emergency medical transportation that is otherwise not covered by medical insurances, other services; or not available for Care Management clients and other older adults will be served as well.

Activities: Conduct a review of all transportation options available and schedule transport - often this may include the purchase of bus tickets or covering mileage for volunteer drivers.

**Care Transition Coordination and Support**

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
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<u>Total of Federal Dollars</u>	\$5,000.00	<u>Total of State Dollars</u>	\$0.00
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Geographic area to be served

Region 9

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

**Maintain a coordinated level of Care Transition Coordination and Support**

Activities: Conduct pre-screenings, client assessments, and develop person-centered care plans for individuals in need of supportive transition services. Increase awareness of program benefits.

Activities: Provide education and conduct outreach efforts with local community members to acquire a base of available community resources necessary for the provision of effective care transition services .

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**Direct Service Request**

**Disease Prevention/Health Promotion**

Total of Federal Dollars     \$9,341.00                      Total of State Dollars     \$0.00

Geographic Area Served     Region 9 AAA

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

Goal: Make Evidence-Based Disease Prevention programs available throughout Region 9's PSA. Either through Region 9 AAA leaders or through the Request for Proposal process.

Objective: Enhance the health, independence, and quality of life of older adults and adults with disabilities across the Region 9 service area by expanding access to evidence-based Disease Prevention and Health Promotion programs, with a focus on reducing chronic disease risk, preventing falls, and promoting overall wellness. AAA staff members will maintain their certification as leaders for multiple Evidence-Based Disease Prevention programs.

Activities: Region 9 Area Agency on Aging will implement a range of evidence-based Disease Prevention and Health Promotion programs through both virtual and in-person formats to ensure broad and equitable access. Programs will be offered across Region 9's twelve rural counties each year, with targeted efforts to reach underserved, and high-risk populations.

The agency will recruit, train, and support qualified leaders to deliver programs with fidelity, while providing ongoing technical assistance and quality assurance. Partnerships with community organizations, healthcare providers, and local agencies will be leveraged to promote programs, host workshops, and increase participant referrals. Outreach efforts will include the development and distribution of culturally appropriate materials, as well as the use of media and community events to raise awareness. Participant data, outcomes, and feedback will be collected and analyzed to evaluate program effectiveness and guide continuous improvement - strategies will be reviewed and adjusted annually based on community needs, participation trends, and emerging best practices in health promotion and disease prevention.

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**
- (B) Such services are directly related to the Area Agency's administrative functions.**
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.**

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

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

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

The AAA will contract out much of the funding for the Evidence-Based Disease Prevention programs but will retain some funding for update training for staff and new leader training , as well as possible service provision where coverage is needed. Additionally, the AAA now shares the cost of the program licenses .

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

There was some discussion at the Input Sessions as follows:

\*March 12 - Oscoda COA - Education is needed on how to prepare for end of life.

\*March 30 - Alcona COA - Falls prevention is a main focus for seniors, perhaps the AAA could train someone to provide Matter of Balance workshops in Alcona County. (Alcona County has a trained leader for Matter of Balance and Tai Chi Fall Prevention)

10-30-25 Community Conversation - discussion of needs included a need for dementia care.

May 2026 Older Michiganians Day Legislative Letters - comments included the need for caregiver supports including dementia education.

**Long Term Care Ombudsman**

Total of Federal Dollars      \$18,332.00                      Total of State Dollars      \$190,870.00

Geographic Area Served      Region 9 AAA

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

Goal: The AAA proposes to continue providing the Long-Term Care Ombudsman program (LTCO).

Objective: The AAA will continue to provide office space, supportive services, and training to the LTCO in order to provide services and advocacy to LTC residents.

Activities: The LTCO will continue to respond to nursing home resident complaints, provide technical assistance and training on long-term care issues, and maintain a volunteer initiative to assist clients in each county with long-term care issues. Historically, provision of this service has been most effective

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when offered in this manner. The agency's LTCO has been instrumental in the planning for Elder Abuse Prevention and Awareness conferences.

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

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

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

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

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

Given the service definition and ongoing need for training, the funds are insufficient to distribute to twelve counties individually. Additionally, the AAA believes the PSA will be most responsive to an advocacy initiative from a credible, responsive, and locally accountable agency. The AAA Ombudsman program is a visible presence throughout the region. The AAA will retain some funding for update training of staff and service provision where coverage is needed.

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

NA

**Caregiver Case Management**

Total of Federal Dollars     \$10,000.00                      Total of State Dollars     \$0.00

Geographic Area Served     Region 9 AAA

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

Goal: Initiate and provide Case Management for caregivers who are not otherwise served.

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Objective: Maintain a consistent level of Caregiver Case Management Services.

Activities: Conduct pre-screenings, client assessments, and develop person-centered care plans for individuals in need of supportive in-home services. Increase awareness of program benefits.

Activities: Provide education and conduct outreach efforts with agencies, service providers, and community members. Maintain a staff of well-informed professionals.

Activities: Provide education opportunities for program staff to enhance their skills and knowledge base of available community resources necessary for the provision of effective caregiver case management services.

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

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The AAA contracts out much of the funding for caregiver education but will retain some funding for direct caregiver case management service provision and for training of a staff member . Some Councils/Commissions on Aging (COAs) have difficulty recruiting trainers and the AAA will be able to help cover those counties and Councils/Commissions on Aging (COAs) with service gaps by having a trained AAA staff member.

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

Ongoing Discussions:

- 10-25-2025 Community Conversation of Needs included the need for dementia care.
- May 2026 Older Michigianians Day Legislative Letters - comments included the need for caregiver

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supports and dementia education.

**Caregiver Education**

Total of Federal Dollars     \$21,476.00                      Total of State Dollars     \$0.00

Geographic Area Served     Region 9 AAA

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

Goal: Provide caregiver education and resources to allow caregivers to remain caring for their care recipient for as long as possible.

Objective 1: Increase caregiver awareness, knowledge, and utilization of caregiver supports and services by delivering broad-based outreach and educational activities to small and large audiences of caregivers across the service area.

Activities 1: Implement a variety of outreach and informational strategies designed to reach one-on-one, small groups and large audiences of caregivers including - participating in vendor fairs and community events; developing/distributing publications (newsletters, brochures, and fact sheets); presenting at caregiver conferences; publicizing on social media, local media outlets, and producing a mass communication campaign. Materials and messaging will target diverse, underserved, and hard-to-reach caregiver populations. Collaboration with community partners will expand reach; outreach efforts will be evaluated periodically to ensure effectiveness and continuous improvement.

Objective 2: Identify family caregivers of persons with dementia and assist them to develop dementia care resources and respite specific to their needs and their loved one. It is expected that 15 caregivers will receive support from the Dementia Consultation Program during FY 2027-2028.

Activities: Persons interested in the program will contact the AAA to schedule an in-person or virtual Dementia consultations. A certified dementia consultant will work with the caregiver to develop an action plan specific to their needs and is adjusted in subsequent visits. On the third visit, an evaluation of the program is conducted. All persons participating in the screening (even those who chose not to participate in the consultation program) will be mailed information on dementia, the program, and who to call should they change their mind about participating.

Objective 3: Expand access to dementia caregiver education and support across the Region 9 service area by implementing a multi-year Dementia Caregiver Series delivered through a hybrid model (virtual and in-person), utilizing trained leaders to ensure consistent, high-quality programming and increased caregiver engagement.

Activities 3: Host a minimum of 2–3 virtual Dementia Caregiver Series workshops annually to ensure broad access across all counties, while also facilitating in-person sessions in a rotating selection of service area counties each year to increase local engagement and reach underserved populations. Utilize three trained program leaders within the Region 9 service area to plan, promote, and deliver

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workshops, and provide ongoing training, technical assistance, and peer support opportunities to maintain program fidelity and quality.

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

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The AAA will contract out much of the funding for Dementia Caregiver Series classes, but will retain some funding for direct service provision, as well as training of a staff member. Some Councils/Commissions on Aging (COAs) have had difficulty recruiting trainers and the AAA will be able to help cover those counties with gaps by having a trained staff member.

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

10-30-25 Community Conversation - discussion of needs included a need for dementia care.  
May 2026 Older Michigianians Day Legislative Letters - comments included need for caregiver supports including dementia education.

**Caregiver Support Groups**

Total of Federal Dollars     \$5,000.00                      Total of State Dollars     \$0.00

Geographic Area Served     Region 9 AAA

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

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Goal: Develop a Caregiver Support Group network throughout Region 9's PSA.

Objective: Provide ongoing peer support, skill development, and training opportunities through monthly facilitator support group and quarterly leader trainings.

Activities: Hold monthly Facilitator Support Meetings on the second Monday of each month led by AAA staff to provide a structured and supportive environment where facilitators can share experiences, challenges, and successes.

\*Encourage peer-to-peer learning through the exchange of practical information, tools, and facilitation strategies.

\*Lead guided discussions on common caregiving and group facilitation challenges, including strategies for managing difficult situations and group dynamics.

\*Incorporate case-based discussions to talk through real-life facilitation scenarios and problem-solve collaboratively.

\*Provide education and regular updates on community resources, referral options, and relevant programs to enhance facilitator knowledge.

\*Develop and distribute facilitation tools, tip sheets, and best practice resources to support group leaders.

\*Conduct quarterly training sessions for new and existing support group leaders, covering foundational facilitation skills, program expectations, and available resources.

\*Maintain a network of trained support group leaders, track participation in both monthly meetings and quarterly trainings.

\*Collect feedback from facilitators to evaluate effectiveness to improve the content, format, and delivery of support meetings and trainings.

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

The AAA contracts out much of the funding for the Dementia Caregiver Series but will retain some funding for support group management service provision and for training of a staff member. Some Councils/Commissions on Aging (COAs) have difficulty recruiting trainers and the AAA will be able to help cover those counties and Councils/Commissions on Aging (COAs) with service gaps by having a trained AAA staff member.

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

10-30-25 Community Conversation - discussion of needs included a need for dementia care.

May 2026 Older Michigianians Day Legislative Letters - comments included need for caregiver supports including dementia education.

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<b>Regional Direct Service Request</b>
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Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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**2027–2029 MYP Goals**

**MYP Goal**

**A. MYP Goal 1 - Ensure access to supportive services and programs that promote independence.**

State Goal Match: 1

Objectives

Objective: Increase awareness of Aging Network services throughout Region 9 AAA's PSA.

Planned Activities

1. 1. Improve marketing strategies to increase awareness of aging services throughout the Region. 2. Provide education and training to AAA staff, providers, community partners, caregivers and community members through in-person, virtual, and print means. 3. Improve access to transportation services and ensure all communications are culturally and linguistically appropriate.

Timeline: 10/01/2026 to 09/30/2027

Planned

Region 9 AAA's 2022 Census population is 218,610 including the over age 60 of 82,535 (38%). This means Region 9's 60+ population is 13% higher than the State average (25%). To better reach our 60+ population, Region 9 continues to amplify and look for new ways for marketing including: press releases, social networking, brochures, outreach, and other media to reach its 60+ and hard to reach individuals living throughout Region 9's twelve rural counties.

Expected Outcome

·The expected outcome is that more of Region 9's older adult population will identify with and look to Region 9, its partners, and services as the go-to resource for information and services for the aging network.

·Evaluating its marketing, outreach and new opportunities is ongoing.

Progress

**B. MYP Goal 2 - Reduce social isolation among older adults in NE Michigan.**

State Goal Match: 1, 3

Objectives

Improve and increase access to services and supports.

Planned Activities

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1. Provide educational opportunities (safety, healthy living, fitness/exercise, fall prevention, other topics) along with support group opportunities to inform and connect older adults throughout the PSA.  
Timeline: 10/01/2026 to 09/30/2027

Planned

1. Title III-D programs in Region 9 AAA include:

A Matter of Balance

PATH Programs (Chronic PAIN and Diabetes)

Walk with Ease

Tai Chi

Gerifit

Bingocize

Aquatic Exercise Association (AEA)

Arthritis Foundation Exercise Program (AFEP)

Stay Active and Independent for Life/SAIL

Eat Smart, Move More, Weigh Less

In addition, COAs can select from the list of Evidence-Based Disease Prevention Programs approved for OAA Title III-D Funding found at: <https://www.nemcsa.org/userfiles/filemanager/e6yejibhrfce200he6vl/>

2. Increase access to transportation services by:

- Developing a regional transportation resource list of service providers in the region and distribution to community partners, medical providers, and the general public through web access on the agency's website.

- Allocate funding to support community integration through improved access to public transit systems and/or volunteer drivers.

Expected Outcome

Region 9 will continue to hold relevant programming on topics supported by attendance, by requests for or in support of their independence, dignity and with choice by Region 9's aging population.

Progress

- C. MYP Goal 3 - Increase awareness of aging services through collaborations and partnerships with: MDHHS, state departments, other AAAs, Tribal grantees, other agencies and organizations.**  
State Goal Match: 2

Objectives

Partner with other agencies, organizations, and entities to sponsor and promote educational programming and service outreach.

Planned Activities

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1. Explore opportunities to partner with agencies for educational programming, marketing, and service promotion.

Timeline: 10/01/2026 to 09/30/2027

Planned

\*MSU Extension will provide programs from the Healthy Living Webinar Series - jointly promoted through newsletters, websites, media, and other opportunities.

\*New to Medicare webinars are held monthly and made available to any organization serving Medicare beneficiaries.

\*Scams and Fraud provide education with COAs and other organizations to ensure identification and reporting of fraud, waste, and abuse.

\*Michigan State Police—home visitor safety education for providers and AAA staff.

\*Dementia Screening with U of M-Michigan Alzheimer's Disease Center (MARD).

\*Assistive Technology education with Michigan Disability Rights Coalition.

\*Caregiver support groups - available on the Region 9's website

Expected Outcome

As agencies participate in joint promotions, educational presentations, webinars; the activities' collaborative success, demographic penetration and attendance numbers will be evaluated to plan for future activities.

Progress

**D. MYP Goal 4 - Promote service in ways that affirm the value, strengths and diversity of all older adults and caregivers.**

State Goal Match: 4

Objectives

**Objective 1: Inclusive Communication Practices**

Work to ensure all outreach materials and messaging reflect the cultural, linguistic, and lived-experience diversity of older adults and caregivers residing in the region.

**Objective 2. Community-Centered Outreach**

Engage older adults and caregivers where they already gather, using trusted messengers and accessible formats.

**Objective 3. Representation and Trust-Building**

Ensure older adults and caregivers see themselves reflected in the agency's work and feel valued as partners.

Planned Activities

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1. Activities #1: - Conduct a communication audit to assess whether current materials reflect diverse identities, languages, and abilities. - Develop plain-language materials and culturally responsive messaging for print, digital, and in-person outreach. - Translate priority materials into the most spoken languages in the region. - Incorporate images and stories that represent diverse older adults, including rural residents, caregivers, LGBTQ+ elders, veterans, and individuals with disabilities. - Train staff on trauma-informed messaging. Activities #2: - Partner with local organizations, senior centers, tribal communities, and faith-based groups to co-host outreach events. - Offer pop-up information sessions at libraries, food pantries, health fairs, and community festivals. - Develop peer ambassador programs where older adults and caregivers share information within their networks. - Use multiple outreach channels—radio, local newspapers, social media, bulletin boards—to reach underserved groups. - Create mobile outreach kits with brochures, screening tools, and referral forms for staff to use in the field. Activities #3: - Establish an Advisory Group of older adults and caregivers to guide messaging and outreach strategies. - Conduct listening sessions with underrepresented groups to understand barriers and preferred communication methods. - Include older adults and caregivers as co-presenters in trainings, community events, and public awareness campaigns.

Timeline: 10/01/2026 to 09/30/2027

Planned

Activities #1:

- Conduct a communication audit to assess whether current materials reflect diverse identities, languages, and abilities.
- Develop plain-language materials and culturally responsive messaging for print, digital, and in-person outreach.
- Translate priority materials into the most spoken languages in the region .
- Incorporate images and stories that represent diverse older adults, including rural residents, caregivers, LGBTQ+ elders, veterans, and individuals with disabilities.
- Train staff on trauma-informed messaging.

Activities #2:

- Partner with local organizations, senior centers, tribal communities, and faith-based groups to co-host outreach events.
- Offer pop-up information sessions at libraries, food pantries, health fairs, and community festivals.
- Develop peer ambassador programs where older adults and caregivers share information within their networks.
- Use multiple outreach channels—radio, local newspapers, social media, bulletin boards—to reach underserved groups.
- Create mobile outreach kits with brochures, screening tools, and referral forms for staff to use in the field.

Activities #3:

- Establish an Advisory Group of older adults and caregivers to guide messaging and outreach strategies .
- Conduct listening sessions with underrepresented groups to understand barriers and preferred communication methods.
- Include older adults and caregivers as co-presenters in trainings, community events, and public awareness campaigns.

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Expected Outcome

Expected Outcomes:

- Increased Regional Trust: Older adults and family caregivers will see their diverse lived experiences represented, ensuring they feel valued as equal partners.
- Accessibility & Awareness: Eliminating communication barriers ensures that historically underserved groups (such as rural residents, LGBTQ+ elders, veterans, and individuals with disabilities) can successfully identify, look to, and utilize the agency and its partners as their go-to resource.

Progress

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**Planned Service Array**

Category	Services
<b>Provided by Area Agency</b>	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Care Management</li> <li>• Care Transition Coordination and Support</li> <li>• Information and Assistance</li> <li>• Transportation</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Long Term Care Ombudsman</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Caregiver Case Management</li> <li>• Caregiver Education</li> <li>• Caregiver Training</li> </ul> <p><b>Older Relative (Kinship) Caregiver Services</b></p> <ul style="list-style-type: none"> <li>• Kinship Caregiver Supplemental Services</li> </ul>
<b>Contracted by Area Agency</b>	<p><b>In-Home</b></p> <ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Legal Assistance</li> <li>• Prevention of Elder Abuse, Neglect and Exploitation</li> </ul> <p><b>Nutrition Services</b></p> <ul style="list-style-type: none"> <li>• Carry Out Meals</li> <li>• Congregate Meals</li> <li>• Home Delivered Meals</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Caregiver Support Groups</li> <li>• Respite Care</li> </ul> <p><b>Older Relative (Kinship) Caregiver Services</b></p> <ul style="list-style-type: none"> <li>• Kinship Caregiver Supplemental Services</li> </ul>

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	<p><b>Older Relative (Kinship) Caregiver Services</b></p> <ul style="list-style-type: none"> <li>• Kinship Caregiver Support Groups</li> </ul>
Local Millage Funded	<p><b>In-Home</b></p> <ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> </ul> <p><b>Nutrition Services</b></p> <ul style="list-style-type: none"> <li>• Congregate Meals</li> <li>• Home Delivered Meals</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Respite Care</li> </ul>
Participant Private Pay	<p><b>Nutrition Services</b></p> <ul style="list-style-type: none"> <li>• Congregate Meals</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Adult Day Services</li> </ul>

\* Not PSA-wide

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<b>Program Development Spending Plan</b>
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**Does the MYP budget reflect the use of Program Development funds?**

Yes  No

**If yes, please describe how the funds will be used.**

Program Development funding would support the planning and development of multi and annual year plans as well as other potential funding opportunities that are appropriate for the Region. Additionally, Region 9 will utilize Program Development funds to develop a Care Transitions Program and Caregiver Case Management Program.

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**Advocacy Strategy**

Please describe the following:

**1. How will the AAA monitor, evaluate, and comment on policies, programs, hearings, levies, and community actions which affect older individuals and family caregivers which the area agency considers to be aligned with the interests identified in the Act?**

The AAA's Regional Advisory Council (RAC) representatives are active with the Michigan Senior Advocates Council to monitor legislation and statewide discussion on topics/policies/legislation of interest and make legislative visits both in-district and at their Lansing offices to keep the AAA, RAC and local COAs informed. Each year, the AAA sends a contingent to Lansing to discuss topics of concern with legislators and convey constituent communications.

Region 9 AAA continues to advocate at Older Michigianians Day and with coffee hours, letter campaigns, Facebook posts, and on their website: [www.nemcsa.org/services/senior-services/senior-action-week-and-older-michigianians-day.html](http://www.nemcsa.org/services/senior-services/senior-action-week-and-older-michigianians-day.html)). This year's priorities for advocacy are:

- 1) Rebalance State Medicaid Expenditures to Support Home and Community-Based Services (HCBS)
- 2) Increase Access to Non-Medicaid Home and Community-Based Services
- 3) Modernize and Enhance Access to MI Choice
- 4) Support Unpaid Family and Informal Caregivers

The AAA continues to monitor activities impacting older adults through a variety of media outlets, participation on a number of boards and committees, and community conversations with providers, partners, and residents of the region.

**2. How will the AAA solicit comments from the public on the needs of older individuals and family caregivers?**

Two public input sessions were held on March 12, 2026, at the Oscoda COA, and on March 30, 2026, at the Alcona COA. Both provided several insights into what was most important to participants. In addition, two Public Hearings are scheduled for May 6, 2026, at the Hale Senior Center (310 North Washington Street, Hale, MI 48739) from 1:00 p.m. - 2:00 p.m. and in Alpena, at NEMCSA headquarters as part of the Regional Advisory Meeting on Monday, May 23 at 1:00 p.m. to give input to the MYP.

Region 9 developed an online survey for public comment that has been posted on its website with surveys accepted and comment taken through March 20. Survey results from 601 surveys were tabulated for this MYP and included in the Executive Summary section of this document. Region 9 regularly uses annual client satisfaction surveys for program evaluation and for educational events, focus groups, etc.

**3. How will the AAA represent the interests of older individuals and family caregivers to local level and executive branch officials, public and private agencies, or organizations?**

Advocating for older persons and persons with disabilities is essential to providing for services, needs, and the interests of older adults and family caregivers and achieving Region 9's mission. This is accomplished through advocacy at the local, state, and federal levels. The AAA encourages the Regional Advisory Council,

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NEMCSA's Policy Board, and community partners to engage in efforts to ensure issues that are important to older adults are kept in the forefront and that legislative decisions are not made without fully knowing the potential impacts on Region 9's older adult population. State and national legislation is monitored by the Michigan Senior Advocates Council (MSAC), in addition to AAA staff who maintain communications with legislative efforts. The Regional Advisory Council acts as a review and advisory body to the NEMCSA Board of Directors.

**4. How will the AAA consult with and support the State's Long-Term Care Ombudsman Program?**

Region 9's two Ombudsman maintain a visible nursing home presence and regularly meet with residents/ staff to ensure residents' rights and resolution of complaints. The AAA's two Ombudsman staff have initiated visits to all 87 Adult Foster Care in addition to 21 nursing homes and two Homes for the Aged. Staff will recruit local volunteers to maintain an ongoing, visible presence so that residents have access to Ombudsman services.

**5. How will the AAA coordinate with public and private organizations, including units of general-purpose local government to promote new or expanded benefits and opportunities for older individuals and family caregivers?**

In addition to the Regional Advisory Council, Foster Grandparent, and Senior Companion programs, each have advisory councils that meet to provide guidance to project directors within the required guidelines of AmeriCorps, which funds the programs. AAA staff participate in several board positions throughout the region including local public transit, PACE, BCBSM Advisory Council, Karmanos Research and Advisory Consortium, MDRC Advisory Council for Assistive Technology, Senior Coalition for Alpena, Alcona, Montmorency and Presque Isle (SCAAMP). Each meeting provides opportunity to share and learn about benefits and resources for older adults and caregivers.

**6. How will the AAA take a leadership role in the PSA to assist communities in targeting resources from all appropriate sources to meet the needs of older adults and family caregivers with greatest economic and social need, particularly low-income minorities?**

Region 9 interacts frequently with agencies to refer and to educate individuals for services that meet the needs of its older adult population. All Region 9 contractors are required to have prioritization policies and systems in place to ensure those of greatest economic and social need are prioritized for service enrollment.

**7. How will the AAA work with other aging network providers, including other AAAs, in coordinated effort?**

Region 9 coordinates with many community partners as well as other AAAs in strategic partnership to maximize service provision and availability to older adults in many ways. Examples include a long-standing relationship with local Councils/Commissions on Aging (COAs). The COAs have been partners in the delivery of Older Americans Act services for over 50 years. This relationship has braided state, federal, and local dollars together to maximize access to services such as homemaking, personal care, nutrition and other important programming. The AAA is currently working in partnership with Region 10 AAA, the Disability Network of Mid-Michigan to administer the MI Options Program for person-centered options counseling and Medicare counseling across the 22 counties of northern Michigan.

Region 9 has worked extensively with MSU-Extension and other AAAs collaboratively to bring a variety of evidence-based programming and education to the region. Additionally, joint efforts with the MDCRC have

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increased the availability of assistive technology resources throughout the region. Several projects with MSU School of Social Work have resulted in enhanced programming for dementia services. A current project with the Rural Health Group and CMU's Center for Rural Health is seeking funding to improve transportation services in northeast Michigan. This sampling of coordination demonstrates the Region's commitment to working with a variety of partners to increase and maximize the availability of services, programs, and resources to older adults and caregivers.

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**Planning and Service Area Aging Landscape**

**1. Describe notable changes in trends since the last MYP providing a picture of potentially eligible service population.**

Region 9's PSA population remained essentially unchanged from last year's MYP 2021 Census = 218,492 compared to this year's 2022 Census = 218,619 with an increase of only 188 persons. Most notable, however, is the demographic shift and the increase for persons age 60+ from 71,438 (2021 Census) to 82,530 (2022 Census). This is a 4% overall increase of 11,092 individuals who are now age 60 and over,

Knowing that for purposes of this MYP, we are using stats from the 2022 Census, the updated 2026 Census is expected to show a demographic that would exceed expectations. As we consider the 2022 Census used herein, five of Region 9's counties are now at/over 40% for 60+ population: Alcona - 48%, Roscommon - 44%, Montmorency - 43%, Presque Isle - 42% and Iosco - 40%. We can easily expect this demographic to surpass 50% or more in the future. Additionally, only two counties - Alpena (47.8) and Otsego (44.4) - have a median age below 50 years, which demonstrates the continued growth of older adults in the Region.

Every Region 9 county within its PSA is located in a rural area. The overall % of the 60+ population for Region 9 is 38% which exceeds the state average of 25% and all the Regions for this population - Region 10 (due West - borders Region 9) is 32% and Region 11 (the U.P.) is 31%. All other AAA Regions are less than 29% for this population. With an increase of 11,092 individuals becoming age 60+ in one year, this is a very strong indicator that demand for services will continue to increase in Region 9's PSA.

**2. Describe how the AAA coordinates a comprehensive system of aging services within the PSA.**

Region 9 has approximately 48 staff made up of the AAA Director and Leadership Team, Eligibility Specialists, Registered Nurses, Social Workers, Nutrition Coordinator, Long-term Care Ombudsman (2), Special Projects Coordinator, SHIP Program Regional Coordinator, MI Options Director and other administrative/support staff that provide the following services:

- \*Access Services: Care Management, Care Transitions Program, Information and Assistance
- \*In-Home Services: Assistive Devices and Technology, Homemaking, Home-delivered Meals, Medication Management, Personal Care, Respite
- \*Community Programs: Adult Day Services, Congregate Meals,
- \*Disease Prevention Health Promotion - The AAA also contracts out in an RFP process.
- \*Elder Abuse Prevention, Long-term Care Ombudsman, Legal Services of Northern MI

Other Programs:

- \*Caregiver Resource Center
- \*Caregiver Programs including Kinship Care, Caregiver Education, Support and Training
- \*SHIP - Medicare/Medicaid counseling assistance program
- \*PCOC - Long-term care options counseling
- \*MI Choice Home and Community Based Waiver Program

Although the AAA does not directly receive senior millage funding, each of the 12 counties provides senior millage funding to the Councils/Commissions on Aging. Portions of the funding is braided together with OAA funds to increase and enhance access to the services and supports needed throughout the region.

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**3. Describe ways in which the AAA is informing, educating and advocating within their communities.**

Region 9 AAA strives to be the information resource for sought-after services that address the needs of the older adult population throughout the Planning and Service Area (PSA). Region 9 AAA prioritizes persons with the greatest social and economic need and strives to identify older adults of various races, cultures and ethnicities; veterans; Native Americans; persons with limited English proficiency, persons with disabilities and other hard to reach older adults living throughout our rural service area.

Region 9 AAA's staff are highly trained, experienced, knowledgeable, educated and equipped to address its service needs. Region 9 AAA's 12 rural counties are collaborative in nature which is one of its greatest strengths. Region 9 AAA uses a variety of methods to reach underserved populations: providing service visibility and ongoing collaboration/interaction with community agencies and COAs, outreach and educational programs held throughout the PSA, 800-line information access, an extensive agency webpage with the description of senior services offered, social media, Facebook, print materials (booklets, brochures, flyers, bookmarks, business cards), weekly AAA newsletter, monthly NEMCSA newsletter, postcards, restaurant placemats, highway billboards, press releases to newspapers, radio and television including all traditional media outlets.

**4. Describe what home and community-based Medicaid services are available within the PSA.**

**(Examples: PACE, MI Choice Waiver, etc.)**

The Home and Community-based Medicaid services available in Region 9 include: Adult Home Help, MI Choice, PACE (2), Behavioral Health Services, Brain Injury Services Program, and Community Transitions Services.

**5. Describe other significant initiatives and grants leveraged by the AAA. (Examples: MI Options, SCSEP, MHEP, etc.)**

**The MI Options** grant offers two programs administered under MDHHS: 1) SHIP (State Health Insurance/assistance Program), a well-established statewide network of CMS-certified Medicare counselors; and 2) a brand-new program of PCOC (Person-Centered Options Counseling) for long-term care options and other needs. PCOC counselors continue to take ongoing training as standards/protocols are being established by MDHHS for this program.

**SCSEP (Senior Community Service Employment Program)** is a community service and work-based training program that promotes economic self-sufficiency for unemployed individuals (age 55 and older) that meet program guidelines by providing part-time employment at the current minimum wage. Participants are placed at a variety of non-profit or government agencies. Training is provided to help participants gain the employment skills needed to obtain work outside of the program. Job searching is required by the participant.

Most recently Region 9 AAA was notified of being awarded a Rural Health Transformation grant to develop and implement "Care Closer to Home". This grant will provide needed resources to build a much-needed Care Transitions Program. Not only is the grant expected to reduce hospital readmissions and frequent emergency room visits by older adults but will also seek to improve adherence to medication regimens and reduce errors in medication usage, increase access to community resources, and improve access to care and non-emergency medical transportation.

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**6. a. Describe how the AAA addresses unmet needs by referring individuals to organizations such as Commissions/Councils on Aging, Departments on Aging, Health Care Organizations/Systems, Veterans Agencies, Tribal Organizations, Faith-based Organizations, Public Health, Mental Health, Community Action Agencies, Legal Assistance and Elder Rights Programs, etc.**

Region 9 fosters relationships with other services, programs, and agencies to connect individuals to their preferred local resource and then further extends its reach to Regional and State resources to locate a needed service.

NEMCSA has been successful in acquiring gap funding from outside sources to help address various unmet needs throughout the agency's program. Examples of this gap funding being utilized for the needs of older adults include eradication of bed bugs, durable medical equipment not payable through Medicare or Medicaid, well repairs, dumpster rental thus avoiding eviction from hoarding tendencies, etc.

**6. b. How does the AAA foster relationships with these community partners?**

The AAA fosters relationships by contacting them directly to make referrals, making their service information readily available, including their information on our website; inviting their participation in conferences/meetings/webinars, and inviting their representation on the Regional Advisory Council or NEMSCA board if they are located within the PSA.

**7. Describe how the AAA identifies veterans during intake and coordinates veteran-related support services and/or referral programs with appropriate veteran agencies.**

Each of Region 9's twelve counties has a VA Benefits office located in their county unit of government that connects/coordinates veterans to services. The VA also has medical clinics in Alpena, Mackinaw, Gaylord, Indian River, Grayling and Oscoda and a VA Hospital in Saginaw. At intake individuals are screened for VA eligibility and Region 9 refers eligible veterans to their county VA benefits officer for services counseling. Having a Veterans Officer join the Regional Advisory Council, staff will be better equipped to seek out more efficient means in connecting veterans to services outside of its immediate programming.

**8. Describe services that address incidence of hunger, food insecurity, malnutrition, physical and mental conditions and/or self-direction. [See OAA 306(a)(16) (42 U.S.C. 3026(a)(16)).]**

**Congregate Meals** are made available at local senior centers as focal points for providing daily, nutritionally-balanced meals. Meals are offered to adults aged 60 or older on a donation basis. Participants can enjoy a meal at the senior center and have an opportunity to socialize with neighbors and peers. There are no income guidelines for participation.

Food insecurity is also addressed through connections with area food pantries and Project Fresh. These community-led programs are vital to reducing hunger, malnutrition, and food insecurity overall. Additionally, the AAA offers a Health & Wellness education series that provides helpful information in keeping seniors healthy through good nutrition, physical activity, and positive mental health approaches. The AAA allocates a portion of funding to community partners for programming to engage older adults in physical activities, such as Tai Chi, Walk with Ease, Gerifit, Bingocize, Stay Active and Independent for Life (SAIL) and Eat Smart, Move More, Weigh Less.

**Home Delivered Meals** are available to home-bound older adults and older adults unable to cook their own meal. A meal driver will deliver a hot or frozen meal to their door. The meal provides some of the daily nutrition needed to help older adults remain independent. Donation rates are posted at each senior center.

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Some senior centers require advance reservations for the meals to ensure enough food is prepared.

**9. Describe how the AAA or its subcontractors are maintaining the fidelity of the health promotion/disease prevention programs.**

Region 9 counts on COAs and subcontractors to faithfully look toward offering EBDP programming as joint opportunities on an annual basis. There are over 50 programs available and generally, the audience attending these programs are looking for more program opportunities. The programs are high quality and specially-developed for an older adult audience. Fitness programs may continue for weeks at the request of its audience. Region 9 holds a "Prebidders" meeting where COAs can compete and request funds from mini grants to hold EBDP programming. COAs and subcontractors can choose programs from the approved EBDP Programs list for Title III-D (<https://www.nemcsa.org/userfiles/filemanager/e6yejibhrice200he6vl/>).

Additionally, the AAA requires certification documentation of all leaders performing the Evidence-Based Programs prior to funding and at renewal times. Fidelity checks by AAA staff are also conducted on AAA-trained programs as they are conducted.

**10. Describe how the AAA promotes health promotion/disease prevention programs to maximize community awareness and participation.**

Region 9 AAA uses a variety of methods to promote disease prevention programs - maintaining service visibility and ongoing collaboration/interaction with community agencies and COAs, holding outreach and educational programs throughout the PSA, 800-line information access, an extensive agency webpage with the description of the programs offered, social media, Facebook, printed materials (booklets, brochures, flyers, bookmarks), weekly AAA newsletter, monthly agency newsletter, press releases to newspapers, radio and television including all traditional media outlets.

**11. Describe Alzheimer's Disease and related disorders programs and education that the AAA offers and/or supports.**

Region 9 offers the following programs/resources:

Caregiver Corners through 29 public libraries:

<https://www.nemcsa.org/services/caregiver-resource-center/caregiver-corners.html>); Self-Care workshops series for Caregivers providing Dementia care (Powerful Tools for Caregivers; Caregiver Wellness Workshop); the MI Virtual Caregiver Support Groups (including Dementia, Kinship and General Caregiver): <https://www.nemcsa.org/services/caregiver-resource-center/virtual-caregiver-support-groups.html>.

**12. Does the AAA administer a senior millage in the PSA?**

Yes  No

**13. Are there any counties or townships in the PSA in which the AAA is working with the local officials to initiate potential senior millage? If yes, please describe:**

Yes  No

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**Greatest Economic and Greatest Social Need**

Please describe the following:

**1. How the AAA defines Greatest Economic and Greatest Social need for the PSA.**

Emphasis is given to serving eligible persons with greatest social and/or economic need and with priority given to low-income minority individuals:

\*Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.

\*Functional Need – handicaps (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.

\*Economic Need – eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold].

Each service provider must offer services to low-income, minority individuals in accordance with their individual need for service. Each provider must meet the specific objectives established by the Area Agency on Aging for providing services to low-income minority individuals. Participants are not denied nor have their services limited because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program establishes written procedures for prioritizing clients waiting to receive services based on social, functional, and economic needs. Indicating factors are:

Each provider maintains a written list of persons seeking service from a priority service category (Access, In-Home, or Legal Assistance) but that cannot be served at that time. The list includes the date the service is first sought, the service, and the person's county/community of the residence. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.

**2. How the AAA educates the public, its partners, and service providers on the Older Americans Act expectations regarding targeting older adults with greatest economic and greatest social need.**

Region 9 AAA uses a variety of methods to reach underserved populations: providing service visibility and ongoing collaboration/interaction with community agencies and COAs, programming notices for outreach and educational programs held throughout the PSA, 800-line information access, an extensive agency webpage with the description of senior services offered, social media, Facebook, print materials (booklets, brochures, flyers, bookmarks, business cards), weekly AAA newsletter, monthly agency newsletter, postcards, restaurant placemats, highway billboards, press releases to newspapers, radio and television including all traditional media outlets. Region 9 welcomes all avenues to promote its services.

Every three years and as part of the MYP process, the AAA seeks input from people in the communities we serve regarding their needs and the needs of others in their area. This information is used to continue programming now in place; to develop new programming as the needs indicate; to coordinate services with other human service agencies; and to advocate for funding and legislation.

The AAA offers one-on-one dementia consultation sessions with caregivers assisting people with dementia or Alzheimer's Disease. These sessions provide valuable information, support, and comfort to caregivers at a

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very heavy time in their lives. The support received also connects them with needed resources such as in-home services, assistive technology, strategies for effective caregiving, and ways to avoid caregiver burnout and the importance of maintaining their own health through their journey.

The AAA is developing a program to create a Dementia Experience to help educate individuals and communities about dementia utilizing modern technology that provides a simulated environment of what a person with dementia experiences daily. This experience will increase understanding and compassion for a person with dementia.

The AAA has recently worked with MSU School of Social Work to implement the online platform, Trualta, for easy access to education on caregiving for people with dementia, disease education, and in-home care. Trualta information was available in several languages for non-English speaking individuals. Another dimension of this project was counseling services for individuals with mild cognitive impairment. The counseling was conducted by supervised students and was available in English, Spanish, and Chinese. The AAA is currently exploring a new project that will provide dementia screening in the region by certified staff.

**3. AAA's strategy to target priority populations for greatest economic and greatest social need.**

As part of the development phase of Region 9 AAA Multi Year Plan, a twelve county needs assessment was conducted through a printed and online survey tool. The tool was distributed via links on Facebook, the AAA website, in-person at two Public Input Sessions, through community partners, agency boards, and to existing program partnerships. A total of 601 surveys were returned.

Over the years, the AAA has focused heavily on their community partners being recognized as the focal points/outlets for aging services and that effort has proven effective. The AAA will continue to promote and increase visibility of aging services throughout the region in a culturally and linguistically appropriate manner to increase awareness of quality services where and when they are needed.

The 2022 Census shows that 96% of Region 9's population is White/Caucasian and estimates that only 4% of Region 9's population consists of Black, Indigenous or other races and which is confirmed by the results of this year's survey. Of the total 601 Needs Assessment Surveys returned, 32 surveys indicated they were minority populations of individuals 60+ in northeast Michigan including surveys from the following minorities in the PSA: black (2), indigenous (17), Asian (1), Hispanic (6) and other races (6). This indicates that our outreach success means that we must continue efforts to make more connections to reach our 4% minority populations.

Although the AAA does not directly receive senior millage funding, each of the 12 counties provides senior millage funding to the Councils/Commissions on Aging. Portions of the funding is braided together with OAA funds to increase and enhance access to the services and supports needed throughout the region.

**4. How the AAA's Advisory Council assisted in targeting individuals with greatest economic and greatest social need. [See OAA § 1321.63(b)]**

The Regional Advisory Council membership must consist of more than 50% older individuals (60 or older) who are participants or eligible to participate in programs included in the area plan, and with some members having a greater social or economic need. They review the area plan and any substantive amendments before submitted to OSA.

The RAC membership consists of 25 to 30 members composed of:

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- \*One member appointed by each county COA
  - \*One member appointed by any relevant organization, e.g. county Board of Commissioners
  - \*Up to 5 members from organizations/entities/agencies which serve older persons
  - \*One member from the Region 9 Directors' Association
  - \*Members of the State Advisory Council from this region are ex-officio members of the council
- Note: No direct employee of NEMCSA is a member.

The RAC advises the NEMCSA staff and Board of Directors on all matters relating to the identification of needs and the development of plans to meet those needs.

This includes all matters of concern to the senior population of the PSA:

- \*To encourage the participation of seniors in the development of planning/plans
- \*To promote and participate in such activities and endeavors that are necessary to promote those plans
- \*To provide a member to the NEMCSA Board of Directors.

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**Coordination to Serve Native American Elders and Family Caregivers**

Please describe the following:

**1. Methods for collaboration on and sharing of program information and changes.**

Region 9 has no Native headquarters located within its 12-county PSA. It does, however, have the Saganing Tribal Center located in Standish, MI. The business operates and serves tribal members in Standish and surrounding area. Region 9 has held programming there in 2025 and welcomes any opportunity to continue with annual programs. This summer, Region 9 will present "Scams and Fraud"; one of its first Senior Medicare Patrol presentations developed under the SHIP SMPP-2026 grant. Region 9 is excited to continue the relationship with Tribal members and explore their needs.

**2. How services will be provided in a culturally appropriate and trauma-informed manner.**

Any programming targeting Native Americans is planned and coordinated with tribal leadership who ensures service delivery is conducted in a culturally appropriate and trauma-informed manner.

**3. Communication opportunities that service providers will offer to Title VI programs, such as participation in meetings, inclusion on email distribution lists, and presentation opportunities.**

The Tribe was emailed notice of the MYP Public Hearings for the MYP. Communication opportunities with the Title VI program are somewhat limited due to a lack of tribal headquarters, Alaska Native villages, and Native Hawaiian organizations with the region. However, the Sault Tribe and its Saganing branch are invited to participate in various discussion groups, advisory councils, input sessions, and public hearings.

Additionally, communications are provided to them via newsletters, social media posts, and public service announcements for their publications.

**4. Opportunities to serve on advisory councils, workgroups and boards. AAAs please note whether your policy and advisory boards have tribal representation.**

The NEMCSA Board has a Native American member.

**5. How service providers will provide outreach to Tribal elders and family caregivers regarding Title III services for which they may be eligible.**

Should family caregivers and Tribal elders require service, they are screened and appropriate services delivered. Outreach to tribal entities is provided in the same manner as other community entities and detailed previously in the plan.

**6. Is there a Federally Recognized Tribe within your PSA?**

Yes  No

**7. How Title VI programs may refer individuals for Title III services.**

Title VI programs may refer individuals for services through a variety of means. Referrals are accepted through direct phone, email, website contact, 211, and other community partner organizations such as the COAs.

**8. Describe any current and future collaborative efforts with Tribe(s) within the PSA including any anticipated outreach efforts.**

Currently, there are two events scheduled within Arenac County, which is home to the Saganing Tribal Center. The first event is an Elder Abuse Prevention Conference to be held in September. Contact will be made with the tribe to ensure awareness and promotion is provided to their members. Additionally, this

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summer Region 9 will present "Scams and Fraud"; one of it's first Senior Medicare Patrol presentations developed under the SHIP SMPP-2026. The date is to be determined.

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**SUPPLEMENTAL DOCUMENT E**

**Waiver of Minimum Percentage For a Priority Service Category**

Priority Service Category for which Waiver is being requested:		Access Services
Source of Funds	Amount of Funds	Amount of Title III-B
0	775,236	3,000
<p><b>Rationale Statement:</b> Explain how waiving the respective required minimum percentage will enhance the service delivery system to be implemented under this plan. (For additional context, refer to AASA Transmittal Letter 2005-107, July 27, 2005.)</p>		
<p>Region 9 AAA is requesting a waiver of minimum percentage for Access Services. Our 12 COAs currently provide a total of \$775,236.76 for Access Services as follows: Outreach \$100,044.93; Transportation \$263,892.80; Information and Assistance \$411,299.03 The AAA and NEMCSA Board has placed priority on in-home services allowing more funding to be placed in this category. The expansion of existing resources is expected to assist families and the general public in accessing these services.</p>		