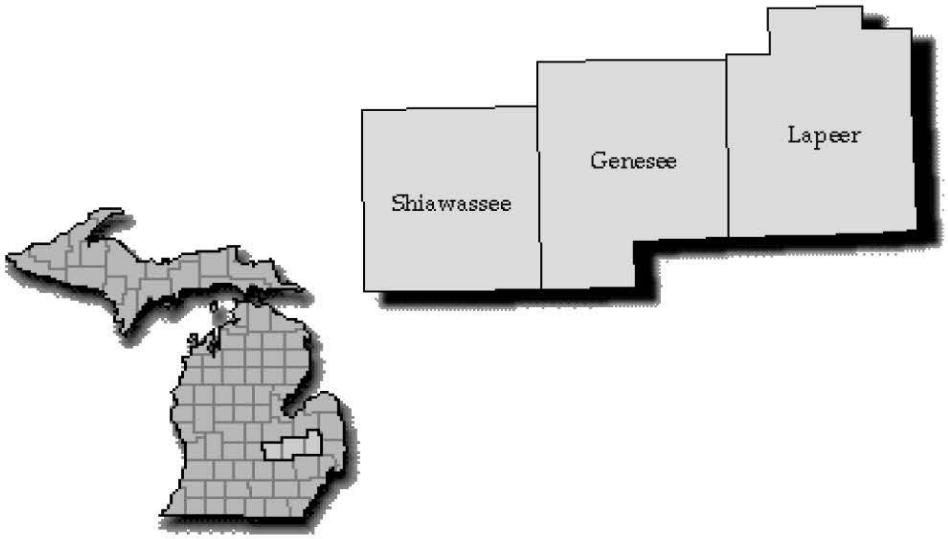
2027-2029 Multi Year Plan

FY 2027 ANNUAL IMPLEMENTATION PLAN

VALLEY AREA AGENCY ON AGING 5



Planning and Service Area
Genesee, Lapeer, Shiawassee

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Executive Summary

Instructions
Please include in the Executive Summary a brief description of the following:

A. The history of your Area Agency on Aging (AAA) and Planning and Service Area (PSA) including mission statement, vision, and primary focus for the next three years
B. How the AAA used data from 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. (OAA 1321.65(b)(3), OMA 400.586(y))
C. The AAA's Strategic/Long-Term Plan
D. Awards and Accreditations received by the AAA
Please review demographic data for the PSA provided in the *Document Library* and confirm accuracy with the AAA's Regional Aging Representative for inclusion in the demographic data chart.

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.

Valley Area Agency on Aging (VAAA) serves as the federally designated organization responsible for planning, coordinating, and advocating for services that support adults aged 60 and older at both local and regional levels. Established under the Older Americans Act (OAA) of 1965, Area Agencies on Aging were created to address the needs of older adults nationwide. Under the leadership of President & CEO, Yaushica Aubert, VAAA is one of Michigan's 16 Area Agencies on Aging and has operated as a private, nonprofit organization since its incorporation in 1976. It serves Genesee, Lapeer, and Shiawassee counties—collectively known as the Planning and Service Area (PSA) or Region 5.

VAAA's mission is to deliver action, advocacy, and guidance on all matters affecting seniors and adults with disabilities in these counties by enhancing quality of life, promoting independence, empowering personal choice, and supporting caregivers and families. Guided by the core values of Leadership, Trust and Integrity, Advocacy, and Commitment to Excellence, the organization strives to meet the diverse needs of its community through a broad range of services and planning efforts.

To achieve its mission and goal of assisting with "All Things Senior," VAAA develops a comprehensive three-year plan that serves as the strategic blueprint for fulfilling the agency's responsibilities and advancing its vision.

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).]

Valley Area Agency on Aging utilized a multitude of methods to identify the priority services for Region 5. Focus groups were held at senior centers, Lapeer Senior Programs Advisory Board, Mott Park Community Group, Unitarian Universalist Aging with Grace Conference, Carman Ainsworth Sr. Center, with community groups, stakeholders and providers. In addition, Senior Needs Surveys, Community Needs Assessments, County Plans, and feedback from Community Conversations held within Region 5 were utilized as additional sources to prioritize services. To assess the needs of older adults and caregivers in Region 5, the Valley Area Agency on Aging conducted a Senior Needs Survey, collecting results from 193 surveys. The findings reveal clear and

consistent priorities that will guide service planning over the Multi-Year Plan period. As summarized by the data, *"Respondents consistently identified in-home assistance, chore services, home-delivered meals… as the most frequently requested in-home supports."* Based on the survey question, What are the top 5 services you feel you would need to allow you to remain in your home, the top requested services identified have been listed below.

Top 5 Requested In-Home Priorities (Overall)

1. Home Delivered Meals 127 responses or 65.8%
2. In-Home assistance (personal care with some homemaking or meal prep) 119 responses or 61.7%
3. Chore assistance (such as yard work or snow removal) 112 responses or 58.0%
4. Home maintenance and repair 108 responses or 56.0%
5. Respite type supports (visits, supervision, safety monitoring) 96 responses or 49.7%

Across all survey types (long-term care participants, home delivered meal participants, community members and public hearing attendees), the top in-home needs are those identified above.

Older adults reported significant challenges related to income, transportation, and social isolation. More than 60% identified as low-income, and while half reported having transportation, many still struggled to access essential appointments. Social isolation indicators were notable: 22.3% reported loneliness, 25.4% had no visitors, and 53.9% were not part of any group.

Based on the survey question, What are the top 5 community services you would need to remain an active member in the community, the priorities were equally consistent across all survey types (long-term care participants, home delivered meal participants, community members, and public hearing attendees). The top identifed services are listed below.

Top 5 Community Priorities Responses (Overall)

- **Transportation** 142 responses or 73.6%
- **Congregate Meals** 121 responses or 62.7%
- **Food assistance** 118 responses or 61.1%
- **Legal assistance/Bill pay assistance/Tax help** 109 responses or 56.5%
- **Dental services** 104 responses or 53.9%

Caregivers—representing 30.1% of respondents—reported high levels of stress, with more than half stating that caregiving is overwhelming. They identified needs for respite, in-home support, transportation, meal assistance, and emotional support. These findings highlight the importance of strengthening caregiver support systems.

Overall, the survey demonstrates a strong regional need for expanded in-home services, reliable transportation, caregiver relief, nutrition programs, and community engagement opportunities. These priorities will shape the Agency's strategic direction, ensuring that services remain responsive to the needs of older adults and caregivers throughout the Multi-Year Plan.

Formulated from the focus groups, surveys and community feedback, gaps in service and additional service needs were identified which included the following:

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·Continued virtual programming
·Assistance with learning technology (such as social media and online shopping)
·Companionship
·Home modifications
·Access to additional funding assistance – funding that covers the needs of seniors that are not traditionally covered under current programming (ex: assistance with uniforms for Seniors raising children, assistance with essentials such as mattresses, hearing aids, co-pays for medical visits, animal/ pests' removal, fence repair, and help with appliance repair/replacement).
·Short-term assistance programs for individuals who may have undergone procedures or need assistance while recovering
·Access to vetted resources for car repairs, maintenance, and home repairs

VAAA will seek out grant dollars, develop partnerships/collaborations, and implement programming to meet the identified service needs.

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

·National Committee for Quality Assurance (NCQA) accredited since 2020.
·Certified Aging and Disability Resource Center (ADRC)
·Inform USA Individual Certifications for Community Resource Specialists - Aging/Disability (CRS-A/D)
·Platinum Member of Inform USA
·Dementia Friendly Americal Network Member

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

Please describe your Strategic/Long-Term Plan and how it informed the development of the MYP.
VAAA utilizes its Multi-Year Plan as the agency's Strategic Plan. In addition, VAAA continuously reviews and updates its SWOT analysis to reflect emerging trends, operational findings, and changes in the service environment. Revisions and updates are incorporated as needed, to ensure alignment with organizational goals and community needs.

Strengths:

·Commitment to the mission Tenure and stable leadership Contact to community (individual)
·Strong professional networking and connection to resources Subject Matter Expertise (SME)
·Provider Monitoring
·Well-established and capable of achieving goals and objectives
·Growth of evidence based programs
·Proactive in merging advocacy efforts Community ties
·External professional resources
·Respect in the community especially due to the tenure of the leadership
·Access to hospitals
·Access to local college partnerships
·Advocacy
·Service Neutrality
·A national presence
·Strong provider network

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·Increased use of technology
·New Marketing and rebranding
·National Center for Quality Assurance (NCQA)
·Accredited Alliance of Information and Referral Systems (AIRS) certified
·Aging and Disability Resource Center (ADRC)

Weakness:

·Difficult to hire employees
·Staffing shortages
·Lack of funding for some programs
·Difficulty to attract and retain work talent

Opportunities:

·Outsource non-key functions
·Utilize volunteerism more
·Continued focus on business acumen
·Grow billable services from Medicare

Threats:

·For profit organizations stealing talent
·Attraction of qualified employees
·Reduction in funding
·Increase in need of VAAA services
·Increasing wages
·Increasing healthcare costs
·Increase in Vendor/Provider Costs
·No training programs
·Integrated Care

Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	26.23	1.55
Race/Ethnicity 60+ (%)		
a. Black/African American	11.36	22.99
b. Asian	0.69	0.18
c. White	84.51	60.76
d. Hispanic/Latino	1.84	1.15

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e. Other	3.43	0.31
Total 60+ Population in Rural areas (%)	47.46	46.60
Total 60+ Population at Poverty Level (%)	9.64	21.39
Total 85+ Population (%)	8.21	31.74
Total 60+ Non-English-Speaking Population (%)	3.21	0.13

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Public Feedback

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration, including consultation on the complete multi-year plan (MYP), for each AAA with the county/local unit of government to encourage and foster collaboration between Older American Act (OAA) programming and services provided by other non-OAA resources.

MDHHS also has an established relationship working directly with Federally Recognized Sovereign Tribes in Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification and consultation of the complete MYP for each AAA with a Tribe in the PSA to encourage and foster collaboration between Title III and Title VI programming (as required by the final rule for implementing OAA services). For AAAs without a Tribe in the PSA, MDHHS strongly encourages engagement with and targeting of elders and organizations within the PSA, such as Tribal health clinic or other Tribal affiliated organizations, to capture feedback.

Instructions

-The AAA will hold at least one public hearing on the FY 2027-2029 MYP 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 MYP is made available. *Note - Additional testimony received after the MYP has been submitted to the ACLS Bureau can be forwarded to the AAA's Regional Aging Representative*no later than*July 31, 2026.

-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. (Operating Standards for AAAs B-s(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 MYP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the MYP should be available for the public hearing(s).

-The AAA is required to upload a copy of the official notice and/or press release(s) for a public hearing using the link in the *Budget and Other Documents* tab.

-AAA will describe the strategy/approach employed to encourage public attendance and testimony on the MYP, describing all methods used to gain public input and any impacts on the MYP; and how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

- AAAs will describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). and if a representative from either the Policy and/or Advisory Board attended the hearing(s).

Please provide answers to the questions below:

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1. Did the AAA hold at least one public hearing on the MYP in your PSA? ☑ Yes ☐ No

2. Was the meeting held in an accessible facility or virtually following AAA requirements? ☑ Yes ☐ No

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? ☑ Yes ☐ No

4. Was the Notice of Public Hearing(s) sent at least 30 days in advance of the scheduled hearing(s)? ☑ Yes ☐ No

5. Did the hearing notice include accessibility information for participants seeking to attend either in person or virtually? ☑ Yes ☐ No

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).] ☑ Yes ☐ No

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

Valley Area Agency on Aging provided flyers and information on the Public Hearings to the Board of Directors and Advisory Council to encourage them to attend and share the information with others .VAAA also posted information at the Public Hearing locations, our website, and social media platforms, requesting input and feedback for the plan, as well as providing an opportunity for those interested to receive a copy of the FY 2027-2029 Multi-Year Plan.

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

VAAA sends out a letter via U.S. Mail to the Chairpersons of the Genesee, Lapeer, and Shiawassee County Boards of Commissioners, the President of the Flint City Council, and the Director of the Department of Senior Services. The letter will note that the MYP is available online, can be printed from the website, and can be mailed upon request. All information can also be sent via email to help ensure delivery.

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

Participants in the public hearings confirmed the priorities and service gaps identified by VAAA . In addition, Lapeer County provided feedback that there is a continued need for transportation and yard maintenance help for those who are no longer physically able. It was also emphasized that there is a need for a more centralized source of information, and they were informed that the Valley Area Agency on Aging is that hub , with contact information provided. Oral testimony was also provided regarding trips and outings for older adults that involve all three counties. Additional comments, questions and feedback include the following:

Q: What kind of things would follow under the category of unmet needs? A: Pest control, emergencies such as a fire, and someone could need funding for a hotel for a night or two until things are sorted out; however, this will be considered on a case-by-case basis.
Q: Do you have something other than respite? A: In regard to care management, the nurse and social worker would evaluate and determine what services might be needed and then provide resources or connect them with appropriate programs.
Q: Looking at the budget for the aforementioned programs, I am wondering or trying to understand, is this meeting looking at what the needs of the seniors are? A: The intent of this meeting, based on our requirement of a three-year plan, is to identify our anticipated services, funding for the next fiscal year (it's an estimate but will be based on budget), identify what the needs are, and get feedback. We are also looking for feedback on whether the programming is meeting their needs or if there are gaps. This meeting exists to inform, but also to provide feedback
Q: Do we do means testing? A: Means testing is not allowed, although income questions may be asked for

reporting purposes and to identify individuals who may be lower income, but this information is not used to qualify an individual for service.
Q: Is there any income-based programming? For Older American Act Services no, these programs do not have income requirements, however there are programs such as MI Choice Waiver that do have specific income requirements.
Q: Is there waiting lists for grant funded programs? Yes, there are waitlists for some programs including HDM. However, individuals are prioritized based on different factors, which helps ensure we are helping the most vulnerable.

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

Valley Area Agency on Aging provides a copy of the plan during Public Hearings , and this plan can also be requested by contacting the agency. Once completed a copy of the plan is posted on our website and can be assessed by the public. Information about the public hearings includes information on how to request the MYP, and this information is shared with service providers, the aging network, and the public.

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Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2027-2029 MYP cycle, complete this section.

Instructions
Select from the list of access services those services the AAA plans to provide directly, and provide the information requested.

Care Management

Starting Date	10/01/2026	Ending Date	09/30/2027
Total of Federal Dollars	$157,890.00	Total of State Dollars	$379,402.00

Geographic area to be served

Genesee, Lapeer, and Shiawassee

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

The Care Management Program provides comprehensive case management services to adults aged 60 and older who are at risk of nursing home placement. Services include an in-home assessment conducted by a Registered Nurse and a Licensed Social Worker , followed by the development of an individualized care plan based on the senior's identified needs and goals . Participants receive monthly contact and are reassessed as needed, but no less than every six months. VAAA utilizes available Older Americans Act funding to support essential activities of daily living—such as homemaking , personal care, medication management, and personal emergency response systems—to help seniors remain safe and independent in their homes. The program is available to eligible seniors residing in PSA 5 who meet medical necessity criteria. Individuals who qualify for Care Management may also be referred to the county Millage Care Management Program for services if a waitlist is in place.

Information and Assistance

Starting Date	10/01/2026	Ending Date	09/30/2027
Total of Federal Dollars	$249,268.00	Total of State Dollars	$49,090.00

Geographic area to be served

Genesee County

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

Region 5's Valley Area Agency on Aging (VAAA) continues to operate as a fully functioning Aging and Disability Resource Center (ADRC). The agency provides Person-Centered Planning delivered by qualified Bachelor 's-level Social Workers and maintains trained Person-Centered Counselors throughout Genesee County to ensure consistent, high-quality support. VAAA has transitioned to the iCarol database to efficiently connect participants with appropriate community resources . The Information and Assistance

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Department actively identifies and secures community resources, offering guidance to individuals seeking support. VAAA will continue to screen callers for available community services and determine eligibility for both agency-operated programs and partner-organized programs. Additionally, VAAA remains committed to maintaining a strong presence in the community through presentations, outreach events, and ongoing engagement, ensuring that individuals in need are aware of and able to access available assistance.

Outreach

Starting Date	10/01/2026	Ending Date	09/30/2027
Total of Federal Dollars	$24,459.00	Total of State Dollars	

Geographic area to be served

Genesee and Shiawassee

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

The Outreach Program delivers presentations and participates in community events throughout Region 5 to identify and support older adults who are in the greatest social and economic need. Through these efforts, the program helps individuals access the services necessary to maintain independence and remain safely in their communities for as long as possible. The Valley Area Agency on Aging plans to continue attending health fairs, hosting educational sessions, and providing community presentations to serve as a visible and reliable resource for older adults in Region 5. As the senior population continues to grow, the demand for outreach will likewise increase. The Outreach Program will expand its efforts by offering presentations that inform older adults about available services and assist them in navigating and obtaining the supports they need.

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Direct Service Request

Because this is the beginning of a multi-year cycle, all requests to provide services directly must be included in the MYP for approval.

It is expected that in-home, community, nutrition, caregiver, and kinship caregiver services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA).

Direct service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting." Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Prior to adding requests for direct service provision, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

Instructions
Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for all Direct Service Request for FY 2027-2029. *If you think you may wish to provide a service directly at any time during the multi-year cycle,even if it's not in year one, please submit the request with your MYP.

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

Friendly reassurance

Total of Federal Dollars $500.00 Total of State Dollars

Geographic Area Served Genesee, Lapeer, and Shiawassee

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

VAAA will be providing the Friendly Reassurance program in house and would like to increase the number of participants in each county. VAAA will continue to promote the Keeping Independent Seniors Safe (KISS) program in each county, during outreach events, collaborative meetings, Senior Coalition meetings, on our agency website and social media pages. Valley Area Agency on Aging intends to provide the program to all of Region 5 in order to assist with reaching those most in need of the service.

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VAAA staff and volunteers will call those enrolled in the program, Monday through Friday to provide them a telephonic wellness call. Providing this program in house will allow the staff to focus on increasing the number of individuals enrolled in this program who could benefit from this service.

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.

The *Keeping Independent Seniors Safe* initiative, VAAA's Friendly Reassurance Program, provides weekday telephonic wellness checks to older adults living alone in their homes. The program is staffed by dedicated VAAA employees and supported by trained volunteers, allowing for consistent outreach and the capacity to serve a greater number of seniors who benefit from regular safety and wellness contact. Having the program fully in-house ensures broader reach and improved continuity of care, particularly as subcontracted providers face staffing limitations. In FY 2025, the Valley Area Agency on Aging served 122 seniors through the Friendly Reassurance Program. VAAA respectfully requests approval of the Direct Provision of Services Waiver to continue operating this essential program and to expand its impact on senior safety and independence.

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

There were 4 public hearings held, three in person and one virtually. They were held on April 16, 2026, in Lapeer County, April 20, 2026, in Genesee County, April 21, 2026, in Shiawassee County, and April 24, 2026, via Zoom. It was explained that VAAA is proposing to continue providing the Friendly Reassurance Program to ensure continued growth. A Direct Service Request would be made to ACLS Bureau in order to efficiently provide the program through Region 5. Participants of the public hearings agreed and provided support for VAAA to offer this program directly.

Disease Prevention/Health Promotion

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Total of Federal Dollars $97,957.00 Total of State Dollars

Geographic Area Served Genesee, Lapeer, and Shiawassee

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

VAAA proposes to continue providing Disease Prevention/Health Promotion in house and would like to offer the following programs.
Arthritis Foundation Exercise Program
A Matter of Balance
Diabetes Personal Action Towards Health
Drums Alive

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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Disease Prevention/Health Promotion Programs are copy written programs and can only be administered by persons who have undergone strict training programs. This training can be very costly. Valley Area Agency on Aging (VAAA) will continue to place a focus on Matter of Balance, Arthritis Foundation Exercise Program, Diabetes Personal Action Towards Health (PATH), and Drums Alive. Having VAAA staff in-house and trained allows the organization the ability to provide these programs.

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

There were 4 public hearings held, three in person and one virtually. They were held on April 16, 2026, in Lapeer County, April 20, 2026, in Genesee County, April 21, 2026, in Shiawassee County, and April 24, 2026, via Zoom. It was explained that VAAA is proposing to continue providing Disease Prevention/Health Promotion to ensure continued growth and continuity of the programs. A Direct Service Request would be made to ACLS Bureau in order to efficiently provide the program through Region 5. Participants of the

public hearings agreed and provided support for VAAA to offer these program directly .

Caregiver Case Management

Total of Federal Dollars $100.00 Total of State Dollars

Geographic Area Served Genesee, Lapeer, and Shiawassee

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

Caregiver Case Management is a service for caregivers that assesses their needs and arranges coordinated services that are monitored on an ongoing basis. This service will help provide much-needed support to those caring for our vulnerable older adults. Services include an in-home assessment conducted by VAAA support coordinator, followed by the development of an individualized care plan based on the caregivers identified needs and goals.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).
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Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

VAAA has trained supports coordinators that are able to provide case management to older adults but caregivers as well. VAAA is able to effectively utilize paid staff to provide these services to ensure a continuity of care while helping both the older adult and caregiver. With staffing shortages at outside agencies utilizing internal staff to provide this service will allow more caregivers to receive the help needed . Based on Senior Needs Survey Results caregivers reported burnout and stress of providing care to the older adults they provide support to signifying a need for case management services that may help alleviate or minimize this strain.

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

There were 4 public hearings held, three in person and one virtually. They were held on April 16, 2026, in

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Lapeer County, April 20, 2026, in Genesee County, April 21, 2026, in Shiawassee County, and April 24, 2026, via Zoom. It was explained that VAAA is proposing to provide Caregiver Case Management directly as VAAA already provides Care Management directly and this will help ensure the program is provided through a uniform method to all counites and to ensure it is provided effectively and efficiently . A Direct Service Request would be made to ACLS Bureau in order to efficiently provide the program through Region 5. Participants of the public hearings agreed and provided support for VAAA to offer this program directly.

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2027–2029 MYP Goals

For each State Plan on Aging (SPoA) goal, AAAs are asked to identify the objectives and planned activities that will guide their work related to the goal during this multi-year cycle.

AAA may also enter goals, in addition to those corresponding with the SPoA goals.

The State Unit on Aging has identified the following four goals for their 2027-2029 State Plan on Aging (AAAs can type these in, under the Add MYP Goal tab, when creating their SPoA goals):

Goal 1 - Enhance access to services for older adults and caregivers to support their health, independence, and social connectedness.
Goal 2 - Promote collaborations and partnerships across MDHHS and other state departments, AAAs, Title VI Tribal grantees, and other agencies and organizations.
Goal 3 - Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.
Goal 4 -Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care.
Instructions
Select the link entitled Add MYP Goal
Provide the title of goal in the MYP Goal tab. A narrative for each goal can be entered in this text box.

Objectives related to each goal can be entered in the Objectives tab and timeline, planned activities and expected outcomes for each objective can be entered in the Planned Activities tab.

This same process can be used to add additional,non-SPoAgoals.

-

MYP Goal

A. Work to improve services and outreach to older adults and caregivers.
State Goal Match: 1

Objectives

Services and outreach for older adults and caregivers is very important to the Valley Area Agency on Aging . VAAA will focus on creating community events and Kinship Caregiver programming to increase access to resources, services and cultural events within the community. Also, VAAA will work to increase access to these programs by offering free or discounted transportation and services for older adults and caregivers in Region 5. Collaboration with local organizations will be crucial to providing these services to educate seniors, caregivers, family members as well as agency providers within the community

Planned Activities

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1. Improve services and outreach to older adults and caregivers.
   Timeline: 10/01/2026 to 09/30/2029

Planned

1. Collaborate with agency departments and outside organizations to obtain information for the newsletter.
2. Disseminate the caregiver newsletter to caregivers, organizations, and individuals receiving services.
3. Partner with community senior housing or churches to provide resources and assist older adults and caregivers.
4. Review submitted ideas via an application.
5. Send approval letters (must not duplicate services).
6. Partner with local low-income senior housing to offer services to their older adult population.
7. Partner with local organizations to provide access and free or discounted admission to Community Cultural Events (i.e., McCree Theater, Flint Institute of Arts, etc.).

Expected Outcome

A) Develop a caregiver quarterly newsletter.
B) Develop an annual "Community Impact Event" for older adults and kinship caregivers in the community.
C) To offer a "Give Back to the Community" Program to provide funding to organizations with a focus on older adults.
D) Provide transportation and/or free or discounted entry to various cultural events in the community.

B. Ensure that collaborations and partnerships are developed to increase access to information and services and a better understanding of services to the aging population.
State Goal Match: 2

Objectives

Creating partnerships and collaborations that will help with maintaining health and independence for seniors within their homes and community is a priority for the Valley Area Agency on Aging. In order to assist with this goal, VAAA will research Dementia Friendly communities in order to determine which community within PSA 5 is the best fit to become a Dementia Friendly Community. VAAA also strives to increase multi-generational programming through providing Virtual Dementia Tours to help increase understanding and awareness of Dementia and how it affects older adults. Also, providing access to educational programming and virtual programs utilizing tablets and equipment.

Planned Activities

1. Collaborate and partner with organizations to increase access to information and services, and a better understanding of services to the aging population
   Timeline: 10/01/2026 to 09/30/2029

Planned

1. Choose one community that will be the focus on becoming Dementia Friendly.
2. Form a Taskforce with Community members across all sectors.
3. Create an action plan to educate community members about Dementia.
4. Apply for Dementia Friendly Community.
5. Provide the Virtual Dementia Tours at the local skill center (high school students) and to college students.
6. Measure the awareness of Dementia by providing a pre and post-test to the high school at the VDT.
7. Explore other options to provide multigenerational programming

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Expected Outcome
A) Research Dementia Friendly Communities and define which county or community within PSA 5 is the best fit to become a Dementia Friendly Community

B) Collaborate with Multigenerational students to provide awareness about Dementia.

C. Work to improve the accessibility of services to a diverse population in PSA 5.
State Goal Match: 3

Objectives
To educate the community and providers on the barriers of accessible services to the diverse population in Region 5. To ensure that VAAA programming and outreach reaches the diverse population and ensure staff and providers have the training to meet the needs of these individuals.

Planned Activities

1. To improve the accessibility of services to a diverse population in PSA 5.
   Timeline: 10/01/2026 to 09/30/2029

Planned
1. Migrate existing data into the iCarol system.
2. Create a current and up-to-date resource database.
3. Create focus area on website specifically for caregivers.
4. Add educational and exercise short videos.
5. Contract with organizations to provide translation services for the languages in PSA other than English.

Expected Outcome
A) Implement the new iCarol System.
B) Update the current VAAA website.
C) Decrease language barriers to access Services.

D. Create messaging that celebrates aging by gathering input and feedback from the aging population and community.
State Goal Match: 4

Objectives
The Valley Area Agency on Aging will create messaging that celebrates aging by actively involving older adults and community members in shaping how aging is portrayed.

Planned Activities

1. Create messaging that celebrates aging with input from older adults and the community.
   Timeline: 10/01/2026 to 09/30/2029

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Planned

1. Participate in two community groups to gather feedback on celebratory aging language.
2. Incorporate language and messaging to the public based on feedback from surveys, public hearing and focus groups.

Expected Outcome

Collaborate with community agencies and seniors regarding language that celebrates the aging population.

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Planned Service Array

Instructions

Complete the FY 2027-2029 MYP Planned Service Array for the PSA.

Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

***Prior to finalizing the Planned Service Array, AAAs should meet with their Regional Aging Representative to discuss goals for service delivery.**

Category	Services
Provided by Area Agency	**Access** • Care Management • Information and Assistance • Outreach **In-Home** • Friendly Reassurance **Community** • Disease Prevention/Health Promotion **Caregivers of Older Adults Services** • Caregiver Case Management • Caregiver Information and Assistance • Caregiver Training
Contracted by Area Agency	**Access** • Case Coordination and Support * • Information and Assistance • Outreach **In-Home** • Chore * • Home Injury Control * • Homemaking • Medication Management • Personal Care **Community** • Legal Assistance

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	Community • Long Term Care Ombudsman • Prevention of Elder Abuse, Neglect and Exploitation **Nutrition Services** • Congregate Meals • Home Delivered Meals • Supplemental Nutrition Services - Oral Nutrition Supplements **Caregivers of Older Adults Services** • Adult Day Services • Caregiver Education • Caregiver Support Groups • Respite Care
Local Millage Funded	**Access** • Care Management • Case Coordination and Support • Information and Assistance • Transportation **In-Home** • Chore • Homemaking • Medication Management • Personal Care **Community** • Legal Assistance • Prevention of Elder Abuse, Neglect and Exploitation • Senior Center Operations • Senior Center Staffing • Vision Services * **Nutrition Services** • Congregate Meals • Home Delivered Meals • Supplemental Nutrition Services - Oral Nutrition Supplements **Caregivers of Older Adults Services** • Adult Day Services • Respite Care

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Funded by Other Sources	**Access** • Transportation **In-Home** • Friendly Reassurance

* Not PSA-wide

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Program Development Spending Plan

AAAs may use up to 20% of their OAA Title III-B allocation for program development during the 12-month fiscal year.

If approved by the State Unit on Aging, AAAs may use service funds for program development and coordination activities. (OAA 1321.17)

Instructions
Please provide answers to the question(s) below:

Does the MYP budget reflect the use of Program Development funds? ☑ Yes ☐ No

If yes, please describe how the funds will be used.
Valley Area Agency on Aging plans to utilize Program Development funds on staff time that is allocated to the planning and coordination of activities related to our agency goals, which may include recruitment and development of partnerships that will help advance VAAA's mission.

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Advocacy Strategy

Instructions
AAAs will describe the comprehensive strategy for FY 2027-2029.

Included will be descriptions on how advocacy efforts will improve the quality of life for older adults within the PSA. Additionally, AAAs will give updates on current advocacy efforts (OAA 1321.61(a)(b)(c)) (Operating Standard for AAAs C-6)

Instructions
Please answer the following questions:

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?
Valley Area Agency on Aging plans to continue attending briefings and meeting with federal and state legislators to provide input and comments on actions that may affect the older adults and caregivers in PSA 5. VAAA will also continue petitioning, letter writing, and participating in Michigan Advocacy Councils.

2. How will the AAA solicit comments from the public on the needs of older individuals and family caregivers?
VAAA will offer opportunities for the public to comment on the needs of older individuals and family caregivers during public hearings, in addition to allowing written comments and feedback on those needs. We have also utilized Senior Needs surveys that have been provided to in-home service clients, the public, senior center attendees, public hearing attendees, older adults working with community partners, as well as those attending Senior Power Day, VAAA's largest advocacy event held in PSA 5.

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?
VAAA will continue to advocate for the interests of older individuals and family caregivers by being a voice at the local, state and federal levels by obtaining signatures on petitions, submitting letters on behalf of those individuals, and participating in Advocacy councils.

4. How will the AAA consult with and support the State's Long-Term Care Ombudsman Program?
Valley Area Agency on Aging has three Long-Term Care Ombudsman serving our region, with whom we work closely. We will continue to refer individuals to the program and support requests made by the State's Long-Term Ombudsman Program. We will continue to provide resources for this program to the community and share information on the program to help support them.

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?
The Valley Area Agency on Aging will actively collaborate with a wide range of public and private organizations , including units of general-purpose local government, to promote new and expanded benefits for older adults and family caregivers. This approach ensures that services are aligned, resources are maximized, and community partners work together toward shared goals. VAAA will engage in regular communication and joint planning with local governments, health systems, community-based organizations, and nonprofit partners to identify service gaps, emerging needs, and opportunities for innovation. Through participation in coalitions,

advisory councils, and interagency workgroups, VAAA will help shape community strategies that support aging in place, caregiver well-being, and equitable access to services. The VAAA will work with partners to promote programs such as caregiver training, respite services, transportation options, nutrition supports, and home- and community-based services.
Public and private partners will be engaged in joint grant opportunities, pilot programs, and community events that raise awareness and strengthen the regional aging network. By fostering strong partnerships and aligning efforts across sectors, the AAA will help ensure that older adults and family caregivers benefit from a coordinated, comprehensive system of supports that enhances independence, safety, and quality of life.

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?
The Area Agency on Aging prioritizes services for older adults and caregivers who have the greatest social and economic need, with particular attention to individuals who face financial hardship or belong to underserved groups. The agency's targeting strategy emphasizes reaching those who are at higher risk due to limited resources, barriers to care, or lack of support systems. To ensure services reach those most in need, the agency conducts comprehensive assessments that evaluate functional ability, daily living challenges, support networks, health conditions, and overall risk factors. These assessments guide the development of individualized care plans and help determine the level of support required.

The agency also engages in intentional outreach to underserved populations, working to reduce barriers to access and increase awareness of available programs. Outreach efforts include collaboration with community organizations, culturally responsive engagement, and proactive identification of individuals who may not be connected to existing services. Targeting expectations for service providers are built into contracts by requiring them to focus on individuals with the highest levels of need and to document how they are reaching underserved groups. Providers must demonstrate that they are prioritizing those with significant social or economic challenges and are using assessment tools and outreach strategies that align with the agency's overall targeting goals.

The agency uses structured intake and assessment processes to identify caregivers and understand their role in supporting older adults. During the initial intake, staff ask targeted questions to determine whether an individual has a caregiver or representative involved in their care. Identifying caregivers is a standard part of the protocol, allowing staff to understand the support system surrounding the person and whether the individual lives alone. Caregiver information is shared securely with service providers so they can tailor services appropriately. Comprehensive in-person assessments conducted by trained staff further clarify the caregiver's involvement, the older adult's functional needs, and the level of support required. These assessments guide the development of care plans that incorporate both the client's needs and the caregiver's capacity.

Staff receive ongoing training in caregiver-related topics, including coping strategies, burnout prevention, self-determination, and person-centered planning. This ensures that caregivers are recognized, supported, and connected to appropriate services. When dementia-specific needs are identified, staff follow established protocols to refer individuals—and by extension their caregivers—to specialized service providers who can offer additional support and resources. Overall, the agency's approach ensures that caregivers are systematically identified, their needs are acknowledged, and they are integrated into the care planning and service delivery process.

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

The Valley Area Agency on Aging will work collaboratively with other aging network providers—including neighboring AAAs, community-based organizations, and statewide partners—to ensure a coordinated and efficient service delivery system. This coordination is essential for reducing duplication, improving access, and strengthening the overall network of supports available to older adults and caregivers.

The VAAA will participate in regular cross-agency meetings, statewide workgroups, and regional planning sessions to share best practices, align service strategies, and address emerging needs. Collaboration will include joint problem-solving around service gaps, coordinated responses to statewide initiatives, and shared approaches to outreach, especially for underserved populations. The VAAA will also work closely with other providers to streamline referrals, improve communication, and ensure that individuals move smoothly between programs without service interruptions. This includes using consistent assessment tools, shared protocols, and secure information-sharing processes to support continuity of care.

Through these collaborative efforts, the AAA will strengthen the regional aging network, enhance service coordination, and ensure that older adults and caregivers receive comprehensive, well-connected supports across all partner organizations.

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Planning and Service Area Aging Landscape

Constantly changing service demands make it essential for AAAs to carefully evaluate the potential, priority, targeted, and unmet needs of its service population for effective planning. All AAA PSAs are different, and it is important to understand the unique landscape of each and the impact on planning for service delivery.

Instructions
AAA's will provide for the CSA and ACLS Bureau a snapshot of the landscape of the aging services within the PSA by answering the following questions:

1. Describe notable changes in trends since the last MYP providing a picture of potentially eligible service population.
The demographic data for Region 5 shows a region that is aging rapidly, becoming more diverse, and experiencing increasing levels of need among older adults.

Region 5 2027

Statement of Demographics

County	60+ Population	60+Greatest Economic Need (at or above 150% of poverty)	60+ Minority Population	60+ Frail/Disabled Population	Total Population (All ages)
Genesee	104,037	83,749	21,744	34,020	403,305
Lapeer	25,580	21,564	1,305	7,751	88,837
Shiawassee	18,977	15,808	664	5,238	67,991
Region 5 (Total)	148,594	121,121	23,713	47,009	560,133
Michigan	2,582,909	2,117,985	436,512	743,878	10,077,761

Source – U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates

Services are available to any senior in need; however, VAAA works to reach the most frail and vulnerable. According to the U.S. Census Bureau, 2024 American Community Survey, 5-Year Estimates, below are the demographics of Region 5. The data shows the following trends in Region 5:

1. Population Growth: People aged 60 and over have increased by more than 6%, from 139,863 to 148,594.

2. Minority Elder Population: Minority elders comprise 15.96% of the older adult population, totaling 23,713 individuals. In Region 5, the minority population aged 60+ has grown 6.45%.

3. Poverty Among Seniors: 83.3% (121,121) of older adults aged 60+ live at or below 150% the poverty line.

4. Frail and Disabled: There are 47,009 individuals in Region 5 that would be considered frail or disabled,

making up over 5% of the 60+ population.

These trends highlight significant growth in the elderly population, increased diversity, and notable challenges related to poverty and frail and disabled individuals. This data shows an ongoing shift, with older adults making up a larger share of the region's total population than before. Region 5's growing diversity highlights the importance of culturally responsive services and outreach. Economic vulnerability remains a significant concern. This level of economic need highlights the critical role of safety-net programs and targeted support. Additionally, the region has 47,009 older adults who are considered frail or disabled, representing nearly one-third of the senior population. This group requires more intensive services to remain safe and independent.

Together, these trends point to rising demand for aging services, increased complexity of needs, and the importance of ensuring that the most vulnerable older adults—those who are low-income, frail, disabled, or part of minority communities—can access the supports necessary to maintain their health and independence

VAAA's counties that make up its region have been fortunate, as Genesee, Lapeer, and Shiawassee counties are supported by senior millages, which help expand the reach to older adults in each county. Region 5 has a growing population of individuals aged 60 and older. Over the next 10 years, it is projected that the older adult population in Region 5 will grow by over 15.4%, creating a greater need for services for older adults, their families, and/or caregivers. This significant population growth is detailed in the chart below.

Valley Area Agency on Aging Population Estimates

County	Current 60+ Population Source: U.S. Census Bureau, 2018- 2022 American Community Survey 5-Year Estimates	2025 60+ Population Estimates	2030 60+ Population Estimates	2035 60+ Population Estimates	Difference in 60+ Population (Current-2035)	Percentage of 60+ Population Growth (Current-2035)
Genesee	101,888	109,712	114,685	116,069	14,181	13.9%
Lapeer	24,443	27,356	29,340	29,661	5,218	21.3%
Shiawassee	18,617	20,102	21,327	21,535	2,918	15.7%
Region 5	144,948	157,170	165,352	167,265	22,317	15.4%

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates; Michigan Department of Technology, Management & Budget Michigan Labor Market Information Data Search Population Projections

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

The Valley Area Agency on Aging coordinates its comprehensive system of aging services within our region

by taking multiple approaches. VAAA assesses the needs of older adults and caregivers within our region by utilizing focus groups, senior needs surveys, community conversations, public hearings and feedback from

our stakeholders, participants, and the community at large to help develop our area plan. This input helps to direct our service priorities as well. We collaborate with other organizations, social service agencies, transportation providers, as well as private and nonprofit agencies to ensure we are creating a comprehensive network of providers and supports. VAAA also provides information and referral services and acts as a central point of contact for our region to ensure older adults, caregivers, and their families can receive the information and access to resources that are available in the community. VAAA also utilizes a competitive Request for Proposal process to ensure that the agencies we work with, which provide care, follow the program's requirements to effectively provide the best care to those in our region. These processes help to assure those we serve that we offer access to a broad range of services. VAAA is also a strong advocate for older adults, families, and caregivers to guarantee they have accessible services and the support they need.

3. Describe ways in which the AAA is informing, educating and advocating within their communities.
Information & Assistance (I & A) has been identified as a means of informing and educating those in our community. Older adults and Caregivers are confused about whom to turn to for questions about their loved ones' needs, services, or assistance with long-term care. Valley Area Agency on Aging has increased the Information and Assistance's Outreach and Education by becoming much more active in the community. VAAA has continued ramping up the I & A department and expects to serve even more seniors and caregivers. The overall goal is to provide linkage to agencies, services, and programs to those needing assistance as soon as possible. Doing this helps reduce Nursing Home placements for as long as possible. Valley Area Agency on Aging continues to be a strong advocate in our community by participating in Older Michiganians Day to ensure the voices of our seniors are heard and their concerns are voiced to those who can make a difference. In addition, hosting our signature event, Senior Power Day, allows us to spread the word about identified priorities and obtain support from our community for these pressing issues and topics.

4. Describe what home and community-based Medicaid services are available within the PSA. (Examples: PACE, MI Choice Waiver, etc.)
In PSA 5 the following home and community-based Medicaid services are available: PACE, MI Choice Waiver and Home Help.

5. Describe other significant initiatives and grants leveraged by the AAA. (Examples: MI Options, SCSEP, MHEP, etc.)
VAAA endeavors to supplement its programs with additional funding and continues to receive federal and state funds, which are earmarked for senior programs. A total of $2,662,604 was received in Region 5 in FY 2025.

Contributor	Amount	Purpose
Area Agency on Aging Association of Michigan (4AM)	$ 15,000	Caregiver Resource Center Grant
Area Agency on Aging Association of Michigan (4AM)	$ 10,000	Impart Alliance Workers - Assistance to DCW
Baldwin Society	$ 5,000	Assistance with Gaps in Senior Services
Bureau of Aging, Community Living, and Supports (ACLS)	$ 153,617	Caregiver Resource Center Program
Bureau of Aging, Community Living, and Supports (ACLS)	$ 65,551	Targeted Care Management

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Bureau of Aging, Community Living, and Supports (ACLS)	$ 27,859	Retired and Senior Volunteer Program (RSVP)
Corporation for National & Community Services (CNCS)	$ 75,000	Retired and Senior Volunteer Program (RSVP)
Fundraising and Donations	$ 65,188	Senior Power Day and Senior Services
Genesee County Offices of Senior Services	$ 293,053	Case Management Services
Genesee County Offices of Senior Services	$ 251,460	Information & Assistance Intake Services
McLaren Community Health	$ 1,020	Community Health Worker Program
Medicare	$ 518	Medical Nutrition Therapy (MNT)
Medicare/Medicaid Assistance Program (MMAP)	$ 39,024	Assistance with Medicare/Medicaid
Michigan Department of Health & Human Services (MDHHS)	$ 100,000	Flint Senior Lives Matter Grant (Flint Water Crisis)
Michigan Department of Health and Human Services (MDHHS)	$ 716,650	Community Transition Services (CTS)
Michigan Department of Health and Human Services (MDHHS)	$ 23,132	State Long Support -Term Care Ombudsman
The United Way of Genesee County	$ 50,000	Retired and Senior Volunteer Program (RSVP)
The United Way of Genesee County	$ 35,000	Keeping Independent Seniors Safe (KISS)
Tivity Health Services, L.L.C.	$ 18,882	SilverSneakers Exercise Program
Veteran's Administration	$ 716,650	Veteran Services
Total Resource Development	$ 2,662,604	

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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.

VAAA's Aging and Disability Resource Center (ADRC) continues to support seniors and caregivers across Region 5 by identifying unmet needs and connecting individuals to appropriate services. The ADRC provides information, resources, and referrals to programs such as County Millage services, the MI Choice Waiver program, and other aging network partners. Referrals are made by phone or through in-home visits by social workers and options counselors, with follow-up completed within two weeks to ensure needs are met.

VAAA regularly connects callers to both internal programs and external community agencies , including county millage programs, food banks, Michigan Department of Health and Human Services (MDHHS), Catholic Charities, the Salvation Army, Veteran Agencies, subcontracted agencies, and the Alzheimer's Association. The ADRC remains committed to offering reliable guidance and ensuring every caller receives access to the resources and support they need.

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

Valley Area Agency on Aging fosters relationships with our community partners through a multitude of ways that include identifying our shared goals, regular communication with our partners, creating opportunities that add value to both parties, including co-hosting events, cross promoting each partner's events, including partners in survey processes, and inviting them to provide feedback and participate in task forces and other engagements.

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

During the intake process, individuals are asked a multitude of questions, including whether they are veterans. Those who are identified may be referred to supportive services or to the appropriate veteran agency, as needed. Valley Area Agency on Aging also works with the Veterans Affairs to offer the Veteran Directed Care Program (VDC) to Veterans in our service area and receives referrals from this program . This program allows veterans to receive Home and Community-Based Services through a self-directed approach.

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)).]

Services that address hunger, food insecurity, malnutrition, physical and mental conditions include our nutrition programs specifically home delivered meals, congregate meals, and supplemental nutrition services-oral nutrition. In addition, Homemaker services can assist with addressing these issues by allowing providers to offer meal preparation services to ensure individuals have access to a meal and assistance if needed. Other services that may assist those dealing with physical and mental conditions or self-direction include,Chore services, Medication management, personal care, assistive devices and technologies,disease prevention and health promotion, and adult day services.

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

VAAA maintains the fidelity of the health promotion/disease prevention programs by delivering them according to the curriculum developed by the program's creators. This includes following the requirements for course and session content, the program duration, and group size. Staff also complete the required training and certifications that are required. Materials used for these programs are approved materials that allow the program to remain consistent between sessions and locations in which the program is offered and follow data collection and program monitoring requirements that have been created for the program.

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

Valley Area Agency on Aging promotes health promotion/disease prevention programs through mass email to our email group, posting information on our website, and social media pages. VAAA has also posted and shared information with the senior centers and other community organizations in our region. Program information is also included in our quarterly caregiver newsletter and shared with all staff as well .

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

VAAA offers Dementia Caregiver Series and Savvy Caregiver programs that focus on individuals caring for individuals with Alzheimer's and Dementia. These programs help those providing care learn about the disease process, as well as take care of themselves. In addition, VAAA offers education programs such as Understanding Mealtime & Dementia Behaviors and Virtual Dementia Tours. Virtual Dementia tours put the individual participating in the shoes of someone experiencing Dementia and allow them to have a hands-on understanding of how their senses are affected and why they may behave the way they do . Lastly, VAAA has partnered with one of our local movie theaters to offer Dementia Friendly Movies . These movie opportunities provide the person living with Dementia a chance to experience a movie with their care partners, family, and friends in a safe and friendly environment. What makes this Dementia Friendly is that the lights are on and the sound is slightly down, and individuals can feel free to clap their hands or just get up and dance.

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

In compliance with OAA regulations, AAAs are required to have a targeted focus on populations with Greatest Economic and Greatest Social Need. (45 CFR OAA 1321)

Instructions

AAAs will describe how the agency defines Greatest Economic and Greatest Social Need for the PSA; how the AAA educates its partners, services providers, and the public on OAA expectations; strategies for targeting priority populations; and how the Advisory Council is engaged, by providing answers to the following questions:

Please describe the following:

1. How the AAA defines Greatest Economic and Greatest Social need for the PSA.
Valley Area Agency on Aging defines Greatest Economic Needs as individuals whose income is at 150% of the Federal Poverty Level. The greatest social need is defined as individuals who have no informal supports, live alone, and have limited access to community resources.

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.
Valley Area Agency on Aging makes available the Operational Guidelines that outline the expectations regarding targeting older adults who have the greatest economic and social needs. We also ensure that providers have a mechanism to screen older adults based on priority screening to ensure we continue to target those with economic and social needs.

3. AAA's strategy to target priority populations for greatest economic and greatest social need.
Valley Area Agency on Aging will target those in greatest social and economic need by utilizing our agency-specific priority screening. Individuals for whom we receive APS referrals are considered priority one; those who are 90+ years old are priority two; individuals who are on active hospice or receiving active cancer treatments are priority three; and all other individuals are priority four.

4. How the AAA's Advisory Council assisted in targeting individuals with greatest economic and greatest social need. [See OAA § 1321.63(b)]
The Advisory Council is comprised of individuals who represent agencies and individuals who may fall into the categories of greatest economic and greatest social need. They assist by helping to share the word to these individuals of the services available as well as by sharing with VAAA organizations or contacts that may assist in targeting these groups of older adults.

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Coordination to Serve Native American Elders and Family Caregivers

All Tribes have unique cultures and identities that should be honored and respected. AAAs should use this section to describe methods used for collaboration, sharing program information, opportunities for Tribal representation in various groups, connection with services beyond Title VI, and engagement with elders and organizations within and adjacent to the PSA.

Instructions
In compliance with the OAA, AAAs will describe the following:

Please describe the following:

1. Methods for collaboration on and sharing of program information and changes.
Program information is provided through a multitude of methods, including public hearings, outreach events, sharing of information on our website and social media platforms, through email sharing, as well as through community meetings.

2. How services will be provided in a culturally appropriate and trauma-informed manner.
Staff participate in cultural competency training to help equip them to provide services in a culturally appropriate manner and to account for trauma-informed appropriateness. They also receive training on Veterans as well as the LGBTQ+ population to ensure they are sensitive to the needs of these individuals as well as how to approach certain issues that may arise due to differences in cultures.

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.
VAAA currently sends out information on our public hearings and MYP plan to tribal groups that are outside of our region to ensure they are aware of what our agency offers and allows them the opportunity to contact us for questions or information as needed or requested.

4. Opportunities to serve on advisory councils, workgroups and boards. AAAs please note whether your policy and advisory boards have tribal representation.
VAAA does not currently have tribal representation on our Advisory Council or Board of Directors . There are no Federally Recognized Tribes in our area.

5. How service providers will provide outreach to Tribal elders and family caregivers regarding Title III services for which they may be eligible.
VAAA does not have any fFederally recognized Tribes in our area; however, information is sent out via a Quarterly Caregiver Newsletter, our social media Caregiver Corner, and our website at www.valleyareaaging.org. Outreach presentations may be requested, and VAAA also participates in caregiver outreach events held within our region to provide outreach to family caregivers, informing them of Title III services that are available.

6. Is there a Federally Recognized Tribe within your PSA? ☐ Yes ☑ No

7. How Title VI programs may refer individuals for Title III services.
Individuals may be referred through our website www.valleyareaaging.org or by calling our agency at 810-239-7671.

Valley Area Agency On Aging **FY 2027**

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

There are currently no Tribes in PSA 5; however, any entity in our Region may request presentations or outreach activities for their organization by contacting our agency via our website www.valleyareaaging.org or by phone at 810-239-7671.

FY 2027 AREA PLAN BUDGET

Valley Area Agency On Aging		Date:	3/5/2026	Rev No:	0
5		Budget Period:	10/1/2026	to	9/30/2027

Area Plan Budget Overview

Area Plan Budget Summary	Federal/State Award	Other	Program Income	Cash Match	In-Kind Match	Grand Total
Administration	$ 314,196	$ -	$ -	$ 85,809	$ -	$ 400,005
Program Development & Coordination Activities	$ 115,581	$ -	$ -	$ 12,843	$ -	$ 128,424
AAA RD/Nutritionist	$ 94,919	$ -	$ -	$ 10,547	$ -	$ 105,466
Services	$ 5,224,997	$ 250,000	$ 243,207	$ 309,819	$ 333,526	$ 6,361,549
Total	**$ 5,749,693**	**$ 250,000**	**$ 243,207**	**$ 419,018**	**$ 333,526**	**$ 6,995,444**

Administration Budget

Administration Revenue	Federal / State / Other Administration	Local Cash Match	Grand Total
Federal	**$ 252,050**	**$ 85,809**	**$ 337,859**
Title III Administration	$ 252,050	$ 85,809	$ 337,859
State	**$ 62,146**		**$ 62,146**
State Administration	$ 44,146		$ 44,146
State Caregiver Support Administration	$ 2,000		$ 2,000
State Merit Award (MATF) Administration	$ 16,000		$ 16,000
Grand Total	**$ 314,196**	**$ 85,809**	**$ 400,005**

Administration Expenditures	Amount	FTEs
Salaries/Wages	$ 280,004	4.00
Fringe Benefits	$ 72,001	
Office Operations	$ 48,000	
Total	**$ 400,005**	

Services Budget

Fund Sources	Access Services	Caregivers of Older Adults Services	Community Services	In-Home Services	Nutrition Services	Older Relative (Kinship) Caregiver Services	Other Services	Grand Total
Federal	**$ 312,699**	**$ 257,314**	**$ 166,149**	**$ 58,652**	**$ 1,585,653**	**$ 19,000**	**$ 50**	**$ 2,399,517**
Nutrition Services Incentive Program (NSIP)	$ -	$ -	$ -	$ -	$ 319,685	$ -	$ -	$ 319,685
Title III-B Supportive Services	$ 312,699	$ -	$ 99,491	$ 58,652	$ -	$ -	$ 50	$ 470,892
Title III-C1 Congregate Meals	$ -	$ -	$ -	$ -	$ 471,246	$ -	$ -	$ 471,246
Title III-C2 Home-Delivered Meals	$ -	$ -	$ -	$ -	$ 794,722	$ -	$ -	$ 794,722
Title III-D Preventive Health	$ -	$ -	$ 44,771	$ -	$ -	$ -	$ -	$ 44,771
Title III-E National Family Caregiver Support	$ -	$ 257,314	$ -	$ -	$ -	$ 19,000	$ -	$ 276,314
Title VII EAP Elder Abuse Prevention	$ -	$ -	$ 8,924	$ -	$ -	$ -	$ -	$ 8,924
Title VII-A Ombudsman	$ -	$ -	$ 12,963	$ -	$ -	$ -	$ -	$ 12,963
Local	**$ 88,282**	**$ 48,367**	**$ 38,727**	**$ 107,281**	**$ 358,407**	**$ 2,266**	**$ 15**	**$ 643,345**
Cash Match	$ 84,618	$ 32,419	$ 38,727	$ 93,634	$ 60,406	$ -	$ 15	$ 309,819
In-Kind Match	$ 3,664	$ 15,948	$ -	$ 13,647	$ 298,001	$ 2,266	$ -	$ 333,526
Medicaid	**$ 250,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 250,000**
Targeted Case Management	$ 250,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 250,000
Program Income	**$ 1,044**	**$ 8,048**	**$ 4,221**	**$ 10,831**	**$ 219,063**	**$ -**	**$ -**	**$ 243,207**
Program Income	$ 1,044	$ 8,048	$ 4,221	$ 10,831	$ 219,063	$ -	$ -	$ 243,207
State	**$ 463,986**	**$ 454,611**	**$ 169,699**	**$ 1,070,145**	**$ 665,039**	**$ 2,000**	**$ -**	**$ 2,825,480**
Michigan State Ombudsman	$ -	$ -	$ 142,730	$ -	$ -	$ -	$ -	$ 142,730
State Access Services	$ 40,665	$ -	$ -	$ -	$ -	$ -	$ -	$ 40,665
State Aging Network Services	$ 63,413	$ -	$ -	$ -	$ -	$ -	$ -	$ 63,413
State Alternative Care	$ -	$ 5,565	$ -	$ 153,392	$ -	$ -	$ -	$ 158,957
State Care Management	$ 359,908	$ -	$ -	$ -	$ -	$ -	$ -	$ 359,908
State Caregiver Support	$ -	$ 19,244	$ -	$ -	$ -	$ 1,000	$ -	$ 20,244
State Congregate Meals	$ -	$ -	$ -	$ -	$ 13,142	$ -	$ -	$ 13,142
State Home Delivered Meals	$ -	$ -	$ -	$ -	$ 651,897	$ -	$ -	$ 651,897
State In-Home Services	$ -	$ 3,337	$ -	$ 721,670	$ -	$ -	$ -	$ 725,007
State In-Home Services (Direct Care Worker Pay)	$ -	$ 162,107	$ -	$ 195,083	$ -	$ -	$ -	$ 357,190
State Merit Award (MATF)	$ -	$ 168,257	$ -	$ -	$ -	$ 1,000	$ -	$ 169,257
State Nursing Home Ombudsman	$ -	$ -	$ 26,969	$ -	$ -	$ -	$ -	$ 26,969
State Respite Care	$ -	$ 96,101	$ -	$ -	$ -	$ -	$ -	$ 96,101
Grand Total	**$ 1,116,011**	**$ 768,340**	**$ 378,796**	**$ 1,246,909**	**$ 2,828,162**	**$ 23,266**	**$ 65**	**$ 6,361,549**

Valley Area Agency On Aging		Date:	3/5/2026	Rev No:	0
5		Budget Period:	10/1/2026	to	9/30/2027

Expenditures by Service & Fund Category

	37.72%	44.41%	3.93%	3.82%	10.11%	100.00%
Services	**Federal**	**Local**	**Medicaid**	**Program Income**	**State**	**Grand Total**
Access Services	**$ 312,699**	**$ 88,282**	**$ 250,000**	**$ 1,044**	**$ 463,986**	**$ 1,116,011**
Care Management	$ 157,890	$ 63,000	$ 250,000	$ 1,044	$ 408,202	$ 880,136
Case Coordination & Support	$ 2,407	$ 565	$ -	$ -	$ 2,673	$ 5,645
Information & Assistance	$ 127,327	$ 21,932	$ -	$ -	$ 53,111	$ 202,370
Outreach	$ 24,575	$ 2,730	$ -	$ -	$ -	$ 27,305
Transportation	$ 500	$ 55	$ -	$ -	$ -	$ 555
Caregivers of Older Adults Services	**$ 257,314**	**$ 48,367**	**$ -**	**$ 8,048**	**$ 454,611**	**$ 768,340**
Adult Day Services	$ 33,782	$ 14,034	$ -	$ -	$ 244,398	$ 292,214
Caregiver Case Management	$ 100	$ 15	$ -	$ -	$ -	$ 115
Caregiver Education (use for Caregiver Outreach)	$ 27,584	$ 3,065	$ -	$ -	$ -	$ 30,649
Caregiver Information and Assistance	$ 145,882	$ 16,250	$ -	$ -	$ -	$ 162,132
Caregiver Support Groups	$ 100	$ 15	$ -	$ -	$ -	$ 115
Caregiver Training	$ 10,103	$ 1,200	$ -	$ -	$ -	$ 11,303
Respite Care – In-Home Respite	$ 39,763	$ 13,788	$ -	$ 8,048	$ 210,213	$ 271,812
Community Services	**$ 166,149**	**$ 38,727**	**$ -**	**$ 4,221**	**$ 169,699**	**$ 378,796**
Elder Abuse Prevention	$ 8,924	$ -	$ -	$ -	$ -	$ 8,924
Health Promotion: Evidence-Based	$ 94,234	$ 10,500	$ -	$ 4,000	$ -	$ 108,734
Health Promotion: Non Evidence-Based	$ 3,723	$ 425	$ -	$ 200	$ -	$ 4,348
Legal Assistance	$ 40,000	$ 8,947	$ -	$ 21	$ -	$ 48,968
Ombudsman	$ 19,268	$ 18,855	$ -	$ -	$ 169,699	$ 207,822
In-Home Services	**$ 58,652**	**$ 107,281**	**$ -**	**$ 10,831**	**$ 1,070,145**	**$ 1,246,909**
Assistive Devices & Technologies	$ 4,000	$ 7,120	$ -	$ -	$ 60,000	$ 71,120
Chore Services	$ 4,050	$ 450	$ -	$ -	$ -	$ 4,500
Friendly Reassurance	$ 500	$ 55	$ -	$ -	$ -	$ 555
Home Injury Control	$ 3,878	$ 1,276	$ -	$ -	$ -	$ 5,154
Homemaker	$ 7,746	$ 27,531	$ -	$ 3,636	$ 288,302	$ 327,215
Medication Management	$ 8,902	$ 2,944	$ -	$ 1,208	$ -	$ 13,054
Personal Care	$ 29,576	$ 67,905	$ -	$ 5,987	$ 721,843	$ 825,311
Nutrition Services	**$ 1,585,653**	**$ 358,407**	**$ -**	**$ 219,063**	**$ 665,039**	**$ 2,828,162**
Congregate Meals	$ 506,098	$ 99,593	$ -	$ 110,472	$ 13,142	$ 729,305
Home-Delivered Meals	$ 969,555	$ 245,614	$ -	$ 108,591	$ 651,797	$ 1,975,557
Supplemental Nutrition Services - Oral Nutrition Supplements	$ 110,000	$ 13,200	$ -	$ -	$ 100	$ 123,300
Older Relative (Kinship) Caregiver Services	**$ 19,000**	**$ 2,266**	**$ -**	**$ -**	**$ 2,000**	**$ 23,266**
Kinship Caregiver Respite Care	$ 19,000	$ 2,266	$ -	$ -	$ 2,000	$ 23,266
Other Services	**$ 50**	**$ 15**	**$ -**	**$ -**	**$ -**	**$ 65**
Unmet Needs	$ 50	$ 15	$ -	$ -	$ -	$ 65
Grand Total	**$ 2,399,517**	**$ 643,345**	**$ 250,000**	**$ 243,207**	**$ 2,825,480**	**$ 6,361,549**

Valley Area Agency On Aging	Date:	3/5/2026	Rev No:	0
5	Budget Period:	10/1/2026	to	9/30/2027

Method of Service Provision

	29.46%	51.02%	19.53%	100.00%
Services	**Contracted Services**	**Direct Services**	**Purchased Services**	**Grand Total**
Access Services	**$ 27,321**	**$ 1,088,135**	**$ 555**	**$ 1,116,011**
Care Management	$ -	$ 880,136	$ -	$ 880,136
Case Coordination & Support	$ 5,645	$ -	$ -	$ 5,645
Information & Assistance	$ 7,545	$ 194,825	$ -	$ 202,370
Outreach	$ 14,131	$ 13,174	$ -	$ 27,305
Transportation	$ -	$ -	$ 555	$ 555
Caregivers of Older Adults Services	**$ 345,781**	**$ 146,659**	**$ 275,900**	**$ 768,340**
Adult Day Services	$ 152,534	$ -	$ 139,680	$ 292,214
Caregiver Case Management	$ -	$ 115	$ -	$ 115
Caregiver Education (use for Caregiver Outreach)	$ 19,364	$ 11,285	$ -	$ 30,649
Caregiver Information and Assistance	$ 38,176	$ 123,956	$ -	$ 162,132
Caregiver Support Groups	$ 115	$ -	$ -	$ 115
Caregiver Training	$ -	$ 11,303	$ -	$ 11,303
Respite Care – In-Home Respite	$ 135,592	$ -	$ 136,220	$ 271,812
Community Services	**$ 265,714**	**$ 113,082**	**$ -**	**$ 378,796**
Elder Abuse Prevention	$ 8,924	$ -	$ -	$ 8,924
Health Promotion: Evidence-Based	$ -	$ 108,734	$ -	$ 108,734
Health Promotion: Non Evidence-Based	$ -	$ 4,348	$ -	$ 4,348
Legal Assistance	$ 48,968	$ -	$ -	$ 48,968
Ombudsman	$ 207,822	$ -	$ -	$ 207,822
In-Home Services	**$ 443,957**	**$ 555**	**$ 802,397**	**$ 1,246,909**
Assistive Devices & Technologies	$ -	$ -	$ 71,120	$ 71,120
Chore Services	$ 4,450	$ -	$ 50	$ 4,500
Friendly Reassurance	$ -	$ 555	$ -	$ 555
Home Injury Control	$ 5,054	$ -	$ 100	$ 5,154
Homemaker	$ 147,629	$ -	$ 179,586	$ 327,215
Medication Management	$ 10,170	$ -	$ 2,884	$ 13,054
Personal Care	$ 276,654	$ -	$ 548,657	$ 825,311
Nutrition Services	**$ 2,162,695**	**$ 525,467**	**$ 140,000**	**$ 2,828,162**
Congregate Meals	$ 483,789	$ 225,516	$ 20,000	$ 729,305
Home-Delivered Meals	$ 1,555,606	$ 299,951	$ 120,000	$ 1,975,557
Supplemental Nutrition Services - Oral Nutrition Supplements	$ 123,300	$ -	$ -	$ 123,300
Older Relative (Kinship) Caregiver Services	**$ -**	**$ -**	**$ 23,266**	**$ 23,266**
Kinship Caregiver Respite Care	$ -	$ -	$ 23,266	$ 23,266
Other Services	**$ -**	**$ -**	**$ 65**	**$ 65**
Unmet Needs	$ -	$ -	$ 65	$ 65
Grand Total	**$ 3,245,468**	**$ 1,873,898**	**$ 1,242,183**	**$ 6,361,549**

FUNDED SERVICES
Fiscal Year: 2027

Area Agency: Valley Area Agency on Aging

FUNDED SERVICES	Funding 2025-2026	Funding 2026-2027
PURCHASED SERVICES		
1. Adult Day Care	$ 80,423	$ 76,081
2. In-Home Services	$ 775,797	$ 728,243
3. Medication Management	$ 2,884	$ 2,884
4. Respite	$ 234,317	$ 199,819
5. PERS	$ 7,000	$ 64,000
6. Transportation	$ 1,000	$ 500
7. Unmet Needs	$ 50	$ 50
8. Kinship Caregiver Respite	$ 15,000	$ 21,000
9. Congregate Meals	$ 20,000	$ 20,000
10. Home Delivered Meals	$ 120,000	$ 120,000
11. Chore	$ 50	$ 50
12. Home Injury Control	$ 100	$ 100
TOTAL PURCHASED SERVICES	$ 1,256,621	$ 1,232,727
CONTRACTED SERVICES		
1. Adult Day Care	$ 116,869	$ 114,977
2. Care Management	$ 79,218	$ -
3. Caregiver Training	$ 8,000	$ -
4. Caregiver Support Groups	$ 2,000	$ -
5. Case Coordination & Support	$ 10,417	$ 5,080
6. Congregate Meals	$ 358,831	$ 344,913
7. Elder Abuse Education	$ 8,925	$ 8,924
8. Home-Delivered Meals	$ 1,242,306	$ 1,225,131
9. Liquid Nutrition	$ 115,100	$ 110,100
10. Information & Assistance	$ 28,821	$ 6,036
11. Caregiver Information & Assistance	$ -	$ 21,926
12. In-Home Services	$ 328,664	$ 319,224
13. Legal Assistance	$ 40,000	$ 40,000
14. Long-Term Care Ombudsman	$ 188,967	$ 188,967
15. Medication Management	$ 6,186	$ 6,018
16. Outreach	$ 28,366	$ 11,401
17. Caregiver Education	$ -	$ 16,299
18. Respite	$ 134,639	$ 137,279
19. Home Injury Control	$ 3,778	$ 3,778
20. Chore Services	$ 4,000	$ 4,000
TOTAL CONTRACTED SERVICES	$ 2,705,087	$ 2,564,053
DIRECT SERVICES		
1. Care Management	$ 463,345	$ 537,292
2. Caregiver Care Management	$ -	$ 100
3. Caregiver Support Groups	$ -	$ 100
4. Home Delivered Meal Assessments	$ 299,951	$ 299,951
5. Information & Assistance	$ 257,316	$ 174,402
6. Caregiver Information & Assistance	$ -	$ 123,956
7. Caregiver Education	$ 11,385	$ 11,285
8. Program Development	$ 116,000	$ 115,581
9. Outreach	$ 15,940	$ 13,174
10. Health Promotion: Evidence-Based	$ 68,137	$ 94,234
11. Health Promotion: Non Evidence-Based	$ -	$ 3,723
12. Independence by Choice	$ 29,666	$ -
13. Caregiver Training	$ 21,349	$ 10,103
14. Friendly Reassurance	$ 500	$ 500
TOTAL DIRECT SERVICES	$ 1,283,589	$ 1,384,401
TOTAL FOR ALL FUNDING CATEGORIES	**$ 5,245,297**	**$ 5,181,181**

FY 2027 FUND DISTRIBUTION

	60+ Population, by County (2020 Census)						
	Genesee 73.00%		Lapeer 15.00%		Shiawassee 12.00%		Total 100.00%
Services	Genesee County (Incl. City of Flint)		Lapeer County		Shiawassee County		Total Funds
Adult Day Care	$ 229,089	86.41%	$ -	0.00%	$ 36,023	13.59%	$ 265,112
Case Coordination & Support	-	0.00%	-	0.00%	5,080	100.00%	5,080
Chore Maintenance	50	1.23%	-	0.00%	4,000	98.77%	4,050
Congregate Meals	226,345	73.00%	46,509	15.00%	37,207	12.00%	310,061
Home Delivered Meals	992,982	73.00%	204,038	15.00%	163,229	12.00%	1,360,249
Liquid Nutrition	80,373	73.00%	16,515	15.00%	13,212	12.00%	110,100
Home Injury Control	100	2.58%	-	0.00%	3,778	97.42%	3,878
Information & Assistance	174,402	96.65%	-	0.00%	6,036	3.35%	180,438
Caregiver Information & Assistance	123,956	84.97%	-	0.00%	21,926	15.03%	145,882
In-Home Respite	136,220	51.79%	99,127	37.68%	27,697	10.53%	263,044
In-Home Services (PC/HM/CLS)	728,243	69.52%	182,401	17.41%	136,823	13.06%	1,047,467
Kinship Caregiver Respite	21,000	100.00%	-	0.00%	-	0.00%	21,000
Medication Management	2,884	32.40%	-	0.00%	6,018	67.60%	8,902
Outreach	13,174	53.61%	11,401	46.39%	-	0.00%	24,575
Personal Emergency Reponse	64,000	100.00%	-	0.00%	-	0.00%	64,000
Transportation	500	100.00%	-	0.00%	-	0.00%	500
Caregiver Education	11,285	40.91%	16,299	0.00%	-	0.00%	27,584
	$ 2,804,603	73.00%	$ 576,290	15.00%	$ 461,029	12.00%	$ 3,841,922
Tri - County Services							
Care Management	$ 392,223	73.00%	$ 80,594	15.00%	$ 64,475	12.00%	$ 537,292
Caregiver Care Management	73	73.00%	15	15.00%	12	12.00%	100
Congregate Meals	14,600	73.00%	3,000	15.00%	2,400	12.00%	20,000
Elder Abuse Education	6,515	73.00%	1,339	15.00%	1,071	12.00%	8,924
Friendly Reassurance	365	73.00%	75	15.00%	60	12.00%	500
Legal Services	29,200	73.00%	6,000	15.00%	4,800	12.00%	40,000
Long - Term Care Ombudsman	137,946	73.00%	28,345	15.00%	22,676	12.00%	188,967
Caregiver Training	7,375	73.00%	1,515	15.00%	1,212	12.00%	10,103
Caregiver Support Groups	73	73.00%	15	15.00%	12	12.00%	100
Health Promotion: Evidence-Based	66,503	73.00%	13,665	15.00%	10,932	12.00%	91,100
Health Promotion: Non Evidence-Based	5,006	73.00%	1,029	15.00%	823	12.00%	6,857
Unmet Needs	37	73.00%	8	15.00%	6	12.00%	50
Funding by County Prior to NSIP	$ 3,464,518		$ 711,890		$ 569,508		$ 4,745,915
NSIP - Congregate Meals	$ 21,208	60.85%	$ 3,539	10.15%	$ 10,105	28.99%	$ 34,852
NSIP - Home Delivered Meals	191,580	67.26%	53,662	18.84%	39,591	13.90%	284,833
Total Funding	$ 3,677,306	72.59%	$ 769,091	15.18%	$ 619,204	12.22%	$ 5,065,600

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2027

Funded Under Disease Prevention Health Promotion Service Definition

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

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2027. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service".

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
Example **Arthritis Exercise Program**	*Example: List each provider offering programs on a single line as shown below.* **1) Forest City Senior League Program** **2) Grove Township Senior Services** **3) Friendly Avenue Services**	*Example: Total participants for all providers* **80**	*Example: Funding total for all providers* **$14,000**
Arthritis Exercise Program	Valley Area Agency on Aging	200	$21,490
A Matter of Balance	Valley Area Agency on Aging	60	$6,268
Diabetes Personal Action Towards Health	Valley Area Agency on Aging	40	$4,477
Savvy Caregiver	Valley Area Agency on Aging	60	$6,268
Drums Alive	Valley Area Agency on Aging	60	$6,268

Rationale for Allocation of Funds

The Older Michiganians Act requires each Area Agency on Aging (AAA) to include with its area plan a clear rationale for the allocation of funds made available within its Planning and Service Area (PSA).

R400.20405, Rule 405(5) "Area agencies, as part of the area plan, shall describe the rationale for allocating funds made available through grants within the PSA. The rationale shall describe how funds will be distributed to meet priority nutrition and supportive service needs identified in the area plan"

Please use the space provided to give a brief description of your agency's current rationale or methodology used to determine how funds are allocated across programs and services within your PSA.

The Valley Area Agency on Aging allocates funds based on priority needs identified through stakeholder feedback, public hearings, senior needs surveys, and input from homebound older adults and caregivers. This information guides the agency in determining which services require the greatest investment. Nutrition and supportive services—including in-home supports and caregiver services—consistently emerge as top priorities, and funding is distributed accordingly to ensure these needs are met.

Because nutrition services are identified as the highest-priority need, a significant portion of available funds is directed to support and expand nutrition programs. Supportive services also rank among the top needs, resulting in a substantial allocation to in-home, caregiver, and related supportive programs.

In addition to local priority-setting, the agency adheres to all funding mandates established by the Michigan Bureau of Aging, Community Living, and Supports (ACLS Bureau). These requirements, combined with locally identified needs, form the rationale for how funds are allocated within the PSA to ensure that the most critical nutrition and supportive service needs are addressed.

or

If your AAA has a current allocation policy or related document, please submit to ACLS Bureau.

☐ Our agency does not have a formal written policy or document related to the allocation of funds.

Genesee, Lapeer and
Shiawassee Counties

Yaushica Aubert
President, CEO

Valley Area
Agency On Aging
Answers, Action & Advocacy
for All Things Senior

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Valley Area Agency on Aging
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FY 2026

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Genesee, Lapeer and
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Yaushica Aubert
President, CEO

Valley Area
Agency On Aging
Answers, Action & Advocacy
for All Things Senior

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Valley Area Agency on Agi
Board of Directors Roster
FY 2026

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Contingency Planning

Please provide a description of your contingency planning for potential reduced federal funding, or in the event of a continuing resolution.

Identify specific funding sources if plans include the pursuit of alternative funding.

To preserve its capacity to serve older adults in PSA 5, the Valley Area Agency on Aging (VAAA) conducted a comprehensive review and update of its contingency plan in 2025. The plan establishes the agency's operational response in the event of reduced federal funding appropriations or the issuance of a continuing resolution by the Bureau of Aging, Community Living, and Supports (ACLS Bureau). VAAA's strategy is guided by two primary objectives: (1) safeguarding the health and well-being of the most vulnerable older adults, and (2) mitigating financial risk to VAAA and its provider network should reimbursements be delayed, reduced, or not issued retroactively.

To achieve these objectives, VAAA would undertake the following actions:

- Prioritize VAAA-funded services based on client health and welfare needs recognizing that this prioritization may differ from the order established in the Multi-Year Plan (MYP).
- Maintain priority services, including Case Management, Home-Delivered Meals, Congregate Meals, and in-home supports such as Personal Care, Medication Management, Respite, Adult Day Care Services, and Information and Assistance. Legal Services, Ombudsman Services, Outreach, Kinship Caregiver supports, and Health Promotion Programs will continue to receive at least the minimum funding required under federal grant guidelines. Homemaker services alone are not classified as priority services.
- Continue programs supported by external grant funding (e.g., RSVP) for as long as those grant resources remain available.
- Pursue additional revenue opportunities, including Medical Nutrition Therapy, Targeted Care Management, Transitional Case Management, and Veteran-related services.
- Maintain partnerships with county millage-funded programs to provide service alternatives when internal waitlists occur.
- Implement cost-sharing mechanisms that allow collected contributions to be reinvested directly into service provision.
- Engage in fundraising efforts to expand available service dollars.
- Allocate a portion of unrestricted funds to support services and service delivery when appropriate.
- Refer eligible individuals to other programs, such as MI Choice Waiver program, to ensure continuity of care.

Additionally, each department within the organization has developed its own contingency plan to address potential staffing or funding challenges. These departmental plans will continue to be reviewed and updated as circumstances evolve.

Planned FY2027 Caregiver Programs: Complete the chart below, including all kinship and caregiver programs and services provided in the PSA. Include both direct and contracted services. The "name of program" column should include the service name that you use in your region. The "corresponding operating standard" column should indicate which ACLS bureau operating standard the program will be reported under. Comments can be used to describe the program if you feel additional information is needed.

If you have any questions, please reach out to Lacey Charboneau at charboneaul2@michigan.gov

Name of Program	Corresponding Operating Standard	Agency Comments (optional)
Savvy Caregiver	Caregiver Training	
Dementia Caregiver Series	Caregiver Training	
Kinship Respite	Kinship Respite	
Caregiver Education	Caregiver Education	
Caregiver Support Groups	Caregiver Support Groups	
	Choose One:	
	Choose One:	

EMERGENCY MANAGEMENT AND PREPAREDNESS
Minimum Elements for Area Agencies on Aging
FY 2027-2029 Multi-Year Plan (MYP)/Annual Implementation Plan (AIP)

Date:	May 15, 2026
Area Agency on Aging:	Valley Area Agency on Aging - Region 5

Please complete **Section A: General Emergency Preparedness Minimum Elements** and **Section B: Nutrition Emergency Preparedness Minimum Elements** below.

Section A: General Emergency Preparedness Minimum Elements as required by the Older American's Act (OAA). Follow Operating Standard for Services A-3 Disaster Advocacy and Outreach to ensure all necessary minimum requirements are included in your plan.

Provide a brief response to the questions below regarding how the Area Agency on Aging (AAA) Emergency Preparedness Plan for FY 2027-2029 MYP will address any disaster. Your plan should include short, intermediate, and long-term plans for uninterrupted delivery of service. All emergency plans need to be uploaded into Annual & Multi-year Planning System (AMPS). **This form does not represent your emergency plan.**

If emergency management plans are updated between the MYP period, they shall be submitted to the Bureau of Aging, Community Living, and Supports (ACLS) for review. If updates are needed prior to the MYP cycle, e-mail the emergency management and preparedness liaison at ACLS Bureau.

1. Below provide how the AAA Emergency Preparedness Plan will address any disaster. (Brief overview of your plan).

VAAA will provide our provider network assistance during a national, State or local crisis. VAAA will contact the Sheriff's Department and each county's local Health Department concerning our priority 1 participants as it relates to wellness checks if the office closes due to a national, State, or local emergency. VAAA staff will communicate with the provider network through the Vendor View Electronic System; this will ensure that our provider network has direct communication with the team at VAAA concerning the participants.
VAAA will work with the Home Delivered Meal (HDM) providers in implementing a protocol to ensure additional meals are delivered to HDM participants should normal delivery protocol not be followed. This includes delivery of additional shelf-stable meals, extra frozen meals, or a combination thereof. HDM providers will keep a record of any additional meals delivered, as well as any additional costs incurred. Congregate Meal sites will be reviewed on a site-by-site basis.
Priority 1 participants should be contacted and monitored by social workers and RNs during an emergency. If services cannot be delivered as planned, the backup plan needs to start immediately. Family and friends need to be contacted and established emergency procedures should be followed. In the event a Priority 1 participant nor their family or friends (if applicable) cannot be reached, please call 911. A list of emergency contacts for each county is supplied to staff.
Priority 2 and 3 participants should be called after Priority 1 clients have been contacted. If assistance is needed, supervisors are to be notified. Additional VAAA staff will be recruited to provide assistance with contacting Priority 2 and 3 participants if necessary.
VAAA will ensure that the provider network has emergency plans for senior services, such as Home Delivered Meals, Care Management and In-Home Services.

Service provision may be altered in the event of an emergency when staff are unable to deliver services as established pre-emergency. Changes to service delivery may include:

Telephonic assessments;

Acceptance of verbal consent in place of signed documents;

Increased or decreased telephonic contacts;

Use of telehealth platforms;

Increased or decreased staff visits to area hospitals and nursing homes;

Increased or decreased service deliveries dependent on provider pool abilities; and

Changes to program eligibility may include fewer restrictions per program contract amendments.
VAAA staff may utilize alternative means to assess participants, such as electronic medical record system reviews and collaboration with other agencies to attain needed assessment components such as medication lists. If mail delivery is affected, VAAA may decrease outgoing mail and resume services as soon as feasible. Service provision changes will adhere to program amendments as defined by funders. Services will resume normal operations upon emergency relief or program regulations.

2. Has your agency worked with local emergency management? If yes, please provide a brief description of the incident that required their assistance and the outcome. If no, state reason. (Example, no incident in our PSA).
Yes, Valley Area Agency on Aging (VAAA) works with our local emergency management. VAAA receives resources from our local emergency management that can be provided to our staff, participants, and provider network. In addition, VAAA maintains a list of contacts in case of an emergency as well as relays pertinent information provided to our email list, provider network, staff, and participants to keep them updated on necessary information. In the case of emergency VAAA may collaborate with our local emergency management to ensure participants needs are met.
3. During a State or locally declared emergency/disaster, ACLS Bureau expects the area agency director or their designee to be available for communication, and to provide real time information about service continuity (the status of the service provider's ability to provide services). Please provide ACLS Bureau with any updated contact information for staff listed as the emergency contact, including during any drills conducted. This person should be able to provide information about the number and location of vulnerable older persons receiving services from the area agency.
Valley Area Agency on Aging President and CEO, Yaushica Aubert (email: yaubert@ valleyaaa.org) is the designated person available to communicate with ACLS staff regarding service continuity. Katrina Royster, the Director of Human Resources (roysterk@valleyaaa.org) is the Emergency Preparedness Manager for Valley Area Agency on Aging. Ms. Royster also oversees our agency drills related to emergency situations.
4. Would your agency participate in trainings/conferences, other than state emergency drills, if available? Please indicate if your agency would be interested in any trainings offered by the state.
Yes, Valley Area Agency on Aging would participate in training and conferences that may be offered by the state.

5. Does your agency budget funds for emergency preparedness? If yes, list the service category used. If no, provide explanation.
No, we don't budget funds for emergency preparedness, however, we would utilize unrestricted funds for emergency preparedness. Also, we are proposing to offer the Unmet Needs Service, that can be used for participants.
6. Describe how your AAA is coordinating with Title VI programs during emergency situations.

Section B. Nutrition Emergency Preparedness Minimum Elements, as required in the *General Requirements for Nutrition Service Programs Operating Standard*. The AAA shall work with each nutrition provider to develop a written emergency plan. The plans shall be reviewed and approved at the beginning of each multi-year cycle by the respective AAA and then uploaded into the AMPS, along with your MYP. Nutrition Emergency Preparedness Plans shall be updated, as needed, during the AIP process each year. Please provide a brief description of how the FY 2027-2029 Nutrition Emergency Preparedness Plan addresses the following elements:
1. Describe how the plan encompasses congregate meal sites and Home Delivered Meal (HDM) participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.
All current nutrition providers service both Home Delivered Meal Participants and Congregate participants. The plan discusses how each participant type will be addressed and how services will be rendered to each in the case of an emergency.

2. Describe the agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups. • Agreements shall include plans for coordination of services related to food acquisition, meal preparation and delivery of meals. The agreements may include options for contracting meals that include company name, types of meals, financial agreement, timeline for providing meal service and logistical information.
The provider agencies have agreements in place with their food acquistion companies to ensure meal preparation and delivery can continue in the state of emergency as well as local health departments and local news agencies to report issues, closures or provide directives as needed.
3. Describe the plan for short, intermediate, and long-term uninterrupted delivery of meals to HDM participants addressing: • inclement weather, power outages, flooding, etc., • the use of families and friends, volunteers, shelf-stable meals, and informal support systems, and • include a back-up plan for food preparation if usual kitchen facility is unavailable**.**
Plan includes the provision of shelf-stable meals at the beginning of each fiscal year, quarterly and as needed to ensure availability of meals in the case of emergency. In addition they include the planned usage of volunteers and family to pick up and deliver meals to ensure meal delivery is not interrupted. Congregate site members would also have the option to pick up shelf-stable meals if needed. If long-term interruption is anticipated they would work with County Emergency Operations and Red Cross for the continuity of operations.
4. Describe the plan for provisions of at least two, preferably more, shelf-stable meals to HDM participants. Instructions on how to use these meals should also be provided. Every effort should be made to ensure that the emergency shelf-stable meals meet the nutrition guidelines.
Each participant would receive at minimum two shelf stable meals that include instructions on the box for how to utilize the meals, when they should be utilized and expiration dates if applicable. The shelf stable meals would be replenished as needed and provided quarterly if applicable especially in the colder months when service delivery could be impacted by the weather.

5. Describe the plan for a fluid system that shifts from congregate meal site service to alternative methods of delivery and/or pickup, including situations in which participants are unable to access congregate meals due to an emergency (e.g., Grab and Go, Curbside pickup, volunteer delivery, etc.).
The providers will notify the participants via news, texts, and calls in the instance they are unable to access the sites for meals. The plan is to allow individuals to pick up meals or utilize family or volunteers to pick up if the older adult is unable.
6. Describe the plan for infection control measures, including contactless delivery, social distancing practices, use of personal protective equipment (PPE) and other appropriate measures.
Providers will utilize contactless delivery by leaving the meal a the door, knocking and waiting in their vehicle to ensure the senior collects their meal. In addition, personal protective equipment such as masks and gloves may be utilized to ensure infection control measures are taken during delivery if needed.
7. Describe the plan for an effective communication system to alert congregate and HDM participants of changes in meal sites/delivery.
Each provider works with local news stations to alert of any changes as well as a system to notify particpants via phone call or text (whichever applicable) to alert them to changes.

8. Describe how Title III nutrition programs are coordinating with Title VI programs during emergency situations.
There are no Title VI programs in our region to coordinate with.

Resources:

https://acl.gov/sites/default/files/nutrition/FAQ%20Managing%20SNPs%20During%20Emergencies_FINAL.pdf

https://www.michigan.gov/msp/divisions/emhsd

https://acl.gov/senior-nutrition/emergencies-disasters