



Detroit Area Agency on Aging

FY 2017 – FY 2019 Multi-Year Plan

April 11, 2016

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Detroit Area Agency on Aging

Planning and Service Area 1-A

Rectangular Grid



SEMCOG
Southeast Michigan Council of Governments

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LOCAL/COUNTY GOVERNMENT REVIEW

The Michigan Aging and Adult Services Agency (AASA) requires Area Agencies on Aging (AAAs) throughout the State of Michigan to develop a FY 2017 – FY 2019 Multi-Year Area Plan (MYP). Acquiring input and support from within Region 1-A's municipal governments on the proposed plan is critically important to the Detroit Area Agency on Aging (DAAA). As a part of the review and approval process, DAAA sends all municipalities a public hearing notification flyer inviting a city representative to the public hearing on the proposed plan. DAAA will also distribute a letter and draft plan through the U.S. mail with delivery and signature confirmation to the Chief Elected Official (Mayor's office) advising the official of the availability of the proposed plan for review and comment. The letter includes instructions on how to view a mailed, printed copy of the document as well as provide instructions on how to secure an email version or copy posted on the DAAA Website, if needed. It also notes the availability of the Area Agency on Aging (AAA) to discuss the plan with local government officials.

This letter is followed up by a call to municipalities to determine the specific process to be used for review of the plan as well as the name and contact information of the city representative assigned to champion review and approval of the plan. The Planning, Advocacy and Volunteers Department staff and/or members of the DAAA Board of Directors follows up with the assigned city officials in May – July 2016 to encourage feedback from unresponsive communities including the establishment of meetings or conference calls with the appropriate parties. Municipal Sign Offs will be accepted via email, mail or fax if addressed to the appropriate party. DAAA will also make the proposed plan available via Website, email and postal mail. Although the proposed plan

is due June 30, 2016 to the Michigan Aging and Adult Services Agency, representatives from municipalities can email, fax or mail their approval or disapproval of the MYP and any related concerns preferably, by July 22, 2016, but not later than July 29, 2016. After the Review and Approval deadline, DAAA staff will draft a letter to the AASA Field Representative of the Michigan Aging and Adult Services Agency noting the status of the local/county government review process. This includes noting if municipalities have formally approved, passively approved, or disapproved the MYP. The letter regarding the status of responses from municipalities will be submitted by August 5, 2016.

TIMELINE

December 15, 2015	Convened three (3) Public Input Session on the FY 2017 – 2019 Multi-Year Plan
February 11, 2016	Review of Proposed MYP by DAAA Advisory Council
February 29, 2016	Approval of Plan by DAAA Board of Directors
April 12, 2016	Draft FY 2017 - FY 2019 Multi-Year Plan is made available to the public for 30 days
April 2016	Internal review of draft FY 2017 – 2019 Multi-Year Plan
May 1, 2016	Thirty-Day Public Notice Regarding Public Hearing placed in newspaper
May 1- 4, 2016	Invitational flyers mailed to consumers and community stakeholders
June 1-2, 2016	Public Hearing on the FY 2017 - FY 2019 Multi-Year Plan
June 30, 2016	Final draft plan due to Aging and Adult Services Agency
July 22, 2016	Deadline for submitting Municipal Sign-Offs to DAAA
July 22 - 29, 2016	Municipal sign-off letters, draft plan and Review & Approval forms processed
August 5, 2016	Status of Municipal Review provided to AASA
August/Sept 2016	MYP is presented to the Commission on Services to the Aging
September 2016	Website posting of the final FY 2017- FY 2019 MYP

PLAN HIGHLIGHTS

Detroit Area Agency on Aging (DAAA) is one of the first Area Agencies on Aging in the country to be CARF-accredited. Established in 1980, it is one of sixteen Area Agencies on Aging (AAAs) in Michigan. The private, non-profit agency serves a region consisting of the City of Detroit and its central and eastern suburbs (Region 1-A). This largely urban community consists of 1,007,666 citizens in eastern Wayne County with seniors, adults with disabilities (ages 18-plus) and caregivers accounting for over 300,000 individuals. Within this targeted population, DAAA serves 153,511 individuals sixty-years and over including 40,000 veterans, approximately 35,000 Medicare-Medicaid dual eligible beneficiaries in addition to caregivers of older individuals living in the community.

DAAA is governed by a 28-member Board of Directors and a 40-member Advisory Council. Through its governance and its administrative structure, the agency offers programs and services to the community directly and through a network of 80 community-based agencies and for-profits. It also 27 congregate meal/NSIP sites in the local Aging Services Network. DAAA administers the following services to the community:

- Information and Assistance
- Health and Wellness
- MI Choice/Project Choice Care Management Services
- MI Health Link
- Care Transition/Coordination
- Long Term Care Ombudsman
- Mature Workers Program
- Medicare & Medicaid Assistance Program (MMAP)
- Outreach, Volunteerism & Advocacy
- Medical Transportation

Services made available through its Service Provider Network range from adult day services and caregiver support, education and training to community wellness center, legal assistance and specialized services for the hearing and visually impaired.

DAAA receives Medicaid Home and Community-Based Waiver funding from the Michigan Department of Health and Human Services. In addition, the agency initiated contracting with the Detroit Department of Transportation, three healthcare companies and five managed care organizations. These contracts enables DAAA to provide medical transportation, care transition/care coordination services as well as supports coordination and direct health care services through MI Health Link respectively. DAAA currently operates on a budget of \$55 million.

OUR MISSION

The DAAA mission is to “educate, advocate and promote healthy and wellness to enable people to make choices about home and community-based services and long term care that will improve their quality of life” for seniors, adults with disabilities and caregivers in the cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park – Planning and Service Area 1-A.

OUR VISION

DAAA's vision is to be a leader in promoting positive aging, identifying and implementing solutions for multiple issues facing aging persons and their caregivers with an emphasis on at-risk older persons. The agency believes that the value of older persons is embodied in the Older Americans Act and is based on the American value that dignity is inherent to all individuals in our democracy and the belief that older adults should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.

OUR VALUES

DAAA is guided by a set of core values in developing and carrying out its mission in order to effectively manage its strategic planning process, programs and services and advocacy efforts. These values include:

- Person-Centered Services
- Trust and Respect
- Integrity and Professionalism
- Excellence and Quality
- Teamwork and Collaboration
- Accountability
- Commitment to Community
- Celebration of Diversity

DAAA is accredited by CARF for Case Management Employment Development, Home and Community Services from FY 2014 – FY 2016. To ensure quality services, DAAA will apply for renewal of its CARF accreditation in January of FY 2017. It is also exploring applying for NCQA accreditation as a pilot AAA agency and requires its I&A Specialist to be AIRS certified. The agency continues to meet its obligations as an Area Agency on Aging, Medicaid Home and Community-Based Services Waiver agent and MI Health Link provider.

Over the next three years, DAAA will implement its FY 2017 – FY 2019 strategic goals to address the needs of seniors, adults with disabilities and caregivers. These services will be provided to bridge health and community services to improve the quality of life of consumers, improve access to benefits and primary care and improve the health status of residents through the Affordable Care Act, Transportation funding, and other public and private resources. The loss of traditional funding is a catalyst for DAAA to continue to diversify resources through fund development and fundraising efforts.

DAAA has adopted five strategic goals to support program development efforts during the next three year plan to enhance the delivery of services to Region 1-A consumers. These efforts will enable the

local Aging Services Network to protect the rights of seniors, adults with disabilities and caregivers and increase access to resources to maintain or improve their quality of life. The goals are as follows:

STRATEGIC GOALS AND OBJECTIVES

Goal 1: Improve and Expand the Health, Wellness and Nutrition Services of Older Adults

Goal 2: Increase Access to Public Benefits and Services through a Single Point of Entry

Goal 3: Expand Transportation Services for Seniors and Adults with Disabilities

Goal 4: Promote Caregivers through Responsive Training, Education and Support

Goal 5: Promote Development of Communities-For-A-Lifetime

Over the course of the last six months, DAAA has been engaged in strategic planning. Internally, these activities have included Meetings-In-A-Box consisting of SWOT Analysis, Gap Analysis, Competitive Environment Analysis, and Goal Setting. To obtain input from the community, DAAA has conducted a Community Needs Assessment and a series of three community forums. Through these efforts, the agency has attempted to complete an environmental scan that can assist the organization and local Aging Services Network to address unmet needs, gaps in services and other challenges with limited resources.

As a result of this process, DAAA has examined the changing demographics of the individuals we serve and engaged consumers, community stakeholders and policymakers in discussions about how best to use federal, state and local funding. In its environmental scan, DAAA found that the sixty-plus population has grown from 137,418 to 153,511 since the 2010 US Census, according to the five-year American Community Survey. About twenty percent (20%) of this population has disabilities and nearly 30% live alone. Of the 60-plus population, 65.4% are African American, 25% Caucasian, and 2% who are Hispanic/Latino. The other ethnic senior populations consist of: American Indian (330), Asian American (1,155), and individuals who are another race or Multi-Racial (1,223). These racial/ethnic groups account for less than 1% of the senior population in Region 1-A.

In surveying and engaging older residents through the community forums and the community needs assessment, DAAA found that the top five unmet needs include: 1) home-delivered meals, 2) congregate meals, 3) senior transportation, 4) adult day services and 5) care management.

A summary of the services to be funded in FY 2017 – FY 2019 appears below followed by a summary of planned program development, partnership building and advocacy activities. Central to the funded services strategy is the implementation of a new Community Wellness Service Center (CWSC) model that will replace the three-tiered Community Support Coordination with the removal of community living support (Tier 2) with the exception of transportation. CWSC providers will be allowed to use 5 to 10% of grant awards for transportation to wellness and other community services. Services with an asterisk* represent the services projected to be funded at the highest level funding to the most eligible individuals:

<ul style="list-style-type: none"> ● Home-Delivered Meals * ● Congregate Meals* ● Home Care Assistance (Care Management Clients Only) ● Care Management* ● Adult Day Services ● Information & Assistance* ● Targeted Outreach & Assistance ● Community Wellness Service Center * ● Long Term Care Ombudsman/ Advocacy 	<ul style="list-style-type: none"> ● Outreach – DAAA Services ● Legal Services ● Caregiver Education, Support and Training ● Elder Abuse/Prevention ● Kinship Support Services ● Specialized Services for Hearing Impaired ● Specialized Services for Visually Impaired
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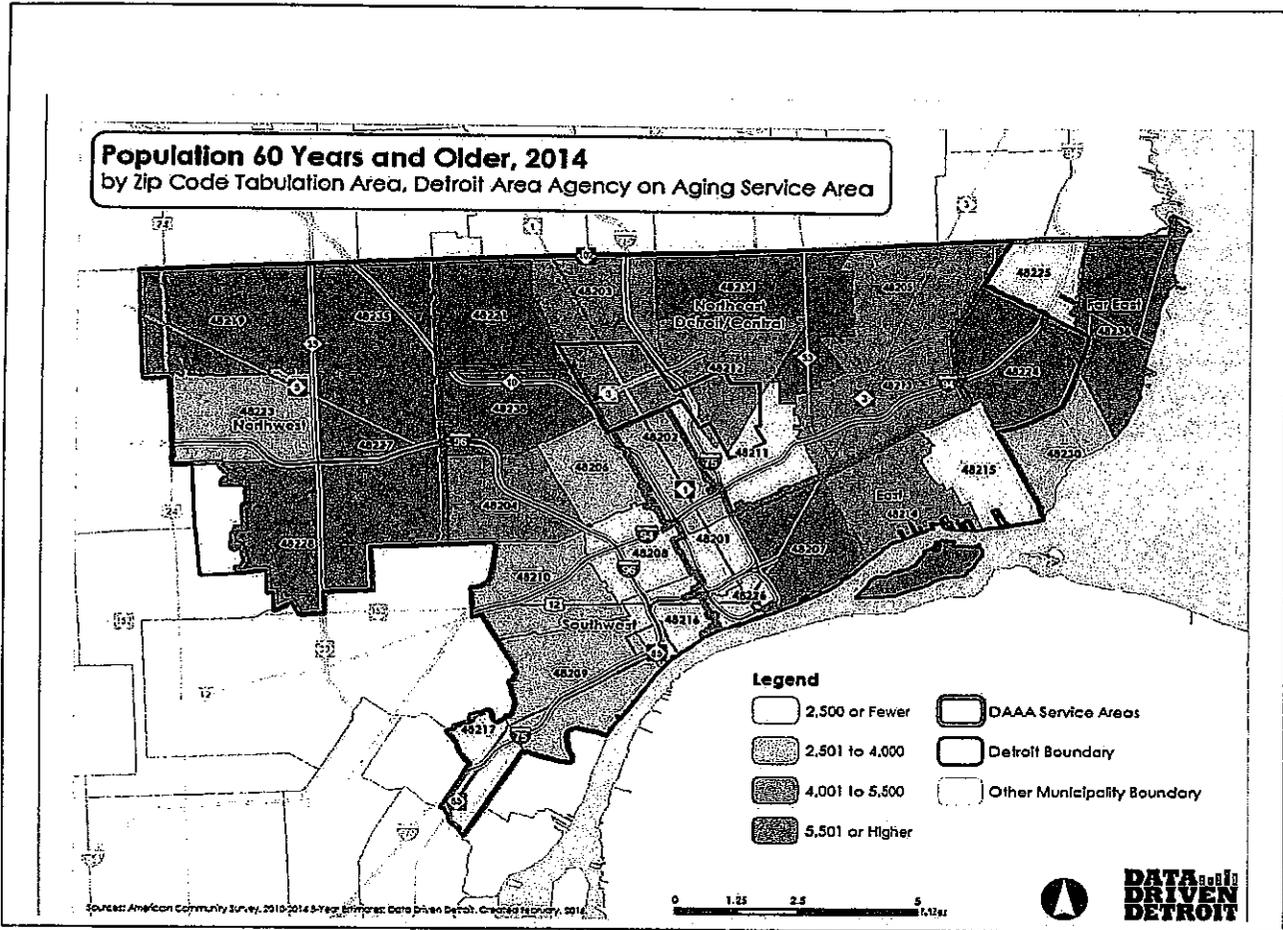
During FY 2017 – FY 2019, DAAA will fund the social and nutrition services below with a substantial reduction in Older Americans Act and Older Michiganians Act funding because of reduced funding allocations through the Aging and Adult Services Agency's Intra-state Funding Formula. This will result in about \$186,130 fewer dollars for supportive services and an additional \$309,148 in nutrition services funding during FY 2017. DAAA will provide services at a reduced funding level, take steps to redesign the service delivery system to address these funding cuts and implement measures to continue to increase funding through fund development and fundraising. Strategies include the following:

- Identify public resources through local governments to replace loss funding to support home-delivered meals and other in-home services funding targeted to at-risk elderly;
- Partner with the Detroit Department of Transportation and other public/private community stakeholders to expand services;
- Provide services through MI Health Link in collaboration with Integrated Care Organizations and subcontracting agencies;
- Extend care transition/coordination services beyond contracts with Detroit Medical Center, Gateway, Total Health Care and new providers;
- Increase program income for Care Management, Nutrition Services and In-Home Services;
- Explore cost-sharing through health and wellness programming to maintain and expand services;
- Expand volunteer services to engage additional community service workers in service delivery.
- Monitor and support local city millages that sustain senior services within Region 1-A.
- Build relationships with public and private foundations to support fund development.
- Develop collaborations and partnerships to support programming.
- Establish a contingency plan for reduced funding of ten percent or more.
- Step up fundraising activities to support Friends of Detroit Meals on Wheels and Holiday Meals on Wheels.
- Expansion of volunteer services at DAAA and the Aging Services Network through recruitment, coordination and recognition.

HIGHLIGHTS OF PROGRAM DEVELOPMENT OBJECTIVES:

During FY 2017 – FY 2019, DAAA will implement program development efforts that support its strategic goals. This includes implementation of the Community Wellness Service Center model in order to align available funding. This model will also increase access to community resources and

support health and wellness in order to address gaps between health and community services. The model will be implemented within Region 1-A. The current service areas with 60 plus and total population appear below:



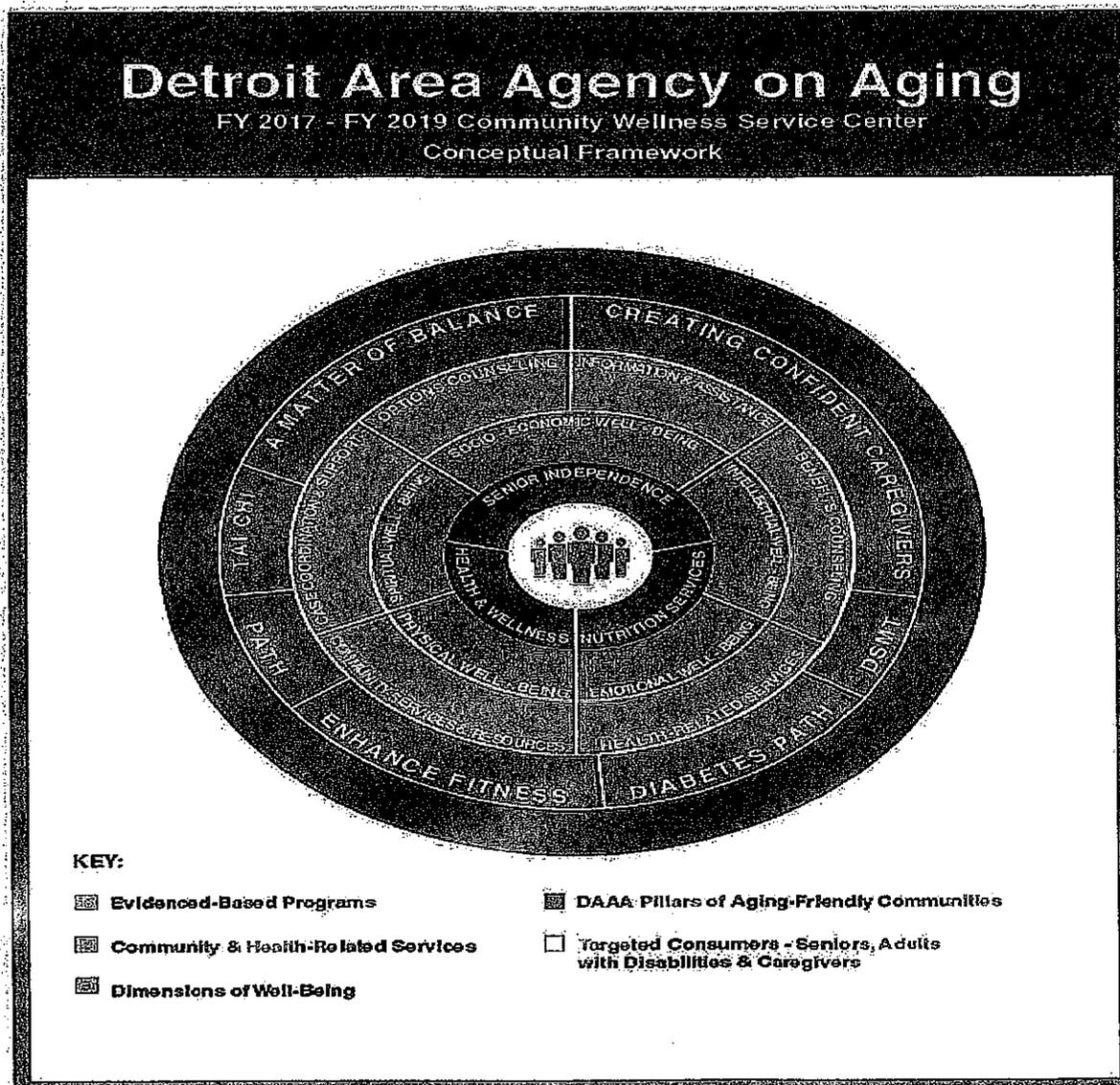
Senior Population, Detroit Area Agency on Aging Service Area, 2014

Service Area	Total Population	Population 60+	Component Zip Codes
Northwest	213,651	38,792	48219, 48223, 48227, 48228, 48235
Southwest	164,512	26,633	48204, 48206, 48208, 48209, 48210, 48216, 48217, 48238
Northeast Detroit/Central	208,481	35,689	48203, 48205, 48211, 48212, 48213, 48221, 48234
East	133,714	26,190	48201, 48202, 48207, 48214, 48215, 48224, 48226
Far East	61,999	14,123	48225, 48230, 48236
PSA 1-A (Hub #1)	782,357	141,427*	PSA 1-A

*AASA American Community Survey Data (2011-2015) indicates that 153,511 60-Plus residents live in Region 1-A.

DAAA's re-designed Community Wellness Service Center model will focus on community navigation, nutrition education, and evidence-based programs to support senior independence, nutrition services and health and wellness. CWSCs will be required to refer clients to DAAA's Information and Assistance Department for enrollment in a variety of programs that can make home assistance and supportive services available. These services include Project Choice, MI Choice Medicaid Waiver, MI Health Link and other community resources. The concentric circle diagram that appears below highlights the premise behind this new conceptual model:

Through Community Wellness Service Centers, community navigators will help seniors and caregivers with food insecurity, unstable housing, benefits screening and attention to poor nutrition and chronic illnesses through information and assistance, options counseling and case coordination and support. The goal of this holistic approach is to address the whole individual in order to support their socio-economic, intellectual, physical, emotional and spiritual well-being. CWSCs will also be responsible for working collaboratively with DAAA to develop community partnerships with health care systems, public and private sector and other entities to make health-related services available.



PUBLIC INPUT ON FY 2017- FY 2019 MULTI-YEAR PLAN

DAAA worked with its Long Range Planning Committee, Grant & Contract Review Committee, Board of Directors and Advisory Council on developing a strategy for public input on its three-year plan. Board committee membership consists of Board, Advisory Council and/or Community-At-Large members. This strategy consisted of the development of an online FY 2017 – FY 2019 Community Needs Assessment Survey through SuveyMonkey, the convening of three Aging-Friendly Communities Forums and two public hearings.

Community Needs Assessment Survey

The FY 2017 – 2019 Community Needs Assessment Survey consisted of a 30-question instrument developed with input from the Long Range Planning Committee. Data from respondents was collected online, at the three community forums, and through outreach activities throughout the community. Special attention was given to gathering input from Native Americans, Hispanic/Latino and Asian American communities.

To broaden the level of input, DAAA promoted the survey through its Senior Solution Radio Show, Social Media, outreach fairs and meetings, E-blasts and a public service announcement. The agency used its MI Choice Waiver Advisory Council to beta test the instrument prior to formally launching it on December 1, 2015 through January 15, 2016. Results of the Community Needs Assessment appear in the Appendix in this plan.

Aging-Friendly Communities Forums (Public Input Sessions)

Three public input sessions were held in December 2015 to solicit input into the FY 2017 – FY 2019 Multi-Year Plan. These community forums consisted of opening remarks from Paul Bridgewater, President and Chief Executive Officer, Presentation of the proposed allocation of funding by Faiz Esshaki, Chief Financial and Administrative Officer; a Panel Discussion moderated by Letty Azar, Chief Development Officer and Anne Holmes Davis, Director of Planning, Advocacy and Volunteers. The moderated panel discussions highlighted different themes at each forum and engaged Board, Advisory Council, community stakeholders and service providers in the discussions. Panelist discussed Community Access (Northwest Activities Center), Health and Wellness (St. Patrick Senior Center) and Safety and Security (Services for Older Citizens). After the panel discussions, participants had an opportunity to participate in round table breakout sessions. Subject areas consisted of Community Access, Caregiving, In-Home Services, Nutrition Services, Health and Wellness and Community Services. A summary of the proceedings and public input will appear in the appendix of this plan.

Locations	Date	Location	Attendance
West Detroit	December 3, 2015 10:00 a.m. – 1:00 p.m.	Northwest Activities Center 18100 Meyers Road Detroit, MI 48235	107
East Detroit	December 7, 2015 1:15 p.m. – 4:15 p.m.	St. Patrick Senior Center 58 Parsons Avenue Detroit, MI 48201	77
Far East –	December 10, 2015 1:00 p.m. – 4:00 p.m.	Services for Older Citizens 158 Ridge Road Grosse Pointe Farms, MI 48236	50
Region 1-A			234

Two public hearings are scheduled to review of the FY 2017 – FY 2019 Multi-Year Plan with the public to obtain input. A summary of the proceedings and public testimony will appear in Appendix K.

Public Input Sessions	Date	Location	Attendance
West Detroit	June 1, 2016 10:00 a.m. – 12:00 noon	Sacred Heart Major Seminary 2701 Chicago Blvd Detroit, MI 48206	N/A
East Detroit	June 2, 2016 10:00 a.m. – 12:00 noon	Historic Trinity Lutheran Church 1345 Gratiot Avenue Detroit, MI 48207	N/A

Scope of Services

Demographic Trends

The number of potentially- eligible older persons, adults with disabilities and caregivers approaching DAAA and the Aging Services Network for services has grown exponentially over the last few years as a result of the explosive growth of seniors in Region 1-A. This is a result of the age wave and the diversification of DAAA’s funding base. As DAAA has created partnerships with new community stakeholders, it has witnessed an increase in the number of veterans, dual-eligible beneficiaries, patients frequently re-admitted to hospitals benefiting from care transition services as well as caregivers needing services.

As a result of DAAA strategic planning efforts, DAAA has examined the changing demographics of the individuals we serve. This has occurred through data analysis, a community needs assessment survey and the discussions with consumers, community stakeholders and policymakers about how best to use limited federal, state and local funding. In this environmental scan, DAAA found that the sixty-plus population has grown from 137,418 in 2010 to 153,511 in 2015, according to the five-year American Community Survey. About twenty percent (20%) of this population has disabilities while nearly 30% live alone.

Of the 60-plus population in Region 1-A, about 65.4% are African American, 25% Caucasian, and 2% Hispanic/Latino. The other ethnic groups among the senior populations consists of: American Indian (330), Asian American (1,155), and individuals who are another race or Multi-Racial (1,223). Each of these racial/ethnic seniors account for less than 1% of the senior population in Region 1-A.

When examining the poverty rate among seniors, DAAA has found that older residents have twice the poverty rate as in other parts of Michigan. Fifty-nine percent of seniors within Region 1-A have incomes below the Elder Economic Index and are likely to die prematurely (100 vs 122), have more chronic illness (3 – 1), live in a Medically Underserved Area (65% of Region 1-A is in an MUA) have no vehicle (19% of households).

DAAA’s environmental scan also found that the quantity and intensity of services that the agency and its providers are expected to arrange, coordinate and provide for new and existing service populations is on the rise. There is an exponentially growing target population of low-income, isolated

and "old-old" (85-100+) who often present with complex problems, social and economic needs and multiple chronic conditions. These groups, along with their caregivers, require more case coordination and support as we assess their needs, provide service options and monitor progress.

To address these at-risk groups, DAAA is stepping up efforts to connect low-income seniors to public benefits and services, expand health and wellness activities and to refer these at-risk populations to volunteer-based resources such as telephone reassurance and friendly visiting. A number of seniors and providers at community forums have noted the increase in depression, loneliness and suicidal thoughts among seniors and this is well documented in a recent Wayne State University study by Heather Fritz, Ph.D. in *"Older Adult Experience with Neighborhood Change."*

DAAA's partnerships with the medical and broader range of long-term-care service providers is positioning the agency and provider network to better screen seniors who are veterans, dual eligible and eligible for other resources in order to address their needs. These opportunities are coming at a time when DAAA can no longer afford to fund traditional homemaker and personal care outside of its stated-funded Project Choice and MI Choice HCBS Waiver Programs.

Targeting Strategy

Through its planning process, DAAA identified a number of issues that will assist it with targeting resources to those most at-risk with input from its Advisory Council. The DAAA Advisory Council was used to review the survey tool, sponsor the three community forums and promote the completion of the survey by seniors and other stakeholders. When surveying the community, DAAA found that the majority of respondents wanted the agency to serve all populations with an emphasis on low-income individual, the frail and adults with disabilities.

- **Low-Income** - To address the needs of low-income older persons, DAAA will screen all program participants for public and private benefits and services so referrals can be made to the appropriate health plans, benefits and services with the clients consent. This will happen with screening and eligibility determination as early as possible in order to identify what clients are eligible for within the community.
- **Frail, Homebound Seniors and Adults with Disabilities** - To serve frail, homebound seniors and adults with disabilities, DAAA will work closely with Community Wellness Service Centers, its Care Management programs and MI Health Link.
- **Racial & Ethnic Minority Elders** - DAAA will fund Targeted Outreach and Assistance to identify and serve ethnic groups that have cultural and language barriers. These services will target Native Americans, Asian Americans, Hispanic/Latinos and Arab Americans.
- **Lesbian, Gay, Bisexual and Transgender** - DAAA will continue to work with the LGBT Elder Coalition and Sage on staff training, cultural competency and program development.
- **Caregivers** - DAAA examined the region's capacity to serve family caregivers and grandparents raising grandchildren.
- **Dementia Patients** – After conducting a self-assessment for dementia capability quality assurance assessment, DAAA identified a number of protocols and procedures that it needs to strengthen in order to improve service delivery for individuals with dementia and their families.

As part of DAAA's I&A's comprehensive intake process, the protocol is to ask callers about their health conditions including whether they have Alzheimer's disease or dementia. Caregivers calling for services often provide intake staff with this information. If a caller asks for assistance with Activities of Daily Living (ADLs), it triggers the completion of the Michigan Intake Guidelines (MIG), a pre-screening questionnaire for waiver services. This tool allows the identification of possible cognitive impairment or dementia and this information is shared with supports coordinators, care coordinators and DPOS or other providers through a ROI. When MI Health Link staff becomes aware of possible cognitive impairment, the protocol is to notify the ICO. If the caller specifically requests information about determining cognitive impairment or dementia, they are referred to their PCP for evaluation or to Community Living Services or other provider that offers a Mental Health evaluation. Currently, field staff receive training on Understanding Dementia (5.5 hours), Communicating Strategies for Challenging Behavior among People with Dementia, Gerontology 101 (Improving the Culture of Systems of Care and Person-Centered Planning (45 – 60 minutes). To improve dementia care in the future, DAAA will implement the following:

- Develop a dementia services protocol and procedures to strengthen the agency's I & A, Care Management and Case Coordination referral guidelines.
- Expand the inventory of community resources for dementia patients and caregivers, and broaden dementia training at the DAAA and provider level.
- Develop a strategy for providing referral and assistance to caregivers of dementia patients.
- Continuing to provide Creating Confident Caregiver training to caregivers.
- Expand Dementia training to more Administrators, I & A, Care Coordinators as well as Case Managements/Supports Coordinators. This includes exploring the availability of certification training.

When older adults residing within the service are requests services not available, DAAA will institute the following:

- Explore volunteer-based options
- Explore private pay options

DAAA's Single Point of Entry works with older individuals and caregivers when identified unmet needs surface in order to explore all options available. This includes private pay options, activities that can be provided with the use of screened volunteers, referrals to crisis intervention funds and other options. DAAA's Advisory Council and participants from the public forums assisted DAAA in identifying all resources to address needs when resources are insufficient including engagement of block clubs, service coordinators and other resources. It is the goal of DAAA to provide information, education and prevention resources as early as possible in order to delay the need for accessing limited resources.

Prioritizing Unmet Needs

During FY 2017 – FY 2019, DAAA and its service providers will continue to reach out to underserved populations. DAAA and contracted agencies will target older residents and caregivers of greatest social and economic need through community outreach, linking these residents to public and private

benefits and services, and ensuring that their cultural, language and socio-psychological needs are addressed. In addition, DAAA and its service provider network will focus attention on supporting the needs of caregivers providing care to these individuals. To reach out to hard-to-reach populations, DAAA will institute a recruitment program that aligns with the cultural composition of our communities and meets cultural competency standards. Variables that will be indicative of need that will be used to guide outreach strategies to target vulnerable consumers include the following:

- Low-income status
- Racial or ethnic minority status
- Frailty or homebound status
- Age 85 years and over
- Dementia patients/caregivers
- Mental or physical disability including dementia
- Non-English speaking
- Cultural or social isolation
- Living alone without support
- Lack of access or inability to access community resources
- Isolated seniors such as those who are LGBT

DAAA and its service provider network will continue to use TDD, interpreters, braille, user-friendly materials, assistive technology, building accessible equipment and other methods to increase access of hearing, visually impaired and other vulnerable individuals to information and services. DAAA will continue to partner with Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adult Coalition to identify service needs. Finally, DAAA will work with local dual eligible clients to identify service gaps in health care.

To reach isolated and at-risk, older adults and caregivers, DAAA will train additional DAAA staff to provide presentations at various venues to promote and publicize its programs:

- Engage DAAA Board of Directors, Advisory Council, staff, service providers and other partners in promoting programs and services.
- Works with Alzheimer's Disease Association, Rosa Parks Geriatric Clinic and other partners to coordinate services.
- Focus on specific areas where potential participants can be found including, but not limited to medical professionals, faith-based organizations, providers, neighborhood offices, emergency rooms and other locations.
- Partner with adult literacy groups to develop better communication with seniors and adults with disabilities who have literacy challenges.
- Strengthen partnerships with Outreach and Assistance agencies to collaboratively market programs and services.
- Seek out opportunities to advertise in local newspapers in our service areas.

DAAA Advisory Council Engagement in Setting Priorities

DAAA has engaged its Advisory Council in the development of the FY 2017-2019 Multi-Year Plan and setting priorities. DAAA Advisory Council members sit on the Long Range Planning and the Grant & Contract Review Committees. The Advisory Council hosted the three communities forums held in December 2015, provided input into the plan as well as the data gathering process and also promoted the Community Needs Assessment at meetings and events. Several members also participated in panel discussions at the forums and facilitated round table discussions. A joint meeting of both the Long Range Planning and Grant & Contract Review Committees was held in January 2016.

Use of Information, Education and Prevention Strategies

DAAA will continue to implement strategies to educate the public about community resources in order to prevent penetration into the service delivery system. These strategies include:

- Outreach Fairs
- Senior Friendship Day
- Educational presentations – Senior Solution Radio Show and Podcast
- Caregiver Support Groups/Conferences
- MMAP Outreach
- Senior Independence Day
- Money Smart Week Educational Series
- Grandparents Raising Grandchildren Conference
- Presentations – Congregate Meal Sites
- Social Marketing Campaign
- Senior Power Days

DUAL SERVICE COORDINATION CONTINUUM
Community-Based Aging and Health Care System

Planning & Services Area:					
Type of Continuum	Education and Prevention	Information & Assistance	Options Counseling	Case Coordination & Support	Care Management
Healthcare and Medical Continuum	Hospital-based Wellness Classes, University-based Educational Series, FQHCs	DMC: Henry Ford Hospital: St. John Hospital: Rosa Parks Geriatric Center,	Hospital-Based Discharge Planners, DMC Affiliate Accountable Care Organization (closed)	MI Health Link – Dual Eligible Beneficiaries, Hospital Based Care Transition Teams, Discharge Planners	MI Choice Waiver, MI Health Link, Select Primary Care Providers
Community-Based Support Continuum	Outreach & Information Fairs Evidence-Based: AMOB, CCC, D-PATH, PATH, Caregiver Support Groups, Caregiver Conferences,	AAA I & A Services, Care Management, Outreach & Assistance, Elder Care Directory, Web-Based Information, MMAP	AAA, ADRC, Care Transitions Counselors, NFTI Counselors, Community Support Coordination	Community Support Coordination	Project Choice, MI Choice

PLANNED ARRAY OF SERVICES

The Planned Array of Services chart below indicates the appropriate placement for each AASA adopted service category and area agency developed regional service definition(s).

	Access	In-Home	Community
Provided by AAA	<ul style="list-style-type: none"> Care Management Information and Assistance Outreach 		<ul style="list-style-type: none"> Long Term Care Ombudsman and Advocacy
Contracted by AAA	<ul style="list-style-type: none"> Community Support Navigator 	<ul style="list-style-type: none"> Homecare Assistance Home-Delivered Meals 	<ul style="list-style-type: none"> Adult Day Services Community Wellness Services Congregate Meals Assistance to Hearing Impaired & Deaf Legal Assistance Vision Services Programs for

			Prevention of Elder Abuse, Neglect and Exploitation <ul style="list-style-type: none"> • Kinship Support • Caregiver Education and Support • Community Wellness Service Center
Funded by Other Sources	<ul style="list-style-type: none"> • Care Management • Care Transition Services • Information & Assistance 	<ul style="list-style-type: none"> • Adult Home Help • Home Health Aide Services • Program for All Inclusive Care for the Elderly (PACE) 	<ul style="list-style-type: none"> • Caregiver Support • Hospital Based Health & Wellness Programs • Faith-based Transportation • Meijer Transportation • Walmart Transportation • Logisticare Transportation • Metro-Lift Services (DDOT) • SMART • PAATS (Grosse Pointes)

Strategic Planning

SWOT Analysis

During the FY 2017 – 2019 strategic planning process, DAAA identified strengths, weaknesses, opportunities and threats that can be used strategically to guide the organization over the next three years. DAAA's diverse Board, Advisory Council and staff along with its provider network are key assets that can be strengthened to embrace opportunities made available by the Affordable Care Act and integrated care. Our ability to have "boots on the ground" who understand the needs of urban elders, armed with our CARF accreditation and strong financial expertise, will enable DAAA to continue to build collaborative relationships with small non-profits as well as managed care organizations interested in providing MI Health Link, care transition and other innovative services. DAAA will also continue to use social media as well as the Senior Solution Radio Show to penetrate new markets to reach isolated, vulnerable populations. These assets will be used to counter competition for trained staff, technological barriers and other challenges.

Future Role of DAAA - Impact of MI Choice and MI Health Link ICO Contracts

Currently, DAAA has contracts with Aetna, AmeriHealth, Fidelis CareSecure, Midwest/HAP and Molina to provide Supports Coordination under MI Health Link. In addition, it manages contracts for the provision of Adult Day Health, Chore Services, Community Living Supports, Expanded Community Living Support, Environmental/Home Modifications, Fiscal Intermediary, Home-Delivered Meals, Non-Medical Transportation, Nursing Facility Transition Services, Nursing Services, Personal Care, Personal Emergency Response Systems, Respite Care Services (In and Out-of-the Home), Adaptive Medical Equipment & Supplies, Training and Assistive Technology. DAAA plans to continue to provide these services through the life of the contracts.

Contingency Plan for 10% reduction in Funding

DAAA, like several other Area Agencies on Aging in Michigan, has been operating with substantial funding reductions due to the implementation of the Intra-state Funding Formula. Each year, the agency produces a forecast with an alternative strategy that takes funding reductions and unforeseen emergencies into account.

Quality Improvement & Accreditation

DAAA will be applying for renewal of its CARF accreditation for Case Management, Employment Services and Home and Community Services in January of FY 2017. It is also exploring applying for NCQA accreditation as a pilot AAA agency and requires its I&A Specialist to be AIRS certified. The agency continues to meet its obligations as an Area Agency on Aging and Medicaid Home and Community-Based Services Waiver agency. The major reason for pursuing accreditation is to optimize the agency's ability to operate quality services, increase efficiencies and effectiveness and promote training among staff and the provider network. DAAA is considering NCQA because of its work with managed care organizations who demand higher quality standards.

Information Technology

DAAA is in the process of developing an FY 2017 – 2019 Strategic Technology Plan. This plan will include strategies for information technology, quality assurance, data backup, security, and emergency response. These plans will include the purchase of hardware and software to operate an efficient and effective information system that support performance and quality improvement across the agency. DAAA will be investing in a redundancy system that will support the operation of our four main file servers.

DAAA is also in the process of reviewing its information technology systems, training and IT support. The agency is also reviewing the expansion of the Network maintenance agreements. It recently hired an additional full time staff person to augment the IT Supervisor and consultant.

Regional Service Definitions

DAAA proposes to use two regional definitions for services: Community Wellness Service Center and targeted Outreach and Assistance. It will use the AASA Minimum Service Standard for Long Term Care Ombudsman:

Detroit Area Agency on Aging

FY 2017 – FY 2019 Regional Definitions of Community Wellness Service Centers

Service Name: Community Wellness Service Center

Service Category: Community

Service Definition: Community Wellness Service Centers offers comprehensive person-centered and holistic community access and health and wellness services to older persons, adults with disabilities and caregivers in a targeted service area. This community facility provides participants with information and assistance, options counseling, care coordination and support, benefits screening and application assistance, evidenced-based health promotion and chronic disease management classes and/or other home and community-based services that support the physical, spiritual, socio-economic, intellectual, and emotional well-being of those 60 years of age and over and family caregivers.

Unit of Service: One hour of operation

Minimum Standards:

1. Each Community Wellness Service Center shall be certified as an accessible facility. Accessibility is defined as the ability of a person with a disability to enter the facility, use the restroom and receive services that is at least equal to that provided to able-bodied participants.
2. Each Community Wellness Service Center shall be open a minimum of four (4) days per week and at least thirty (30) hours per week.
3. Each Community Wellness Service Center shall be a congregate meal site for a congregate nutrition program funded through Title III, Part C of the Older Americans Act, NSIP site and/or a private food service program that meets laws and regulations.
4. Each Community Wellness Service Center shall provide directly or make arrangements for the provision of the following services to be offered at each facility:
 - a. Options Counseling
 - b. Information and Assistance
 - c. Referral to Home Care Support through MI Health Link, Project Choice, MI Choice and/or DAAA Crisis Intervention Resources
 - d. Benefits Counseling
 - e. Food Commodities Distribution
 - f. Fitness programs
 - g. Evidenced-based prevention and disease management service
 - h. Social and recreational activities
 - i. Health Screening
 - j. Caregiver or Disease-Specific Support Groups
 - k. Congregate Meals/Food Café and /or Salad & Soup Bar
 - l. Educational Classes/Lecture Series
 - m. Volunteer opportunities
5. Each Community Wellness Service Center shall make evidence-based health promotion and

6. chronic disease self-management available to the community. These programs may include A Matter of Balance (AMOB), Enhance Fitness, Personal Action Towards Health (PATH), Diabetes PATH (PATH classes for persons with diabetes), Creating Confident Caregivers, Tai Chi, and/or evidenced-based health models.
7. Each Community Wellness Service Center shall have memorandums of understanding with public and private partners to ensure that the following services are rendered within its facility:
 - a. Healthcare System, hospital or Clinic to provide health screening, wellness checks and other services.
 - b. Provisions for mental health services through the Detroit-Wayne County Mental Health Board or other entity.
 - c. Relationships with collaborative partners, private non-profits, businesses or private foundations to address socio-economic needs of participants.
 - d. Linkages with faith-based organizations and other partners rendering or co-locating services within the facility.
 - e. Agreements with other entities that can support clinical and community services with a college, university and/or schools.
8. Each Community Wellness Service Center shall demonstrate that it is in compliance with fire safety standards, local building safety codes, and applicable Michigan and local public health codes regulating food service establishments.
 - a. Each Community Wellness Service Center shall document that appropriate preparation has taken place for procedures to be followed in case of an emergency including:
 - b. An annual fire drill.
 - c. Posting and training of staff and regular volunteers.
 - d. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.
9. Each Community Wellness Service Center shall strive to adhere to the Principles for the Operation of Senior Centers as established by the National Institute of Senior Centers.
10. Each Community Wellness Service Center shall engage in community partnerships, including the Area Agency on Aging and local health agencies, to promote the adoption and expansion of best practices, assure the quality of the health components of the health promotion programs, link with appropriate collateral services, and assist with program evaluation.
11. Allowable Community Wellness Service Center costs may include operations, funding for evidence-based programming, and other related costs. A 10% local match and 5% program income is required. Other resources outside of local match and 5% program income are encouraged to support program maintenance and expansion.
12. Each Community Wellness Service Center may allocate a minimum of 5% and a maximum of up to 10% of its grant award to support transportation to wellness centers, grocery shopping and other community activities.
13. Demonstration of an ability to track clients, units and outcomes electronically to support program compliance, continuous quality improvement, accreditation and program evaluation.

Detroit Area Agency on Aging
FY 2017 – 2019 Regional Definition of Targeted Outreach & Assistance

Service Name: Targeted Outreach & Assistance

Service Category: Access Services

Service Definition: Efforts to identify, contact and provide on-going assistance to at-risk older adults experiencing social, economic, functional and/or physical isolation and decline including barriers related to language or culture experienced by Hispanic/Latino, Native American, Arab American or Asian American seniors residing in Region 1-A. Priority must be given to older adults lacking formal or informal support systems including low-income seniors who may not be among the targeted racial/ethnic group.

Allowable Service Components:

1. Initial efforts to identify and contact potential clients.
2. Initial Intake visit.
3. Assistance in completing forms/paper work aiding in their continued or improved independence such as: DHHS/SSA applications, insurance forms, utility assistance and other pharmaceutical assistance forms, and/or tax rebate forms.
4. Accompanying older adults to professional visits when necessary such as: medical appointments, Social Security Administration and Department of Health and Human Services, legal appointments, bank grocery store, or health screenings. This component does not include providing on-going transportation for the client.
5. Arranging for on-going needs such as home health aide, home care assistance, homemaking, chore, home repair, meals, and transportation, mental health and other services.
6. Telephone calls/home visits for care coordination and follow-up.
7. Serving as client advocate to obtain needed services; collaboration with other service providers to avoid duplication of services and to coordinate best services.
8. Referral of isolated seniors to MI CHOICE, Project CHOICE, MI Health Link and other DAAA services for enrollment. Provide assistance with redeterminations of at risk elders.

Minimum Standards:

1. Each program must have uniform intake procedure and maintain consistent records. Intake may be conducted over the telephone. Intake records for each potential client must include as much of the following information as is appropriate for the type of service requested and is able to be determined:
 - a. individual's name, street and mailing address, county, township and telephone number.
 - b. individual's birth date.
 - c. physician's name, address and telephone number.
 - d. name, address, and telephone number of the person, other than spouse or relative with whom the individual resides, to contact in case of emergency

- e. difficulties with activities of daily living and instrumental activities of daily living
 - f. perceived supportive service needs as expressed by individuals or their representatives
 - g. race/ethnicity
 - h. sex
 - i. income status
 - j. social security number
 - k. date of first client or family contact requesting service, or referral date and source
 - l. list of service(s) currently receiving including identifying if care management, DHS or other provider is coordinating services,
2. Each program must identify, determine, and document client needs, when on-going assistance will be provided to client.
 3. Each program must provide documentation of: all contact with and assistance to clients; referrals to other service providers in the community; and reduced isolation by annual client surveys and other appropriate means. Minimal paperwork will be required.
 4. Each program is encouraged to utilize volunteers with clients. Volunteers must be appropriately screened, trained and supervised by professional staff of service provider and/or other volunteer resources within the community. Appropriate volunteer services include: friendly visiting; meal preparation in the home; transportation; accompanying client to professional appointments and social/recreational events; advocacy for client; grocery and pharmacy errands; and helping client complete forms.
 5. Each program must provide follow-up as often as is appropriate but for at least 25% of clients served to determine whether the needs(s) were addressed and to determine any problems with the service delivery system.
 6. Each program must complete an initial intake in a timely way to meet client needs and usually within 10 days of request for service. Each program must also keep a record of requests for service for which the program is unable to meet.
 7. Programs located in areas where non-English or limited English speaking older adults are concentrated are encouraged to have bilingual personnel available (paid or non-paid).
 8. Each program must demonstrate staff and volunteer participation in educational training. Educational opportunities must be encouraged and made available to staff and volunteers on an annual basis.
 9. Each program must demonstrate collaborative relationships with the immediate community and other service providers. Suggestions of collaborative relationships would include providing public presentations to educate the greater community about the needs of their older adults and ways in which the community can help; and/or participating in collaborative meetings with other service providers in the community.

Unit of Service: One hour of Outreach & Assistance which includes identification of and contact with isolated older persons; determining unmet needs; and assistance in their gaining access to needed services.

Regional Service Request

ACCESS SERVICES

AAA ADMINISTERED SERVICES

A. Access

Care Management - Update

Starting date: October 1, 2016	Ending date: September 30, 2017
Total of federal dollars: \$1,000	Total of state dollars: \$800,734
Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

Goal 1: Improve participant's medication self-management skills.

Activities:

1. Supports Coordinators will reconcile all medication that the participant is taking with their physician.
2. Supports Coordinators will educate participant about medication self-management to increase their knowledge and compliance and minimize ER visits and hospital admits.
3. Supports Coordinators will follow up with the participants during monthly contacts and face to face visits to insure they are adhering to the Physician ordered medication regimen.

Expected Outcome: Improve the participant's knowledge related to their medication regimen. Minimize medication errors and increase compliance with physician orders. Minimize medical visits due to medication errors.

Goal 2: Improve participant's pain management skills.

Activities:

1. Evaluate client feedback regarding pain levels during initial assessment, reassessments and phone contacts.
2. Document interventions for all participants by rating their pain as mild, moderate or severe.
3. Assist participant with pain management concerns during contacts to provide interventions such as evaluating the current pain management regimen and contacting the physician for orders as needed or providing comfort measures, etc.
4. Evaluate the effectiveness of all interventions and problem solve, as needed.

Expected Outcome: Measure pain management at baseline and at specific intervals to improve pain management for participants in collaboration with their physician.

Goal 3: Increase the number of participants who have an active Advance Medical Directive.

Activities:

1. Supports Coordinators will educate and review benefits of an Advance Medical Directive with all participants.
2. Supports Coordinators will review the benefits of an Advance Medical Directive with participants on an on-going basis and with participants who are not in compliance.
3. Supports Coordinators will monitor whether Advance Directives need to be updated.
4. Work with an inter-disciplinary workgroup and community stakeholders on an Advance Directives Campaign through a multi-faceted communications campaign to encourage seniors to prepare and update Advance Medical Directives.

Expected Outcome: Increase the number of participants and Region 1-A older residents who have an active Advance Medical Directive.

Goal 4: Increase support resources for caregivers.

Activities:

1. Supports Coordinators will evaluate caregiver needs and provide resources as needed to minimize caregiver burn out.
2. Supports Coordinators will explore opportunities for caregiver/participant respite.
3. Supports Coordinators will monitor effectiveness of interventions and make adjustments as needed.

Expected Outcome: Increased opportunities for Caregiver support.

Care Management

Current Year and Projected Year			
Client Numbers, Case Load and Client to Staff Ratio			
Number of client pre-screenings: 2016	202	Planned 2017:	200
Number of initial client Assessments -- 2016	94	Planned 2017:	96
Number of initial client care plans - 2016	94	Planned 2017:	96
Total # of clients (carry over plus new) – 2015	181	Planned 2017:	275
Staff to client ratio 1:50 (Active and maintenance)			

Match and Other Resources			
MATCH: Sources of Funds	State Funding	Cash Value	In-Kind
	\$719,734	0	\$80,000
OTHER RESOURCES: Sources of Funds	Program Income	Cash Value	In-kind
	\$1,000	0	

ACCESS SERVICES

Information & Assistance

Starting date: October 1, 2016	Ending date: September 30, 2017
Total of federal dollars: \$334,082	Total of state dollars: \$83,588
Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

Goal 1: Update and maintain Information & Assistance (I&A) Resource Database to be able to provide accurate and updated information to all identified populations.

Activities:

1. Complete the identification and removal of resources in database that are no longer valid.
2. Continue to update valid resources in the resource database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps.
5. Add identified community resources to the database.
6. Maintain the database according to AIRS standards.

Expected Outcome: Greater community access to resources that are accurate and up-to-date.

Goal 2: Enhance the skills of I & A Specialists.

Activities:

1. I & A Specialists will participate in ongoing training to enhance current skills and develop new skills to serve all identified populations.
2. I & A Specialists will continue to participate in required AASA Person Centered Thinking training.
3. I & A Specialists will continue to participate in on-going ABCs of I & R training to meet AIRS standards for recertification.
4. I & A Specialists will continue to participate in on-going MMAP training for 100% of staff to be certified as counselors.
5. I & A Specialists will continue to participate in LGBT sensitivity training.
6. Collaborate with other departments to ensure effective and efficient screening processes for MI Choice Medicaid Waiver, Project Choice, MMAP, MI Health Link, Meals on Wheels and other programs.
7. Support Outreach program efforts by attending events and completing on-site intake and referral assistance services.

Expected Outcome: I & A Specialists will respond to all callers in a person-centered manner and provide appropriate information, intake and referrals to all callers.

Goal 3: Collaborate with Community Wellness Service Center partners to expand I & A, education and Options Counseling to increase accessibility, streamline services, and navigate the environment.

Activities:

1. Develop tools to track outcomes of community I & A and Options Counseling
2. Provide I & A and Options Counseling training that meets AASA and AIRS standards.
3. Provide I & A and Options Counseling at Community Wellness Service Center agencies to all populations.
4. Collaborate with Community Wellness Service Center partners to evaluate tracking data and determine next steps.

Outreach Services

Starting date: October 1, 2016	Ending date: September 30, 2017
Total of federal dollars: \$193,880	Total of state dollars: \$66,429
Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

Goal 1: Expand the reach of DAAA programs and services in the community.

Activities:

1. Target identified organizations in the outreach database to identify individuals who may benefit from DAAA services.
2. Attend community meetings with elected officials and local government entities to provide information about DAAA programs.
3. Work with I & A providers to target vulnerable, at-risk seniors and adults with disabilities.
4. Develop strategy for educating consumers on accessing pre-paid ambulatory health plans (PAHP) as MI Choice converts to this new system.
5. Utilize social media, local media outlets and cable television to promote DAAA programs in collaboration with municipal governments and other partners.

Expected Outcome: Increase community awareness of DAAA programs and services.

Goal 2: Increase client enrollment in targeted DAAA programs

Activities:

1. Develop relationships and education partners outside of our current network.

2. Collaborate outreach events to targeted population to get referrals for DAAA programs with open enrollment.
3. Continue to use translated material to targeted populations.

Expected Outcome: Increase enrollment of targeted programs and services offered by DAAA and its service provider network.

Goal 3: Increase client enrollment in targeted DAAA programs.

Activities:

1. Use telephonic calls to reach waitlist clients to access a continued need for DAAA's programs.
2. Refer waitlist clients to I&A when additional needs are determine so referrals can be made to other programs outside of DAAA's scope of service.
3. Continue to educate Outreach Providers and other community partners to obtain referrals to DAAA's programs.
4. Continue to promote evidence-based programs such as D-PATH and AMOB.
5. Hold D-PATH and AMOB information sessions in the community, which will lead to clients attending workshops.

Expected Outcome: Increase enrollment of targeted programs and services offered by DAAA and its service provider network.

DIRECT PROVISION OF SERVICES

Long Term Care Ombudsman

Total of federal dollars: \$40,617	Total of state dollars: \$73,547
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Goal 1: Provide advocacy services for nursing facility and community living residents.

Activities:

1. Continue to educate nursing facility and community living residents regarding their rights.
2. Investigate complaints from nursing facilities, MI Choice, adult foster care and homes for the aged residents and their family members.
3. Collaborate with residents, resident supports, and nursing home facilities to resolve complaints.
4. Assist residents who would like to transition from institutional to community settings.
5. Assist residents who are experiencing nursing home closure.
6. Continue to participate on the Elder Abuse Task Force.

Expected Outcome: Increase knowledge and understanding about resident rights and responsibilities.

Goal 2: Provide community education on the rights of nursing facility residents and elder abuse.

Activities:

1. Continue to develop relationships with nursing home and community living residents and family support to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach program to target events to provide community education.
3. Collaborate with county organizations to educate and increase community awareness of all populations on elder abuse.
4. Work to protect nursing home residents from voter-related and other types of fraud.
5. Coordinate trainings on Elder Abuse for I & A Specialists.

Expected Outcome: Increase knowledge of residents, family members and the community on identifying and responding to potential cases of elder abuse and/or fraud prevention.

PROGRAM DEVELOPMENT OBJECTIVES

The FY 2017 – 2019 strategic goals for program development are highlighted below:

Goal 1: Improve and Expand the Health, Wellness and Nutrition Services of Older Adults

Goal 2: Increase Access to Public Benefits and Services through a Single Point of Entry

Goal 3: Expand Transportation Services for Seniors and Adults with Disabilities

Goal 4: Promote Caregivers through Responsive Training, Education and Support.

Goal 5: Promote Development of Communities-For-A-Lifetime

Goal 1: Improve and Expand the Health, Wellness and Nutrition Services of Older Adults.

FY 2017

Objective 1.1: Create Community Wellness Service Centers that provide a sustainable infrastructure for integrating community navigation and health and wellness services into each targeted service area.

Activities:

1. Work with Community Wellness Service Centers, congregate meal sites and locations to integrate community navigation and health and wellness services.
2. Collect wellness outcomes to measure impact of evidence-based healthy aging programs.
3. Work with community wellness service centers, congregate meal sites and other partners to expand services through other partnerships.

Expected Outcome: Increase resources for seniors and caregivers through coordinated care resources.

Objective 1.2: – Further expand evidence-based health promotion and disease prevention services through community wellness service centers, congregate meal sites and other locations.

Activities:

1. Continue to recruit and train lay leaders in A Matter of Balance, EnhanceFitness, DPATH, PATH and other evidence-based programs..
2. Seek needed licenses as needed.
3. Explore third-party reimbursement and fees to support sustainability.

Expected Outcome: Improvement of health status among older adults through health promotion and disease self-management programs.

Objective 1.3: Expand Nutrition Services at Community Wellness Service Centers, satellites and congregate meal sites.

Activities:

1. Expand depth of nutrition education through Cooking Matters, MSU Food Extension and other programs.
2. Partner with food pantries and other partners to expand the distribution of food commodities.
3. Pilot Halal meals at one congregate meal site.

4. Develop strategies to promote Project Fresh, Double Bucks and other programs that disseminate fresh fruits and vegetables.

Expected Outcome: Increase knowledge of good nutrition among seniors in Region 1-A.

FY 2018

Objective 1.1: Introduce Membership Services and Social Marketing Among Community Wellness Service Centers.

Activities

1. Research membership services that can be provided region wide
2. Develop social marketing campaign that can support a Community Wellness Service Center, membership services and lifestyle change.
3. Research software or other information technology to support membership services and lifestyle change
4. Seek funding to support project
4. Pilot the social marketing and membership services
5. Evaluate and measure quality of services against baseline data
6. Expand efforts region-wide

Expected Outcome: Increase sustainability of wellness services and outcomes.

Objective 1.2: – Continue to further expand types of evidence-based health promotion and disease prevention services through community wellness service centers, satellite locations and congregate meal sites.

Activities:

1. Continue to recruit and train lay leaders in evidence-based programs.
2. Introduce Tai-Chi, modified Yoga and Take Heart evidence-based programming into wellness centers.
3. Explore options for evidence-based such as yoga, Tai-Chi and other activities in collaboration with Community Wellness Service Centers and other partners.

Expected Outcome: Increase physical activities and fitness programming in to wellness centers, congregate meals.

FY 2019

Objective 1.1: Work with Community Wellness Service Centers and other locations to expand health and wellness services through partnerships.

Activities:

1. Work with Community Wellness Service Centers to expand health-related services within their facilities.
2. Assist partners to seek additional funding to support clinical and other services.

Expected Outcome: Improve health status of older adults in Region 1-A.

Objective 1.3: Expand Nutrition Services at Community Wellness Service Centers, congregate meal sites and other locations.

Activities:

1. Promote the engagement of seniors in urban gardening and use of farmers' markets.
2. Integrate healthy eating into wellness center programming.
3. Introduce culturally appropriate meals into congregate meal facilities

Expected Outcome: Increase knowledge of good nutrition across Region 1-A.

Goal 2: Increase Access to Public Benefits and Services through a Single Point of Entry and Community Wellness Service Centers.

Activities:

1. Educate consumers on how to access to public and private benefits and services made available through existing and new programs.
2. Provide training and technical assistance to Community Wellness Service Centers and other partners

Expected Outcome: Increased knowledge of professionals and consumers about community resources and public/private benefits.

2017

Objective 2.1: Build Single Point of Entry within DAAA to better provide information and assistance, eligibility screening and options counseling.

Activities:

1. Develop policies and procedures to support Single Point of Entry.
2. Develop MOUs with community partners to support service referral, client tracking and service delivery
3. Research HIPAA-related issues.
4. Expand Service Point's capacity to track clients and support community resource needs.

Expected Outcome: Increase access to programs, information and outcomes for seniors and caregivers both within DAAA and with our community partners

2018

Objective 2.1: Build the capacity of AAA and service provider network to provide benefits screening, counseling and application assistance.

Activities:

1. Introduce community wellness service centers to MI-SOAP.org web portal
2. Work with providers to integrate MMAP, MI Café and MI Bridges to reduce duplication of efforts.
3. Advocate for improved coordination through DHHS, Social Security and CMS.

Expected Outcome: Increased economic security through public and private benefits.

2019

Objective 2.1: Build the capacity of seniors and caregivers to access public benefits through technology and other methods.

Activities:

1. Work with Elder Law of Michigan to expand MI-SOAP to service end users.
2. Develop promotional campaign to increase use of the web portal.
3. Evaluate results and modify programs and services..

Expected Outcome: Increased access to private benefits and services.

Goal 3: Expand Transportation and Mobility for Seniors and Adults with Disabilities

2017

Objective 3.1: Collaborate with public and private partners to expand door-to-door transportation to medical appointments and other destinations.

Activities:

1. Continue meetings with DDOT staff to finalize the process for usage of the 5310 dollars to provide transportation for seniors and adults with disabilities.
2. Continue to work with Detroit Emergency Medical Services (EMS) to develop a protocol for routing calls/rides for non-emergency transportation (NEMT) solutions. Work with area hospitals to manage return (NEMT) appointment transportation.
3. Continue to meet with local Area Agencies on Aging to review transportation practices used by other agencies for client transportation services and challenges.
4. Work with community partners, including health care as possible private fund sources.

Expected Outcome: Improve quality of life, increase independence, encourage socialization and reduce health issues.

FY 2017

Objective 4.1: Work with Alzheimer's Disease Association and other partners to expand support, education and training for caregivers caring for adults with Alzheimer's Disease and other dementias.

Activities:

1. Develop protocols, policies and procedures for DAAA and the service provider network to better serve persons with dementia, particularly the 85-plus.
2. Identify additional training and certification for DAAA staff and service provider network.
3. Expand Creating Confident Caregiver training for family caregivers
4. Enhance respite care, adult day services and existing caregiver support, training and education efforts in Region 1-A.

Expected Outcome: Increase capacity of family caregivers to provide quality care to care recipients with dementia.

FY 2018

Objective 4.2: Work with caregiver support providers, Community Wellness Service Centers and other community stakeholders to expand caregiver support groups in Region 1-A.

Activities:

1. Establish a Caregiver Support Collaborative within Region 1-A.
2. Research best practices for caregiver support, education and training.
3. Convene caregiver focus groups and/or conduct community needs assessment to determine needs.
4. Seek additional resources to support caregiver services
5. Train support group leaders and facilitators.
6. Expand and enhance caregiver support services

Expected Outcome: Increase capacity of caregivers to provide care through emotional and other support.

FY 2019

Objective 4.3: Create an education and training series for family caregivers.

Activities:

1. Develop a database of family caregivers from Service Point, Compass and other databases.
2. Develop caregiver training and education materials for family caregivers
3. Post information of DAAA and provide Website for expanded information dissemination
4. Make education and training sessions available in Region 1-A.

Expected Outcome: - Increase knowledge of family caregivers to provide supportive services to care recipients who desire to age in place in a setting of their choice.

Goal 5: Promote Development of Communities-of-a-Lifetime –Support the development of aging-friendly communities through collaboration with SEMCOG, AARP Michigan, local governments and other partners.

FY 2017

Objective 5.1: Conduct Research and Readiness Assessment for Communities-For-A-Lifetime

Activities:

1. Work with City of Highland Park to develop action plan for the AARP Michigan Livable Communities designation.
2. Review AARP and AASA Communities-of-a-Lifetime and Aging Friendly Communities processes.
3. Seek training on Communities-of-a-Lifetime from Aging and Adult Services Agency.
4. Conduct a readiness assessment of communities for an aging-friendly communities designation.
5. Identify a community interested in pursuing a Communities-of-a-Lifetime destination.

6. Use City of Highland Park as a mentor.
7. Work with citizens on a future action plan.

Expected Outcome: Assess interest of local municipalities about aging-friendly communities engagement.

FY 2018

Objective 5.1: Pilot seeking a Communities-for-a-Lifetime in a neighborhood district within the City of Detroit.

Activities:

1. Work with the City of Detroit Commission to identify a neighborhood district for a Communities-For-A-Life Time designation.
2. Establish a workgroup with residents and other community stakeholders
3. Conduct the assessment of the neighborhood district
4. Seek a resolution from the City of Detroit and/or City Planning Commission
5. Submit to Aging and Adult Services Agency.

Expected Outcome: Promote Aging-Friendly Communities concept within City of Detroit.

ADVOCACY STRATEGY

The DAAA will plan, develop and implement its FY 2016 Advocacy Strategy in collaboration with its DAAA Board of Directors, Advisory Council, consumers, and community stakeholders. This Advocacy Platform will target and prioritize issues related to expanding funding and resources for services including a Wayne County Senior Millage. In addition, it will include strategies that will advocate for legislative and congressional action that create, expand and improve services that address unmet needs of seniors in PSA 1-A. Emphasis will be placed on protecting the interest of older adults, caregivers and service providers in policy and system reforms related to the rollout and implementation of Integrated Care and the Affordable Care Act. Areas of unmet need will obtain considerable attention in order to lessen the impact of federal and state funding cuts and to embrace opportunities that will make long term care and health care transformations responsive to the needs of older adults and their families.

Advocacy Structure

- **DAAA Board of Directors & Advisory Council** – This governing body and its Advisory Council will be the catalyst for the identification of platform issues at the federal, state and local levels in collaboration with the Consumer Advisory Councils of the agency. This work will be implemented through the Public Policy Committee.
- **DAAA Staff** – DAAA staff will continue to advocate and empower older adults and their families through the provision of information and services. In addition, designated staff will support advocacy efforts through analysis of data and legislation, research, policy development and reform.
- **Region 1-A Aging Services Network** – DAAA will continue to inform and solicit input and support from its local services network.

Advocacy Partnerships

National

- **National Association of Area Agencies on Aging (n4a) Legislative Conference.** Board and Staff representatives attend the annual n4a conference and visited congressional leaders to advocate for policy changes impacting older adults.

State

- **Commission on Service to the Aging (CSA)** – DAAA will monitor the CSA and ensure that this oversight body to the Michigan Office of Services to the Aging is informed about the needs of older adults and caregivers in PSA 1-A.
- **Michigan Senior Advisory Council (MSAC)** – DAAA will recommend the appointment of members to MSAC from Region 1-A to ensure that the voice of consumers from this planning and services area are represented.
- **Older Michiganians Day (OMD)** – DAAA will continue to shape and support the Older Michiganians Day Annual Advocacy Platform designed to communicate the needs of older adults to the State Legislature in collaboration with other AAAs and consumers in Region 1-A. This includes annual visits to the offices of the State Legislature.
- **Michigan Association of Area Agencies on Aging (M4A)** – DAAA staff represents Region 1-A in monthly M4A meetings to stay abreast of statewide issues impacting older adults, caregivers and the local Aging Services Network.
- **Silver Key Coalition** – Network of State Aging and Disability Agencies advocating for expanded in-home services.

Regional

- **Aging Services Consortium** – DAAA will continue to provide representation at the Aging Services Consortium meetings.
- **Southeast Michigan Senior Regional Collaborative** – DAAA will continue to have representation and leadership on the collaborative of nearly 30 agencies in Southeast Michigan.

Advocacy Methods & Tools

- Public Testimony
- Legislative Briefings
- White Papers & Position Papers
- Advocacy Platform Talking Points
- Advocacy Network Mailing List
- DAAA Website & Advocacy E-Blast
- Advocacy Training
- Advocacy Give-A-Ways (pens, advocacy tool kits, etc).

FY 2017 Priority Advocacy Issues

The following advocacy issues will be addressed during FY 2016-2017:

- Resource Development
- Transportation and Mobility
- Home and Community-Based Services for Older Persons and Individuals with Disabilities
- Caregiver Education, Training & Support
- Preservation of Affordable Senior Housing
- Civic Education and Engagement

LEVERAGED PARTNERSHIPS

DAAA plans to work with a variety of partners and community stakeholders to implement its goals and objectives at the regional and service area levels over the next three years. Key planned initiatives appear below.

Aging & Disability Resource Collaborative (ADRC) Detroit-Eastern Wayne Partnership: DAAA will continue to partner with Disability Network – Wayne County/Detroit and other collaborative partners to increase access to long term care and other services through a no wrong door approach.

Aging Services Consortium: Continue partnering with service providers and community stakeholders to address aging related issues impacting seniors and caregivers.

Aging Services Network - (Region 1-A): DAAA will convene the service provider network to coordinate services, work on quality assurance issues and position the community for Integrated Care and health reform to improve services in the community.

Area Foundations and Private Corporations: DAAA will work with local foundations and private corporations to obtain support for producing meals locally.

Care Transitions Partnerships: Partner with Michigan Peer Review Organization (MPRO), Detroit Medical Center, Henry Ford Health System, William Beaumont and St. John Providence Health System.

City of Detroit Department of Health and Wellness Promotion – Partner with the Department of Health and Wellness Promotion on health and wellness initiatives to improve the health status of older adults in Region 1-A.

City of Detroit Senior Advisory Commission – Mayor Duggan's City of Detroit Commission on Aging was chartered to advise the mayor's office on the needs and challenges of older residents. Chaired by Paul Bridgewater, the Commission reviewed the Multi-Year Plan and its update, hold public hearings on senior issues and promote increased access information about community resources.

Colleges & Universities: Continue to partner with Wayne State University, University of Michigan, Michigan State University Cooperative Extension and other colleges and universities to tap into

invaluable training, education and research capabilities. This includes expansion of field placements and other opportunities to prepare students for the marketplace.

Michigan Department of Health & Human Services: Strengthen partnership with Department of Human Services to support the protection of seniors and adults with disabilities who are at-risk of abuse and exploitation or unable to meet their basic needs.

Detroit-Wayne County Health Authority: Strengthen relationship with the health authority that has oversight of mental and other health services to support referrals to mental health agencies, healthcare treatment and other services,

D-DOT Local Advisory Council (LAC): Work with D-DOT, SMART, SEMCOG, the Regional Transportation Authority and other transportation providers to expand and coordinate transportation services for consumers.

System Transformation

At the regional level, DAAA will continue to work with area health systems, managed care organizations, the Public Health Institute, federally qualified health centers and other partners to forge relationships with them to pilot and implement Integrated Care, Care Transition services and other evidence-based healthy aging services. DAAA will work with The Senior Alliance and the Administration for Community Living to develop a strategic business plan through a technical assistance and support grant award. One of fifteen agencies across the country to be awarded this grant, DAAA will position the Aging Services Network in Wayne County to provide services to Medicare and Medicaid Dual Eligible consumers. It is estimated that there are over 200,000 dual eligible consumers in Michigan, including 53,000 in Wayne County. These individuals have been targeted for common benefits and services through Integrated Care starting July 1, 2015. Approximately 35,000 reside in Region 1-A.

DAAA will continue to work with the Michigan Peer Review Organization (MPRO), Detroit Medical Center, Henry Ford Health System, William Beaumont and St. John Providence Health System and other health systems to create and expand Care Transition services to reduce admissions and re-admissions. This will be achieved through implementation of the Eric Coleman Model of Transition services, referral of consumers to evidence-based health promotion programs, as well as, the Diabetes Self-Management Program, which can be paid for through Medicare. The agency will continue to dialogue with Blue Cross Blue Shield of Michigan and other managed care organizations to advocate for seniors and to make sure that the rights of seniors are protected. This includes protecting Medigap and Medicare Advantage Plans.

Economic Security & Well Being

DAAA will continue to partner with the Southeast Michigan Regional Senior Collaborative, Elder Law of Michigan, the Department of Health and Human Services and other partners to protect the rights of seniors to not be exploited by elder abuse, to access all entitled public benefits and services, and to advocate for a better quality of life. This will be carried out through supporting agencies that provide public benefits through MiCAFE', MI Bridges as well as, through outreach and education strategies targeted at elder abuse through the Wayne County Elder Abuse Task Force and the Wayne County Department of Human Services. The agency will also work with the Detroit-Wayne County Mental

Health Board and its provider network to support referrals to mental health agencies, treatment without stigma and coordination of services.

Senior Millage & Other Resources

DAAA will continue to partner with The Senior Alliance to monitor and advocate for a Senior Millage in Wayne County as well as expanded services for older veterans as the County's budget deficit is addressed. DAAA will also support the work of advocates to have the Intrastate Funding Formula reviewed and changed and work at ways to free up local resources to support senior citizens. This includes strengthening relationships with foundations, development of public-private partnerships with corporations, faith-based organizations, fraternal organizations and other partners as well as field placements and community volunteers. DAAA will also work with Wayne County, municipalities, foundations, veterans groups, faith-based groups, time banks and other stakeholders to better meet the needs of older adults and caregivers.

Senior Transportation

DAAA will continue to build strong relationships with D-DOT, SMART, SEMCOG, the Regional Transportation Authority, the Regional Elder Mobility Alliance (REMA), Transportation Riders United and other transportation providers to expand and coordinate door-to-door and curb-to-curb transportation services for consumers. DAAA will also work with Michigan Department of Community Health and the Wayne County Department of Human Services on the expansion and improvement of medical transportation.

Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adult Coalition

DAAA will work with Area Agency on Aging 1-B, The Senior Alliance and the LGBT Older Adult Coalition of Southeast Michigan to determine strategies that can be used to identify and meet the needs of the Lesbian, Gay, Bisexual and Transgender community. This includes determining the needs of this community, increasing competency among staff and service providers regarding LGBT issues, and developing effective programs and services for LGBT older adults.

US Department of Housing & Urban Development (HUD)

DAAA will work with HUD, and the Michigan State Housing Development Authority (MSHDA) to develop a home repair set-aside strategy for older persons in Region 1-A to address the need for minor and major home repairs, housing rehabilitation and home modifications.

Wayne County Community Action Agencies

DAAA will work with Wayne Metro to target low-income seniors who have basic needs.

COMMUNITY FOCAL POINTS

Community Focal Points for FY 2017 – 2019 will include the following:

- Regional Community Focal Point – Detroit Area Agency on Aging
- Community Wellness Service Center

OTHER GRANTS & INITIATIVES

Targeted Caregivers and Referral Services (T-CARE)

DAAA will continue to provide caregiver support to caregivers through T-CARE during FY 2017 – 2019. To expand and enhance the program, DAAA will seek additional resources to for caregivers in order to make respite care and other resources available to them. During FY 2014 – 2016, DAAA piloted the program with two supports coordinators. One key barrier is the need to have sufficient services for caregivers once counseling is made available.

Creating Confident Caregivers

DAAA currently has one Master CCC Trainer on staff for Creating Confident Caregivers in addition to three additional trainers who offer CCC workshops at community partner agency locations. DAAA will utilize these resources to make Creating Confident Caregiver workshops available two to four times per year.

Chronic Disease Self-Management Program

Over the past several years DAAA has sought to build capacity of our service provider network to deliver sustainable, evidence-based disease prevention programs within Region 1-A. This has been accomplished through training of staff and volunteers in order to embed the programs in our community. Staff have been trained as Master Trainers (A Matter of Balance, and Diabetes PATH), as well as instructors, coaches and lay leaders for A Matter of Balance, Diabetes PATH, Creating Confident Caregivers, EnhanceFitness, and PATH.

The Service Provider Network agencies are committed to offering evidence-based programs. Some partners use funding from DAAA (Community Support Coordination) to cover the cost of providing these programs while other get support from DAAA through its Health and Wellness Program. Workshops and classes are coordinated with DAAA to ensure that they are offered at diverse locations throughout Region 1-A. Locations include community wellness centers, parks and recreation centers, senior centers, senior residences and congregate meal sites.

During FY 2017 – FY 2019, DAAA hopes to expand evidence-based programming to include Tai-Chi since it is popular among older adults. In addition, the agency wants to explore how modified yoga can be provided outside of OAA funding. All of these classes and workshops will positively impact the overall well-being of program participants.

MI Health Link

Currently, DAAA has contracts with Aetna, AmeriHealth, Fidelis CareSecure, Midwest/HAP and Molina to provide Supports Coordination under MI Health Link. In addition, it manages contracts for the provision of Adult Day Health, Chore Services, Community Living Supports, Expanded Community Living Support, Environmental/Home Modifications, Fiscal Intermediary, Home-Delivered

Meals, Non-Medical Transportation, Nursing Facility Transition Services, Nursing Services, Personal Care, Personal Emergency Response Systems, Respite Care Services (In and Out-of-the Home), Adaptive Medical Equipment & Supplies, Training and Assistive Technology. DAAA plans to continue to provide these services through the life of the contracts.

Care Transition Services

DAAA contracts with Detroit Medical Center, DMC- affiliated Accountable Care Organization (ACO), Gateway and Total Home Care for Care Coordination/Care Transition Services.

University of Michigan – NIH Grant

The University of Michigan School of Public Health has received a National Institute of Health Grant to implement the *Take Heart* initiative in collaboration with DAAA and the Rosa Park Geriatric Center. The *Take Heart* study will assess the adaptation and dissemination of an evidence based heart disease self-management program into a community where patients are particularly vulnerable to negative health outcomes. The program will be offered by the Detroit Area Agency on Aging (D-AAA) with participants recruited from the Detroit Medical Center, with the University of Michigan Center for Managing Chronic Disease conducting an evaluation of the implementation process and outcomes. The end goal is to identify a sustainable model, allowing DAAA to offer this program long after the study period so that older adults can maintain optimal functioning, quality of life and independence.

Aims and Objectives

- Adapt the *Take Heart* heart disease self-management program for adults aged 50+ for participants in Detroit.
- Adapt *Take Heart* for optimal implementation by the D-AAA and the Rosa Parks Geriatric Center at Detroit Medical Center.
- Observe and assess the adaptation of this evidence-based program for sustained use in the community .
- Assess clinical health outcomes (e.g., health care use, hospitalizations, emergency room use, physical and psychosocial functioning) in a randomized controlled trial of participants in the adapted model.
- Assess cost savings to the Rosa Parks Clinics associated with program participation
- Develop a plan for scaling up using the statewide and national network of Area Wide Agencies on Aging.

DDOT Transportation Contract

DAAA contracts with the Detroit Department of Transportation (DDOT) to provide non-emergent, medical transportation to older persons and adults with disabilities residing in the City of Detroit with New Freedom/JARC funding. During FY 2017 – 2019, the agency plans to pursue additional 5310 funding to supplement SMART funding made available in the central and eastern suburban communities of Region 1-A.

Medicare Medicaid Assistance Program

MMAP continues to be one the DAAA's vital programs. Over the next three years, MMAP anticipates having several grants that support the agency's benefits access work in the community. The following grants slated for FY 2017 through FY 2019:

Medicare and Medicaid Assistance Program(MMAP)

- MMAP purpose is to strengthen the capability of the AAA to provide information, counseling , and assistance that will help Medicare beneficiaries to understand and access program benefits
- Through counseling, education, and outreach the AAA will help beneficiaries identify, understand, and enroll in programs and plans, when eligible and appropriate, including enrollment assistance in prescription drug plans, Medicare Advantage plans, Medigap policies, Medicare Savings Programs, long-term care insurance and financing, and other public and private health insurance coverage options available to Medicare beneficiaries

Under this grant, there will be eight performance goals to be achieved:

1. Number of total clients contacts
2. Persons reached through select outreach activities
3. Number of direct contacts with clients
4. Disabled beneficiary contact
5. Low-Income beneficiary contacts
6. Enrollment contacts
7. Part D enrollment contacts
8. Total counseling hours

Medicare Improvement for Patients and Providers Act (MIPPA):

The primary purpose of this partnership is to work together to provide information, counseling, and assistance that will help Medicare beneficiaries understand and apply for Medicare Low-Income Subsidy(LIS) or Medicare Savings Program (MSP) benefits through outreach and counseling assistance services

- Screen beneficiaries for LIS eligibility, ensure that every effort to obtain personal, income and assets in order to minimize application rejection. Complete online at SSA.gov. LIS benefit
- Screen beneficiaries for MSP eligibility, ensure that every effort to obtain personal data, income and assets information in order to minimize application rejection.
- Complete DCH1426 Application or apply online at MI Bridges for MSP benefit.

Senior Medicare Patrol Project (SMP):

- The purpose of the SMP Project is to increase recognition, reporting, and avoidance of Medicare fraud and abuse by Michigan's 1.8 million Medicare beneficiaries. This will be achieved through statewide counseling, education, outreach and prevention efforts.

- Goal is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent , detect and report health care fraud, errors and abuse through outreach, counseling and education.

Volunteer Program

Over the past two years, we have seen an increase in their performance as well as for some of the partners. More specifically focusing on the higher performing partners and helping with strategies to perform even better this grant year.

Successes:

Thus far, volunteer recruitment initiatives through outreach activities, has proven to be the most effective form of recruitment for our program. DAAA has been successful at recruiting committed volunteers who come to the program with their friends. Approximately 33% of our core volunteers have been with the program three or more years.

Challenges:

DAAA continues to seek additional community volunteers who can devote time to the project

Planned Services Summary Page for FY 2017 PSA: 1-A

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	10.30%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 417,670	5.37%	X		X
Outreach	\$ 266,109	3.42%			X
Transportation					
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ 293,361	3.77%	X		
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 2,629,788	33.82%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 92,663	1.19%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 202,800	2.61%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 984,472	12.66%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ -	0.00%			
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 18,500	0.24%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 69,110	0.89%		X	
Long Term Care Ombudsman/Advocacy	\$ -	0.00%			
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 18,500	0.24%		X	
Programs for Prevention of Elder Abuse,	\$ 18,425	0.24%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 50,900	0.65%		X	
Caregiver Education, Support, & Training	\$ 62,700	0.81%		X	
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 176,951	2.28%			
REGION-SPECIFIC					
a. Outreach & Assistance	\$ 135,200	1.74%		X	
b. Comm. Wellness Ctrs.	\$ 1,379,500	17.74%		X	
c. LTC Ombds/Advocacy	\$ 127,164	1.64%			X
d. Comm. Supp. Navigator	\$ -	0.00%			
e. Comm. Living Support	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
MATF ADMINISTRATION	\$ 31,464	0.40%			
TOTAL PERCENT		100.00%	5.51%	75.98%	18.51%
TOTAL FUNDING	\$ 7,776,011		\$428,117	\$ 5,908,299	\$1,439,595

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

FY 2017 AREA PLAN GRANT BUDGET

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/15 to 09/30/16

Rev: 04/20/15

PSA: 1-A

Date: 04/23/15

Rev. No.: 0

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SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	884,759		884,759
2. Fed. Title III-C1 (Congregate)		705,310	705,310
3. State Congregate Nutrition		22,255	22,255
4. Federal Title III-C2 (HDM)		935,665	935,665
5. State Home Delivered Meals		976,617	976,617
8. Fed. Title III-D (Prev. Health)	61,327		61,327
9. Federal Title III-E (NFCSP)	371,033		371,033
10. Federal Title VII-A	12,734		12,734
10. Federal Title VII-EAP	15,150		15,150
11. State Access	66,429		66,429
12. State In-Home	520,230		520,230
13. State Alternative Care	261,688		261,688
14. State Care Management	719,734		719,734
16. St. ANS & St. NHO	156,443		156,443
17. Local Match			
a. Cash		212,500	212,500
b. In-Kind	429,648	81,000	510,648
18. State Respite Care (Escheat)	139,246		139,246
19. MATF & St. CG Support	349,613		349,613
20. TCMM/Medicaid & CMP	20,692		20,692
21. NSIP		650,913	650,913
22. Program Income	153,025	30,000	183,025
TOTAL:	4,161,751	3,614,260	7,776,011

ADMINISTRATION			
Revenues	Local Cash	Local In-Kind	Total
Federal Administration	328,674	-	328,674
State Administration	57,316	-	57,316
MATF & St. CG Support Administration	31,464	-	31,464
Other			
Total:	417,454	75,000	492,454

Expenditures	
1. Salaries/Wages	FTEs
2. Fringe Benefits	
3. Office Operations	
Total:	

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Investment Income	75,000		
Total:	75,000	Total:	-

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

Signature: _____ Title: _____ Date: _____

FY 2017 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Detroit Area Agency on Aging
 PSA: LA
 Budget Period: 10/01/15 to 09/30/16
 Date: 04/23/15
 Rev. No.:
 Rev: 04/20/15
 page 2 of 3

SERVICE CATEGORY	Title III-B	Title III-D	Title III-E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	SEANS	St. Respite (Escheat)	MATF & St. CG Sup.	Program Income	Cash Match	In-Kind Match	TOTAL	
1. Access																
a. Care Management								719,734				1,000		80,000		800,734
b. Case Coord/supp																
c. Disaster Advocacy																
d. Information & Assis	204,093		29,986													417,570
e. Outreach	151,889		82,044		66,429											266,109
f. Transportation																
2. In-Home																
a. Citire																
b. Home Care Assis	88,705					146,146	20,758					12,240		37,500		293,381
c. Home Injury Critri																
d. Homemaking																
e. Home Health Aide																
f. Medication Mgt																
g. Personal Care																
h. Assistive Device&Tech																
i. Respite Care										27,000	38,615	1,300		27,848		92,663
j. Friendly Reassure																
3. Legal Assistance	57,610															
4. Community Services																
a. Adult Day Care							5,183				174,807					180,990
b. Dementia ADC																
c. Disease Prevent																
d. Health Screening																
e. Assist to Deaf	15,000															
f. Home Repair																
g. LTC Ombudsman																
h. Sr Ctr Operations																
i. Sr Ctr Staffing																
j. Vision Services																
k. Elder Abuse Prevnt	15,000			15,150												30,150
l. Counseling																
m. Creat.Cont.CG@ CCC																
n. Caregiver Support																
o. Kinship Support	8,000		37,000													45,000
q. Caregiver E.S.T																
5. Program Develop																
a. Region Specific																
a. Outreach & Assistance	40,795		59,205						20,000							139,200
b. Comm. Wellness Ctr	118,986		28,795			386,182	235,782			112,246	106,827					1,379,500
c. LTC Ombuds/Advocacy	27,883			12,734												40,617
d. Comm. Suppt. Navigato																
e. Comm. Living Support																
7. CLP/ADRC Services																
8. MATF & St CG Sup Adm																
SUPPORT SERV TOTAL	884,759	61,327	371,033	27,884	66,429	520,230	261,668	719,734	156,443	139,246	349,613	153,025		429,948	20,692	4,161,751

FY 2017 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

PSA: 04/20/15

Agency: Detroit Area Agency on Aging Budget Period: 10/01/15 to 9/30/16
 PSA: 1-A Date: 04/23/15 Rev. Number 0

FY 2017 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
Nutrition Services									
1. Congregate Meals	705,310		22,255		175,907			81,000	984,472
2. Home Delivered Meals		935,665		976,617	475,005	301,000	212,500		2,629,788
3. Nutrition Counseling									
4. Nutrition Education									
5. AAA RD/Nutritionist*									
Nutrition Services Total	705,310	935,665	22,255	976,617	650,913	301,000	212,500	81,000	3,614,260

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

FY 2017 AREA PLAN GRANT BUDGET-TITLE VII-LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	-		15,150			375		2,900	18,425
2. Elder Abuse Prevention				52,855	20,692			13,000	127,184
3. Region Specific	27,883	12,794							
LTC Ombudsman Ser. Total	27,883	12,794	15,150	52,855	20,692	375	-	15,900	145,589

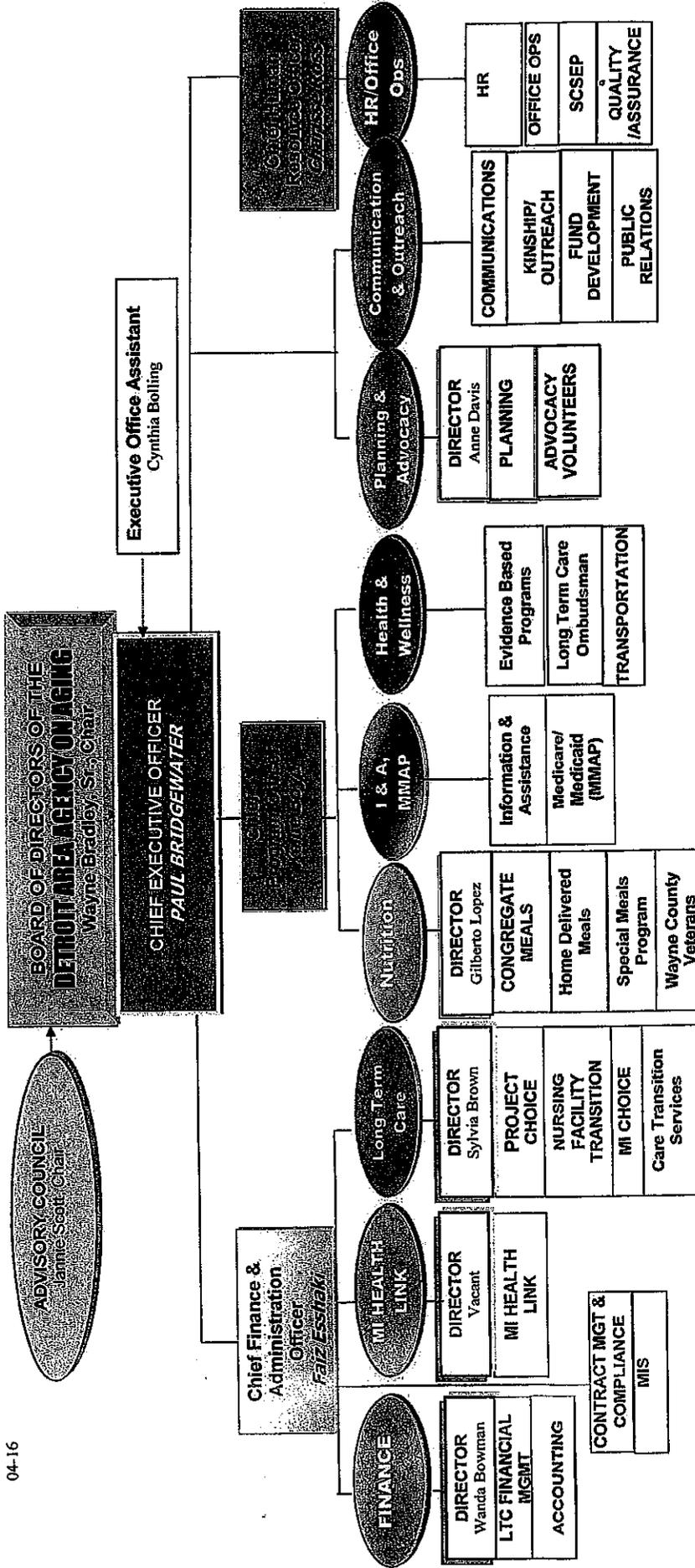
FY 2017 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
1. Chore									
2. Homemaking									
3. Home Care Assistance				27,000		36,515	1,300	27,848	92,663
4. Home Health Aide									
5. Meal Preparation/HDM									
6. Personal Care									
Respite Services Total	-	-	-	27,000	-	36,515	1,300	27,848	92,663

FY 2017 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only						
1. Caregiver Sup. Services			400		5,500	50,900
2. Kinship Support Services	8,000	37,000	700		8,000	62,700
3. Caregiver E.S.T.		54,000				
4.						
Kinship Services Total	8,000	91,000	1,100	-	13,500	113,600

ORGANIZATIONAL CHART - GLOBAL OVERVIEW - 2016



APPENDICES

APPENDIX A

BOARD OF DIRECTORS MEMBERSHIP

Fiscal Year: 2016

DEMOGRAPHICS							
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership	0	19	0	1	0	16	36
Age 60 or Over							

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE	
			Elected Official	Appointed Community Rep.
Nancy Allen	Detroit	Retired		X
Wayne W. Bradley, Sr.	Detroit	Detroit Community Health Connection, Inc.		X
Henry Conerway, Jr.	Detroit	Ambassador Nursing & Rehabilitation Centre		X
Nancy Courtney	Harper Woods	Retired Nurse		X
Terra DeFoe	Detroit	City of Detroit Office of the Mayor		X

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Louis Green	Detroit	UAW Retiree		X	
Louise Guyton	Detroit	Retired, Comerica Bank		X	
Reginald Hartsfield	Detroit	Advantage Management Group		X	
Juanita Hernandez	Detroit	Retired		X	
Reverend Jim Holley, Ph.D.	Detroit	Pastor		X	
Marilyn French Hubbard, Ph.D.	Detroit	Retired		X	
Fay Martin Keys, DL,MSW,MLS	Detroit	Wayne State University -- School of Social Work		X	
Revered Oscar W. King, III	Detroit	Pastor		X	
Stacia Little	Detroit	Optimist Club		X	
Alexander Luvall, Esq.	Detroit	Lawyer		X	
Terri L. Mack, M.D.	Detroit	Medical Doctor		X	
Juliette Okotie Eboh, Ph.D.	Detroit	Vice President, Community Affairs MGM Grand-Detroit		X	

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Gladys A. Noble, MSW	Detroit	Social Worker		X	
Navid Sayed	Detroit	Capital Home Health Care., Inc.		X	
Frances Schonenberg	Grosse Pointe Farms	City of Grosse Pointe Farms		X	
William Sharp, M.D.	Detroit	Medical Doctor		X	
Hedy Shulgon	Hamtramck	City of Hamtramck		X	
Alice G. Thompson	Detroit	CEO, Black Family Development		X	
Ashley Tuomi	Detroit	American Indian Health & Family Services		X	
Elaine Williams	Detroit	DTE Energy Metro Detroit Comm. Involvement Task Force		X	
Mark Wollenweber	Grosse Pointe Shores	City Manager Grosse Pointe Shores		X	

**APPENDIX B
ADVISORY COUNCIL MEMBERSHIP**

Fiscal Year: 2016

DEMOGRAPHICS							
	Asian/Pacific Island	African American	Native American/Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership	2	18		2		15	27
Age 60 or Over	1	8		2		9	12

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Victor Arbulu	Detroit	GDABI
Marion Bloye	Detroit	Bridging Communities
Sandra Booker	Detroit	Franklin Wright Settlements
Tom Cervenak	Detroit	People's Community Services
Shenlin Chen	Detroit	Association of Chinese Americans, Inc.
Rosemarie Cutler	Detroit	Retired Nurse

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Elmer Duff	Detroit	UAW Retiree
Phyllis Edwards	Detroit	Bridging Communities
Suzan Forch	Dearborn	UAW Retiree
Dalia Garcia	Detroit	LaSed – Board of Directors
Katy Graham	Redford	Neighborhood Legal Services
Nanci Gratsy	Detroit	Delta Manor
Beverlyn Hilton	Detroit	Community Activist
Ann Kraemer	Grosse Pointe Park	Community Activist
Maureen Patterson	Detroit	Greenhouse Apartments
Mildred Ray	Southfield	Retired Nurse
Charles Reese	Detroit	MMAP Volunteer
Jannie Scott	Detroit	Presbyterian Village of MI
Patricia Simpson	Hamtramck	Corinthian Baptist Church
Virginia Skrzyniarz	Hamtramck	Piast Institute
Flossie Thomas	Detroit	Community Activist

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Alberta Trimble	Detroit	Retired Nurse
Katie Wheatley	Detroit	Van Dyke Center Michigan State Conference of the NAACP
Yvonne White	Detroit	Wayne County Commissioner
Jewel Ware	Detroit	University of Michigan School of Social Work
William Vanderwill	Ann Arbor	

APPENDIX C

Proposal Selection Criteria

AAA: Detroit Area Agency on Aging (1-A)

FY 2017

Date Criteria approved by Area Agency on Aging Board: 02/25/2013

Outline new or changed criteria that will be used to select providers:

N/A

APPENDIX D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

AAA: Detroit Area Agency on Aging

FY 2017

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Michigan Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:

756,032

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu of reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.