



Annual Implementation Plan for Fiscal Year 2008

Final Plan

July 26, 2007

**Detroit Area Agency on Aging
1333 Brewery Park Blvd., Suite 200
Detroit, Michigan 48207-4544
(313) 446-4444**

www.daaa1a.org

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ABOUT THE DETROIT AREA AGENCY ON AGING

Detroit Area Agency on Aging (DAAA) is the Senior Solution for older adults in the City of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park (Planning & Service Area 1-A). Founded in 1980, the private, non-profit agency makes a variety of services available to older adults, individuals with physical disabilities and their families through public and private funding. One of sixteen Area Agencies on Aging in Michigan, DAAA provides services directly and through a network of service providers.

Directed by the Older Americans Act of 1965, DAAA's mission is to promote healthy aging and enhance the quality of life of older persons. Services are provided to individuals aged 60 years and older with the exception of the Mature Workers Employment and Training programs (which serves 55+ individuals). DAAA also provides services to individuals with physical disabilities 18 years and older through the MI CHOICE Medicaid Waiver program.

DAAA directly provides the following services in PSA 1-A:

Planning, Funding, Advocacy, & Development Services --

- Develops comprehensive plans for services to assist older adults and their family caregivers;
- Conducts and publishes research reports regarding the needs of older persons and maintains statistical data on trends and needs of this population;
- Funds and coordinates non-profit and for-profit agencies providing services to the elderly;
- Acts as an advocate for the older adults through advocacy, public testimony, etc.; and
- Serves as a catalyst for program expansion, development, and improvement.

Eldercare Services --

- **Healthy Aging Services** – Links older persons to health promotion, chronic illness self-management, health insurances, prescription drugs assistance, and other resources to support optimal health.
- **Information & Assistance** – Provides information and assistance services to older adults, caregivers, service providers, and other sectors of the community and maintain linkages to United Way Community Services 211 System.
- **Project CHOICE** – Offers care management services to eligible, frail, and homebound seniors to prevent premature nursing home placement.
- **MI CHOICE Medicaid Waiver Program** – Provides home and community-based care options to Medicaid-eligible recipients with the help of a care management team. Individuals must be deemed medically eligible and meet specific income criteria to participate in the program in order to remain independent in their homes and communities.

- **Mature Workers Program** – Offer employment and training services to low-income individuals aged 55 years and older who meet eligibility guidelines.
- **Medicare & Medicaid Advocacy Assistance** – Provides counseling and advocacy on Medicare, Medicaid, and long-term care insurance through a network of trained, community volunteers.
- **Nursing Home Transition Services** – Provides proactive benefits counseling and support for those transitioning from a nursing home to the community.
- **Nutrition Services** – Provides intake, assessment, and coordination of nutrition services that include home-delivered meals, congregate meals, holiday meals, and periodic weekend/breakfast meals in partnership with vendors and community organizations.
- **Housing Counseling** – Offer housing counseling to older adults to assist with alternative housing, energy assistance, and home repairs.
- **Outreach Services** – Provides speakers and representatives for information fairs and other special events. Also targets outreach services to persons with limited English proficiency to assist them in accessing aging services.

FY 08 Services Summary

	Funding	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES		15%			
Care Management	\$854,376	6%			X
Case Coordination & Support	\$0	0%			
Disaster Advocacy & Outreach Program	\$0	0%			
Information & Assistance	\$0	3%			X
Outreach	\$59,159	5%			X
Transportation	\$38,000	0.5%		X	
IN-HOME SERVICES		48%			
Chore	\$0	0%			
Home Care Assistance	\$779,589	8%	X	X	
Home Injury Control	\$0	0%			
Homemaking	\$0	0%			
Home Delivered Meals	\$2,716,944	37%	X	X	X*
Home Health Aide	\$0	0%			
Medication Management	\$20,875	0.3%		X	
Personal Care	\$0	0%			
Personal Emergency Response System	\$0	0%			
Respite Care	\$259,314	3%	X	X	
Friendly Reassurance	\$0	0%			
COMMUNITY SERVICES		30%			
Adult Day Care	\$386,930	4%	X	X	
Dementia Adult Day Care	\$0	0%			
Congregate Meals	\$1,407,073	19%		X	X
Nutrition Counseling	\$0	0%			
Nutrition Education	\$0	0%			
Disease Prevention/Health Promotion	\$95,365	2%		X	
Health Screening	\$0	0%			
Assistance to the Hearing Impaired & Deaf	\$0	0%			
Home Repair	\$0	0%			
Legal Assistance	\$55,655	1%		X	
Long Term Care Ombudsman/Advocacy	\$66,180	1%		X	
Senior Center Operations	\$0	0%			
Senior Center Staffing	\$254,439	2%		X	
Vision Services	\$0	0%			
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$19,386	0%		X	
Counseling Services	\$0	0%			
Specialized Respite Care	\$0	0%		X	
Caregiver Supplemental Services	\$0	0%			
Kinship Respite Care	\$75,000	0%		X	
Caregiver Education, Support, & Training	\$65,000	1%		X	
PROGRAM DEVELOPMENT	\$65,000	3%			

REGION-SPECIFIC		4%			
Respite (HDM)	\$239,778	4%		X	
Refugee Services	0.00	0.0%			
TOTAL PERCENT		100%			
TOTAL FUNDING		\$7,459,400	255,348	5,023,748	2,180,304

*The direct services portion of the Home Delivered Meals allocation represents the assessments component of the program.

Advocacy Plan

The following advocacy strategies are recommended based upon the White House Conference on Aging and local public testimony.

- 1. Reauthorization of the Older Americans Act** – Continue to educate the public, consumers, service providers and elected officials regarding the policy issues and service strategies within the re-authorized Older Americans Act. Take initiatives to advocate for expanded resources to assist with serving older persons, particularly low-income, minorities, individuals at risk of institutional placement and individuals with limited English proficiency.
- 2. Expansion of Home and Community-Based Services for Older Persons and Adults with Disabilities** – Advocating for additional resources for older persons will enable DAAA to maintain or expand services for the at-risk population that it serves, the under and uninsured, individuals with disabilities, and low-income residents who need basic services to survive and remain independent.
- 3. Expansion of affordable long-term care options, including quality nursing homes and licensed assisted living** – Advocating for additional Long Term Care, (LTC) options that will address nursing home closures, self-determination and the lack of housing alternatives in the community.
- 4. Expanded Transportation Options for Older Persons** – Continue to advocate for affordable and accessible escort, medical and better line-haul transportation services and to make consumers more aware of available transportation options.
- 5. Strengthen and Improve Medicaid and Medicare Programs for Seniors** – Development of the LTC Single Point of Entry will place additional demands on Medicaid-funded Services. The health status of consumers in PSA 1-A require Medicare, Medicaid and Medicaid Waiver program benefits to be increased.
- 6. Support Geriatric Training and Education for Direct Care Workers and Health Care Professionals Serving Older Persons** – Expansion of the direct care and health care workforce as well as geriatric training for these groups is needed in order to insure quality services for older persons.
- 7. Financial Independence and Safeguard the Economic Security of Working and Retired Older Persons** – The socioeconomic status of residents in PSA 1-A make economic security through Social Security, SSI, retirement pensions and employment and training programs essential. Advocating for expanded hiring of older workers is also key.
- 8. Increased Access to Health and Nutrition services for older persons** – The overall poor health status of older persons call for expanded access to medical, health, nutrition and health promotion services.
- 9. Earlier Notification of Nursing Home Closures** – Six to 12-month notification of potential nursing home closures needs to be enforced to avoid closures or, at a minimum, support smooth transition of residents to other settings.
- 10. Long Term Care** – Promote greater public awareness and support for long term care alternatives.
- 11. Funding** – Advocate for the acquisition, maintenance and efficient use of public and private funding for senior services, i.e. governmental, corporate and foundation resources.

PROGRAM DEVELOPMENT- Fiscal Year: 2008

Agency: Detroit Area Agency on Aging

The objectives must be written so that they are measurable, verifiable, and time-limited. Program development objectives must be included for unresolved compliance issues identified through the OSA assessment process.

The Detroit Area Agency on Aging plans to implement the strategies highlighted below to address unmet needs in the community. These goals and objectives have been developed to address existing or emerging needs in PSA 1-A. Each goal has objectives that run from October 1, 2007 – September 30, 2008.

Goal #1: Health and Wellness: To plan and develop a public health agenda for health aging in collaboration with public and private partners to improve the health status of older persons in PSA 1-A.

Objective 1.1 – Maintain a partnership for Healthy Aging Consortium in collaboration with the Detroit Department of Health and Wellness Promotion, Detroit Senior Citizens Department, City Connect Detroit, and other partners.

Expected Outcome: Implementation of targeted healthy aging programs by the Partnership for Healthy Aging Consortium.

Activities:

1. Maintain partnership for Healthy Aging Consortium in collaboration with the Detroit Department of Health and Wellness Promotion.
2. Continue to implement the healthy aging strategy through the consortium.

Objective 1.2 – Plan, develop and implement plans for evidence-based health promotion and chronic disease self-management services for older persons, particularly with the aging service provider network.

Expected Outcome: Implement healthy aging and chronic disease self-management services.

Activities:

1. Continue phase in of health promotion and disease self-management programs.
2. Bring the Stanford Chronic Disease Self-Management Model to older persons within PSA 1-A during FY 2008. This will be accomplished through Michigan Partners on the PATH (Personal Action Toward Health) and the support of OSA, MSU Extension, and others.
3. Continue the development of faith-based health initiatives, chronic disease self-management programs and support groups such as the *Caregivers Ministry*, *the Healing Zone*, and *Active for Life* programs.

Goal 2: Nutrition Services – To make nutrition services and information available to older persons and adults with physical disabilities to support optimal health.

Objective: Enhancement of Congregate and Home-Delivered Meal Programs.

Expected Outcome: Increase satisfaction of congregate and home-delivered meal clients in nutrition programs.

Activities:

1. Explore implementation of one or more special diets programs within the Home-Delivered Meals Program in collaboration with vendors and other partners.
2. Further develop a Food Stamp Outreach Strategy.
3. Implement Project FRESH in pilot sites PSA 1-A.

Goal 3: Information & Assistance – To continue to increase access to information and services for older persons and individuals with disabilities.

FY 2008 Objective #1: To plan, develop and further implement Information & Assistance (I&A) system enhancements within a Regional Call Center model.

Expected Outcome: Increase efficiency and effectiveness of Information & Assistance Services.

Activities:

1. Maximize and expand use of Community Resource Database to accommodate long term care services and supports.
2. Further develop and populate ResourcePoint component of the ServicePoint Database.
3. Work with Service Provider Network to facilitate referrals to the I & A Program.
4. Work with other agencies and organizations who provide services for the elderly and persons with disabilities to facilitate referrals to the I & A Program.
5. Implement monitoring process to assure appropriate information is disseminated by I & A staff.
6. Develop appropriate I & A policies and procedures that adhere to AIRS Standards.
7. Expand implementation of client satisfaction tools.
8. Partner with local providers to support mental health service referrals.

Objective #2: Identify additional resources to support program expansion and serving diverse populations within PSA 1-A.

Expected Outcome: Expand and enhance I & A services with the acquisition of additional monetary and/or in-kind resources in order to better service older adults, caregivers, service providers and others.

Activities:

1. Identify gaps in services and resources needed to enhance I & A Services. Develop a resource development strategy to secure other resources (i.e., trainings, workshops, seminars, in-service trainings).

Goal 4: Improve Quality of Home & Community-Based Services – To provide quality home and community-based services that are responsive to the needs of frail, at-risk older persons and adults with disabilities in PSA 1-A.

Objective 4.1: Maintain timeliness of service delivery following enrollment and assessment for the Care Management Program.

Desired Outcome: Continue to improve timeliness of service delivery following enrollment and assessment for each Care Management client by 50%.

Activities:

1. Provide care management services to all clients enrolled within 48-hours of an initial assessment period.

Objective 4.2: Continue to improve “No Show” rate for planned services to be actually delivered.

Desired Outcome: 100% of the clients will receive the planned service actually delivered. The number of “No Shows” will be decreased.

Activities:

1. Meet with Direct Services Providers to review “No Show” Rates and backup plans for Care Management clients. Assist Providers in the development of plans to reduce these rates.
2. Establish a system that reports accurate “No Show” Rates for providers delivering services to Care Management clients.

Objective 4.3: Continue work on Medication Reviews for Care Management clients.

Desired Outcome: 100% of the clients served in the Care Management program will have their medications reviewed by a physician.

Activities:

1. Develop and implement a plan for medication review of cases where multiple medications are being taken.
2. Correspond with physicians when medication discrepancies are found or a lack of physician review is noted.

Objective 4.4: Pilot a Chronic Disease Self Management program for Care Management clients.

Desired Outcome: Identify resources to promote and address chronic illnesses among older persons and adults with disabilities.

Activities:

1. Produce a pilot program concerning chronic disease management programs to improve the quality of health for home and community-based services.
2. Secure funding for a medication management component for HCBS clients in partnership with hospitals, service providers and agencies offering Medication monitoring devices.

Goal 5: Senior Housing Options – To continue to advocate for residential care options and home repair services for older persons and adults with physical disabilities in PSA 1-A in order to support independent living in the least restricted setting.

Objective 1: Continue to advocate for the improvement of senior housing options for older adults and persons with physical disabilities in Region 1-A.

Desired Outcome: To continue to increase access to residential care options that support Independent living for older adults and persons with physical disabilities.

Activities:

1. Continue to research home maintenance grants to support implementation of the home repair pilot project in PSA 1-A.
2. Continue to participate in the Regional Call Center with the Detroit Wayne County Long Term Care Connection and other partners to provide housing-related services to older persons and individuals with physical disabilities.
3. Advocate for more Section 8 vouchers for PSA 1-A to support affordable housing.

Goal 6: Senior Center Capacity Building – To assist senior centers with moving toward greater financial independence to alleviate dependence on governmental funding.

Objective: Encourage senior centers to review the services, goals, and objectives that they currently have and to incorporate those goals into projects that would generate long-term financial stability.

Expected Outcome: Senior centers re-evaluate their focus and will be better positioned to become financially independent.

Activities:

1. Facilitate a meeting between DAAA-funded and other senior centers to promote collaboration to address the needs of older adults.
2. Provide training and technical assistance to senior center staff to assist them to more effectively develop senior center services, market their services to the public and secure funding to support program sustainability.

Goal 7: Transportation – To expand senior’s access to transportation services and resources through improved local coordination of transportation services.

Desired Outcome: Increased access to information about transportation resources for older adults.

Activities:

1. Coordinate work with the Detroit Department of Transportation (DDOT), Southeast Michigan Authority Route Transportation (SMART) and other local transportation providers to encourage the development and distribution of easy-to-read brochures that list and describe transportation services available to older adults within the PSA.
2. Explore the availability of resources, e.g., funding or best practices information that can assist local transportation providers to coordinate services to better address the transportation needs of older adults within the Region.