



FY 2011 ANNUAL IMPLEMENTATION PLAN

***Re-Designing the Aging Network to
Support Long Term Care & Consumer Choice***

DRAFT PLAN

June 8, 2010

**Detroit Area Agency on Aging
1333 Brewery Park Boulevard
Suite 200
Detroit, MI 48207-4544
(313) 446-4444
www.daaa1a.org**

The Senior Solution

Revisions 6/8/2010

Annual Implementation Plan For FY 2011

TABLE OF CONTENTS

SECTION I: INTRODUCTION	
Preface Statement	5
County/Local Unit of Government Review	5
EXECUTIVE SUMMARY	
Executive Summary Narrative	6
FY 2011 Planned Services Summary Page for PSA	11
FY 2011 Service Budget/Variance For FY 2011 vs. FY 2010	13
SECTION II: BUDGET AND ORGANIZATIONAL CHART	
FY 2010 Area Plan Grant Budget	14
Request for Transfer	18
Organizational Chart	19
Public Hearing Narrative & Testimonies	20
Available Resources & Partnerships.....	28
SECTION III: AAA ADMINSTERED SERVICES	
Access Services.....	31
SECTION IV: DIRECT PROVISION OF SERVICE WAIVER	
Direct Service Waiver Request	35
Community Service - Long Term Care Ombudsman/Advocacy	36
SECTION V: PROGRAM OBJECTIVES	
State Program Objectives	37
Regional Program Objectives	47
SECTION VI: ADVOCACY STRATEGY	
FY 2011 Advocacy Plan.....	48
SECTION VII: COMMUNITY FOCAL POINTS	50
SECTION VIII: COMMUNITY LIVING PROGRAM	55
SECTION IX: AGING & DISABILITY RESOURCE CENTER/MEDICARE & MEDICAID ASSISTANCE PROGRAM	58
SECTION X: OTHER GRANTS	62
GLOSSARY OF ACRONYMS	64

PREFACE STATEMENT

The Detroit Area Agency on Aging welcomes input from the public on the proposed FY 2011 Annual Implementation Plan (AIP). The proposed plan is based upon the FY 2010 funding level with projected reductions in state funding. The funding levels for services in FY 2011 will be adjusted once the agency receives its final Statement of Grant Awards. The public hearing on the FY 2011 AIP will take place as follows:

DATE: Tuesday, May 4, 2010
TIME: 9:30 a.m. - 11:30 a.m.
PLACE: Historic Trinity Lutheran Church
1345 Gratiot Avenue
Detroit, Michigan 48207

Older adults, individuals with disabilities, caregivers, OSA Commissioners, policymakers, service providers and the general public are invited.

LOCAL/COUNTY GOVERNMENT REVIEW

Acquiring support from the municipalities within Region 1-A is of critical importance to the Detroit Area Agency on Aging. To obtain input and approval of the Fiscal Year 2011 Annual Implementation Plan, DAAA distributes a letter, a draft plan and an Approval and Review Sign Off form to all nine communities explaining the process. All municipalities also receive a flyer inviting them to the public hearing on the plan. This is followed up by a call to municipalities to determine the process to be used for the review of the plan as well as the name and contact information of the city representative assigned to seek review and approval.

Letters and the Review and Approval Form will be sent by certified mail to each mayor of the municipalities requesting approval of the plan. The Planning Department staff will follow up with the assigned city official within two weeks of the mailing to seek and obtain the Review and Approval Forms. Board members from the targeted areas will be utilized to encourage feedback from unresponsive communities including the establishment of meetings or conference calls with the appropriate parties. Revisions will be made within the plan if deemed appropriate. After the July 30, 2010 deadline, DAAA staff will draft a letter to the OSA Field Representative at the Michigan Office of Services to Aging noting the status of the process. This includes noting if communities formally approved, passively approved, or disapproved the AIP. The letter will be submitted by August 3, 2010.

SECTION I: EXECUTIVE SUMMARY

Rationale: Older Americans Act (OAA) of 1965, as amended, Section 306. (a) states “Each area agency on aging designated...shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area.”

Instructions:

The Executive Summary provides an opportunity for AAAs to describe major sections and highlights of the FY 2011 AIP. At a minimum, this section must include: 1) the mission, role and functions of the AAA; 2) background information on the OAA and the Older Michigianians Act (OMA); and 3) the purpose of the AIP. There should be a summary of services provided by the agency, highlights of accomplishments, description of future goals, and description of special projects and partnerships.

The narrative should include the minimum information outlined above, but also focus on accomplishments in the first year of the Multi-Year Plan (2010), and expected accomplishments during the second year (2011).

The Detroit Area Agency on Aging’s (DAAA) mission is to educate, advocate, and promote healthy aging to enable people to make choices about home and community-based services and long term care that will improve their quality of life. To carry out this important mission, DAAA is responsible for planning, coordinating, developing and funding services for older people, adults with disabilities and caregivers in Region 1-A, the cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park.

Founded in 1980, DAAA is one of sixteen Area Agencies on Aging in Michigan. The private, non-profit agency makes an array of services available to consumers through public and private funding made available through the Older Americans Act of 1965 (as amended), the Older Michigianians Act of 1981, the Medicaid Home and Community-Based Waiver and other resources. The planning and service area consists of nearly 150,000 older residents, over 100,000 persons with disabilities and thousands of caregivers who provide care to older relatives and grandchildren. In fact, DAAA’s region has over 17,000 grandparents raising grandchildren, the largest number of grandparents raising grandchildren in the State of Michigan.

DAAA is governed by a 27-member Board of Directors representing the communities of its region. It also maintains eight standing committees and a 35-member Advisory Council. Through it’s governance and administrative structure, DAAA offers information and services to the community directly and through nearly eighty agencies in the local Aging Services Network with Older Americans Act, Older Michigianians Act and other funding. DAAA administers the following services:

- **Community Access** -- Provides consumers with access to information and services to meet their economic security, nutritional, in-home, and community service needs through trained and compassionate Alliance of Information Systems (AIRS) certified information and referral specialists and outreach workers in its Region. Also, it offers person-centered customer service and housing counseling to older adults to assist with alternative housing, energy assistance, and home repairs.
- **Healthy Aging** – Links older persons to health promotion, chronic disease self-

management, health entitlement insurances, nutrition services, prescription drugs assistance, and other resources to support optimal health.

- **Care Management** – Provides care management services to eligible, frail and homebound older persons through the following services:
 - **MI CHOICE Medicaid Waiver Program** – Provides home and community-based care options to Medicaid-eligible seniors and adults with disabilities with the help of a care management team. Individuals must be deemed medically eligible and meet specific income and assets criteria to participate in the program. Customers can choose services from providers or self-directed care.
 - **Project CHOICE** – Offers care management services to eligible, frail, and homebound seniors to prevent premature nursing home placement.
 - **Nursing Home Transition Services** – Provides support and services for those transitioning from a nursing facility to the community to housing, apartments, homes for the aged, and adult foster care.
- **Mature Workers Program** – Offers employment, classroom and on-the-job training services to low-income individuals age 45 or 55 years and older who meet age, residency, income and training aptitude eligibility guidelines.
- **Medicare & Medicaid Advocacy Assistance** – MMAP provides counseling and advocacy on Medicare, Medicaid, and long-term care insurance through a network of trained, community volunteers who rotate at community locations.
- **Nutrition Services** – Provides daily and holiday meals through Detroit Meals on Wheels Services consist of monitoring home-delivered meals and congregate meals programs through vendors and delivering meals on selected holidays. The agency also publishes a monthly newsletter with a focus on healthy aging and nutrition.

DAAA prides itself in providing leadership in planning and development, research, data-driven decision-making, advocacy and the delivery of high-quality services to at-risk populations. This unique leadership role is reflected in award winning research in its Dying Before Their Time Report, nursing care facility studies and the delivery of critically needed services.

Key Accomplishments during FY 2009-2010

During FY 2009-2010, DAAA has been able to achieve success in a number of areas to move its agenda for providing a safety net to its consumers. These key accomplishments include:

Health and Nutrition Services

- Established three Wellness Centers to make PATH and Enhance Fitness programming available to older persons. These Wellness Centers include Matrix Human Services, St. John Health System, and St. Patrick Senior Center as Wellness Center Support providers.
- Recruited and trained additional MMAP volunteers and placed them at wellness support centers and other locations.
- Continued to work with partners to make congregate meals, Project FRESH and Mi CAFÉ available to consumers.

- Made holiday meals available to Region 1-A consumers.
- Incorporated AoA's Diabetes Self-Management Training model into Wellness Center Support sites and other programs.
- Sought additional funding for evidenced programming in partnership with the University of Michigan, and Michigan Office of Services to the Aging.

Access to Information and Services

- Expanded Community Access Department to increase access to information and services through centralized intake, screening, information and assistance and assessment.
- Acquired information from Detroit Public Library, United Way for Southeast Michigan, and other vendors regarding community resource database.
- Secured AIRS certification for two staff persons in the Regional Call Center.
- Worked on development of ADRC model for Region 1-A that builds on the Detroit Wayne County Long Term Care Connection, which was found to have the strong model for being a gateway to long term care.

Abuse and Exploitation: Protect Older Adults from Abuse and Exploitation

- Participates on Wayne County Elder Abuse Advisory Group.
- Worked with news media to uncover fraud and abuse scams impacting older persons in Region 1-A.

Service Provider Capacity Building/Quality Improvement

- Convened core, specialized services and wellness support providers in Business Plan Development I & II sessions to build their capacity to provide services to consumers.
- Held fundraising session with targeted service providers to introduce them to fundraising techniques and using social networking to raise monies for programs.
- Worked with Wayne State University to submit a capacity building grant to expand DAAA's capacity-building efforts.
- Secured approval to provide Veterans-Directed Home and Community-Based Services in Region 1-A.

Caregiver Assessment & Referral

- Obtained training for care managers for TCARE.
- Established workgroup to explore using TCARE, Savvy Caregiver or other models.
- Initiated caregiver assessment and referral within Long Term Care Services.

Transportation Services

- Advocates for expanded and improved transportation services through the DDOT Local Advisory Council.
- Attends Paratransit Task Force meeting to improve door-to-door transportation program. Recently invited to participate in the Mobility Advisory Council.

Long Term Care System Change

- Finalized Resident Profile, Clinical Analysis, and Quality of Life Reports for all Detroit nursing facilities in collaboration with Institute of Gerontology.
- Developed Community Advocacy Network to support long term care system change.

- Developed nursing facility maps with SEMCOG and Plante & Moran, LLC.
- Developing curriculum for LTC Consumer Advocates and Navigators.
- Worked with Citizens for Better Care to resolve problems with long term care ombudsman/advocacy services.
- Developed Nursing Administrators Desk Reference for nursing facilities to provide templates for policies and procedures and emergency preparedness in collaboration with Plante & Moran, LLC.
- Provided Certified Nurse Aide training to new and incumbent direct care workers in nursing facilities.
- Finalizing nursing facility report card in collaboration with PHI.
- Finalizing economic development plan to support capital improvement for Detroit nursing facilities.

FUTURE GOALS

During FY 2011, DAAA will continue to expand and enhance services within its service delivery system through person centered customer service, expansion of wellness, self directed care, employment and training, home repair and other services. It will also work with community stakeholders to explore ways to provide services through Aging and Disability Resource Center, TCARE, Care Management and Long Term Care System. DAAA will also continue to make Long Term Care Ombudsman/Advocacy Services available to the community and work with community volunteers and other stakeholders to make this happen.

To improve the service provider network, DAAA will continue to work with selected providers to assist them to provide person-centered care and to generate new revenues.

The seven goals of the FY 2011 Annual Implementation Plan appears below and in the program development section.

Goals:

1. Work to Improve the Health and Nutrition of Older Adults.
2. Ensure that Older Adults have a choice in where they live through increased access to information and services.
3. Protect Older Adults from abuse and exploitation.
4. Improve the effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners.
5. Develop a Caregiver Assessment and Service Referral Strategy to assist at-risk caregivers.
6. Improve transportation services to support independent living with dignity.
7. Support Long Term Care System Change in Region 1-A and promote consumer choice.

The Detroit Area Agency on Aging's proposed FY 2011 Annual Implementation Plan includes the following sections:

Section I includes the Executive Summary Narrative, which provides background information of the Area Agency on Aging and its mission and structure, service area and key trends impacting the community over the next three years. The FY 2011 Planned Services Summary Page lists the services that will be funded in FY 2011 while the FY 2011 Planned Services Summary Narrative describes variances in the services proposed for funding.

Section II includes the FY 2011 Area Plan Grant Budget and Organizational Chart based upon the most recent Statement of Grant Award.

Section III outlines the demographics of Region 1-A based upon Census 2000 and includes an evaluation of unmet needs, available resources, and partnerships that can be used to address these unmet needs as well as achieving the other goals, program development objectives and policy issues impacting service delivery.

Section IV highlights how Area Agency on Aging services is currently targeting consumers and projects how at-risk population groups will be served during the upcoming planning cycle. Special attention is placed on how resources will be targeted under Access, In-Home, Community and AAA Administered Direct Services.

Section V describes the program development objectives that are required by the Michigan Office of Services to the Aging or have been developed locally. These strategies include activities that will create new services as well as enhance or expand other ones through planning and development efforts.

Section VI lists and describes the Detroit Area Agency on Aging's Advocacy Strategy for the next three years. These strategies have been developed after obtaining input from community stakeholders and consumers during the Detroit Long Term Care System Change Task Force as well as through the public input sessions and public hearings.

Section VII includes Region 1-A Community Focal Points with the criteria that was used to select the community focal points along with the rationale.

Section VIII includes a description of the community living activities DAAA is pursuing. This includes contracting with the Veterans Administration to provide home and community-based services to veterans.

Section IX describes development of an ADRC model and integration of MMAP and I & A into the model.

Section X describes other grant initiatives that DAAA is implementing.

Appendix includes required Appendices, Certificates and Assurances and a Glossary of Acronyms.

FY 2011 Planned Services Summary Page for PSA:

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 803,434	9.49%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 350,675	4.14%			X
Outreach	\$ 117,258	1.38%			X
Transportation	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ 873,099	10.31%	X	X	
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 3,221,114	38.04%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 559,248	6.60%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 362,932	4.29%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,021,802	12.07%		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	\$ 15,000	0.18%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 151,900	1.79%		X	
Long Term Care Ombudsman/Advocacy	\$ -	0.00%			
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 20,000	0.24%		X	
Programs for Prevention of Elder Abuse,	\$ 24,558	0.29%		X	
Counseling Services	\$ -	0.00%			
Specialized Respite Care	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 38,630	0.46%		X	
Caregiver Education, Support, & Training	\$ 43,629	0.52%		X	
PROGRAM DEVELOPMENT					
	\$ 224,307	2.65%			
REGION-SPECIFIC - Wellness Centers					
Outreach & Assistance	\$ 320,000	3.78%		X	
Long Term Care Ombudsman/Advocacy	\$ 113,320	1.34%			X
MATF administration	\$ 37,814	0.45%		X	
TOTAL PERCENT		100.00%	4%	80%	16%
TOTAL FUNDING	\$ 8,468,720		\$298,218	\$ 6,785,935	\$1,384,567

**DETROIT AREA AGENCY ON AGING
AIP SERVICES SUMMARY VARIANCES
FY 2011 vs. FY 2010**

	FY 2011	FY 2010	Variance	% Variance	Explanation of Variance of 10% or More
ACCESS SERVICES					
Care Management	\$ 803,434	871,174	(67,740)	-7.78%	
Case Coordination & Support	\$ -				
Disaster Advocacy & Outreach Program	\$ -				
Information & Assistance	\$ 350,675	294,800	55,875	18.95%	Regional Call Center
Outreach	\$ 117,258	124,203	(6,945)	-5.59%	
Transportation	\$ -				
IN-HOME SERVICES					
Chore	\$ -	3,494	(3,494)	-100.00%	Reduction in State funding
Home Care Assistance	\$ 873,099	880,321	(7,222)	-0.82%	
Home Injury Control	\$ -				
Homemaking	\$ -				
Home Delivered Meals	\$ 3,221,114	3,402,001	(180,887)	-5.32%	
Home Health Aide	\$ -				
Medication Management	\$ -				
Personal Care	\$ -				
Personal Emergency Response System	\$ -				
Respite Care	\$ 559,248	580,878	(21,630)	-3.72%	
Friendly Reassurance	\$ -				
COMMUNITY SERVICES					
Adult Day Services	\$ 362,932	368,961	(6,029)	-1.63%	
Dementia Adult Day Care	\$ -				
Congregate Meals	\$ 1,021,802	1,079,490	(57,688)	-5.34%	Reduction in State funding & ARRA
Nutrition Counseling	\$ -				
Nutrition Education	\$ -				
Disease Prevention/Health Promotion	\$ -				
Health Screening	\$ -				
Assistance to the Hearing Impaired & Deaf	\$ 15,000	15,000	0	0.00%	
Home Repair	\$ -				
Legal Assistance	\$ 151,900	146,711	5,189	3.54%	
Long Term Care Ombudsman/Advocacy		106,356	(106,356)	-100.00%	LTC OMB Activities now Region Specific
Senior Center Operations	\$ -				
Senior Center Staffing	\$ -				
Vision Services	\$ 20,000	20,000	0	0.00%	
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$ 24,558	22,846	1,712	7.49%	
Counseling Services	\$ -				
Specialized Respite Care	\$ -				
Caregiver Supplemental Services	\$ -				
Kinship Support Services	\$ 38,630	36,950	1,680	4.55%	
Caregiver Education, Support, & Training	\$ 43,629	42,921	708	1.65%	
PROGRAM DEVELOPMENT					
	\$ 224,307	219,040	5,267	2.40%	
REGION-SPECIFIC - Wellness Centers					
	\$ 170,000	225,000	(55,000)	-24.44%	\$75,000 for FY 2011 included in Cong. Meals
Outreach & Assistance	\$ 320,000	309,990	10,010	3.23%	
Long Term Care Ombudsman/Advocacy	\$ 113,320	0	113,320	NA	LTC OMB Activities now Region Specific
MATF administration	\$ 37,814	35,964	1,850	5.14%	
TOTAL PERCENT					
TOTAL FUNDING \$ 8,468,720					
		8,786,100	(317,380)	-3.61%	

**FY 2011 SERVICE BUDGET
VARIANCES FOR FY 2011 SERVICE BUDGET COMPARED TO FY 2010**

ACCESS SERVICES:

Information and Assistance – Funding for this service category increased by 18.95% due to expansion of Community Access after elimination of Single Point of Entry.

IN-HOME SERVICES:

Chore Services - There is a 100% reduction in Chore services due to a reduction in state funding. These services are now only available through the MI CHOICE Medicaid Waiver Program and Wayne County – funded Chore Services Program.

COMMUNITY SERVICES:

Long Term Care Ombudsman/Advocacy - Services funded transferred to DAAA as a direct service.

REGION-SPECIFIC SERVICES:

Wellness Center Support - \$75,000 of Congregate Meals funding will support healthy aging programming through nutrition education.

Outreach & Assistance – Additional funding is supporting operations of the Regional Call Center.

SECTION II: BUDGET AND ORGANIZATION CHART

FY 2011 AREA PLAN GRANT BUDGET

Rev. 2/2010

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/10 to 09/30/11

PSA: 1A

Date: 06/03/10

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,121,533		1,121,533
2. Fed. Title III-C1 (Congregate)		692,027	692,027
3. State Congregate Nutrition		25,796	25,796
4. Federal Title III-C2 (HDM)		1,348,473	1,348,473
5. State Home Delivered Meals		934,360	934,360
8. Fed. Title III-D (Prev. Health)	80,063		80,063
9. Federal Title III-E (NFCSP)	477,852		477,852
10. Federal Title VI-A	13,449		13,449
10. Federal Title VI-EAP	18,558		18,558
11. State Access	81,378		81,378
12. State In-Home	268,143		268,143
13. State Alternative Care	317,167		317,167
14. State Care Management	719,734		719,734
16. State N.H. Ombudsman	52,855		52,855
17. Local Match			
a. Cash	-	150,000	150,000
b. In-Kind	411,200	334,000	745,200
18. State Respite Care (Escheat)	107,023		107,023
19. Merit Award Trust Fund	420,158		420,158
20. NSIP		702,260	702,260
21. Program Income	136,691	56,000	192,691
TOTAL:	4,225,804	4,242,916	8,468,720

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	413,327	100,000	-	513,327
State Administration	71,813			71,813
MATF Administration	37,814			37,814
Other	462,603			462,603
Total:	985,557	100,000	-	1,085,557

Expenditures		
	FTEs	
1. Salaries/Wages	10.25	615,762
2. Fringe Benefits		218,887
3. Office Operations		250,908
Total:		1,085,557

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
City of Detroit	100,000		-
Total:	100,000	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

President & CEO
Title

Date

FY 2011 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Detroit Area Agency on Aging
 PSA: 1A

Budget Period: 10/01/10
 Date: 03/01/10

to Rev. No.: 09/30/11

Rev. 2/2010
 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	State NHO	St. Respite (Escheat)	Merit Award Trust Fund	Medicaid CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
1. Access																
a. Care Management	-		-		-			719,734				-	3,700	-	80,000	803,434
b. Case Coord/supp	-		-		-			-					-	-	-	-
c. Disaster Advocacy	-												-	-	-	-
d. Information & Assis	346,039		4,636		-								-	-	-	350,675
e. Outreach	219,148		136,732		81,378								-	-	-	437,258
f. Transportation	-		-								-		-	-	-	-
2. In-Home																
a. Chore	-												-	-	-	-
b. Home Care Assis	119,589					268,143	317,167						27,000	-	141,200	873,099
c. Home Injury Cntrl	-		-										-	-	-	-
d. Homemaking	-					-	-						-	-	-	-
e. Home Health Aide	-					-	-						-	-	-	-
f. Medication Mgt	-	-				-	-						-	-	-	-
g. Personal Care	-					-	-						-	-	-	-
h. PERS	-	-	-			-	-						-	-	-	-
i. Respite Care	-		279,225			-	-			107,023	100,700		2,300	-	70,000	559,248
j. Friendly Reassurance	-												-	-	-	-
3. Legal Assistance	72,900		-										67,000	-	12,000	151,900
4. Community Services																
a. Adult Day Care	11,288		-				-			-	281,644		15,000	-	55,000	362,932
b. Dementia ADC	-		-				-			-	-		-	-	-	-
c. Disease Prevent	-	-	-										-	-	-	-
d. Health Screening	-	-											-	-	-	-
e. Assist to Deaf	15,000	-											-	-	-	15,000

f. Home Repair	-												-	-	-	-	
g. LTC Ombudsman	13,325			13,449					52,855				20,691	-	-	13,000	113,320
h. Sr Ctr Operations	-												-	-	-	-	
i. Sr Ctr Staffing	-												-	-	-	-	
j. Vision Services	20,000	-											-	-	-	20,000	
k. Elder Abuse Prevnt	-			18,558									1,000	-	5,000	24,558	
l. Counseling	-	-	-										-	-	-	-	
m. Spec Respite Care										-			-	-	-	-	
n. Caregiver Supplmt	-		-										-	-	-	-	
o. Kinship Support	-		28,630										-	-	10,000	38,630	
q. Caregiver E,S,T	10,000		28,629										-	-	5,000	43,629	
5. Program Develop	224,307												-	-	-	224,307	
6. Region Specific																	
a. Wellness Centers	69,937	80,063	-	-	-	-	-	-	-	-	-	-	-	-	20,000	170,000	
CLP Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
MATF administration											37,814					37,814	
SUPPRT SERV TOTAL	1,121,533	80,063	477,852	32,007	81,378	268,143	317,167	719,734	52,855	107,023	420,158	20,691	116,000	-	411,200	4,225,804	

FY 2011 AREA PLAN GRANT BUDGET- NUTRITION SERVICES DETAIL

Rev. 2/2010

Agency: Detroit Area Agency on Ag Budget Period: 40452 to 09/30/11
 PSA: 1A Date: 03/01/10 Rev. Number 0

page 3 of 3

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	692,027		25,796		223,979	-	-	80,000	1,021,802
2. Home Delivered Meals		1,348,473		934,360	478,281	56,000	150,000	254,000	3,221,114
3. Nutrition Counseling	-	-	-	-		-	-	-	-
4. Nutrition Education	-	-	-	-		-	-	-	-
5. AAA RD/Nutritionist*									-
Nutrition Services Total	692,027	1,348,473	25,796	934,360	702,260	56,000	150,000	334,000	4,242,916

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

FY 2011 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	13,325	13,449		52,855	20,691	-	-	13,000	113,320
2. Elder Abuse Prevention	-		18,558			1,000	-	5,000	24,558
3. Region Specific	69,937							20,000	89,937
LTC Ombudsman Ser. Total	83,262	13,449	18,558	52,855	20,691	1,000	-	38,000	227,815

FY 2011 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		255,196							255,196
4. Home Health Aide									-
5. Meal Preparation/HDM									-
6. Personal Care									-
Respite Service Total	-	255,196	-	-	-	-	-	-	255,196

**REQUEST TO TRANSFER FUNDS
(if applicable)**

AGENCY: Detroit Area Agency on Aging

Fiscal Year: 2011

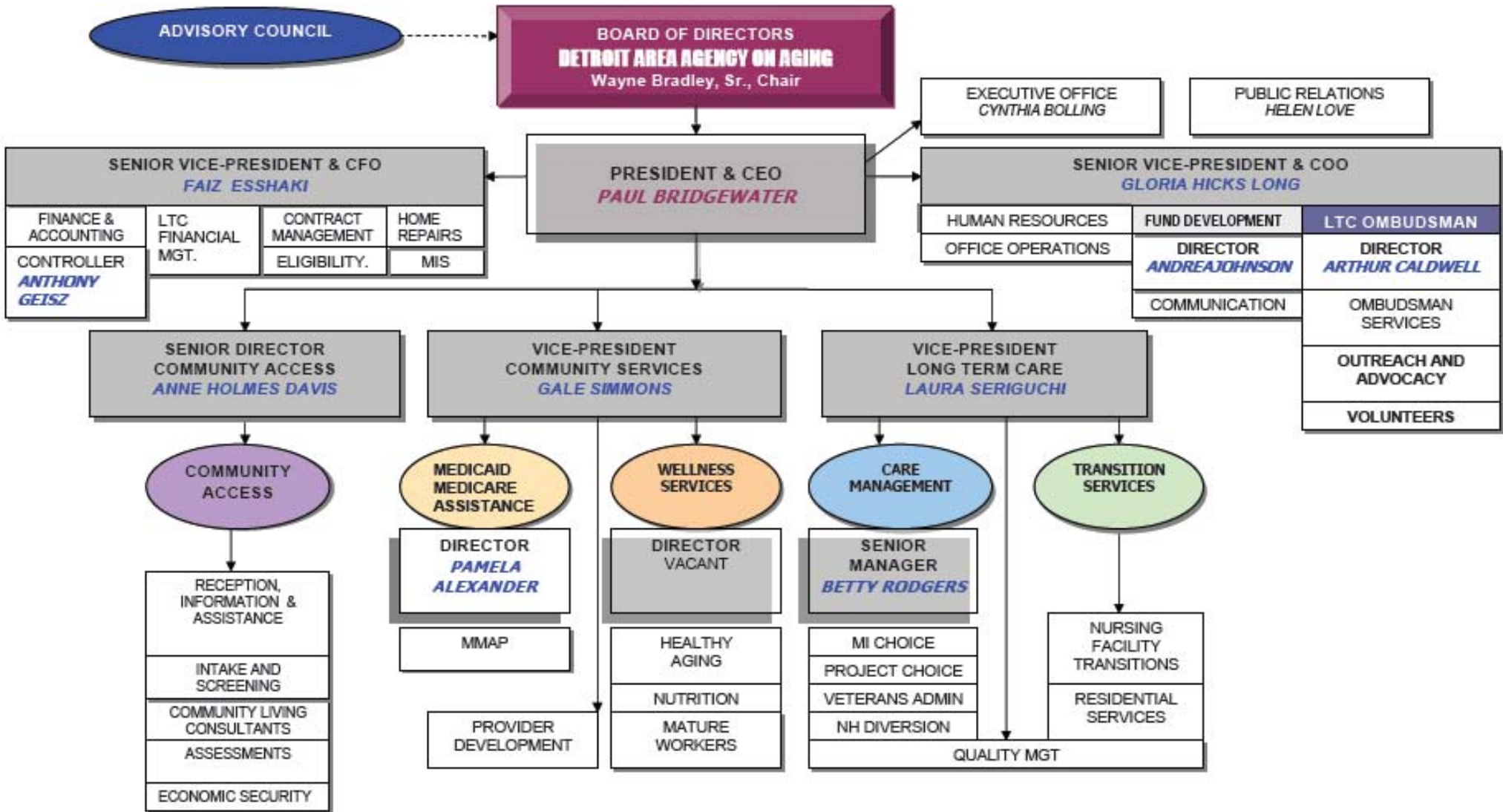
- 1) The Area Agency on Aging requests to transfer NA from Title III-B Supportive Services to Title III-C Nutrition Services. The agency assures that this action will not result in a reduction in support for in-home services and senior center staffing.

Rationale for this request:

- 2) The Area Agency on Aging requests to transfer NA from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the congregated nutrition program.

Rationale for this request:

GLOBAL OVERVIEW (Proposed 5/1/10)



PUBLIC HEARINGS
Fiscal Year: 2010

Area Agency: Detroit Area Agency on Aging, (DAAA)

DATE	LOCATION	TIME	BARRIER FREE (Y or N)	NUMBER of ATTENDEES
5/4/2010	Historic Trinity Lutheran Church 1345 Gratiot Avenue, Detroit, MI 48207	9:30 a.m. - 11:30 p.m.	Y	108

Narrative:

The Public Hearing on the FY 2011 Annual Implementation Plan was held on Tuesday, May 4, 2010 from 9:30 a.m. – 11:30 a.m. at the Historic Trinity Lutheran Church, 1345 Gratiot Avenue, Detroit, MI 48207 with 108 in attendance.

DAAA President/CEO, Paul Bridgewater, opened up the public hearing welcoming and thanking the public for attending and introducing the DAAA Board of Directors Frances Schonenberg, Mark Wollenweber, Carol Coulon, and Barbara Atkins-Smith.

Frances Schonenberg of the Board of Directors explained the format for public testimony to the audience. She said the public hearing testimony would be presented in two parts. The first part would be for the general public and is opened to anyone for comments. The second part of the public hearing sessions was testimony regarding needs coming across the desks of MMAP counselors, care managers or Information and Assistance specialists for the public record.

Oral & Written Testimonies

Marlene Tyus – Senior Helping Seniors:

“After the great speech that was given by the district earlier today, I can understand why (we are experiencing) some of the problems that we are having. In December 2006, I was hospitalized. During my surgery, I had intensive strokes. So upon returning home after rehabilitation, I was in need of a great deal care. I lived alone and my children are grown. They have their own lives and their own families and so therefore, there wasn’t much time to be spent with mom. So I applied for meals on wheels and I was denied because I was age 60 and over. And, I thought that was a problem for me since I was not able to prepare meals for myself when I was trying to rehabilitate at home. With the help of a MMAP Counselor, I was given more information about DAAA, which was very helpful I must say. In doing some research on this, I discovered that there is a program for home-delivered meals for those 60 years or younger under certain circumstances. I believe that home delivered meals should be available for people in my condition who are under sixty years old.”

Shah A. Khaleque – Peoples Community Seniors:

“I think you make a great point. The issue that you pointed out (demonstrates) how we need to help people who are dying before their time or need services. (In this study, we were able to discover in Detroit that the elderly were entering long term care systems a lot sooner than what public policy supports. And so, we talked about changing public policy or redrawing eligibility guidelines. Again, now this a subject we need to have more discussion about. You notice in one of the proposed strategies, it talks about health care. But, the ramification is that we have a policy, we don’t have any money. And so, we talk about disabilities and (addressing) disabilities requires looking at all the different (long term care) settings and working together...”

Sandra Cummings – Adult Well-Being Services:

Mr. Bridgewater, Mr. Bradley, Sr. and other staff and board members of Detroit Area Agency on Aging, thank you for the opportunity to testify on DAAA’s annual implementation plan.

AWBS speaks on behalf of older adults, seniors with mental illness, adults with developmental disabilities, grandparents raising grandchildren, and their families who have utilized DAAA-funded caregiver, respite, health promotion, and community based services.

Today, we would like to focus our testimony on the importance of advocacy around state budget issues. As noted in the DAAA draft annual plan for 2011, many programs are slated for reductions in funding due to budget cuts to Office of Services to the Aging (OSA) programs that were enacted by the State Legislature last fall. In fact, AWBS lost all DAAA funding at the beginning of this year. This year, the Governor has proposed 8% cuts to OSA programs. The State Senate has recommended numerous program cuts including a freeze in the Adult Benefits Waiver program, 20% cuts in Community Mental health non-Medicaid services, 4% reductions to some physician payment rates, and cuts to substance abuse, health prevention, caretaker relatives, and aging services programs.

Cuts to human services programs will affect all nonprofits because as the population ages, as the economy remains sluggish, and as public funding shrinks, organizations such as ours will not be able to keep up with escalating requests for services. At a time when Michigan's basic human services safety net is most needed, budget cuts are removing it.

Adult Well-Being Services has joined with Neighborhood Services Organization and other nonprofit organizations that provide human services to advocate against budget cuts to human services. We have been meeting with state legislators to urge them to enact revenue solutions to fix the state's budget deficit. There is a menu of revenue solutions that have been offered by the Governor and others including closing tax loopholes, having a sales tax on services instead of goods, and putting a proposal for a graduated income tax on the ballot. If enacted, these revenue solutions would address the state's structural budget deficit and prevent more devastating budget cuts.

We respectfully urge Detroit Area Agency on Aging staff, board members, contractors, and consumers to join this effort. Adult Well-Being Services has also joined with Area Agencies on Aging Association of Michigan and more than 40 other organizations to support the "A Better Michigan Future" Platform. We hop that Detroit Area Agency on Aging will also sign on as a supporter. Their platform can be found on their website.

Please join with us, as we need to ask legislators, what are the cost benefits of cutting programs that provide companions to isolated seniors, caregiver respite, in-home services, and Alzheimer's support groups? Such programs have proven to help alleviate caregiver burnout and prevent seniors from having to go to nursing homes. Eliminating these programs result in more nursing home placements where people spend down to qualify for Medicaid at much higher taxpayer cost.

Join our effort to educate elected representatives about the fact that, given the high costs of maintaining jails and prisons, the current fiscal crisis should be a time when we should make sure that *more* mental health and substance abuse treatment programs are available and funded. It costs far less per year to provide that person with case management and mental health services that actually help them recover and lead a productive life.

Stand with us as we emphasize to state policy makers the reality that simply cutting programs and services is **not** cost effective. Consumers do not disappear when funding is cuts.

We think the time to organize and advocate is now. We urge you to organize the Detroit Area Agency on Aging network of providers and supporters to advocate for revenue solutions to address the state structural budget deficit. Thank you.

Thomas Cervanak – People's Community Services

" I just wanted to thank the DAAA for an outstanding job for the past few years. I think that the work that's being done is very deliberate. It is thoughtful and very well planned out. And we appreciate that in many instances it's been very difficult for the different providers and given funding limitations."

Peoples Community Services advocates for the following in the proposed plan:

- *Instituting a client centered approaches in services.*
- *Leveraging funding to serve the people most in need.*
- *Addressing clients on the waiting list since they have a tremendous waiting list.*

Mike Simowski, Executive Director - Center for Senior Independence of Henry Ford/Program for All Inclusive Care for the Elderly

Mr. Simowski briefly presented an overview of the PACE program and acknowledged and thanked the Detroit Area Agency on Aging for all they have done particularly in such difficult circumstances.

Henry Wolfe – Patton Detroit Recreation Department

Mr. Wolfe noted his desire for the concentration of seniors in the Lafayette/Chene area to have access to physical fitness activities in Detroit. He also said he would like to know if they can get access to transportation services to take them to the wellness centers.

James Karagon – Retired Clinical Social Worker

“Good morning my name is James Karagon. I retired from the Department of Social Services in 1992, and retired from MaryGrove College as a social worker after 17 years. Also, I turned 66 so I’m also a consumer of senior services in addition to being a provider of senior services, specifically mental health.” I was asked by Arthur Caldwell from DAAA to provide testimony about something that I share in another meeting the other day. When I saw the proposed plan, my recommendation is to include services to address mental disabilities. I don’t think if you include the words mental disabilities, you’re going to be able to catch the needs of older people and especially these caregivers. Sometimes people who doubt that caregivers can be someone with mental illness and might be more challenging than caring for someone with physical illness. Many times care giving is the interception of both physical and mental illness. The language is important. Words are powerful. So, my suggestion is to include mental impairment services in the plan too. Thank you.”

Carol J. Wilson-Allen – Artho-Aquatic Fitness System

“I really hadn’t planned on saying anything today, but I was sort of moved by some of the comments, (I heard earlier). My children were born here. I am a social worker and a hospital administrator by trade and experience. So I’m a baby boomer as well and I’m very concerned about Detroit, want to make sure that Detroit gets its fair share of the money that is being made available. As you all know, health care reform offers some opportunities. This may be a once in a lifetime situation we can take advantage of (for service delivery).

I have been lucky enough to sit on a lot of strategic planning sessions of other organizations and I hear the same similar kinds of things: budgets are being cut, we need transportation, healthcare, pensions, and independent living. So I hear these same things said in other sectors. So my challenge is: are we aware of what other grants organizations are doing that are taking care of our seniors? Do we know about the grants that they are completing? Because if millions even billions of dollars are out there, I want to make sure that Detroit gets its fair share.

Now when I sit in on some of these meetings, I just listen because I've been away from Detroit for so long. I have come back and I can hear the other professionals saying that grants have been written. People in Detroit are writing grants and they are not awarded those grants. Other cities somehow are able to get the grants. I don't know why Detroit didn't get them. But, I here people saying that.

So, all I would ask is that all the other organizations that are planning and applying after similar or different funding but it's for the same thing, if we could cut down on the fragmentation and overlapping of these grants I think Detroit would have better opportunity of getting some of those health care reform. And I just hope that's part of this plan. Thank you."

Kim Walsh – Detroit Radio Information Service

"My name is Kim Walsh. I'm a Director of the Detroit Radio Information Service, which is Southeast Michigan only radio reading and rehabilitation information service for persons who can't see, hold, or comprehend printed or visual information. It's been a while since I've been to one of these hearings. I just want to reiterate that we're in a perfect position to provide and extend a radio home companion to the people all of these programs serve. We services by delivering our programs directly to the home through a special private radio broadcast. At the same time, we're working on some of the most innovative technology information digital delivery with crystal-centered signals. We not only provide services to individuals but also to institutional care facilities, senior centers, group situations, and provide everything from the reading of today's newspaper to grocery stores ads to soft skills and rehabilitation training and fitness workouts.

Unfortunately, in Michigan these programs fall through the cracks of most funding sources. So, I want to bring that to your attention. I want to continue to partner with the great groups that we have been partnering with because our current goals is to reach beyond the visual impaired and disabled persons into the senior services group where nearly 26% of people will lose their vision to the point reading is impossible and they will have depression, suicide and isolation withdrawal. We want to prevent that before it occurs.

So, I want to thank DAAA and all of the planning going on. I'm very impressed with what's happening today. There is a lot of planning in Southeast Michigan like the women before me; I have been to a lot of different hearings in the disability community and senior community and under-served population community. And I just want offer another good resource. I think we should be included in any of these plans and service groups like others through out this state, through out the country. Thank you."

Juana Alvarez – Delray Senior Housing

"I just want to comment on the senior program. I've enjoyed it. I lived in the city of Detroit for 80 years. Going to the senior center has changed my life. It's given me eighty years to live. I exercise everyday. I can go to my exercise program. I'd do it in my apartment. I wish that everybody had this opportunity, but our transportation isn't too good. I believe that a lot of senior buildings have the worst transportation they have had in years.

I know this program has changed, but I'm very upset that the state would cut back on funding. That to me, for our programs, for the meals under state health department, everything the young lady had talked about. I hope that the program continues to increase because just the imagine a lot of people not being able to go somewhere. No, this is unbelievable, people live longer when they socialize, whether its activities or even as speakers in your facilities and nurses being able to take care of you. Everything needs to bring you joy. I want to thank you so much for this opportunity. Thank you."

Doni Owens – MMAP Volunteer

Nursing Home Spend Down Issues

"...While reading an article in the AARP magazine, a woman had to divorce her husband of 42 years because his health failed to the point of needing to be in a nursing home. The cause of this is approximately \$6,000 a month. She chose not to drain their lifetime savings. That article was an eye opener for me. Divorce is not always the result of not loving someone. What would you do in that situation?"

Medicare/Medicaid Assistance Program

I am a part of the outreach services of MMAP (Medicaid/Medicare Assistance Program). Those that know and are currently receiving services from DAAA always express their gratitude. Those that don't know about the services seek plenty of information from us.

Senior Gardening & Need for Food Assistance

Have any of you read the Senior Solution Newsletter? I urge you to read it if you have not. In one of the articles in this newsletter, it says April is also National Garden Month. The Garden Research program provides residents with the supplies and resources to grow food in the city. I am amazed to learn that there has been 10.8% decrease in food services. Yes meals on wheels. We can probably form a partnership with the Garden Resources Program because they are providing resources. I'm apart of a community garden on a very little property. I receive 15 calls from seniors asking if we could till her garden in the rear of her yard. Well, the Resource Garden Program will do the tilling for community and school gardens. So tilling is something that we will need to help seniors to establish their yard. And I'm asking if the budget or if they could consider that providing that partnership to assist with the tilling so that seniors can have their gardens to grow their own food. The resource program also provides classes so that you'll know how to can your food. That will help you over the winter. Michigan senior women, we need to market that. We have a lot of students that want to participate in physical activities.

MI Choice Expansion

The MI Choice Medicaid Waiver program. This is not being access quickly because of waiting periods for services. People want a quality of life in a community with your family in your own home.

Compassion for Isolated Seniors

During uninsured week event, a lady was there that I used to have dinner with before the September birth month club and we would get together to patronize local and new residents within our community in our city. I did not know anyone in the group, but my point is she retired from the City of Detroit 30 years of services and she was at the insured event in April wearing winter boots, pajamas, long pants, short pants, tee shirt, sweater with a coat, scarf, and I told her we missed at the dinner

this September. She told me she was doing fine. We exchanged phone numbers. I gave her some information regarding DAAA and introduced her to my mother. My mother was also there. She carefully made sure I put away her phone number and said, "Make sure you call me". I've been trying to call her for the past week. Now, I'm going to get in deep with this audience. Love is not only a feeling or affection for someone. Love can be a choice and an action. When you choose to be concerned with people's well-being and treat them with respect, real love is an action. It produces selfless giving, sacrifice, caring and sharing.

Your DAAA volunteers serve others with no part of you seeking anything in return. Where is the spirit of generosity to commitment for humble service? To show others, we must give our time and our money to meet the needs of others. Each day in life builds upon the other. Children learn to win battles with temptation. Young adults move from victory to victory growing and learning to survive. Older adults they develop wisdom and need to teach young people to start the cycle over again. Life is a journey. If there is anyone in the audience today that have money, resources, or time to volunteer, you can trust DAAA to fulfill this obligation to provide life-sustaining support services to our seniors citizens with their daily living. Have you done a self-assessment? Are you as generous as you should be with your money or the monies you have the power to distribute? How about your time? How can you escape the growing accusation of your conscience?"

Hugh F. Rowan – MMAP Volunteer

"I'm also a MMAP counselor. MMAP stands for Michigan Medicaid/Medicare Assistance program. I just wanted to let you know that since becoming a member of this program in September that this work has been the most rewarding thing that I've done as a volunteer. I worked with the police department in the City of Detroit. I worked as a congressional liaison with AARP. I find nothing more gratifying than being able to help the senior and disabled such as myself providing them with Medicare Part D prescription, the ability to have their Medicare paid for by the state, once again, because of the lack of funding. Those funds have been stopped and individual who earn under \$1,219 a month can have that \$96.50 or whatever their Medicare Premium paid for by the state by having an application provide to them through our program.

I also like to acknowledge the appreciation that we receive from the President/CEO, Mr. Bridgewater. We just had a volunteer appreciation luncheon. The acknowledgement that MMAP volunteers generate in kind resources by our efforts cannot be duplicated by paid staff was rewarding. I just can't tell you the reward it is to have seniors realize that a hundred dollars a month that they've been having taken out is now back in their pockets. So just know that, there those of us out here like yourselves who are continuing to fight. Don't become depressed because of the cuts that just mean we have to work a little harder. Thank you and God bless."

Karen L. DeShields, MSA – Catholic Social Services of Wayne County/Foster Grandparent Program

I am the Director of the Foster Grandparent Program. I oversee 200 senior volunteers who mentor our exceptional need kids. Our volunteers receive a small tax-free stipend. They work 20 hours each week at schools, hospitals, Head Start Programs, teen parenting programs, and juvenile detention facilities. Our children need our volunteers. Please add me to your mailing list. Thank you.

Ms. Bernice Williams, MSW, Retired – Peoples Community Daytime Services

Provided written testimony about the importance of obtaining input from consumers regarding their community needs and utilizing services offered to determine the primary needs of consumers so it can be determined how to help them.

Susie Andrew – Franklin Wright Settlements

Eighty-six year old individual attending the event provided written testimony about needing help with a hearing problem and obtaining a hearing aide.

Patricia Simpson – Caregiver Ministry

Individuals provided written testimony about Written Comment services at the Caregiver Ministry and inquired about the role of caregiver community focal points. Updated information was provided for Caregivers Ministry at Corinthian Baptist Church: Website - Patricia@cargiversministry.org. The telephone number should be (313) 866-1443.

Linda M. Booth – Deaf & Hearing Impaired Services, Inc.

Submitted written testimony on the need for interpreting services, social and recreational opportunities, advocacy, support groups, and MI Choice Medicaid Waiver services for the deaf and hearing impaired.

AVAILABLE RESOURCES AND PARTNERSHIPS

Rationale: Older Americans Act, Section 306, (6) “provide that the area agency on aging will - (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan; ”

Instructions:

In order to gather information regarding the needs of older adults in the PSA, a public hearing on the AIP must be held in the PSA. The hearing should be held in an accessible facility. Persons need not be present at the hearing in order to provide testimony; written testimony provided at a time other than at the public hearings must be accepted. The public hearing notice should be available at least thirty (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. Persons who should be notified of the public hearing include elected officials, service providers, older adults, including Native Americans both on and off reservations, and the general public. All components of the AIP should be available for the input forums and public hearings.

Complete the chart below regarding your public hearing. Include the date, time, location, and accessibility of the public hearing, the number of attendees and complete the narrative section. Please scan any written testimony as a PDF and upload on this tab.

Available Resources and Partnerships

Instructions:

In the space below describe efforts in the PSA to create new partnerships and identify new resources in the PSA. List current partnerships as well as those that are under consideration. The description should include both public and private agencies, as well as those that you wish to recruit. If counties within your PSA have millages or other senior specific funding sources discuss the amount of funds generated annually, and the type(s) of services supported by millages funds.

C. Available Resources and Partnerships

DAAA plans to work with a variety of partners and community stakeholders to implement its goals and objectives during the next planning cycle. Key planned initiatives appear below:

- **AAAs of Southeast Michigan Collaborative and Michigan Association of Area Agencies on Aging** - This four Area Agency on Aging collaborative have been meeting for nearly two fiscal years in order to identify ways to seek additional funding and to generate cost savings.

- **Aging & Disability Resource Center** - DAAA is planning to partner with collaborative partners to develop an Aging and Disability Resource Center in order to increase access to long-term care services through a no wrong door approach.
- **Aging Network of Region 1-A** - DAAA will convene the service provider network to promote joint marketing and outreach, resource development, quality service delivery, and collaborative advocacy efforts.
- **Alzheimer's Disease Association's Dementia Wraparound** - Work with Alzheimer's Association and other partners to provide support to families caring for loved ones with dementia.
- **Blue Cross-Blue Shield Senior Advisory Council** - Continue to advocate for Medigap, Medicare Advantage and other healthcare products that meet the needs of older people in Region 1-A.
- **Care Transitions** - DAAA is partnering with Independent Living Services and Molina to enter into a managed care contract to provide Care Transition Services.
- **Community Advocacy Network** - Continue to advocate for system change and the expansion of long-term care services once the Detroit Long Term Care System Change Task Force stops meeting. A senior millages will also be examined.
- **Detroit Economic Security Collaborative Network** - DAAA will continue to nurture the collaborative partnership in collaboration with NCOA, Community Foundation of Southeast Michigan, Elder Law of Michigan and AARP Michigan to make economic security wraparound services available to the 55 years old and over, low income residents of the City of Detroit.
- **DDOT Local Advisory Council** - Continue to work with DDOT, SMART, SEMCOG and other transportation providers and planners to expand transportation services for consumers. Currently, DAAA is represented on the LAC as well as a newly established ParaTransit Task Force and Mobility Advisory Council.
- **Nursing Care Facilities** - Plan to work with local nursing facilities to improve quality of care through advocacy, technical support and training and other strategies to ensure that there is a strong continuum of care within the community.
- **Partnership for Healthy Aging Consortium** - Plan to continue working with the Detroit Health and Wellness Promotion Department and other partners on building a public health agenda for healthy aging.

- **Wayne County Elder Abuse Task Force** - Continue to work with Prosecutor's Office and other partners to prevent elder abuse and neglect.
- **United Way Senior Regional Collaborative Network** - Working with United Way Community Services and other aging-focused organizations to secure data and additional resources for eldercare services.
- **Veterans-Directed Home and Community-Based Care** - DAAA has initiated a contract with the John A. Dingell Veterans Administration Center to provide self-directed home and community-based services to veterans.

SECTION III – AAA ADMINISTERED SERVICES

Access Services

☒ Care Management

Starting date: 10/1/2010 **Ending date:** 9/30/2011 **Total of federal dollars:** \$0 **Total of state dollars:** \$719,734
 Geographic area to be served Region 1-A

Goal 1: Improve skill set of care managers by increasing their knowledge base of available community resources and programs.

Activities:

1. Facilitate in-service and other trainings as needed.
2. Provide resource information to care managers.

Expected Outcome: Care managers will serve as effective advocates for their clients.

Goal 2: To collaborate with community agencies, health care providers and academia.

Activities:

1. Collaborate with partners to generate service arrangements and referrals.
2. Educate community agencies about home and community-based care.

Expected Outcome: Enhance community awareness of DAAA's home and community-based services.

Goal 3: Utilize data and information technology to improve management and effectiveness of Care Management program.

Activities:

1. Review data from MICIS, WISP and other sources.
2. Monitor quality indicators.
3. Develop strategies to improve services.

Expected Outcome: Quality improvement activities will be focused around performance indicators and structured to enhance services to clients.

Number of client pre-screenings	2010	200	Planned 2011	200
Number of initial client assessments	2010	95	Planned 2011	95
Number of initial client care plans	2010	95	Planned 2011	95
Total number of clients (carry over plus new)	2010	300	Planned 2011	300
Staff to client ratio (Active and maintenance per Full time care manager)	2010	1:12	Planned 2011	1:12

Match and Other Resources

MATCH: Source of Funds

State Funding: \$719,734

In-kind: \$89,000

OTHER RESOURCES:

Program Income Cash Value \$3,700

☒ **Information and Assistance**

Starting date: October 1, 2010 **Ending date:** September 30, 2011 **Total of federal dollars:** \$310,000

Total of state dollars: \$0

Geographic area to be served: Region 1-A

Goal 1: Continue to expand and enhance functions of Community Access through integration of information and services.

Activities:

1. Streamline, integrate, and enhance centralized intake, screening, and assessment functions of the department.
2. Integrate screening processes for MI CHOICE Waiver, Project CHOICE, Veteran's Directed Home and Community-Based Services, MMAP, Economic Security and other programs.
3. Work with partners to integrate Aging and Disability Resource Center functions into Community Access, if feasible.
4. Continue to incorporate long term care options counseling, community living consultation, T-CARE, and other front-end functions into Community Access.

Expected Outcome: Streamline access to long term care services and supports for targeted consumers through a person-centered customer service approach.

Goal 2: Increase community access to information and services they require through adoption, development, and maintenance of a community resource database.

Activities:

1. Identify new resources for the community resource database.
2. Submit new resources to ServicePoint for inclusion in the community resource database
3. Work with provider network to facilitate new referrals to I & A and to obtain resource information.
4. Continue the Call Monitoring process to insure quality.
5. Prepare monthly data reports reflecting service delivery.
6. Expand implementation of client satisfaction and quality assurance measures.
7. Increase the number of follow up calls to verify acquisition of services.
8. Continue to explore the relationship with local 2-1-1 and 3-1-1 systems to identify methods of increasing speed of information and assistance.

Expected Outcome: Increase access of consumers to information and assistance by operating an efficient and effective I & A Program.

Goal 3: Continue to plan, develop, and further implement Information & Assistance system improvements and enhancements for consumers in PSA 1-A.

Activities

1. Identify barriers and gaps in services and resources needed to enhance I & A services.
2. Develop a resource development strategy to secure other resources (i.e., training, workshops, seminars and in-services).
3. Explore AIRS certification requirements for the agency and prepare work plan to pursue this, if approved.

Expected Outcome: Expand and enhance Information and Assistance Service by identifying additional (monetary and/or in-kind resources) to support program expansion in order to better services older adults, caregivers, service providers and others.

Outreach

Starting date: 10/1/2010 **Ending date:** 9/30/2011 **Total of federal dollars:** \$35,880 **Total of state dollars:** \$81,378

Geographic area to be served: Region 1-A

Goal 1: Expand reach into the community to vulnerable populations with emphasis on economic security and Asian Americans.

Activities:

- a) Work collaboratively with Outreach and Assistance providers to reach isolated elderly and caregivers.
- b) Develop relationships with other agencies to identify other elderly who are currently receiving services.
- c) Coordinate efforts with ADRC partners and other community stakeholders.

Expected Outcome: Reach vulnerable and isolated elderly to inform them about services and resources.

Goal 2: Promote DAAA-funded services to consumers in Region 1-A.

Activities:

- a) Promote services at all appropriate DAAA sponsored events.
- b) Disseminate service information at outreach events scheduled within Region 1-A.
- c) Promote services on Senior Solutions Radio Show, Generations Magazine, Michigan Chronicle, and other

media outlets.

- d) Reach out to vulnerable elderly through the NCOA Economic Service Center, MMAP, and nutrition services.
- e) Train a cadre of Advisory Council members, Community Advocacy Network, and others to promote services in the community.

Expected Outcome: Disseminate information to isolated and at-risk elderly.

State: \$81, 378

Federal: \$35,880

SECTION IV: Direct Provision of Services Waiver

Direct Service Waiver Request

Per Older Americans Act (OAA) and Older Michiganians Act (OMA) requirements, in-home services, community services and nutrition services should be provided under a contract with community based service providers, when at all possible. Examples of these services are: Chore, Home Care Assistance, Homemaking, Home Delivered Meals, Congregate Meals, Respite Care, Long Term Care Ombudsman, Elder Abuse Education and Personal Care.

When appropriate a "direct service waiver" may be granted by the State Commission on Services to the Aging. A direct service is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting". Other administrative activities/services such as: data collection, administration, etc. ARE NOT direct services and DO NOT require a direct service waiver. AAAs that propose to provide an in-home service, community service, and/or a nutrition service must complete the section below for each direct service. Please place a mark in the box next to the service you will be doing and enter the required data.

Community Services

Long Term Care Ombudsman/Advocacy

Starting Date: 10/1/2010 **Ending Date:** 9/30/2011 **Total of federal dollars:** \$26,774 **Total of state dollars:** \$73,546

Geographic area to be served: Region 1-A

Goal 1: Improve the long term care system, representing the interests of long term care residents.

Activities:

1. Explain residents' rights in the long term care system.
2. Empower residents to communicate their concerns and to reach a resolution.
3. Promote community education and awareness regarding long term care issues and best practices.
4. Seek solutions to identified problems within the long term care system.

Expected Outcome: Improve the quality of life for residents of long-term care facilities.

Goal 2: Monitor the development of federal, state, and local laws, regulations and policies.

Activities:

1. Provide outreach and advocacy to educate the public and legislature on long term care issues.

Expected Outcome: Enhance community awareness of DAAA's long term care ombudsman /advocacy program.

Goal 3: Utilize data and information technology to improve management and effectiveness of the long term care ombudsman program.

Activities:

1. Review data from ombudsmanager (ombudsman program database program).
2. Monitor quality indicators.
3. Develop strategies to improve services.

Expected Outcome: Quality improvement activities will be focused around performance indicators and structured to enhance services to clients.

Section V: Program Objectives – PART 1

There are two parts to the Plan Program Development section:

Part I is the Program Development Objectives. At least one (1) objective for each of the four (4) State Plan Goals is required. Suggested, but not required, areas that you may consider:

Transportation. Suggestions include: working with the local transit authority to create “senior friendly” service, such as free trips to the farmers’ market, more on-demand door to door service, more door-to-senior center/medical facility service, etc.

GOAL #1: Work to improve the health and nutrition of older adults.

Objective 1.1: Develop and sustain wellness centers in Region 1-A.

Activities

1. Maintain funding for a region specific service definition for wellness centers.
2. Expand partnerships with other organizations to facilitate the expansion of programming at the Wellness Centers.
3. Continue to support MMAP counselors at the Wellness Centers.
4. Provide technical assistance regarding programming modifications to attract baby-boomers.

Expected Outcome: Provide a minimum of 325 older persons and baby boomers with evidence-based health promotion, chronic disease self-management, and benefits counseling at the three (3) local Wellness Centers in Region 1-A.

Objective 1.2: Promote the expansion of evidence-based disease prevention programming.

Activities

1. Continue to require and support evidence-based programs at the three (3) new Wellness Centers.
2. Facilitate the development of evidence-based programs at Congregate Meal sites.
3. Support the implementation of PATH and Enhance Fitness.
4. Continue to support the implementation of Diabetes Self-Management Training.

Expected Outcome: Improve health status of participants in selected programs as a result of increased physical activity, proper diet and/or improved disease self-management.

Objective 1.3: Engage Congregate Meal Site Management in promoting the optimal health of older adults.

Activities

1. Continue to promote wellness activities, including activities attractive to baby-boomers, at Congregate Sites.
2. Enhance nutrition education provided at Congregate Sites.
3. Expand partnerships with other organizations to expand programming at Congregate Sites.

Expected Outcome: Increased health promotion and participation in nutrition programs.

Objective 1.4: Promote improved nutrition for seniors in Region 1-A.

Activities

1. Implement Project FRESH in Region 1-A.
2. Facilitate expanded nutrition education at the three (3) Wellness Centers.
3. Explore special diet options in collaboration with vendor and other partners.
4. Coordinate with Elder Law Center to support MI Café Bridge Card outreach.

Expected Outcome: Improve nutrition status of seniors through increased access to nutrition services.

GOAL #2: Ensure that older adults have a choice in where they live through increased access to information and services.

Objective 2.1: Increase access of consumers to information and services they require through adoption, development, and maintenance of a Community Resource Database.

Activities

Focus will be on the following:

1. Access to an expanded and inclusive Resource Database.
2. Intake/Screening Processes.
3. Intake / Eligibility interface.
4. Referral processes.
5. Long Term Care Options Counseling / I&A Interface.

6. Staff Training, AIRS Certification, and Adopted Standards.
7. Optimal Staffing Levels.
8. Identifying quality assurance issues that need to be addressed, with the goal of creating “No Wrong Door” and Enhancing standards.
9. Enhance Customer Satisfaction.

Expected Outcome: Develop a network of local I & A service providers to address key barriers regarding community awareness about services and resources for consumers.

Objective 2.2: Continue to plan, develop, and further implement Information & Assistance system improvements and enhancements for consumers in PSA 1-A.

Activities

1. Continue to encourage resource data from the Service Provider Network to ensure the accuracy of the Agency’s Community Resource Database.
2. Develop a strategy to secure other resources.
3. Identify and develop a system for tracking and reporting identified unmet needs and gaps in community services.
4. Continue to enhance Customer Satisfaction involvement.

Expected Outcome: To ensure that seniors using 211, 311 and similar provider agencies are receiving the highest level of information assistance tailored to their specific needs.

Objective 2.3: To continue to develop and expand service strategies.

Activities

1. Develop strategies that lead to enhanced expansion of services inclusive of those included in the Project 2020 initiative and ADRC models:
 - A. Person-Centered Information and Assistance.
 - B. Best Practice Models such as the TCARE or Savvy Caregiver models.

Expected Outcome: Development and expanded services strategies inclusive of those included in the Project 2020 initiative and ADRC models.

Objective 2.1: Continue to increase access points for consumers to information and services they require through adoption, development and maintenance of a Community Resource Database and Resource Manual.

Activities

Focus will be on the following:

1. Access to an expanded and inclusive Resource Database.
2. Intake/Screening Processes.
3. Intake / Eligibility interface.
4. Referral processes.
5. Long Term Care Options Counseling/I & A Interface.
6. Staff Training, AIRS Certification, and Adopted Standards.
7. Optimal Staffing Levels.
8. Identifying quality issues that need to be addressed, with the goal of creating “No Wrong Door” and enhancing standards.
9. Enhancement of Customer Satisfaction.

Expected Outcome: Develop a network of local I & A service providers to address key barriers regarding community awareness about services and resources for consumers.

Objective 2.2: Continue with system improvements and enhancements for consumers in PSA 1-A.

Activities

1. Collaborate with Service Provider Network and other community organizations to develop an inclusive collaborative network to ensure the accuracy of the Agency’s Community Resource Database.
2. Develop a resource development strategy to secure financial and other resources.
3. Identify and develop a system for tracking and reporting identified unmet needs and gaps in community services.
4. Continue to enhance Customer Satisfaction involvement.

Expected Outcome: Develop a strategy for enhancing the process of populating and auditing the Community Resource Database, and enhanced methodologies, processes for capturing, tracking, extracting / formatting data for trend analysis and other specific reporting.

Activities

1. Develop strategies that lead to enhanced expansion of services inclusive of those included in the Project 2020 initiative and ADRC models:
 - A. Person-Centered Customer Service Information and Assistance.
 - B. Best Practice Models such as the TCARE Caregiver assessment model.
 - C. Integration of the Veteran's Directed – Home and Community-Based Services.
 - D. Integration of the Economic Security Grant initiative to support economic security wraparound services for targeted individuals on waitlist.

Time Line: (October 1, 2010 thru September 30, 2011) On-going.

Expected Outcome: Implementation of best practice services strategies included in Project 2020, ADRC models, Economic Security initiative and TCARE models.

GOAL #3: PROTECT OLDER ADULTS FROM ABUSE AND EXPLOITATION

Objective 3.1: Coordinate elder abuse education and prevention efforts with the Wayne County Elder Abuse Advisory Group consisting of Wayne County Prosecutors' Office, Wayne County Neighborhood Legal Services and other partners.

Activities

1. Continue to send a DAAA representative to the coordination meetings.
2. Work with partners to prevent elder abuse and neglect through coordinated efforts.
3. Encourage the Detroit Police Department and other law enforcement partners to get involved.

Expected Outcome: Coordination of elder abuse education and prevention activities and services.

Objective 3.2: Educate consumers about elder abuse, neglect, and exploitation.

Activities

1. Utilize Blue Cross-Blue Shield-funded DVD and other materials to educate bank tellers and others about elder abuse.
2. Co-sponsor workshops and other educational sessions about elder abuse.
3. Participate in World Elder Abuse Day each June of every year to promote education and coordination of services.

Expected Outcome: Increase knowledge about elder abuse, neglect, and exploitation.

GOAL # 4: Effectiveness, efficiency, and quality of services provided through the Michigan Aging Network and its partners.

Objective 4.1: Continue to improve the quality of home and community-based services for the care management program.

Activities

1. Work cooperatively in accordance with Board approved quality management plan.
2. Report progress to Long Range Planning Committee.
3. Enforce penalties for non-participation, non-compliance, and lack of performance.
4. Continue to monitor and track performance against established standards and benchmarks to determine the need for and/or impact and effectiveness of established quality indicators.
5. Continue analysis of measurements to determine whether (a) other agency services or service oversight are also affected; (b) improvements put in place are effective or ineffective; and (c) the appropriate measurement tool is being utilized.

Expected Outcome: Improve the client satisfaction of care management and home and community-based services.

Objective 4.2: Provide quality home and community-based services that are responsive to the needs of frail, at-risk older persons and adults with disabilities in Region 1-A.

Activities:

1. Continue to monitor performance and quality measures.
2. Research incentive programs.
3. Institute incentives for good performance and adherence to quality measures.

Expected Outcome: Improved performance of care managers and home and community-based service agencies.

Objective 4.3: Engage targeted service providers within the Aging Services Network in capacity building.

Activities

1. Continue to support new funding strategies for bundling core supportive services in order to strengthen providers through concentrated funding and through the promotion of multi-disciplinary core services.
2. Provide technical assistance as we continue to recommend new sources of revenue as well as the required core Competencies needed to pursue new revenue streams.

3. Continue to support the development and expansion of providers' entrepreneurial planning and other positioning that may be necessary in order to capitalize on new markets and new revenue generating opportunities.
4. Provide requested assistance as we move traditional core service providers to a Direct Purchases of Service model. Requested assistance may include best practices, staffing and service delivery, quality assessment and capturing the voice of consumers through Customer Satisfaction Surveys.

Expected Outcome: A stronger service provider network with multi-disciplinary providers that deliver high quality services, based on best practices, with an emphasis on customer service and consumer choice.

Regional Program Development Objectives

Please list any Regional Program Objectives that you have. These should be objectives that do not coordinate with any of the state plan objectives. Regional Program Objectives are not required; however, they will be considered as part of your plan for AAA assessments.

1. Grant that you are participating in, for example, Nursing Home Diversion, Evidence-Based Disease Prevention. Tailored Caregiver Assessment and Referral (TCare), Savvy Caregiver, others.

AAA Response:

Goal #5 – Tailored Caregiver Assessment and Referral (TCARE)

Goal #6 – Improve transportation services to support independent living.

Goal #7 – To support long term care system change in Region 1-A to increase consumer choice.

Evidenced-Based Disease Prevention (See Goal #1 of State Plan Objectives)

2. Person Centered Thinking/ Self Determination

AAA Response:

DAAA will continue to incorporate person-centered thinking practices and principles throughout its organization and services. In addition, it will continue to operate the Self Determination Program under the MI Choice Home and Community-Based Waiver Program.

3. Building regional capacity for services that are currently done under a Waiver by the Area Agency on Aging.

AAA Response:

DAAA will continue to work internally and within the service provider network to build the regional capacity of services for home and community based services through quality assurance, training, technical assistance and support and peer-to-peer sharing.

See Program Development Objective – Goal 4, Objective 4.2 and 4.3.

Goal #5: Tailored Caregiver Assessment & Service Referrals (T-CARE) for the elderly.

Objective 5.1: Explore best practices for integrating caregiver assessment and service referrals into service delivery system in Region 1-A.

Activities

1. Pilot Caregiver Assessment and Service Referral Model.
2. Evaluate and refine operational procedures, staffing, program design, and other program components.
3. Seek approval to implement, if feasible.
4. Identify public and private resources to fund and sustain the program.
5. Seek public and private resources to fund program services.

Expected Outcome: Pilot Caregiver Assessment and Service Referral Program for Region 1-A.

Please list any Regional Program Objectives that you have. These should be objectives that do not coordinate with any of the state plan objectives. Regional Program Objectives are not required, however, they will be considered as part of your plan for assessments.

1. Grant that you are participating in, for example, Nursing Home Diversion, Evidence Based Disease Prevention, Tailored Caregiver Assessment and Referral (TCare), Savvy Caregiver, others.
2. Person centered thinking and self determination.

Goal #6: Improve transportation services to support independent living with dignity.

Objective 6.1: Partner with DDOT, SMART, SEMCOG and other partners to coordinate and expand transportation resources in Region 1-A.

Activities

1. Continue to advocate for specialized and routed transportation at DDOT Local Advisory Council, SMART and/or Mobility Workgroup meetings.
2. Continue to coordinate transportation strategies with wellness centers to ensure access to healthy aging, medical appointments, and benefits counseling.

3. Work with Southeast Michigan Council of Government's (SEMCOG) Transportation staff and Task Force to expand community awareness regarding the need for these services.
4. Jointly promote public and private funded transportation services for escort, door-to-door and other modes of transportation.

Expected Outcome: Increased availability, promotion, and coordination of transportation services in Region 1-A.

Goal #7: To support long term care system change in Region 1-A to increase consumer choice.

Objective 7.1: Continue to improve the quality of long term care options and nursing facility care in Region 1-A.

Activities

1. Continue to maintain the Community Advocacy Network under the oversight of LTC Ombudsman/Advocacy providers.
2. Advocate for consumers' rights across long term care settings.
3. Sponsor ongoing advocacy special events, activities, and trainings to empower consumer advocates and constituents.
4. Explore use of advocacy network to launch senior millage campaign.

Expected Outcome: System change and development of strategies to expend community resources for long term care services.

Objective 7.2: Continue to work with area nursing facilities to improve the clinical care, operations, and physical plants of the facilities.

Activities

1. Continue to work on capital improvements needed in nursing facilities.
2. Continue to improve occupancy rates of facilities.
3. Continue to work with facilities on quality of care issues.

Expected Outcome: Improved quality of nursing facility services.

Objective 7.3: Work with partners to improve independent living options in the community to support aging in place and nursing home transition.

Activities

1. Continue to collaborate with partners to make affordable assisted living and residential care options available.
2. Make consumers aware of assisted living and residential care options.
3. Target some housing options to nursing home transition consumers to support expanded housing option.

SECTION V: PROGRAM OBJECTIVES -- PART II

As the Detroit Area Agency on Aging plans for the next year, it will advocate for long term care system change through modernizing the AAA and its local Aging Services Network in alignment with the Older Americans Act, and implement the philosophy of Project 2020 in order to expand and enhance information and assistance, evidence-based health promotion and home and community-based services and integrating OAA-supported services with the long term care system. In addition, DAAA will examine how it can target resources and services to its key target population, older persons, adults with disabilities and family caregivers.

The agency is anticipating additional decline in population in some of our population cohorts while some increases in the baby boomer population if the economic environment improves. To provide services with limited resources, it has proposed to target these resources to the at-risk elderly with social and economic needs; make sure that it pursues resources that can expand other entrepreneurial services to serve additional populations and start to put systems in place to address the needs of a burdened caregiver population. This includes implementation of Tailored Caregiver Assessment Referral (TCARE).

Some of the hallmark activities planned over the next three years in this economic and political environment include pursuing managed care products and services and building our capacity to acquire contracts with non-traditional organizations. In addition, we will build partnerships with organizations that can help pursue care management services in new areas through expansion of home and community-based services, expanded nursing transition services and fee-for-service opportunities.

DAAA also hopes to collaborate with other partners to ensure that there is a strong continuum of care that can address the needs of consumers whether they age in place or need assisted living or residential care options with supportive services. We will also continue to advocate for quality nursing care facilities, expanded Program for All Inclusive Care for the Elderly (PACE) as well as MI CHOICE resources to insure that there is a safety net for the population that we serve.

SECTION VI: ADVOCACY STRATEGY

Describe the AAA's overall advocacy strategy for the fiscal year 2011. Relate specific advocacy activities to the changing demographics of the older population within the PSA, and the federal, state, and local issues that are facing older Michiganians and service delivery. Strategies on the facilitation and coordination of community-based long term care supports and services designed to enable older individuals to live in the setting of their choice must also be included in this section. Enter your advocacy strategy below.

The following advocacy strategies are recommended based upon input from the community and recommendations from the Detroit Long Term Care System Change Task Force:

- 1. Resource Development** - Advocate for public and private resources to meet the needs of the elderly in Region 1-A.
- 2. Expansion of Home and Community-Based Services for Older Persons and Adults with Disabilities** – The current economic recession threatens the maintenance and expansion of home and community-based services. DAAA and its consumers and service provider network supports advocating for additional resources to help 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 LTC options 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, door-to-door medical and better line-haul transportation services through collaborative partnerships with the Detroit Department of Transportation (DDOT), SMART and/or Regional Elderly Mobility Alliance (REMA).
- 5. Strengthen and Improve Access to Medicaid and Medicare Programs for Seniors** – Continue to work with consumers, advocates and policymakers to increase access to Medicare and Medicaid through changes in administrative rules and long term care legislation.
- 6. Increased Access to Health and Nutrition services for older persons** – The overall poor health status of older persons make access to health care, nutrition and medical benefits critical.
- 7. Residential Care Options with Supportive Services and Affordable Assisted Living** – Advocate for affordable assisted living, residential care options and home modifications and repairs for those aging in place.

8. **Livable Communities** – Promote the concept of livable communities in Region 1-A to ensure accessibility, safety and a responsive continuum of care.
9. **Caregiver Support** – Advocate for resources to support caregivers providing care to older persons, adults with disabilities and grandchildren.
10. **Economic Security** – Advocate for the economic security of older persons through policy change, collaborative partnerships, and case management/wraparound services.

SECTION VII: COMMUNITY FOCAL POINTS

DAAA serves as the regional focal point for access to services at the PSA level. Consistent with the Michigan Office of Services to the Aging Operating Standards, DAAA has reviewed its list of Community Focal Points (CFP) to assure “sufficient access to information and services for older persons” and to “encourage maximum collocation and coordination of service for older adults.” DAAA defines a community as a group of one or more neighborhoods within PSA 1-A, which consists of a set of older adults who have similar social and economic backgrounds and service utilization patterns.

Rationale and Process for Selection of Community Focal Points

DAAA Planning staff convened several meetings to develop criteria, a process for selecting community focal points (CFP) and to make recommendations for development of focal points. The criteria can be summarized as follows:

1. **Location/Accessibility** – The CFP is located within one of 12* defined Community Reinvestment Sectors and is primarily accessible to the community within that Sector.
2. **Administration/Staffing** – The facility has sufficient qualified staff to support its operations.
3. **Targeting/Outreach** – The facility has an interest and a demonstrated capacity to perform outreach to nearby senior centers or service organizations and to collaborate with organizations to identify and assist older adults.
4. **Service Delivery/ Capacity to Provide Healthy Aging Services** – A CFP site is a facility where a broad range of services are provided for older adults, including senior meals, disease prevention and health promotion programs.
5. **Capacity to Provide Services to Promote Caregiver Support** – The designated Community Focal Point for Caregivers should provide or facilitate services for caregiver, education, and support.

*Ten (10) Community Reinvestment Sectors within Detroit have been defined by the City for planning purposes. In addition, DAAA has identified two additional Sectors (#'s 11 and 12) to reflect the locations of Eastern and Central Detroit suburbs (see attached map). Using Sector planning, DAAA plans to more effectively and efficiently assure that services are accessible to all parts of PSA 1-A and, at the same time, target communities where elderly with greatest needs live.

The U.S. Administration on Aging multi-purpose center service descriptions, www.aoa.dhhs.gov/factsheets/seniorcenters.html, along with DAAA's vision for the

aging network, provide a basis for identifying that the following services are needed in local community focal points:

- A. Congregate
- B. Home Delivered Meals
- C. Education/Training
- D. Computer Training
- E. Information & Assistance/Referral
- F. Outreach
- G. Social & Recreational Activities
- H. Counseling
- I. Telephone Reassurance
- J. Transportation/Escort
- K. Arts & Crafts
- L. Health Clinic
- M. Health Screening
- N. Health Education
- O. Exercise
- P. Medicare/Medicaid Assistance Counseling
- Q. Employment
- R. Volunteer Opportunities
- S. Advocacy Activities
- T. Legal Services
- U. Housing Related Assistance
- V. Other(s)

DAAA and collaborating partners conducted a survey of local senior service facilities to evaluate their capacities to become CFP's, including provision of the above services. Survey results provided a basis for selection of CFP's. Selection as a community focal point does not lessen the importance of other facilities. Selected focal points will be encouraged to coordinate services with nearby senior centers and service providers in order to insure that all area seniors have access to a continuum of services which meet their needs.

Proposed CFP's for FY 2011 (with services reported by facility staff included below. The Caregiver Community Focal Point is Corinthian Baptist Church.

<u>Name</u>	<u>Address</u>	<u>Website</u>	<u>Telephone</u>	<u>Contact Person</u>	<u>Service Boundaries</u>	<u>Persons</u>	<u>Services</u>
Adult Well-Being Services	Butzel Senior Center 7737 Kercheval Detroit, MI 48214	http:// www.awbs.org	(313) 925-1135	Ms. Karen Schrock	Sector 3	17,306	A, B, C, D, E, F, G, H, J, L, M, N, O, P, Q, R, S, T, U
Association of Chinese Americans, Inc.*	420 Peterboro Detroit, MI 48201	http://www.aca-detroit.org/main.php?p=Home	(313) 831-1790	Shenlin Chen	PSA 1-A Sector 4	12,535	A, C, D, E, F, G, H, K, N, V
Brightmoor Community Center	14451 Burt Road Detroit, MI 48223	http://www.brightmoorcommunitycenter.org	(313) 531-0305	Cassandra Gaines	Sector 8	9,343	A, C, F, G, L, M, N, O, P, R, U
Coleman A. Young Center	2751 Robert Bradby Detroit, MI 48207		(313) 877-8008	Henry Wolfe	Sector 4	12,353	A, C, D, E, G, J, K, M, N, O, P, R, U
Corinthian Baptist Church-Caregivers*	1725 Caniff Avenue Hamtramck, MI 48212	http://www.caregiverministry.org	(313) 868-1443	Patricia Simpson	PSA 1-A Sector 11	6,397	A, C, F, G, J, L, M, N, O, P, U
Delray United Action Council	275 W. Grand Boulevard Detroit, MI 48216	http://www.lsa.umich.edu/psych/di/partners/delray.asp	(313) 297-7921	Jacqueline Collins Bolden	PSA 1-A Sector 5	10,635	A, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U
Dexter Elmhurst	11825 Dexter Blvd. Detroit, MI 48206		(313) 834-5085	W. Wimbush	Sector 6	16,497	A, G, M, R
East Lake Baptist Church	12400 E. Jefferson Avenue Detroit, MI 48215		(313) 821-9385	Betty Turner	Sector 3	17,306	A, D, E, H, M, N, O
Farwell Recreation Center	2711 E. Outer Drive Detroit, MI 48234	http://ww.detroit.mi.gov/DepartmentsandAgencies/RecreationDeptment/RecreationCenters/Farwell	(313) 368-3502	Gabrielle Green	Sector 1	128,400	A, C, E, G, M, O, R

<u>Name</u>	<u>Address</u>	<u>Recreation Website</u>	<u>Telephone</u>	<u>Contact Person</u>	<u>Service Boundaries</u>	<u>Persons</u>	<u>Services</u>
Franklin Wright Settlements	3360 Charlevoix Detroit, MI 48207		(313) 579-1000	Ms. Denise Lacy-Layton	Sector 4	12,535	A, B, G, J, K, L, M, N
Hannan House Senior Center	4750 Woodward Avenue Detroit, MI 48201	http://www.hannan.org	(313) 833-1300	Tim Wintermute	Sector 4	12,535	C, D, E, G, H, J, K, L, M, N, O, P, Q, S, T, U
Hartford Memorial Baptist Church	18700 James Couzens Detroit, MI 48235	http://www.hartfordbaptistchurch.com	(313) 861-1288	Ms. Flossy	Sector 10	12,790	A, D, E, F, G, J, K, M, Q, R, S
Joseph Walker Williams Community Center	8431 Rosa Parks Blvd. Detroit, MI 48206	http://www.detroit.mi.gov Departmentand Agencies/RecreationDepart ment/RecreationCenters/ Joseph WalkerW	(313) 894-2830	Maude Freeman	Sector 6	16,497	C, D, E, F, G, H, J, L, M, N, O, P, Q, R, S, T, U
Latino Family Services	3815 W. Fort Street Detroit, MI 48209	http://www.latinofamilyservices.org	(313) 841-7380	Maria Thacker	Sector 5	Sector 5	A, C, E, F, G, H, L, M, N, Q, U
Latin-Americans for Social & Economic Development (LaSed)	3815 W. Fort Street Detroit, MI 48209	http://www.lasedinc.org/obsportal	(313) 841-7380	Maria Thacker	Sector 5	Sector 5	A, C, D, E, F, G, H, J, K, M, N, O, P, Q, R, S, T, U
North American Indian Center	22700 Plymouth Road Detroit, MI 48239		(313) 535-2966	Sharon George	PSA 1-A Sector 7	147,806	A, C, E, F, G, I, K, M, N, P, R, S, U, V
Northwest Activities Center	18100 Meyers Road Detroit, MI 48235	http://www.local.yahoo.com/info-16238065-northwest-activity-center-detroit	(313) 578-7500	Ms. Blue Or James Stevenson	Sector 10	12,790	A, D, E, F, G, K, M, O, R, S, T, U
<u>Name</u>	<u>Address</u>	<u>Website</u>	<u>Telephone</u>	<u>Contact Person</u>	<u>Service Boundaries</u>	<u>Persons</u>	<u>Services</u>

Olga M. Madar Senior Center Heilmann Community Center (site)	19601 Crusade Detroit, MI 48205		(313) 224-9334	Adrienne Cornell-Smith	Sector 2	8,238	A, C, D, E, F, G, H, I, M, N, O, P, Q, R, S, T, U, V
Patton Recreation Center John J. Villa Senior Center (site)	Detroit, MI 48209	http://www.detroitmi.gov/DepartmentsandAgencies/Recreation Department/Recreation Centers/PattonCommuni	(313) 628-2000	Beatrice Harris	Sector 5	10,635	A, C, D, E, F, G, H, I, M, N, O, P, Q, R, S, T, U, V
People's Community Services of Metropolitan Detroit	2339 Caniff Avenue Hamtramck, MI 48212	http://www.pecose.org	(313) 365-6260 or (313) 554-3111	Grace Holiness	Sector 11	6,397	A, E, G, J, K, O, P, R, U, V
Services for Older Citizens, Inc.*	17150 Waterloo Grosse Pointe, MI 48230	http://www.socservices.org/	(313) 882-9600	Sharon Maier	Sector 12	13,009	A, B, C, E, F, G, I, J, K, L, M, N, O, P, R, S
St. Patrick's Senior Center	58 Parsons Detroit, MI 48201	http://www.stpatseniorcenter.com/programs/overview.htm	(313) 831-2520	SaTrice Coleman-Betts	Sector 4	147,806	A, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U
St. Rose Senior Citizens Center	5555 Conner, Suite 2111 Detroit, MI 48213		(313) 921-9277	Mike Byzewski	Sector 3	17,306	A, C, D, E, F, G, I, L, N, O, P, U

Notes: * Association of Chinese Americans is a proposed Community Focal Point for Older Persons and Caregivers.

SECTION VIII: COMMUNITY LIVING PROGRAM

This section of the AIP is for the area agency to describe its planned efforts to integrate components of the Community Living Program (CLP) into the comprehensive coordinated service delivery systems developed to implement the area plan. It is expected that those area agencies who have been partners in the CLP demonstration programs will, at a minimum, continue their efforts begun during the demonstration grant period.

Instruction: Describe your planned efforts to integrate CLP into service delivery systems supported by the area plan. The description should address at a minimum –

How Person-Centered Thinking (PCT), as presented in OSA sponsored trainings, will be integrated into your organization (through recruiting, hiring, staff orientation and training, coaching and mentoring, performance evaluation, etc.) to support staff and service delivery systems.

How Community Living Consultation (CLC), options counseling, will become available in the PSA.

How and when persons at risk of nursing home placement will be identified and referred to programs, offering flexible service options, to assist them in avoiding or delaying placement.

How a self-directed service delivery option will become available for participants, either grant supported or private pay.

How the area agency will, or prepare to, participate in the Veterans Directed Home and Community Based Services Program. (Incorporating self-direction and Community Living Consultation.)

How the area agency intends to work with the emerging ADRC partnerships to assure the availability of unbiased Information and Assistance services and Community Living Consultation for both the aging and disability communities.

1. A comprehensive work plan must be developed that supports the CLP project goals of fully embracing and supporting PCT and SD, re-engineering the existing services infrastructure to support PCT and SD and directing the use of federal, state and local funding sources to serve CLP eligible individuals and their caregivers. The work plan must address at a minimum: Independent Living Consultation (ILC); use of OAA/VA/State/Local resources to support services for program participants; use of flexible service options

(including self-determination); planned outreach efforts; and, integration of CLP and PCT into existing service delivery systems.

The Detroit Area Agency on Aging will continue to integrate person-centered thinking and self directed care throughout its organizational structure and service provider network. DAAA has initiated including person-centered customer service in all job descriptions. It will also recruit staff with this expertise and further incorporate PCT into staff orientation, training, coaching and mentoring. PCT is also being incorporated into Performance Now standards, service provider capacity building and policies, procedures and protocols. As DAAA further expands MI CHOICE and Project CHOICE Care Management, Veteran's Directed Home and Community-Based Services, TCARE, Economic Security Service Center as well as Call Center and Nutrition Assessment services, it will embrace self determination.

DAAA will continue to operate its Self Determination Program under MI CHOICE, where it currently leads the State of Michigan. It will also examine ways to provide lists of providers to individuals who can privately pay; connect private pay customers to financial intermediaries, and engage consumers, providers, and volunteers in PCT practices.

DAAA will continue to work with the John Dingell VA Medical Center to provide services to Veterans identified by the Medical Center. DAAA has developed a protocol for assessment and person-centered care planning, incorporating flexible options including self-direction and/or the option of utilizing contracted providers, depending on the Veteran's preference and needs. DAAA will conduct Care Conferences with the Social Work section of the VA Medical Centers, and will submit monthly progress notes and quarterly reassessments. DAAA will participate in conference calls and meetings conducted in VISN 11. DAAA will also explore working with other VA Medical Centers who may have Veterans residing in PSA 1-A. DAAA will also incorporate self-directed care in conjunction with the VA.

As DAAA works with ADRC partners to assure the availability of unbiased information and assistance services, it will integrate community living consultation and long term care options counseling for both aging and disability communities.

1. At your discretion, a separate program narrative may also be included.

Not Applicable.

2. The area plan grant budget, on page 2 of 3, includes a row to identify grant resources, program income, and local match to be used for support services for CLP participants. Please be reminded that funds used for CLP matching purposes may not be used as match for any other program. The CLP Appendix budget asks for detail regarding the specific service categories to be funded with these resources.

Not Applicable - The VA operates with a retroactive payment claims processing.

3. Both the project budget and schedule of match and other resources, Budget Form (A), must be completed.

Budget is not applicable.

4. The CLP appendix budget is for planning information, not accounting purposes. Please be as detailed as possible. Revisions to the CLP appendix budget will be handled as administrative revisions.

Not Applicable.

SECTION IX: AGING & DISABILITY RESOURCE CENTER/MEDICARE & MEDICAID ASSISTANCE PROGRAM

Aging and Disability Resource Centers

The Office of Services to the Aging was awarded a 2-3 year grant from the Administration on Aging in FY 2010 to develop Aging and Disability Resource Centers (ADRC) statewide within the next 5 years. Michigan's ADRCs build on a "no wrong door" (decentralized) model that recognizes all stakeholders as equal partners. ADRCs are highly visible and trusted places in the community that empower persons of all ages and income levels to navigate the full range of long term care support options according to their cultures, values, and preferences. ADRCs provide person-centered planning; comprehensive information and assistance; appropriate referrals; follow-up; and seamless access on available long term support options. For more information on ADRCs, please visit: <http://www.adrc-tae.org/tiki-index.php?page=HomePage>.

Indicate if the AAA will participate in the development of ADRC partnership(s) in the PSA. If yes, please describe the anticipated role the AAA will play in the partnership(s).

DAAA is engaged in developing an Aging and Disability Resource Center strategy in cooperation with community stakeholders. DAAA anticipates taking a leadership role with The Disability Network in bringing partners together to do the following.

- Identify needs of long term care consumers
- Identify roles, assets and needs of collaborative stakeholders
- Develop sustainable program model using best practices
- Identify gaps in services for consumers
- Coordinate long term care programs, services and activities with collaborative partners
- Leverage public and private resources to sustain efforts

MMAP

If your agency is a MMAP agency, provide an overview of your program, including numbers of persons served, volunteer recruitment and innovative ways of getting the information to residents in your PSA.

The Detroit Area Agency on Aging operates a Michigan Medicare and Medicaid Assistance Program through the use of fifty community volunteers. The MMAP volunteers provide older adults with one-on-one and group-based benefits counseling in order to provide access to health-related programs and services such as Medicare, Medicaid, low income subsidy and other resources.

MMAP Interface with I & A services for the duration of the plan.

Indicate if the AAA will participate in the development of ADRC partnership(s) in the PSA. If yes, please describe the anticipated role the AAA will play in the partnership(s).

Currently referrals are made to the MMAP program from I & A when callers are requesting MMAP services. The MMAP vector is currently being used; however MMAP volunteers will be trained at our next monthly refresher on its use and how to access messages from the designated line. All calls that come into the agency via the DAAA number are tracked through the Regional Call Center.

MMAP

If your agency is a MMAP agency, provide an overview of your program, including numbers of persons served, volunteer recruitment and innovative ways of getting the information to residents.

Detail MMAP successes and barriers from the last plan, and how you intend to correct or maintain these.

Successes:

- Increased our MMAP Volunteer pool to 50 volunteers.
- Served 3,725 participants YTD since October 1, 2009.
- Met each of six of our nine contract benchmarks.
- Served a more diverse group of Medicare/Medicaid consumers through out the Detroit Metro Area to include recent retirees.
- Meeting our Medicare Improvement for Patient and Provider Outreach Grant goals.
- Created partnership and worked collaboratively with the Disability Network to serve more beneficiaries with disabilities.
- Increased marketing of the MMAP program through partnerships with local champion leaders and public officials.
- Increased our participation on outreach activities with our local Health Systems.

Barriers:

- Physical office space limitations and access to telephones and computers for counselors when they come into the office.
- Lack of active counselors reporting.

Plan of Action:

- We plan to continue to recruit volunteers to assure that we have sufficient volunteers to serve our PSA. We will continue to provide monthly update trainings for volunteers to keep them abreast of the changes with Medicare and Medicaid. We will implement a new state requirement to have all active counselors complete recertification to maintain their status as active MMAP counselors. We plan to continue to increase our outreach activities through utilizing our provider network, Wellness Centers, and Congregate Meal Programs. We will continue to work with champion leaders and public officials to market our program.

Aging & Disability Resource Center

Starting Date: October 1, 2010 **Ending Date:** September 30, 2011 **Total of federal dollars:** N/A **Total of state dollars:** N/A

Geographic area to be served: Region 1-A

Goal 1: Continue to expand and enhance functions of Community Access through integration of information and services.

Activities:

1. Streamline, integrate, and enhance centralized intake, screening, and assessment functions of the department.
2. Integrate screening processes for MI Choice Waiver, Project Choice, Veteran’s Directed Home and Community-Based Services, MMAP, Economic Security and other programs.
3. Work with partners to integrate Aging and Disability Resource Center functions into Community Access, if feasible.
4. Continue to incorporate Long-Term Care Options Counseling, Community Living Consultation, TCARE and other front-end functions into Community Access.

Expected Outcome: Streamline access to long-term care services and supports for targeted consumers through a person-centered customer service approach.

Goal 2: Increase community access to information and services they require through adoption, development and maintenance of a community resource database.

Activities:

1. Identify new resources for the community resource database.
2. Submit new resources to Service Point for inclusion in the community resource database.
3. Work with provider network to facilitate new referrals to I & A and to obtain resource information.
4. Continue the call monitoring process to insure quality.
5. Prepare monthly data reports reflecting service delivery.
6. Expand implementation of client satisfaction and quality assurance measures.
7. Increase the number of follow up calls to verify acquisition of services.
8. Continue to explore the relationship with local 2-1-1 and 3-1-1 systems to identify methods of increasing speed of information and assistance.

Expected Outcome: Increase access of consumers to information and assistance by operating an efficient and effective I & A program.

Goal 3: Continue to plan, develop and further implement information & assistance system improvements and enhancements for consumers in PSA 1-A.

Activities

1. Identify barriers and gaps in services and resources needed to enhance I & A services.
2. Develop a resource development strategy to secure other resources (i.e., training, workshops, seminars and in-services).
3. Explore AIRS certification requirements for the agency and prepare work plan to pursue this, if approved.

Expected Outcome: Expand and enhance information and assistance service by identifying additional (monetary and/or in-kind resources) to support program expansion in order to better services older adults, caregivers, service providers and others.

SECTION X: OTHER GRANTS

Use this section to describe any other grants or demonstration projects that your AAA is participating in with OSA. List the amount awarded, length of grant, goals and objectives, funder, and progress to date. For the TCARE demonstration project, a progress to date narrative is all that is required. If you are not participating in other grants, please indicate that in the narrative section.

1. List other grants that you have received. List the funder's name, project title, time period, and funding amount.
2. For each grant, explain what the intended outcome/goal for this grant is to be used for in regards to programs and services.
3. For each grant, discuss successes and barriers and how you will overcome or maintain them.
4. For each grant, how will you sustain the project when the grant funding is over?

National Council on Aging

Economic Service Center

April 1, 2010 – March 30, 2012

Funding Amount: \$50,000

Goal: Provide economic security case management and wraparound services to 500 low-income individuals in order to help them to become financially secure in collaboration with the Detroit Economic Security Collaborative Network.

Expected Outcome: Improve the financial security of 500 participants aged 55 and over on wait list.

Community Foundation of Southeast Michigan

Economic Service Center – Local Match

April 1, 2010 – September 30, 2011

Funding Amount: \$25,000

Center for Medicare and Medicaid Services

MIPPA

Time Period: June 1, 2009 – May 31, 2011

Funding Amount: \$44,628

Goal: Reach 420 individuals who need assistance paying their monthly premiums and prescription drug assistance through the Low Income Subsidy and Medicare Savings Program.

Expected Outcome: Identify 833 beneficiaries for the low-income subsidy.

Barriers: Disability community is heavily penetrated with Low Income Subsidy & Medicaid Saving Program.
Successes: DAAA is meeting 2010 goals of identifying and serving 201 individuals.

Department of Labor

SCSEP Employment & Training

April 1, 2010 – June 30, 2011

Funding Level: \$550,000

Goal: Provide employment and training to individuals 55 years of age and over.

Expected Outcome: Assist participants to enter unsubsidized employment.

GLOSSARY OF ACRONYMS

AAA	Area Agency on Aging
AAAAM	Area Agency on Aging Association of Michigan
AARP	American Association of Retired Persons
AD	Alzheimer's Disease
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AG	Attorney General
AIM	Aging in Michigan (OSA Publication)
AIP	Annual Implementation Plan
AIS	Aging Information System
ALF	Assisted Living Facility
4AM	Area Agencies on Aging Association of Michigan
AoA	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to the Midwest
ASA	American Society on Aging
CAP	Community Action Program
CBC	Citizens for Better Care
CM	Care Management
CMIS	Client Management Information System
CMS	Center for Medicare & Medicaid Services (formerly HCFA)
CNS	Corporation for National Service
COA	Commission on Aging/Council on Aging
CPHA	Community Public Health Agency
CR	Caregiver Respite (state)
CSA	Commission on Services to the Aging

DCH	Department of Community Health
DCIS/CIS	Department of Consumer and Industry Services
DHHS/HHS	U.S. Department of Health and Human Services
DHS	MI Dept. of Human Services (formerly the Family Independence Agency)
DMB	Department of Management and Budget
DoE	Department of Education
DoL	Department of Labor
DoT	Department of Transportation
DWCLTCC	Detroit Wayne County Long Term Care Connection
DV	Domestic Violence
EPIC	Elder Prescription Insurance Coverage
ELM	Elder Law of Michigan
FGP	Foster Grandparent Program
FTC	Federal Trade Commission
FY	Fiscal Year
GAO	General Accounting Office
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MI CHOICE
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
IM	Information Memorandum
IoG	Institute of Gerontology
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care

MADSA	Michigan Adult Day Services Association
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging
MICIS	MI Choice Information System
MIS	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens
NF	Nursing Facility
NFA	Notification of Financial Assistance
NFCSP	National Family Caregiver Support Program
NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)

OSA	Office of Services to the Aging
OWL	Older Women's League
PA	Public Act
PI	Program Instruction
PCT	Person Centered Thinking
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request For Proposal
RSVP	Retired & Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SEAQRT	Senior Exploitation and Abuse Quick Response Team
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SPE	Single Point of Entry
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCARE	Tailored Caregiver Assessment and Referrals
TCM	Targeted Case Management
TSR	Tobacco Settlement Respite (state)
USDA	United States Department of Agriculture
VA	Veterans' Administration
WHCoA	White House Conference on Aging