



DETROIT AREA AGENCY ON AGING  
FY 2012 ANNUAL IMPLEMENTATION PLAN

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

**March 28, 2011**

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**The Senior Solution**



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## **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 2012 Annual Implementation Plan, DAAA will distribute a letter, a draft plan and an Approval and Review Sign Off Form to all nine communities explaining the process and flyer inviting them to the public hearing on the plan. This will be 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.

After development of the final plan, a letter, a Review and Approval Form and the final plan 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 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 29, 2011 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 have formally approved, passively approved, or disapproved the AIP. The letter will be submitted by August 2, 2011. *(Some of these dates changed upon receipt of the final FY 2012 AIP Instructions due on March 4, 2011).*

## 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 Area Agencies on Aging (AAAs); 2) background information on the OAA and the Older Michiganians 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).

DAAA's 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 for seniors, adults with disabilities and caregivers the cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park – Region 1-A.

Founded in 1980, DAAA is one of 16 AAAs 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 Michiganians Act of 1981, the Medicaid Home and Community-Based Waiver and other resources. The planning and service area consists of 147,806 older residents.

DAAA is governed by a 27-member Board of Directors and a 35-member Advisory Council. Through its 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 Michiganians Act and other funding. DAAA administers the following services within the organization to help services run efficiently and effectively in the community:

- Information and Assistance
- Healthy Aging
- Care Management
- Mature Workers Program
- Medicare & Medicaid Advocacy Assistance
- Long Term Care Ombudsman/Advocacy
- Nutrition Services

### **Key Accomplishments during FY 2011 Annual Implementation Plan**

During FY 2011, 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**

- Continued to work with established three wellness centers and other satellite locations to make PATH, Enhance Fitness, and Diabetes Self-Management Project programs 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. Also expanded healthy aging programs to include Matter of Balance programs. Continued to work with congregational meal sites to make Project Fresh and Mi CAFÉ resources available.

### **Access to Information and Services**

- Expanded I & A services to increase access to information and services enhancement of intake and screening, information and assistance and assessment functions through AIRS certification and training, expansion of the Community Resource database and ADRC development.

### **Abuse and Exploitation: Protect Older Adults from Abuse and Exploitation**

- Continued to participate in Wayne County Elder Abuse Advisory Group to educate consumers and key stakeholders about elder abuse and exploitation. Sponsored seminars during Elder Abuse month.

### **Service Provider Capacity Building/Quality Improvement:**

- Continued capacity building work with core service providers to expand their performance based business.

### **Caregiver Assessment & Referral**

- Utilized three care managers to provide TCARE within the Long Term Care Services Division.

### **Transportation Services**

- Continued to advocate for expanded and improve routed and door-to-door transportation services through the DDOT Local Advisory Council and Para-Transit Task Force meetings.

### **Long Term Care System Change**

- Continued to work on long term care system reform through the publishing of the policy recommendations for the Long Term Care System Change Task Force. Currently working with a number of partners to implement the following:
  1. **Aging and Disability Resource Center** – Working with Disability Network and other partners to develop a no wrong door strategy for access to community resources that support aging in place.
  2. **Affordable Assisted Living** – Working with Henry Ford Health System, Presbyterian Villages of Michigan, and United Methodist Retiree Communities to establish expanded PACE, Affordable Assisted Living and Independent Living options near the Detroit River.
  3. **Care Transition Services** – Working with Medicare Peer Review Organization (MPRO) and local hospitals to develop a strategy for Care Transition Services.
  4. **Senior Campus** – Partnering with Lutheran Social Services of Michigan to develop a campus that includes a nursing care facility, wellness center and adult services.
  5. **Detroit Works Project** – A series of forums culminating in a Senior Summit to develop an Elder Friendly blue print for action.
  6. **MMAP** - Expanded services through Medicare Improvements for Patients and Providers Act (MIPPA) and Medicare Senior Patrol (MSP).

During FY 2012, DAAA will continue program development efforts without significant changes.

## FY 2012 Planned Services Summary Page for PSA: 1- A

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 804,721	8.72%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 350,675	3.80%			X
Outreach	\$ 205,546	2.23%			X
Transportation	\$ -	0.00%			
<b>IN-HOME SERVICES</b>					
Chore	\$ -	0.00%			
Home Care Assistance	\$ 825,717	8.94%	X	X	
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 3,203,882	34.70%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 586,773	6.36%	X	X	
Friendly Reassurance	\$ -	0.00%			
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 695,512	7.53%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,065,118	11.54%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ -	0.00%			
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 18,397	0.20%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 90,563	0.98%		X	
Long Term Care Ombudsman/Advocacy	\$ -	0.00%			
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 24,241	0.26%		X	
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$ 22,871	0.25%		X	
Counseling Services	\$ -	0.00%			
Specialized Respite Care	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 36,217	0.39%		X	
Caregiver Education, Support, & Training	\$ 46,804	0.51%		X	
<b>PROGRAM DEVELOPMENT</b>	<b>\$ 225,590</b>	2.44%			
<b>REGION-SPECIFIC - Wellness Centers</b>	<b>\$ 523,600</b>	5.67%			
Outreach & Assistance	\$ 362,084	3.92%		X	
Long Term Care Ombudsman/Advocacy	\$ 106,984	1.16%			X
MATF administration	\$ 37,814	0.41%		X	
<b>TOTAL PERCENT</b>		100.00%	3%	82%	15%
<b>TOTAL FUNDING</b>	<b>\$ 9,233,109</b>		\$298,218	\$7,550,324	\$1,384,567

**FY 2012 SERVICE BUDGET  
VARIANCES FOR FY 2012 SERVICE BUDGET COMPARED TO FY 2011**

**Access Services**

**Outreach:** 75% increase reflects actual local match and program income realized in the previous fiscal year.

**Community Services**

**Adult Day Services-** 92% increase reflects actual local match and program income realized in the previous fiscal year.

**Assistance for Hearing Impaired –** 23% reflects actual local match and program income realized in the previous fiscal year.

**Legal Assistance –** 40% decrease reflects actual program income realized in the previous fiscal year.

**Vision Services –** 21% increase reflects actual program income realized in the previous fiscal year.

**Region Specific Services**

**Wellness Centers –** 208% increase reflects actual local match and program income realized from the previous fiscal year.

**Outreach & Assistance -** 13% variance reflects the increased allocation provided to Bridging Communities for Economic Security outreach.

**FY 2012 AREA PLAN GRANT BUDGET**

Rev. 2/2010

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/11 to 09/30/12

PSA: 1A

Date: 02/28/11

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,127,950		1,127,950
2. Fed. Title III-C1 (Congregate)		730,343	730,343
3. State Congregate Nutrition		25,796	25,796
4. Federal Title III-C2 (HDM)		1,320,371	1,320,371
5. State Home Delivered Meals		934,030	934,030
8. Fed. Title III-D (Prev. Health)	80,063		80,063
9. Federal Title III-E (NFCSP)	479,660		479,660
10. Federal Title VII-A	13,449		13,449
10. Federal Title VII-EAP	18,612		18,612
11. State Access	81,372		81,372
12. State In-Home	268,143		268,143
13. State Alternative Care	317,128		317,128
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	766,778	336,000	1,102,778
18. State Respite Care (Escheat)	100,840		100,840
19. Merit Award Trust Fund	420,158		420,158
20. NSIP		704,960	704,960
21. Program Income	517,367	67,500	584,867
<b>TOTAL:</b>	<b>4,964,109</b>	<b>4,269,000</b>	<b>9,233,109</b>

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	415,376	65,000	-	480,376
State Administration	72,182			72,182
MATF Administration	37,814			37,814
Other	401,908			401,908
<b>Total:</b>	<b>927,280</b>	<b>65,000</b>	<b>-</b>	<b>992,280</b>

Expenditures		
	FTEs	
1. Salaries/Wages	9.39	537,616
2. Fringe Benefits		190,656
3. Office Operations		264,008
<b>Total:</b>		<b>992,280</b>

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
City of Detroit	65,000		-
<b>Total:</b>	<b>65,000</b>	<b>Total:</b>	<b>-</b>

FY 2012 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Detroit Area Agency on Aging  
 PSA: 1A

Budget Period: 10/01/11  
 Date: 02/28/11

to 09/30/12  
 Rev. No.:

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					4,987		80,000	804,721
b. Case Coord/support																-
c. Disaster Advocacy																-
d. Information & Assistance	346,039		4,636													350,675
e. Outreach	243,115		154,849		81,372								32,488		55,806	567,630
f. Transportation																-
2. In-Home																
a. Chore																-
b. Home Care Assis	111,628					268,143	317,128						128,818			825,717
c. Home Injury Cntrl																-
d. Homemaking																-
e. Home Health Aide																-
f. Medication Mgt																-
g. Personal Care																-
h. PERS																-
i. Respite Care			262,916							100,840	116,192		15,635		91,190	586,773
j. Friendly Reassure																-
3. Legal Assistance	73,316												4,187		13,060	90,563
4. Community Services																
a. Adult Day Care											266,152		36,741		392,619	695,512



**FY 2012 AREA PLAN GRANT BUDGET- NUTRITION SERVICES DETAIL**

Rev.  
2/2010

Agency: Detroit Area Agency on Aging

Budget Period: 40817 to 09/30/12

PSA: 1A

Date: 02/28/11 Rev. Number 0

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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	730,343		25,796		223,979			85,000	1,065,118
2. Home Delivered Meals		1,320,371		934,030	480,981	67,500	150,000	251,000	3,203,882
3. Nutrition Counseling									-
4. Nutrition Education									-
5. AAA RD/Nutritionist*									-
<b>Nutrition Services Total</b>	<b>730,343</b>	<b>1,320,371</b>	<b>25,796</b>	<b>934,030</b>	<b>704,960</b>	<b>67,500</b>	<b>150,000</b>	<b>336,000</b>	<b>4,269,000</b>

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

**FY 2012 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	-	-	6,664	106,984
2. Elder Abuse Prevention	-		18,612			975	-	3,284	22,871
3. Region Specific	69,937							103,967	173,904
<b>LTC Ombudsman Ser. Total</b>	<b>83,262</b>	<b>13,449</b>	<b>18,612</b>	<b>52,855</b>	<b>20,691</b>	<b>975</b>	<b>-</b>	<b>113,915</b>	<b>303,759</b>

**FY 2012 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		248,196					10,192	47,882	306,270
4. Home Health Aide									-
5. Meal Preparation/HDM									-
6. Personal Care									-
Respite Service Total	-	248,196	-	-	-	-	10,192	47,882	306,270



**PLACEMENT FOR CURRENT ORGANIZATION CHART**

**SEE SEPARATE DOCUMENT WITH ORGANIZATION CHARTS.**

**DRAFT**

***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 millage funds.

**D. 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 millage 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 IV - SERVICES

### A. Access Services

#### AAA ADMINISTERED SERVICES

##### Care Management (Target Numbers Need to be Reviewed)

**Starting date** October 1, 2011 **Ending date** September 30, 2012

**Total of federal dollars:** \$0 **Total of state dollars:** \$804,721

Geographic area to be served Region 1-A

**FY 2012**

**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	2011	200	Planned 2012	200
Number of initial client assessments	2011	125	Planned 2012	125
Number of initial client care plans	2011	125	Planned 2012	125
Total # of clients (carry over plus new)	2011	275	Planned 2012	275
Staff to client ratio (Active & maintenance per full time care manager)	2011	1:12	Planned 2011	1:12

Match and Other Resources

**MATCH: Source of Funds** State Funding Cash Value \$719,734 In-kind \$ 0  
**OTHER RESOURCES:** **Source of Funds** Program Income **Cash Value** \$4,987  
 In-kind \$0

Section IV: Services

A. Access

**AAA ADMINISTERED SERVICES**

**Information and Assistance (Revised)**

Starting date October 1, 2011 Ending date September 30, 2012

**Total of federal dollars: \$350,675 Total of state dollars: \$0**

Geographic area to be served: Region 1-A

**FY 2012**

**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, Veterans 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 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 service older adults, caregivers, service providers and others.

## AAA Administered Services

### Outreach

Starting date: October 1, 2011 Ending date: September 30, 2012

**Total of federal dollars:** \$205,546 **Total of state dollars:** \$0

Geographic area to be served: Region 1-A

**2012**

**Goal 1:** Expand reach into the community to vulnerable populations with emphasis on economically insecurity 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.
- d) Implement other initiatives that support outreach.

**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.
- e) Disseminate service information at outreach events scheduled within Region 1-A.
- f) Promote services on Senior Solutions Radio Show, Generations Magazine, Michigan Chronicle and other media outlets.
- b) Reach out to vulnerable elderly through the NCOA Economic Service Center, MMAP, and nutrition services.
- c) 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.

## Section V: Program Development – 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. (Revised)**

**FY 2012**

#### **Objective 1.1**

##### **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**

##### **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 EnhanceFitness.
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. Coordinate with Elder Law Center to support MI Café Bridge Card outreach.
4. Enhance home delivered meal assessment/reassessment processes.

**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.**

**FY 2012**

**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. 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. Collaboration with Service Provider Network and other community organizations to ensure the development of an inclusive, updated and accurate Community Resource Database.
2. Develop a resource 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:** Development strategy for enhancing the process for populating and auditing the Community Resource Database, and enhanced methodologies, processes for capturing, tracking, extracting and formatting data for trends analysis and other specific reporting.

**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.
  - C. Integration of the Veterans Directed Home and Community Based Services
  - D. Integration of the Economic Security grant initiative to support economic security wraparound services for targeted individuals on the Waitlist.

**Expected Outcome:** Implementation of best practice service strategies included in the Project 2020, ADRC model, Economic Security and TCARE models.

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

**GOAL #3: PROTECT OLDER ADULTS FROM ABUSE AND EXPLOITATION**

**FY 2012**

**Objective 3.1:** Coordinate elder abuse education and prevention efforts with the Wayne County Elder Abuse Advisory Group consisting of Wayne County Prosecutor's 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**

**FY 2012**

**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, (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 Purchase of Services 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.

**Goal #5: Caregiver Assessment & Service Referrals**

**FY 2011**

**Objective 5.1:** Explore best practices for integrating caregiver assessments 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.

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

**FY 2012**

**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.**

### **FY 2012**

**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 to advocate for long term care system reform.
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 expand 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, 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 options.

**Expected Outcome:** Improved consumer choice in housing options with supportive services.

**Objective 7.4** - Expand housing options for consumers to assist them to age in place.

**Activities**

1. Continue to collaborate with partners to make affordable assisted living, 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 options.

**Expected Outcome:** Improved consumer choice in housing options with supportive services.

## **SECTION V: PROGRAM DEVELOPMENT – PART II**

As the Detroit Area Agency on Aging plans for the next three years, 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. It will also implement the philosophy of Project 2020. In order to expand and enhance information and assistance, evidence-based health promotion, home and community-based services 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 care giving.

The agency is anticipating additional decline in population in some of our co-horts 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. Possibilities for caregiver services include Tailored Caregiver Assessment Referral (TCARE) and Savvy Caregivers among other models.

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. These efforts will be augmented by examining a senior millage.

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 Michigianians 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** – Advocate for additional Medicare and Medicaid resources that support improved health status of consumers in PSA 1-A.

- 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 through a Detroit Works Blueprint for Elder Friendly communities.
- 9. Caregiver Support** – Advocate for resources for caregivers providing support to older persons, adults with disabilities, and grandchildren.
- 10. Care Transition Services** – Work with MPRO and other community stakeholders to advocate for reduction of hospital admissions.

## **SECTION VII: COMMUNITY FOCAL POINTS**

DAAA serves as the regional focal point for access to services at the PSA level. Consistent with 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 over the next three years. 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 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, targeted to communities where elderly with greatest needs live. The 2002 Detroit Needs Assessment of Older Adults provides data on elder needs by Detroit's 10 Sectors.

The U.S. Administration on Aging multi-purpose center service descriptions, [www.aoa.dhhs.gov/factsheets/seniorcenters.html](http://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 2010-2012 (with services reported by facility staff included below. The Caregiver Community Focal Point is Corinthian Baptist Church.

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Adult Well-Being Services Butzel Senior Center 7737 Kercheval Detroit, MI 48214 <b>Telephone:</b> (313) 925-1135 <b>Contact:</b> Ms. Karen Schrock	Sector 3	N: I-94 Fwy. S: Detroit River W: East Grand Blvd. E: Chalmers/Mack/ City Limits	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. 4750 Woodward Avenue Detroit, MI 48202 <b>Telephone:</b> (313) 831-1790 <b>Contact:</b> Shenlin Chen	PSA 1-A  Sector 4	N: 8 Mile Rd. S: Jefferson Ave. E: Connor St/ W: Lodge Fwy	12,535	A, C, D, E, F, G, H, K, N, V
Brightmoor Community Center 14451 Burt Road Detroit, MI 48223 <b>Telephone:</b> 531-0305 <b>Contact:</b> Cassandra Gaines	Sector 8	N: I-94 Fwy. S: Detroit River W: City Limits E: Southfield Fwy	9,343	A, C, F, G, L, M, N, O, P, R, U
Coleman A. Young Center 2751 Robert Bradby Detroit, MI 48207 <b>Telephone:</b> (313) 877-8008 <b>Contact:</b> Henry Wolfe	Sector 4	South District	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 <b>Telephone:</b> (313) 868-7664 <b>Contact:</b> Patricia Simpson	PSA 1-A  Sector 11	Hamtramck Area	6,397	A, C, F, G, J, L, M, N, O, P, U
Delray United Action Council 275 W. Grand Boulevard Detroit, MI 48216 <b>Telephone:</b> 297-7921 <b>Contact:</b> Jacqueline Bolden	PSA 1-A  Sector 5	N: Fisher Fwy W: Rouge River E: W. Grand Blvd. S: Detroit River	10,635	A, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Dexter Elmhurst 11825 Dexter Blvd. Detroit, MI 48206 <b>Telephone:</b> (313) 834-5085 <b>Contact:</b> W. Wimbush	Sector 6	N: Davison S: W. Grand Blvd. W: Wyoming E: Woodrow Wilson	16,497	A, G, M, R
East Lake Baptist Church 12400 E. Jefferson Avenue Detroit, MI 48215 <b>Phone:</b> (313) 821-9385 <b>Contact:</b> Betty Turner	Sector 3	N: Jefferson S: Detroit River E: Alter W: Clairpointe	17,306	A, D, E, H, M, N, O
Farwell Recreation Center 2711 E. Outer Drive Detroit, MI 48234 <b>Telephone:</b> (313) 368-3502 <b>Contact:</b> Gabrielle Green	Sector 1	N: City Limits S: City Limits W: City Limits E: City Limits	128,400	A, C, E, G, M, O, R
Franklin Wright Settlements 3360 Charlevoix Detroit, MI 48207 <b>Telephone:</b> (313) 579-1000 <b>Contact:</b> Ms. Denise Lacy-Layton	Sector 4	N: Gratiot S: E. Jefferson W: Brush E: Bringard	12,535	A, B, G, J, K, L, M, N
Hannan House Senior Center 4750 Woodward Avenue Detroit, MI 48201 <b>Telephone:</b> (313) 833-1300 <b>Contact:</b> Tim Wintermute	Sector 4	Central Detroit	12,535	C, D, E, G, H, J, K, L, M, N, O, P, Q, S, T, U

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Hartford Memorial Baptist Church 18700 James Couzens Detroit, MI 48235 <b>Telephone:</b> 861-1288 <b>Contact:</b> Ms. Flossy	Sector 10	Evergreen and Greenfield Subcommunities	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 <b>Telephone:</b> 894-2830 <b>Contact:</b> Maude Freeman Virginia Park Citizens Services Corp.	Sector 6	N: Oakman Blvd. S: Grand River/ I-94 W: Oakman /Grand River E: I-75 Fwy	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 Telephone: 313-841-7380 Contact: Maria Thacker	Sector 5	Call for boundaries	10,635	A, C, E, F, G, H, L, M, N, Q, U
Latin-Americans for Social and Economic Development (LaSed) 7150 W. Vernor Hwy. Detroit, MI 48209 <b>Telephone:</b> 841-8840 <b>Contact:</b> Edith Colon	Sector 5	N: W. Warren/ Livernois/ RR Tracks S. of Mich./Fisher Fwy. S: Detroit River W: Chrysler Fwy. E: Detroit City Limits	10,635	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 <b>Telephone:</b> 535-2966 <b>Contact:</b> Sharon George	PSA 1-A  Sector 7	PSA 1-A wide	147,806	A, C, E, F, G, I, K, M, N, P, R, S, U, V

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Northwest Activities Center 18100 Meyers Road Detroit, MI. 48235 Contact: Ms. Blue <b>Telephone:</b> 578-7500 <b>Contact:</b> James Stevenson	Sector 10	Northwest Detroit/ E. of Southfield/W. of Lodge	12,790	A, D, E, F, G, K, M, O, R, S, T, U
Olga M. Madar Senior Center Heilmann Community Center (site) 19601 Crusade Detroit, MI 48205 <b>Telephone:</b> (313) 224-9334 <b>Contact:</b> Adrienne Cornell-Smith	Sector 2	Northeast Detroit Area	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 <b>Telephone:</b> (313) 628-2000 <b>Fax:</b> (313) 842-0813 <b>Contact:</b> Beatrice Harris	Sector 5	PSA 1-A	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 <b>Telephone:</b> 365-6260/554-3111 <b>Contact:</b> Grace Holiness	Sector 11	City of Hamtramck and portion of Detroit surrounding the city	6,397	A, E, G, J, K, O, P, R, U, V
Services for Older Citizens, Inc.** 17150 Waterloo Grosse Pointe, MI 48230 <b>Telephone:</b> (313) 882-9600 <b>Contact:</b> Sharon Maier	Sector 12	Five Grosse Pointes and Harper Woods	13,009	A, B, C, E, F, G, I, J, K, L, M, N, O, P, R, S

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
St. Rose Senior Citizens Center 5555 Conner, Suite 2111 Detroit, MI 48213 <b>Telephone:</b> 921-9277 <b>Contact:</b> Mike Byzewski	Sector 3	N: Ford Fwy. S: River E: Alter Rd. W: E Grand Blvd.	17,306	A, C, D, E, F, G, I, L, N, O, P, U
<p><b>Notes:</b> * Corinthian Baptist Church is a proposed Community Focal Point for Older Persons and Caregivers.</p>				

## A. 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, Veterans Directed Home and Community-Based Services, T-CARE, Economic

Security Service Center as well as Call Center and Nutrition Assessment services, it will embrace self determination.

How many Person-Centered Planning (PCP) master trainers you have on staff and how you plan to provide PCT/PCP training to service providers throughout the PSA.

DAAA has one manager trained as a Master trainer and has partnered with AAA 1B and The Senior Alliance 1C to conduct PCP/PCT training jointly to staff. Plans to include training for Providers are under development.

Your plans for developing Community Living Consultation (CLC), options counseling services, throughout the PSA.

DAAA will incorporate community living consultation within its organization and also promote incorporation of this function into the Aging and Disability Resource Center partnership for the Detroit region.

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 nursing home placement.

Individual at risk of nursing home placement will be identified during Intake and Screening, outreach efforts and other means and referred to Nursing Home Transition Services after they are provided with person-centered options counseling.

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

DAAA will extend its current Self Determination program to private pay clients as demand warrants.

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).

DAAA currently serves over 20 Veterans through this program, the majority electing self-determination. DAAA is renewing its Provider agreement as of March 2011 with the John Dingell VAMC.

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.

As DAAA and the Disability Networks works will work 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.

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

N/A

3. 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.

See Area Agency Budget - The VA operates with a retroactive payment claims processing.

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

See Budget Form A

5. 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.

NA

## **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 I & A.

## **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:**

- Maintained an average of 50 volunteers in our volunteer pool.
- Served 3,128 participants YTD since October 1, 2010.
- Met seven of nine contract benchmarks from April 2010 to February 2011.
- Maintained partnership with the Detroit Wayne County Disability Network to serve those with disabilities.
- Received state recognition for conducting the highest number of Medicare Fraud and Abuse workshops in the State of Michigan.
- Received state recognition for having exemplary performance contact with low income beneficiaries by Centers for Medicare & Medicaid Services Low Income Subsidy Outreach events.

- Received state recognition for having the greatest improvement on performance measures overall for a Large Central Metro region.
- Maintained partnerships with our local Health Systems.
- Provided training for the Navigators and Consumer Advocates in preparation for roll out of the ADRC & ESI initiatives.
- Enrolled 213 low income beneficiaries into the Low Income Subsidy (LIS) and/or Medicare Savings programs (MSP).

#### Barriers

- Lack of active counselors reporting on counseling related activities.

#### Plan of Action

- We plan to continuously recruit volunteers to serve our PSA. We will maintain and continue providing regular update trainings on reporting to existing pool of volunteers. We will continue to work with our provider network, Wellness Centers, and Congregate meal programs to disseminate information through trained counselors as well as provide outreach to their audience.

### **Aging & Disability Resource Center (ADRC)**

- Work with key partners to collectively design a decentralized model that best addresses the needs of all consumers, older adults and adults and children with disabilities, regardless of income.
- Begin to identify an I&A component within each partner structure to provide no wrong door approach. Provide training to those partners that request it.
- Continue to develop database records with the goal of utilizing a statewide resource database. Work with 2-1-1 partner to assist with database development.
- Continue to participate in the IT and Definitions Workgroup to establish standardized data collection elements as related to ADRC activities and to develop a resource database for service provision among partners.
- Continue to participate in the Standards and Definitions Workgroup to develop shared definitions for each ADRC function and minimum standards that will be adopted by each ADRC.

- Invite key partners to participate in the Workgroup meetings. Invite input from partners regarding definitions of their specific functions and services they provide and invite feedback on resources in the database.
- Finalize operational business plan and implement programs and services.
- Utilize the expertise of each partner to develop skills among the partnership. For example, the AAA can offer and provide PCT training to partners. The Disability Network can provide an overview of their role in service provision and meeting their consumer's needs to assist the partnership.

## 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 funders 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 Security Service Center Grant  
April 1, 2010 – March 30, 2012  
Funding Amount: \$50,000

Bank of American Charitable Foundation  
Economic Security Service Center  
December 1, 2010 – November 30, 2012  
Funding Amount: \$25,000

Goal: Provide economic security case coordination and wraparound services to 500 low and moderate 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 status of 500 participants age 55 years and over with incomes at or below 250% of the federal poverty level and integrate service model within the Aging Network.

Successes/Barriers: Limited funding, technological barriers, human resources; increasing financial security of participants and skill sets of consumers, professionals, and paraprofessional.

Sustainability: Use of trained volunteers; grant writing, private pay strategies

Center for Medicare and Medicaid Services  
MIPPA 2  
Time Period: FY 2011 – 2012  
Funding: N/A

Center for Medicare and Medicaid Services  
Medicare Senior Patrol  
Time Period: FY 2011-2012  
Funding: N/A

Goal: Reach individuals who need assistance paying their monthly premiums and prescription drug assistance through the LIS and Medicare Savings Plan.

Expected Outcome: Identify beneficiaries who need low income subsidy, MSP or who are potentially vulnerable to Medicare Fraud.

Barriers/Successes: Able to decrease out-of-pocket costs of prescriptions; protect seniors from Medicare fraud

Sustainability: Use of trained volunteers, grant writing

# **APPENDIX**



APPENDIX A  
BOARD OF DIRECTORS MEMBERSHIP

Fiscal Years: 2011-2012

	DEMOGRAPHICS						
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership		13	1		1	14	29
Age 60 or Over		11	1		1	7	20

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Barbara Atkins-Smith	Detroit	Retired Teacher		X	
Wayne W. Bradley, Sr.	Detroit	Detroit Community Health Connection, Inc.		X	
Kathleen Carlson	Harper Woods	Retired Teacher		X	
Patricia Carter	Detroit	Community Service Representative		X	

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Denise Christy	Troy	President, Humana Michigan		X	
Carol Coulon	Detroit	Council of Native Americans.		X	
Marvin Davis, Ed.D.	Detroit	Self-employed		X	
Juliette Okotie Eboh, Ph.D.	Detroit	Vice President, Community Affairs MGM Grand-Detroit		X	
Loretta France	Detroit	Community Service Representative		X	
Lorenzer Frazier	Detroit	Optimist Club		X	
Louis Green	Detroit	UAW Retiree		X	
Ronald Hewitt	Detroit	Retired		X	
Mildred Madison	Detroit	Madison & Madison, Intl.		X	
Fay Martin, DL,MSW,MLS	Detroit	Wayne State University – School of Social Work		X	

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Dorothy Stone Montgomery	Detroit	Arthritis Foundation, Medicaid/Medicare		X	
Frances Schonenberg	Grosse Pointe Farms	City of Grosse Pointe Farms		X	
Hedy Shulgon	Hamtramck	City of Hamtramck		X	
Alice G. Thompson	Detroit	CEO, Black Family Development		X	
Elaine Williams	Detroit	DTE Energy Metro Detroit Comm. Involvement Task Force		X	
Mark Wollenweber		Retired		X	

**APPENDIX B**  
**ADVISORY COUNCIL MEMBERSHIP**

**Fiscal Years 2011 – 2012**

	<b>DEMOGRAPHICS</b>						
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership		19		1	1	22	43
Age 60 or Over		13		1	1	17	32

NAME of ADVISORY COUNCIL MEMBER	<i>GEOGRAPHIC AREA</i>	AFFILIATION
Maudestine Bell	Detroit	
Marion Bloye	Detroit	Bridging Communities
Sandra Booker	Detroit	
Tom Cervenak	Detroit	People's Community Services of Metro Det.
Leon Cooper	Detroit	Retired Teamster
Beverly Hamlar	Detroit	Retired Professor
Melanie Harris	Detroit	Catholic Social Services (Retired)
Christine Hawkins	Detroit	Senior Citizens Commissioner, Downtown Civic Block Club, Metro Detroit Aging Coalition

NAME of ADVISORY COUNCIL MEMBER	<i>GEOGRAPHIC AREA</i>	AFFILIATION
Juanita Hernandez	Detroit	Blue Cross Blue Shield Senior Advisory Council, Bridging Communities, LaSed
Avis Holmes	Detroit	Detroit Non-Profit Housing
Mae E. Holmes	Detroit	
Mary Kraatz	Detroit	
Marilyn Lawson	Detroit	Community Service Legislation/Senior Centers
Leo Manning, Sr.	Detroit	Prince Hall Shriners
Willie Mae Pope	Detroit	Healthy Generations, National Caucus and Center on Black Aged, Secretary AARP 5291
Mildred Ray	Detroit	Chair of Shelton & Louise Tappes Advocacy Club, Secretary to Detroit Metropolitan Council of Senior Citizens, Trustee Michigan State Council of Senior Citizens, Senior Commissioner for City of Detroit
Jannie Scott	Deroit	Presbyterian Village of Michigan
Flossie Thomas	Detroit	Bridging Communities
Joan Thornton	Grosse Pointe	Services for Older Citizens
Catherine Wells, Ph.D.	Detroit	Retired Professor, City of Detroit Senior Citizens Commissioner
Maggie Brown White	Detroit	

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Gloria Wise	Detroit	AARP, Black Nurses Association, Women's of Concern, WCCCD Nursing Alumni

**APPENDIX C  
CURRENT PROVIDERS DEMOGRAPHICS  
(Updating in Process)**

**Fiscal Year 2012**

<b>Cluster 1 providers</b>	<b>DEMOGRAPHICS</b>							
	<b>Asian/Pacific Island</b>	<b>African American</b>	<b>Arab/Chaldean</b>	<b>Native American/ Alaskan</b>	<b>Hispanic Origin</b>	<b>Persons with Disabilities</b>	<b>Female</b>	<b>Total</b>
<b>Number of contractors<sup>1</sup></b>	0	66	0	1	2	2	54	112
<b>Number of employees of contractors<sup>2</sup></b>	0	884	6	8	27	12	596	1,080

**APPENDIX D  
PROPOSAL SELECTION CRITERIA**

**Fiscal Years: 2010-2012**

Date criteria approved by AAA Board: April 27, 2008

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

Please add as many as needed.

## APPENDIX E

### PLANNED ENTREPRENEURIAL ACTIVITIES

#### Fiscal Years: 2010 – 2012

List, for each year of the Multi-Year Area Plan, the entrepreneurial/fund raising activities in which the agency proposes to engage. List the estimated amount(s) of revenue to be gained and the purpose for which the funds will be used.

The Detroit Area Agency on Aging plans to implement a variety of fundraising activities during the planning period to generate funding to support general operations, programs and activities. Planned fundraising activities are highlighted below along with their purpose and estimated revenue amounts:

#### FY 2012

**Activity:** Holiday Card Drive

**Amount Expected to Raise:** \$130,000

**Activity:** Other Special Events Fundraisers

**Amount Expected to Raise:** \$ 90,000

**Activity:** Golf Fundraiser

**Amount Expected to Raise:** \$105,000

## APPENDIX F

### REGIONAL SERVICE DEFINITION Fiscal Years: 2010 - 2012

#### **Service Category: Wellness Center Support**

#### **Service Definition**

Provision of support for the operation of a Wellness Center. A Wellness Center is defined as a community facility where older persons can come together for services and activities which promote their health and wellness, enhance their dignity, support their independence and encourage their involvement in and with the community.

#### **Unit of Service**

One hour of Wellness Center operation.

#### **Minimum Standards**

1. Each Wellness Center shall be certified as an accessible facility. Accessibility is defined as the ability of a person with a disability to enter the facility, use the restroom and receive service that is at least equal in quality to that provided to able-bodied participants.
2. Each Wellness Center shall be open a minimum of three (3) days per week and at least twenty-four (24) hours per week.
3. Each Wellness Center shall be a meal site for a congregate nutrition program funded through Title III, Part C, of the Older Americans Act, or shall provide congregate meals in accordance with USDA nutritional guidelines and OSA minimum standards for Congregate Meals.
4. Each Wellness Center shall provide directly or make arrangements for the provision of the following services to be offered at each facility:
  - a. Outreach
  - b. Information and assistance
  - c. Health promotion activities
  - d. Fitness programs
  - e. Evidence-based prevention and disease management services
  - f. Social and recreational activities
  - g. Education
  - h. Volunteer opportunities

It is not required that such service provision be reported to OSA.

5. Each Wellness Center shall demonstrate that it is in compliance with fire safety standards, local building safety codes, and applicable Michigan and local public health codes regulating food service establishments.
6. Each Wellness Center shall document that appropriate preparation has taken place for procedures to be followed in case of an emergency including:
  - a. An annual fire drill.
  - b. Posting and training of staff and regular volunteers on procedures to be followed in the event of severe weather, or natural or other disaster.
  - c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.
7. Each Wellness Center shall strive to adhere to the Principles for the Operation of Senior Centers as established by the National Institute of Senior Centers.
8. Each Wellness Center shall provide an opportunity for center participants to have input regarding the governance of the center at the policy making level as well as in daily operations.
9. Each Wellness Center shall engage in community partnerships, including the Area
10. Agency on Aging and local health agencies, to promote the adoption and expansion of best practices, assure the quality of the health components of the health promotion programs, link with appropriate collateral services, and assist with program evaluation.
11. Allowable Wellness Center Support costs may include salary and fringe expenses, as well as other facility and program operation costs.

**APPENDIX F  
REGIONAL SERVICE DEFINITION(S)**

**Fiscal Years: 2010 - 2012**

**Agency:** Detroit Area Agency on Aging (Region 1-A)

**Outreach and Assistance (Regular and Targeted)**

The Detroit Area Agency on Aging (DAAA) proposes to fund Outreach & Assistance Services from FY 2010 – 2012. This locally defined category is in addition to the Outreach Services definition currently included in DAAA's approved FY 2007-2009 Multi-Year Area Plan.

**Service Category:** Outreach & Assistance

**Service Definition**

Efforts to identify, contact and provide on-going assistance to at-risk older adults experiencing social, economic, functional and/or physical isolation and decline including barriers related to language or culture. Priority must be given to older adults lacking in formal or informal support systems.

**Unit of Service**

One hour of Outreach and Assistance which includes identification of and contact with isolated older persons; determining unmet needs; assistance in their gaining access to needed services; and follow-up.

**Allowable Service Components**

1. Initial efforts to identify and contact potential clients.
2. Initial intake visit.
3. Assistance in completing forms/paperwork aiding in their continued or improved independence such as: DHS/SSA applications, insurance forms, utility assistance and other pharmaceutical assistance forms, and/or tax rebate forms.
4. Accompanying older adults to professional visits when necessary such as: medical appointments, Social Security Administration and Department of Human Services, legal appointments, bank, grocery store, or health screenings. This component does not include providing on-going transportation for the client.
5. Arranging for on-going needs such as home health aide, home care assistance, homemaking, chore, home repair, meals, and transportation, mental health and other services.
6. Telephone calls/home visits for care coordination and follow-up.

7. Serving as client advocate to obtain needed services; collaboration with other service providers to avoid duplication of services and to coordinate best service.

### **Minimum Standards**

1. Each program must have uniform intake procedures and maintain consistent records. Intake may be conducted over the telephone. Intake records for each potential client must include as much of the following information as is appropriate for the type of service requested and is able to be determined:
  - a. individual's name, street and mailing address, county, township and telephone number
  - b. individual's birth date
  - c. physician's name, address and telephone number
  - d. name, address and phone number of person, other than spouse or relative with whom the individual resides, to contact in case of emergency
  - e. difficulties with activities of daily living and instrumental activities of daily living
  - f. perceived supportive service needs as expressed by individuals or their representatives
  - g. race/ethnicity
  - h. sex
  - i. income status
  - j. social security number
  - k. date of first client or family contact requesting service, or referral date and source
  - l. list of service(s) currently receiving including identifying if care management, FIA or other provider is coordinating services.
2. Each program must identify, determine, and document client needs, when on-going assistance will be provided to client.
3. Each program must provide documentation of: all contact with and assistance to clients; referrals to other service providers in the community; and reduced isolation by annual client surveys and other appropriate means. Minimal paperwork will be required.
4. Each program is encouraged to utilize volunteers with clients. Volunteers must be appropriately screened, trained and supervised by professional staff of service provider and/or other volunteer resources within the community. Appropriate volunteer services include: friendly visiting; meal preparation in the home; transportation; accompanying client to professional appointments and social/recreational events; advocacy for client; grocery and pharmacy errands; and helping client complete forms.

5. Each program must provide follow-up as often as is appropriate but for at least 25% of clients served to determine whether the need(s) were addressed and to determine any problems with the service delivery system.
6. Each program must complete an initial intake in a timely way to meet client needs and usually within 10 days of request for service. Each program must also keep a record of requests for service for which the program is unable to meet.
7. Programs located in areas where non-English or limited English speaking older adults are concentrated are encouraged to have bilingual personnel available (paid or non-paid).
8. Each program must demonstrate staff and volunteer participation in educational training. Educational opportunities must be encouraged and made available to staff and volunteers on an annual basis.
9. Each program must demonstrate collaborative relationships with the immediate community and other service providers. Suggestions of collaborative relationships would include providing public presentations to educate the greater community about the needs of their older adults and ways in which the community can help; and/or participating in collaborative meetings with other service providers in the community.

**Rationale:** Outreach and Assistance services builds upon the allowable components of Outreach services to enable service providers to provide on-going assistance to isolated, vulnerable older adults when needed.

Approved

Denied

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Signature, Authorized Area Agency Official

Date

---

Signature, OSA Director

Date

## APPENDIX F

### REGIONAL SERVICE DEFINITION

Fiscal Years: 2010 – 2012

#### **Agency: Detroit Area Agency on Aging**

The Detroit Area Agency on Aging (DAAA) proposes to fund a regionally defined definition for this service category. This will broaden the role of the Long Term Care Ombudsman/Advocacy provider to monitor licensed and unlicensed long term care services and coordinate volunteer/consumer advocates.

#### **Service Category:** Long Term Care Ombudsman/Advocacy

#### **Unit of Service**

Each hour of family support, complaint investigation/advocacy, community education or volunteer support activities.

#### **Service Definition**

Provision of assistance to residents of licensed and unlicensed long-term care facilities or services to resolve complaints through problem identification and definition, education regarding rights, provision of information on appropriate rules, and referrals to appropriate community resources. The service also involves assistance to prospective long-term care facility residents and their families regarding placement, financing and other long-term care options. Identification and sharing of best practices in long-term care service delivery, with an emphasis on promotion of the Eden Alternative, is also part of the service. Each program must provide the following elements.

1. **Family Support.** Provision of assistance to elderly persons and their families in understanding, identifying, locating, evaluating and/or obtaining long-term care services.
2. **Complaint Investigation/Advocacy.** Receipt, investigation, verification and attempted resolution of individual complaints from residents or others acting on their behalf regarding any action which may adversely affect the health, safety, welfare and rights of a long-term care consumer receiving *licensed or unlicensed LTC Services*. Complaint resolution processes include negotiation, mediation, and conflict resolution skills. This component also includes activities related to identifying obstacles and deficiencies in long-term care delivery systems and developing recommendations for addressing identified problems.
3. **Community Education.** Provision of information to the public including long-term care facility residents, regarding all aspects of the long-term care system. This component includes formal presentations, agency consultation, activities with the print and electronic media, development of consumer information materials.
4. **Volunteer Support.** Conduct of recruitment, training, supervision, and ongoing support activities related to volunteer advocates assigned to assist consumers receiving long-term care services.

## APPENDIX G

### AGREEMENT FOR RECEIPT OF SUPPLEMENTAL CASH-IN-LIEU OF COMMODITY PAYMENTS FOR THE NUTRITION PROGRAM FOR THE ELDERLY

**Fiscal Year 2010**

**Region: 1-A**

The Detroit Area Agency on Aging (hereinafter referred to as the GRANTEE), under contract with the Michigan Office of Services to the Aging (OSA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the FY 2010 application and contract as approved by the GRANTEE. These funds will be used to produce a total of 1,062,022 meals during the fiscal year ending September 30, 2010. These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

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

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

**FY 2010 – 2012 Multi-Year Plan  
ASSURANCES & CERTIFICATIONS  
For Fiscal Year 2010**

The undersigned agency, designated by the Michigan Commission on Services to the Aging (CSA) to act as the Area Agency on Aging (AAA) within a given planning and service area (PSA), agrees to the following:

1. That the FY 2010-2012 Multi-Year Plan (MYP) includes an Annual Implementation Plan (AIP) covering the period October 1, 2009 through September 30, 2010.
2. To administer its AIP in accordance with the Older Americans Act (OAA), the Older Michiganians Act (OMA), federal and state rules, and policies of the CSA as set forth in publications and policy directives issued by the Michigan Office of Services to the Aging (OSA).
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from OSA.
4. That any proposed revisions to the AIP initiated by the AAA will be made in accordance with procedures established by OSA.
5. That funds received from OSA will only be used to administer and fund programs outlined in the AIP approved by the CSA.
6. That the AAA will undertake the duties and perform the project responsibilities described in the AIP in a manner that provides service to older persons in a consistent manner over the entire length of the AIP and to all parts of the PSA.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved AIP.
8. That all services provided under the AIP are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the CSA and issued by OSA, including Care Management.
9. That the AAA will comply with all conditions and terms contained in the Statement of Grant Award issued by OSA.
10. That the AAA may appeal actions taken by the CSA with regard to the AIP, or related matters, in accordance with procedures issued by OSA in compliance with the requirements of the Older Michiganians Act and Administrative Rules.

11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.
13. That the AAA will send copies of the AIP to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the AAA Governing Board and Advisory Council have reviewed and endorsed the AIP.

The undersigned hereby submit the FY 2010 AIP that describes the initiatives and activities which will be undertaken on behalf of older persons within the PSA. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

**FY 2010 – 2012 Multi-Year Plan**  
**ASSURANCE OF COMPLIANCE**  
**with**  
**TITLE VI of the CIVIL RIGHTS ACT of 1964**

**For Fiscal Year 2010**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

Form HHS-690 (05/97)

**FY 2010 – 2012 Multi-Year Plan**  
**ASSURANCE OF COMPLIANCE**  
**with the**  
**ELLIOT LARSEN CIVIL RIGHTS ACT**

***For Fiscal Year 2010***

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT, PA 453 OF 1976 AND THE PERSONS WITH DISABILITIES CIVIL RIGHTS ACT, PA 220 OF 1976.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan and Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting herefrom, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.

**MYP SIGNATURE PAGE  
OF THE FY 2010-2012 MULTI-YEAR PLAN  
AND  
FY 2010 ANNUAL IMPLEMENTATION PLAN  
FOR DETROIT AREA AGENCY ON AGING**

This Multi-Year Plan (MYP) covers fiscal years 2010, 2011, and 2012 and includes the FY 2010 Annual Implementation Plan (AIP) beginning October 1, 2009 and ending September 30, 2010.

This MYP becomes valid upon approval by the Michigan Commission on Services to the Aging (CSA). It may be conditionally approved subject to all General and/or Special Conditions established by the CSA.

This MYP Signature Page may substitute for required signatures on documents within the MYP if those documents are specifically referenced on this signature page.

The Signatories below acknowledge that they have reviewed the entire MYP including all budgets, assurances, and appendices and that they commit [Agency Name] to all provisions and requirements of the MYP.

Signature Section:

**Detroit Area Agency on Aging**

\_\_\_\_\_  
Signature - Chairperson, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature – Area Agency on Aging President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

**MULTI-YEAR DOCUMENTS REFERENCED BY THE SIGNATURE PAGE**

**Budget Documents:**

- FY 2010 Area Plan Grant Budget
- FY 2010 Direct Service Budget(s)
- Request to Transfer Funds
- Waiver for Direct Service Provision for: Care Management, Information & Assistance and Outreach

**Assurances:**

- MYP Assurances and Certifications document
- MYP Assurance of Compliance with Title VI of the Civil Rights Act of 1964
- MYP Assurance of Compliance with the Elliot Larsen Civil Rights Act

**Appendices:**

- Regional Service Definitions – Wellness Support Centers, Long Term Care Ombudsman/Advocacy and Outreach & Assistance
- Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly
- Waiver of Minimum Percentage for a Priority Service Category (Not Applicable)

## **GLOSSARY OF ACRONYMS**

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

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

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

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