



MULTI-YEAR AREA PLAN
FOR FISCAL YEARS 2010-2012:

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

DRAFT PLAN FOR PUBLIC COMMENT

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

The Senior Solution

NOTICE OF PUBLIC HEARINGS ON SERVICES FOR PSA 1-A OLDER PERSONS

The Detroit Area Agency on Aging, its Board of Directors and Advisory Council encourage older adults, caregivers, service providers, policymakers, and other interested individuals to voice their concerns about issues important to the well-being of older adults and their families in Detroit, the five Grosse Pointes, Harper Woods, Hamtramck, and Highland Park. This opportunity to provide oral and written testimony on the proposed Multi-Year Area Plan (MYP) is extended every three years in addition to annual public input sessions and hearings on the Annual Implementation Plan.

The proposed FY 2010 – 2012 MYP reflects a re-designed service delivery system with reduced funding in some service categories and re-directed and targeted funding in other areas. The proposed funding strategy is designed to address community needs, funding trends and the economic climate of the State of Michigan and the nation. The proposed strategy has also been developed to anticipate trends towards managed care and Medicare reimbursement, the modernized Older Americans Act philosophy as well as the potential loss of the sixty-plus population after Census 2010. The highlights of these system changes are noted below:

Service Areas	Population	Zip Codes
Northwest	32,572	48219, 48223, 48227, 48228, 48235
Southwest	34,910	48204, 48206, 48208, 48209, 48210, 48216, 48217, 48238
North	39,365	48203, 48205, 48211, 48212, 48213, 48221, 48234
East	26,952	48201, 48202, 48207, 48214, 48215, 48224, 48226
Far East	13,361	48225, 48230, 48236

Core Supportive Services

- The selected service providers will provide services to consumers in assigned zip codes.
- The five service provider agencies selected to provide the core supportive services will be required to use capitation.

Wellness Center Support

The following strategy is proposed:

- Require Wellness Centers to provide services with evidence-based health promotion and chronic disease self management strategies.
- Require Wellness Centers to build their capacity to serve the community over the next three years.
- Use Medication Management funding to support evidenced-based health promotion classes.

Specialized Services

- Fund Services for the Hearing Impaired to address the special needs of this population.
- Fund Services for the Visually Impaired to address the special needs of those who are blind or are visually impaired.

Outreach & Assistance

- Fund a regionally defined Outreach and Assistance service as in previous years.
- Fund targeted outreach services to reach out to special racial or ethnic populations.

Mandated Services

- Continue to fund required mandated services such as Legal Services; Long Term Care Ombudsman and Medication Management (see Wellness Center Support above). Other services will be funded at the required level and all maintenance of efforts requirements will be honored.
- Expand the role of Long Term Care (LTC) Ombudsman services in Region 1-A to include the monitoring of all long term care settings with a regionally-defined definition. The LTC Ombudsman service will also work closely with a Community Advocacy Network to protect consumer rights.

Nutrition Services

- Fund Congregate and Home-Delivered Meals with Title C1, C2 and state funding.

Transportation Services

- Eliminate Transportation funding.

Comments regarding the proposed plan are needed at this time to plan for services over the next three years

**TWO PUBLIC HEARINGS WILL BE HELD On
as follows:**

**Wednesday, April 1, 2009
2:00 P.M. – 4:00 P.M.
Sacred Heart Major Seminary
2701 Chicago Blvd.
Detroit, Michigan 48206**

**Thursday, April 2, 2009
9:00 A.M. – 11:00 A.M.
Historic Trinity Lutheran Church
1345 E. Gratiot Avenue
Detroit, MI 48207**

To receive a copy of the proposed Detroit Area Agency on Aging FY 2010-2012 Multi-Year Area Plan for eldercare services:

- ❑ Call the Detroit Area Agency on Aging at (313) 446-4444 or pick up a copy of the draft plan at DAAA, 1333 Brewery Park Boulevard, Suite 200, Detroit, Michigan 48207. Draft plans can be picked up between 9:00 a.m. and 4:30 p.m. beginning on March 17, 2009.
- ❑ Look for a draft plan on the DAAA Web Site – www.daaa1a.org.

Prior to the public hearings, DAAA is holding a series of meetings with service provider agencies to get their input to ensure transparency. Letters are also being mailed to current providers to let them know about any changes in service funding strategies that impact them.

The Detroit Area Agency on Aging will be submitting its proposed plan for review by the general public at two public hearings after obtaining input at three public input sessions in late February and early March 2009. In addition, The Detroit Area Agency on Aging's proposed FY 2010 – 2012 Multi-Year Area Plan will be submitted to nine municipalities after the public hearings by registered mail with a sign-off form.

Written comments, accepted at the public hearings or through April 7, 2009 may be mailed to the Detroit Area Agency on Aging at the address above, attention: Director of Planning.

Large groups from senior centers, housing facilities, and other programs are welcomed. Those providing oral testimony will be given three minutes to provide public testimony after completing a Speaker's Registration Card.

DAAA staff will follow up with the municipalities to insure that it obtains input from the municipalities and also invite them to the public hearings. A letter noting the disposition of the signoff and approval process with each local unit of government will be submitted to the Michigan Office of Services to the Aging by August 1, 2009.

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SECTION I: EXECUTIVE SUMMARY

The Detroit Area Agency on Aging'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. To carry this important mission, DAAA is responsible for planning, coordinating, developing and funding services for older people, adults with disabilities and caregivers in Region 1-A, the cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park.

Founded in 1980, DAAA is one of sixteen Area Agencies on Aging in Michigan. The private, non-profit agency makes a variety 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 and other resources. The planning and service area consists of nearly 150,000 older residents, over 100,000 persons with disabilities and thousands of caregivers who provide care to older relatives and grandchildren. In fact, DAAA has the largest number of grandparents raising grand children in the State of Michigan.

DAAA is governed by a 27-member Board of Directors representing the communities of its region. It also maintains eight standing committees and a 35-member Advisory Council. Through it's governance and administrative structure, DAAA makes a variety of services and information available 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:

- **Healthy Aging** – Links older persons to health promotion, chronic disease self-management, health entitlement insurances, nutrition services, prescription drugs assistance, and other resources to support optimal health.
- **Information & Assistance** – Provides consumers with access to information and services to meet their nutrition, in-home, and community service needs through caring, trained, and certified information and referral specialists and outreach workers in its Regional Call Center
- **Project CHOICE** – Offers care management services to eligible, frail, and homebound seniors to prevent premature nursing home placement.
- **MI CHOICE Medicaid Waiver Program** – Provides home and community-based care options to Medicaid-eligible seniors and adults with disabilities with the help of a care management team. Individuals must be deemed medically eligible and meet specific income and assets criteria to participate in the program.
- **Mature Workers Program** – Offers employment and training services to low-income individuals age 55 years and older who meet eligibility guidelines.

- **Medicare & Medicaid Advocacy Assistance** – Provides counseling and advocacy on Medicare, Medicaid, and long-term care insurance through a network of trained, community volunteers who rotate at community locations.
- **Nutrition Services** – Provides daily and holiday meals through Detroit Meals on Wheels. Services consist of monitoring home-delivered meals and congregate meals programs through vendors and delivering meals on selected holidays. The agency also publishes a monthly newsletter with a focus on healthy aging and nutrition.
- **Nursing Home Transition Services** – Provides support and services for those transitioning from a nursing facility to the community.
- **Shelter Advisor Services** – Offers housing counseling to older adults to assist with alternative housing, energy assistance, and home repairs.

Currently, DAAA's local Aging Services Network provides the following:

- | | |
|-----------------------------|------------------------------|
| • Adult Day Services | • Information & Assistance |
| • Caregiver Educ. & Support | • Kinship Support Services |
| • Chore Services | • Legal Assistance |
| • Congregate Meals | • Outreach and Assistance |
| • Elder Abuse Prevention | • Respite Care |
| • Home Care Assistance | • Senior Center Staffing |
| • Home-Delivered Meals | • Specialized Transportation |

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

Key Accomplishments during FY 2007-2009

Over the last three years, 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:

FY 2007

- Launched the Detroit Wayne County Long Term Care Connection with a \$13.1 million, 27-month grant.
- Collaborated with City Connect Detroit and twelve provider agencies to implement a long term care education campaign.
- Worked with Healthy Aging Consortium to develop an agenda for healthy aging, including implementing Personal Action Toward Health (PATH) and EnhanceFitness classes.
- Trained providers on evidence-based health promotion models to support healthy aging.
- Secured NCOA grants to implement Operation Extra Help to assist low income seniors who need help with their Medicare premiums.
- Conducted a Long Term Care Knowledge and Opinion Poll.

FY 2008

- Conducted research on nursing care facilities to prevent closures.
- Received a \$1.7 million Nursing Home Enhancement Grant. This initiative includes technical assistance to nursing facilities; Certified Nurse Aide, Entrepreneurial and Management Training; a Quality of Life Residential Care Study, development and training of a Community Advocacy Network and Re-branding Long Term Care.

FY 2009

- Establishment and coordination of a 154-member Detroit Long Term Care System Change Task Force.
- Received a \$35,000 grant from National Association of Area Agencies on Aging to assist older persons to transition from analog to digital television through dissemination of converter boxes and installation.
- Working with AoA to develop a Diabetes Self-Management Demonstration Project.

VISION FOR NEXT THREE YEARS

The DAAA has obtained extensive input from the community on re-shaping the service delivery system to support long term care reform. This has included meeting with a 154-member Detroit Long Term System Change Task Force, convening meetings with service provider agencies and engaging in research, focus groups and other data analysis. Over the next three years, DAAA anticipates that the sixty-plus population within its planning and service area will start to slightly increase as it continues to lose some of the sixty-plus population due to the out-migration resulting from the economic crisis as well as premature death.

To better plan for serving a population that is growing more at-risk, DAAA will to continue to advocate for long term care system change to strengthen its role in reforming nursing facilities and step up efforts to support Project 2020, a national initiative to help Area Agencies on Aging to expand healthy aging, home and community-based care and information and assistance. To implement these strategies, DAAA will work with partners in nursing home transition services; create three wellness centers; and pursue AIRS accreditation for its Regional Call Center. To expand service funding and capacity, it will aggressively seek alternative resources to fund services through entrepreneurial strategies, and service provider capacity building; positioning the agency and its Aging Services network to operate efficiently and effectively in a managed care environment. The seven goals of the proposed FY 2010-2012 Multi-Year Area Plan appears below and in the program development section.

Goals:

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

The Detroit Area Agency on Aging's proposed FY 2010-2012 Multi-Year Area Plan includes the following sections:

Section I includes the Executive Summary Narrative which provides background information of the Area Agency on Aging and its mission and structure, service area and key trends impacting the community over the next three years. The FY 2010 Planned Services Summary Page lists the services that will be in funded FY 2010 while the FY 2010 Planned Services Summary Narrative describes variances in the services proposed for funding.

Section II includes the FY 2010 Area Plan Grant Budget and Organizational Chart based upon the most recent Statement of Grant Award.

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

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

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

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

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

The Detroit Area Agency on Aging will be submitting its proposed plan for review by the public at two public hearings after obtaining input at three public input sessions in late February and early March 2009. In addition, The Detroit Area Agency on Aging's proposed FY 2010 – 2012 Multi-Year Area Plan will be submitted to nine municipalities prior to the public hearings by registered mail with a sign-off form.

DAAA staff will follow up with the municipalities to insure that it obtains input from the municipalities and also invite them to the public hearings. A letter noting the disposition of the signoff and approval process with each local unit of government will be submitted to the Michigan Office of Services to the Aging by August 1, 2009.

Prior to the public hearings, DAAA is planning to meet with agencies that it currently funds to inform them of proposed funding changes and service delivery strategies to get their input.

FY 2010 Planned Services Summary Page for PSA:

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 916,736	12%			916,736
Case Coordination & Support	\$ -	0%			
Disaster Advocacy & Outreach Program	\$ -	0%			
Information & Assistance	\$ 280,000	4%			280,000
Outreach	\$ 132,914	2%			132,914
Transportation	\$ -	0%			
IN-HOME SERVICES					
Chore	\$ 3,145	0%	3,145		
Home Care Assistance	\$ 800,989	10%	229,100	571,889	
Home Injury Control	\$ -	0%			
Homemaking	\$ -	0%			
Home Delivered Meals	\$ 2,747,824	35%		2,357,135	390,689
Home Health Aide	\$ -	0%			
Medication Management	\$ -	0%			
Personal Care	\$ -	0%			
Personal Emergency Response System	\$ -	0%			
Respite Care	\$ 576,266	7%	62,755	513,511	
Friendly Reassurance	\$ -	0%			
COMMUNITY SERVICES					
Adult Day Services	\$ 300,432	4%	5,000	295,432	
Dementia Adult Day Care	\$ -	0%			
Congregate Meals	\$ 1,022,603	13%		871,789	150,814
Nutrition Counseling	\$ -	0%			
Nutrition Education	\$ -	0%			
Disease Prevention/Health Promotion	\$ -	0%			
Health Screening	\$ -	0%			
Assistance to the Hearing Impaired & Deaf	\$ 15,000	0%		15,000	
Home Repair	\$ -	0%			
Legal Assistance	\$ 71,188	1%		71,188	
Long Term Care Ombudsman/Advocacy	\$ -	0%			
Senior Center Operations	\$ -	0%			
Senior Center Staffing	\$ -	0%			
Vision Services	\$ 20,000	0%		20,000	
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$ 18,904	0%		18,904	
Counseling Services	\$ -	0%			
Specialized Respite Care	\$ -	0%			
Caregiver Supplemental Services	\$ -	0%			
Kinship Support Services	\$ 28,630	0%		28,630	
Caregiver Education, Support, & Training	\$ 38,629	0%		38,629	
PROGRAM DEVELOPMENT					
REGION-SPECIFIC - Outreach & Asst.	\$ 270,000	3%		270,000	
Long Term Care Ombudsman/Advocacy	\$ 86,871	1%		86,871	
Wellness Center Support	\$ 225,000	3%		225,000	
MATF administration	\$ 42,310	1%			42,310
TOTAL PERCENT		100%	4%	71%	25%
TOTAL FUNDING	\$ 7,816,481		300,000	5,383,978	1,913,463

**FY 2010 SERVICE BUDGET
VARIANCES FOR FY 2010 SERVICE BUDGET VS FY 2009**

ACCESS SERVICES

Information & Assistance - There is a 28% increase in the funding level for Information & Assistance. This reflects funding for a Housing Specialist, the Senior Solutions Radio Show, Generations Magazine and Operating funding for the Regional Call Center.

Transportation – The 100% decrease in Transportation funding reflects the elimination of transportation services for FY 2010 – FY 2012.

IN-HOME SERVICES

Home Care Assistance – Home Care Assistance funding increased by 13% due to additional funding being allocated to this service category.

Home Delivered Meals - These funds decreased by 10% after not transferring Title III-B Supportive Services or Title III-E funding to this service category. Additional funding is anticipated from other sources.

Medication Management – These funds decreased by 100% since they were allocated to the Personal Action Toward Health (PATH) program to be implemented by Wellness Centers.

Respite Care – Service funding increased by 163% to better serve at-risk and frail elderly.

Disease Prevention and Health Promotion - 100% of funding for this service category was reallocated to support Wellness Center Support.

Long Term Care Ombudsman/Advocacy - 100% of funding for this service category was allocated to support a region-specific Long Term Care Ombudsman/Advocacy service.

Senior Center Staffing – 100% of funding for this service category was reallocated to support Wellness Center Support.

Kinship Support Services – This service funding was decreased by 70%.

Caregiver Education, Support and Training – This service funding was decreased by 45% and placed into home care assistance, respite care and adult day care for caregivers and their care recipients.

FY 2010 AREA PLAN GRANT BUDGET

Rev. 12/2008

Agency: Detroit Area Agency on Aging

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

PSA: 1A

Date: 03/13/09

Rev. No.: 0 Page 1of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,095,200		1,095,200
2. Fed. Title III-C1 (Congregate)		736,843	736,843
3. State Congregate Nutrition		45,731	45,731
4. Federal Title III-C2 (HDM)		1,162,761	1,162,761
5. State Home Delivered Meals		1,143,502	1,143,502
8. Fed. Title III-D (Prev. Health)	80,064		80,064
9. Federal Title III-E (NFCSP)	484,768		484,768
10. Federal Title VII-A	-		-
10. Federal Title VII-EAP	18,904		18,904
11. State Access	97,034		97,034
12. State In-Home	319,769		319,769
13. State Alternative Care	382,898		382,898
14. State Care Management	916,736		916,736
16. State N.H. Ombudsman	52,854		52,854
17. Local Match			
a. Cash	-	-	-
b. In-Kind	517,455	343,205	860,660
18. State Respite Care (Escheat)	107,023		107,023
19. Merit Award Trust Fund	470,112		470,112
20. NSIP		681,590	681,590

ADMINISTRATION			
Revenues	Local Cash	Local In-Kind	Total
Federal Administration	395,514	100,000	495,514
State Administration	68,084		68,084
MATF Administration	42,310		42,310
Other	563,567		563,567
Total:	1,069,475	100,000	1,169,475

Expenditures		
	FTEs	
1. Salaries/Wages	12.22	657,625
2. Fringe Benefits		243,732
3. Office Operations		268,118
Total:		1,169,475

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

21. Program Income	155,583	50,000	205,583
TOTAL:	4,698,400	4,163,632	8,862,032

Total:	100,000	Total:	-

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

Signature

Title

Date

FY 2010 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Detroit Area Agency on Aging
 PSA: 1A

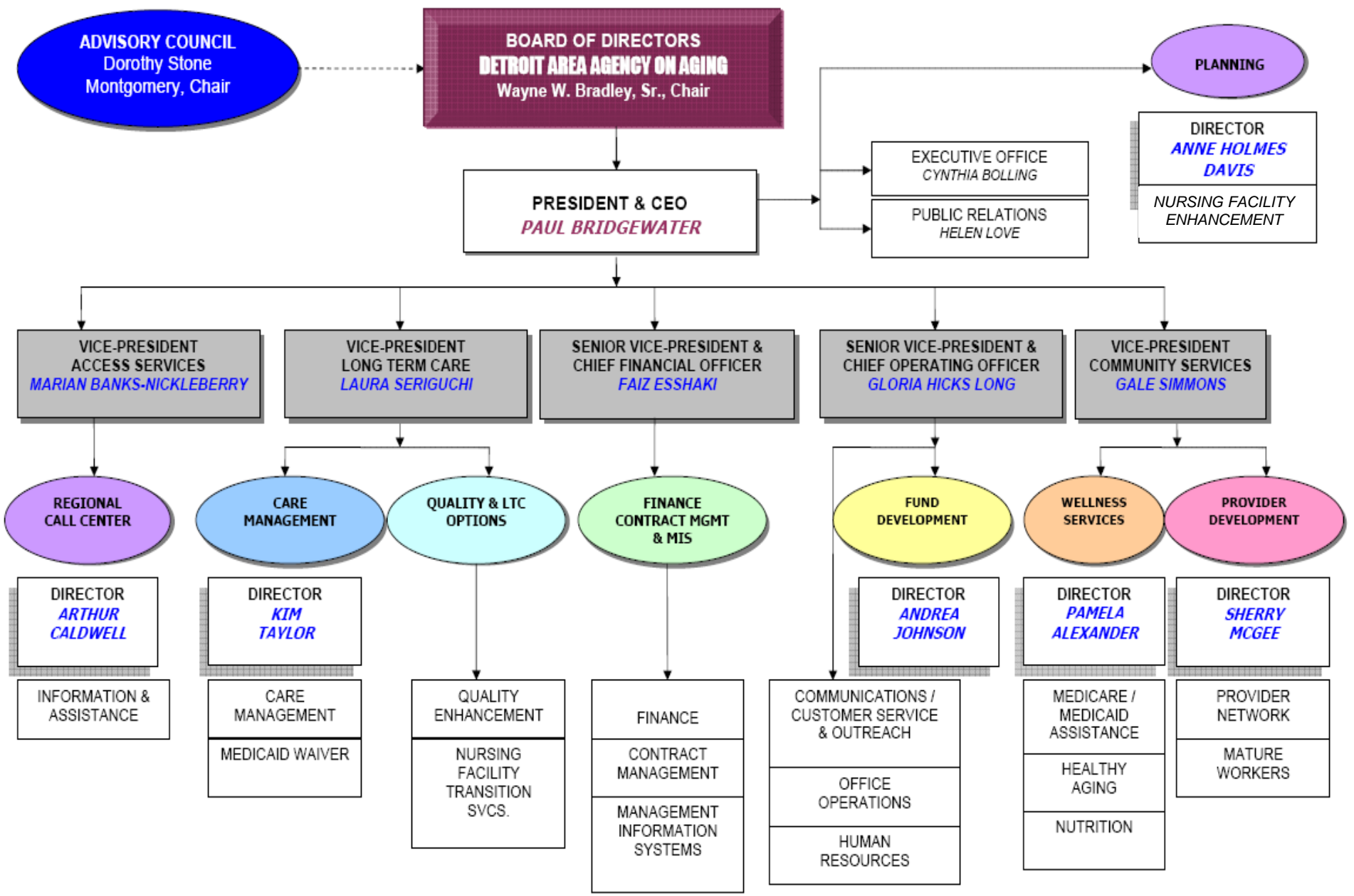
Budget
 Period: 10/01/09
 Date: 03/13/09

to
 Rev. 09/30/10
 No.:

Rev. 12/2008
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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	-		-		-			916,736				-	4,309	-	103,866	1,024,911
b. Case Coord/supp	-		-		-			-					-	-	-	-
c. Disaster Advocacy	-												-	-	-	-
d. Information & Assis	275,364		4,636										-	-	-	280,000
e. Outreach	35,880				97,034								-	-	-	132,914
f. Transportation	-		-								-		-	-	-	-
2. In-Home																
a. Chore	3,145												-	-	349	3,494
b. Home Care Assis	98,322					319,769	382,898						29,637	-	142,416	973,041
c. Home Injury Cntrl	-		-										-	-	-	-
d. Homemaking	-					-	-						-	-	-	-
e. Home Health Aide	-					-	-						-	-	-	-
f. Medication Mgt	-					-	-						-	-	-	-
g. Personal Care	-					-	-						-	-	-	-
h. PERS	-	-	-			-	-						-	-	-	-
i. Respite Care	19,000		322,873			-	-			107,023	127,370		2,708	-	76,413	655,387
j. Friendly Reassure	-												-	-	-	-
3. Legal Assistance	71,188		-										65,493	-	10,030	146,711
4. Community Services																
a. Adult Day Care	-		-				-			-	300,432		15,232	-	53,297	368,961
b. Dementia ADC	-		-				-			-	-		-	-	-	-
c. Disease Prevent			-										-	-	-	-
d. Health Screening	-	-											-	-	-	-

e. Assist to Deaf	15,000	-											-	-	-	15,000
f. Home Repair	-												-	-	-	-
g. LTC Ombudsman				-									-	-	-	-
h. Sr Ctr Operations	-												-	-	-	-
i. Sr Ctr Staffing													-	-	-	-
j. Vision Services	20,000	-											-	-	-	20,000
k. Elder Abuse Prevnt	-			18,904									974	-	3,337	23,214
l. Counseling	-	-	-										-	-	-	-
m. Spec Respite Care										-			-	-	-	-
n. Caregiver Supplmt	-		-										-	-	-	-
o. Kinship Support	-		28,630										-	-	8,320	36,950
q. Caregiver E,S,T	10,000		28,629										-	-	4,292	42,921
5. Program Develop	219,040												-	-	-	219,040
6. Region Specific																
a. Outreach & Assist.	170,000	-	100,000	-	-	-	-	-	-	-	-		9,990	-	30,000	309,990
b. LTC OMB	13,325	-		-	-	-	-	-	52,854	-	-		20,692	4,152	-	15,333
c. Wellness Ctr Supp	144,936	80,064													69,803	297,199
MATF administration											42,310					42,310
SUPPRT SERV TOTAL	1,095,200	80,064	484,768	18,904	97,034	319,769	382,898	916,736	52,854	107,023	470,112	20,692	134,891	-	517,455	4,698,400



SECTION III: STATEMENT OF NEED

A. Demographics

The demographic data below highlights the characteristics of the elderly population in Region 1-A.

Total Population and Sixty Plus Population

Total Population in PSA for All Ages	951,270
Total Population in PSA for Ages 60 and over	147,806
Total Population 65+ At or Below Poverty	110,917
Total Minority Population Age 60 and Over	109,516

Total Minority Population Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black) 101,816	69%
Asian 1,025	Less than 1%
Am. Indian/Alaska Native 435	Less than 1%
Native Hawaiian/other Pacific Islander 23	Less than 1%
Arab/Chaldean 12,277	2.3%
Hispanic/Latino 3,014	8.3%

Total Low Income Minority Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black) 14,626	75%
Asian 147	Less than 1%
Am. Indian/Alaska Native 69	Less than 1%
Native Hawaiian/other Pacific Islander 0	Less than 1%
Arab/Chaldean N/A	Less than 1%
Hispanic/Latino 478	Less than 1%

Total Kinship Caregivers Age 60 and Over N/A
--

Detroit Area Agency on Aging is a leader in improving the quality of life of older persons, adults with disabilities and caregivers through the implementation of effective solutions. Although DAAA anticipates an increase in the baby boomer population starting in 2010 if there is not mass out-migration, it is bracing for serving a declining older population with mounting needs of those left behind with a weaker safety net.

To plan for this population shift in the current economic climate, DAAA has continued to gather data from multiple sources to assist the local Aging network to address the needs of consumers in this region during the coming years. The following demographic profile provides a backdrop for the proposed Multi-Year Area Plan by highlighting population trends, special community needs, and barriers to long term care.

POPULATION TRENDS

A comparison of U.S. Census data from 2000 until the present indicates that the needs of consumers in the City of Detroit and PSA 1-A continue to grow while an overall decline in the older population is projected by the Southeast Michigan Council of Governments (SEMCOG).

Population - Census data comparing selected population trends between 2000 and now reveals that PSA 1-A has lost about 5% of its total population since 2000 and that

the number of persons in poverty continues to grow in the City of Detroit (where updates are available). In examining overall population trends, Census 2000 found that although all communities in the region lost population, the greatest losses occurred in Detroit and Highland Park. Detroit lost about 5.4% of its total population while Highland Park lost 6.4% of its residents in 2000. American Community Survey data is not available for communities under 100,000.

When looking at the 65+ populations within the region, 2004 data is only available for the City of Detroit. This data revealed that about 22.3% (87,243 persons) of Detroit's population was 65 years of age and over and that the percentage of households in Detroit with one or more persons age 65 years or over ranked 18th highest in the United States.

Poverty Status - When examining poverty, 2004 data revealed that Detroit has the highest poverty rate in the United States. Over one-third (33.6%) of persons (of all ages) in Detroit live in poverty. This is a 12% increase over Census 2000 data. For individuals' age 65 years or over, there was a 7% increase in poverty since Census 2000. About 25.2% of 65+ individuals live in poverty in Detroit.

Race & Ethnicity (2000 Census) - PSA 1-A is predominantly African American with 101,816 individuals 60 years and over falling into this racial group. African Americans represent 69% of the population in this age group. Non-Hispanic Caucasians (39,880) sixty years and over account for 27%, while Native Americans, Asian/Pacific Islanders, Hispanics, and other racial/ethnic groups total less than 6%.

Low-Income Status & Race/Ethnicity (2000 Census) - When examining the poverty status for racial and ethnic groups age 65 years and older by community in 2000, it was found that 82% of seniors age 65 years and over who identified themselves as a minority (including Latino/Hispanic) can be considered low-income. This makes outreach and targeting of resources to these groups of critical importance.

Low-Income Status (2000 Census) - When reviewing data associated with the number of persons age 65 years and over living below poverty, it was found that 17.4% of these individuals have incomes 100% below poverty and 23.9% of these individuals have incomes 125% below poverty. Nearly 30% (29.8%) have incomes under 150% of poverty.

Kinship Caregivers (2000 Census) – Grandparents responsible for their grandchildren who are under 18 years of age are considerably high in PSA 1-A and particular in Detroit. There are 17,801 grandparents responsible for their grandchildren. Of the 40,408 grandparents of all ages who live with their grandchildren, 44.1% are responsible for them. Data on the number of grandparents over the age of sixty years is not available.

Key Findings from DAAA Commissioned Research

DAAA has commissioned several research studies to track trends impacting older persons, adults with disabilities and caregivers. Summaries appear below:

Wayne County Senior Demographic Profile – This analysis of Census data highlights a variety of trends in PSA 1-A compared to Wayne County and/or the State. Key population trends appear below:

- Large population losses in Detroit over the previous decade led to a 15.6% decrease of PSA 1-A's share of the state's 60+ population -- from 24.9% to 9.3%. PSA 1-A lost 23% of its 60+ population between 1990 and 2000 and this trend continues, based upon U.S. Census Bureau Annual Population Estimates.
- PSA 1-A has been losing higher percentages of older persons in the younger age groups. Census 2000 revealed that PSA 1-A lost 31.1% of the 60 – 64 years old age group and 28.8% of the 65 – 74 years age group compared to 6.5% of the 75 – 84 and 9.7% of the 85+ age groups.
- Older residents left in the area are also poorer. PSA 1-A has a poverty rate that is twice that of any other PSA in Michigan. U.S. Census Bureau estimate data for 2004, available for Detroit only, indicates that this trend is continuing.
- PSA 1-A has 12,277 persons of Arab ancestry living in the area. This represents 11% of the state's Arab American population. About eleven percent (10.6%) are 60 years or older.

Health Status of Seniors in Wayne County - Health status data through WSU Community Health Institute indicates that older persons in PSA 1-A have a poorer health status:

- PSA 1-A excess mortality ratio is 2.48 for those 50 – 59 years old compared to 1.51 for those in the 60 – 74 years age group. Wayne County excess death ratios for these age groups are 1.78 and 1.30 respectively. Ratios above 1.0 are considered excessive.
- Deaths due to chronic diseases such as liver disease, hypertensive heart disease, kidney disease, and diabetes are over-represented in PSA 1-A. These chronic diseases occur at a greater rate in Detroit compared to Wayne County and the rest of the State.
- The hospitalization rate for older persons in PSA 1-A is higher than in the balance of the State. Hospitalization for heart failure (7.1%) and diabetes mellitus (2.9%) is more common in Detroit for persons age 60-74 than in the State of Michigan. State-wide discharge rates for these conditions are 4.5% and 1.4%, respectively.
- Over half (54.5%) of the 60+ population in PSA 1-A live in Medically Underserved Areas.
- The 2000 Census revealed that 22.6% of persons 65 and older have at least one disability while nearly one third (29.6%) have two or more disabilities. Self-care disability was reported by nearly fifty percent (48.6%) of those with multiple disabilities.
- Census Bureau data estimates that 20.7% of Detroit residents in the 21 to 64 years age group are disabled compared to 50% of those 65 years and over. This younger age cohort is ranked second highest in the United States for disability compared to eighth highest in the nation for the 65 + age group.

Detroit Nursing Home Crisis: Factors Predicting Closure - This study regarding the impact of nursing home closures on residents documented the closing of 10 nursing homes (between 1997 and 2003) and its impact of residents and others. Key findings appear below:

- Financial difficulties and regulatory inconsistencies are major contributing factors to the nursing home crisis.
- Patients become sicker and some die when nursing homes close and they are moved to other settings abruptly.

The Least Among Us: Medicaid-Intensive Nursing Homes - This study examined the issues and circumstances facing Detroit area Medicaid-dependent nursing homes. Key findings are:

- Low Medicaid reimbursement rates are the primary cause of the nursing home crisis in the Detroit area. The majority of facilities in this region are classified as Medicaid-dependent because Medicaid reimbursement is their primary source of revenue.
- Slow Medicaid eligibility determination in Wayne County causes severe financial problems for Medicaid-dependent nursing homes. Business operations and resident care are affected as cash flow problems directly impact business operations when facilities must absorb the cost of care of “pending” cases.
- Transferring of patients from private-pay facilities to Medicaid-dependent nursing homes after “Medicaid spend-down” contributes to closures.
- Lack of access to diversified funding, inappropriate clinical mix of frail elderly with the mentally ill, and younger adults with chronic diseases, as well as inconsistent and often aggressive, regulatory practices affect quality of care and contribute to nursing home closures.

Long Term Care Knowledge and Opinion Poll

In the fall of 2007, the Detroit Area Agency on Aging commissioned Urban Consulting Group, LLC to conduct a Long Term Care Knowledge and Opinion Poll of 600 persons 60 years and over in PSA 1-A as well as other cities in Wayne County to gauge the knowledge of and level of planning for long term care, their understanding of LTC options and costs associated with this type of care. About 67% of the respondents resided in Region 1-A and 16.5% resided in Region 1-C. The study had a margin of error of 5%. Key findings impacting strategic planning and system change are described below:

- Eighty-eight percent (88%) of respondents understand long term care and are aware of service options.
- Fifty-nine percent (59%) of respondents have wills or advance directives that address their desires.

- Only 41% had plans to manage their potential long term care needs.
- Forty percent (40%) have no understanding of how Medicaid works as an option to pay for long term care needs.
- Twenty-four percent (24%) have no plans in place to pay for LTC needs.
- Thirty-five (35%) dependent upon the government-based insurances to pay for their needs.
- Eighty-one (81%) have only one way to pay for long term care needs if they needed it today.
- Fifty percent (50%) of respondents have not discussed long term care with their families.
- Only 34% have family actively helping them with long term care planning.
- Only 7% of seniors obtain information from their families about long term care.
- Only 5% get LTC information from Area Agencies on Aging and only 7% get the information from government.
- When family is not involved, about 11% of respondents obtain information from AAAs while 10% get information about LTC from the government.
- The majority of respondents get LTC information from their primary care physician.

The Status of Detroit Nursing Homes: Moving Toward Enhancing the Quality of Care

This study assessed the status of Detroit nursing homes in Sector 3 and compared to other nursing care facilities in the Region by examining nursing facilities vulnerable to closure and identifying strategies for improving the overall quality of the facilities. Thirteen nursing care facilities in Community Reinvestment Sector 3 were assessed to determine the care needs of older persons requiring nursing home care as well as financial, operational, and policy barriers.

- Clinically Complex Case Mix (Mix of Elderly, Ex-Offenders, HIV, Mentally Ill and other patients)
- Management Issues
- Reimbursement Regulations and Issues
- Facility Operation and Regulatory Compliance
- Need for Capital Improvements and Opportunities for Investment

B. Evaluation of Unmet Need

The Detroit Area Agency on Aging used a variety of methods to identify needs of older persons in Region 1-A:

Methods Used to Identify Services

- Review and analysis of U.S. Census 2000 data, maps and other related statistics including American Community Survey data
- Population and Households in Southeast Michigan 2000-2009, SEMCOG, September 2008
- Long Term Care Knowledge and Opinion Poll
- Nursing Facility Assessment Study
- MSHDA Housing Market Analysis
- Committee Meetings of Detroit Long Term Care System Change Task Force
- Analysis of NAPIS and MICIS Data
- Program and Fiscal Reports
- City of Detroit Elders Needs Assessment
- Service Point Inquiries – Unmet Needs
- Public Testimony - Public Input Sessions and AAA of Southeast Michigan Community Forum
- Input from Community Visioning Forms

Prioritizing Services

In prioritizing limited resources for consumers in Region 1-A, DAAA decided to target resources to at-risk older persons who are low-income, frail and isolated. This was achieved through the following strategies:

1. Increasing funding for the Direct Purchase of Services that supports Care Management Clients.
2. Allocating funding to services for the visually and hearing impaired
3. Development of plans to fund targeted Outreach and Assistance to racial and ethnic groups as well as traditionally isolated older persons.

Barriers to Service Delivery

The following gaps are barriers to service delivery in Region 1-A:

- Lack of awareness about services
- Transportation
- Affordable Housing
- Home Repair
- Home Modifications/Fall Prevention
- Wait List for Services
- Closure of nursing care facilities
- Funding level for services compared to need

C. Available Resources and Partnerships

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

- ✓ **AAAs of Southeast Michigan Collaborative and Michigan Association of Area Agencies on Aging** – This four Area Agency on Aging collaborative have been meeting for nearly two fiscal years in order to identify ways to seek additional funding and to generate cost savings.
- ✓ **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.
- ✓ **PSA 1-A Aging Network** – DAAA will convene the service provider network to promote joint marketing and outreach, resource development, quality service delivery, and collaborative advocacy efforts.
- ✓ **Long Term Care Ombudsman and 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.*
- ✓ **Senior Collaborative** – Working with United Way Community Services and other aging-focused organizations to secure data and additional resources for eldercare services.
- ✓ **DDOT Local Advisory Council** – Continue to work with DDOT, Smart, SEMCOG and other transportation providers and planners to expand transportation services for consumers.

- ✓ **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.
- ✓ **Wayne County Elder Abuse Task Force** – Continue to work with Prosecutor's Office and other partners to prevent elder abuse and neglect.
- ✓ **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.

D. Targeting Limited Resources in FY 2010-2012

AAA Administered Services

To meet the needs of consumers in Region 1-A, DAAA is proposing to set aside \$219,040 for program development efforts outlined in Section V. It plans to continue to administer care management, information and assistance, outreach and direct purchase of services for care management.

In Home Services

In Home Services to be funded include home care assistance, respite and chore services.

Community Services

To insure that services are rendered to those who are frail, DAAA will provide such community services as adult day care, elder abuse education, legal assistance, long term care ombudsman, caregiver education, training and support. Kinship services and regular as well as targeted outreach to isolated and special populations of older persons. It will also fund services to assist the visually and hearing impaired.

Nutrition Services

Funded nutrition services to be provided include Congregate Meals, Home Delivered Meals and NSIP-supported (formerly USDA only) meals.

E. SERVICE DELIVERY PLAN FOR TARGETING

Fiscal Years: 2010-2012

A. Targeting

Baseline Data		African American	Native American/ Native Alaskan	Asian/ Pacific Islander	Hispanic	Low-income Minority	Low-income
<i>Source: Year-end report for FY '08 Indicate the number served by group and the percentage of that group's 60+ population that the number represents.</i>							
Supportive Services	Number Served	24,688	1,713	780	1,357	20,681	22,558
	Percentage	24.25%	393.79%	76.10%	45.02%	N/A	53.88%
Congregate Nutrition	Number Served	3,223	23	23	45	423	438
	Percentage	3.17%	5.29%	2.24%	1.49%	N/A	1.05%
Home Delivered Meals	Number Served	3,031	3	10	22	3,066	3,392
	Percentage	2.98%	.69%	.98%	.73%	N/A	8.10%

Desired Outcome(s):

FY 2010 - Increase the capacity of DAAA and the service provider network to reach isolated, low-income and frail elderly with an emphasis on the low-income minority through the development of outreach services and technical assistance and support.

FY 2011 - Target outreach activities to low-income, minority elderly with an emphasis on Asian\Pacific Islanders and African Americans to increase participation of these groups in services.

FY 2012 – Continue targeted outreach activities to low-income, minority elderly with an emphasis on Hispanic and African American elderly to increase participation of this group in services.

Action:

FY 2010 - Develop a strategy for targeted outreach to low-income, minority elderly:

1. Provide technical assistance and support to agencies to assist them in targeting the low-income, minority elderly.
2. Partner with outreach agencies and services providers serving low-income minority elders to better reach these populations.

FY 2011 - Conduct targeted outreach campaign to all low-income elderly with an emphasis on Asian\Pacific Islanders and African Americans:

1. Meet with service providers serving Asian/Pacific Islanders and African Americans to make services more culturally sensitive.
2. Identify locations within the community to target the outreach campaign.
3. Target speakers and promotional materials to the targeted groups.
4. Follow up where necessary.
5. Translate information about services where needed, to approach languages, cultural preferences and literacy levels.

FY 2012 – Continue with targeted outreach campaign to low-income elderly with an emphasis on the Hispanic and African American population:

1. Meet with service providers serving Hispanics and African Americans to determine services re-design issues which would make services more culturally sensitive.
2. Identify locations within the community to target the outreach campaign.
3. Target speakers and promotional materials to the targeted groups.
4. Follow up where necessary.
5. Translate information about services where needed, to approach languages, cultural preferences and literacy levels.

Utilization of Funds: State Outreach Funding

A. Access Services

AAA ADMINISTERED SERVICES

Care Management

Starting date 10/1/2009 **Ending date** 9/30/2010 **Total of federal dollars:** \$0 **Total of state dollars** \$916,736

Geographic area to be served Region 1-A

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

Activities:

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

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

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

Activities:

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

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

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

Activities:

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

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

Number of client pre-screenings	2009	0	Planned 2010	0
Number of initial client assessments	2009	135	Planned 2010	70
Number of initial client care plans	2009	135	Planned 2010	70
Total number of clients (carry over plus new)	2009	400	Planned 2010	400
Staff to client ratio (Active and maintenance per Full time care manager)	2009	7:1	Planned 2010	8:1

Match and Other Resources

MATCH: **Source of Funds** State Funding Cash Value \$0 In-kind \$103,866

OTHER RESOURCES: **Source of Funds** Program Income
Cash Value \$0 \$4,309 In-kind \$0

Section IV: Services

A. Access

AAA ADMINISTERED SERVICES

Information and Assistance

Starting date October 1, 2009 Ending date September 30, 2010 Total of federal dollars \$250,000 Total of state dollars \$250,000

Geographic area to be served: Region 1-A

Work plan including activities and expected outcomes: See Below

FY 2010

Goal 1: Increase access of consumers 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 Long Term Care Connection 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 2: 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. Develop a comprehensive Resource Center specific model to address the needs of aging and disability populations.
4. Explore AIRS certification requirements for the agency and prepare work plan to pursue this if approved.

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

Goal 3: To continue to increase DAAA's access to high-quality community resource information and enhance customer satisfaction rate for DAAA provided I &A services.

Activities

1. Encourage the submission of resource data from the Service Provider Network to ensure accuracy.
2. Develop a resource strategy to secure other resource information.
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 and expanded service strategies that support Project 2020 and ADRC models.

AAA Administered Services

Outreach

Starting date: 10/1/2009 Ending date: 9/30/2009 Total of federal dollars \$35,880 Total of state dollars: \$0

Geographic area to be served: Region 1-A

Goal 1: Expand reach into the community to vulnerable populations.

Activities:

- a) Work collaboratively with Outreach and Assistance providers to reach isolated elderly and caregivers.
- b) Develop relationships with other providers to identify other elderly who are not linked to services.
- c) Coordinate efforts with Detroit Wayne County Long Term Care Connection.

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

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

Activities:

- a) Promote services at all appropriate DAAA sponsored events.
- b) Participate in other sponsored events and information fairs.
- c) Train a cadre of Advisory Council members and others to promote services in the community.

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

B. Services

Access, In-Home, Community & Nutrition Services

Five Designated Service Areas for Core Supportive Services

- DAAA proposes to create five (5) service areas for the delivery of core supportive services to improve the efficiency and effectiveness of these services. In the future, five service provider agencies will provide home care assistance, respite care and chore services in these targeted areas. These proposed service areas include:

Service Areas	Population	Zip Codes
Northwest	32,572	48219, 48223, 48227, 48228, 48235
Southwest	34,910	48204, 48206, 48208, 48209, 48210, 48216, 48217, 48238
North	39,365	48203, 48205, 48211, 48212, 48213, 48221, 48234
East	26,952	48201, 48202, 48207, 48214, 48215, 48224, 48226
Far East	13,361	48225, 48230, 48236

Core Supportive Services

- Core supportive services are proposed to be bundled at one agency location in one specific service areas noted above. The selected service providers will provide services to consumers in assigned zip codes.
- The five service provider agencies selected to provide the core supportive services will be required to use performance-based contracting with capitation.

Wellness Center Support

The following strategy is proposed:

- Fund three Wellness Centers instead of senior center staffing, Disease Prevention/Health Promotion and Medication Management.
- Fulfill Medication Management requirement by requiring Personal Action Toward Health (PATH) classes at Wellness Centers.
- Require Wellness Centers to provide services with evidence-based health promotion and chronic disease self management strategies.
- Require Wellness Centers to build their capacity to serve the community over the next three years.

Specialized Services

- Fund Services for the Hearing Impaired to address the special needs of this population.
- Fund Services for the Visually Impaired to address the special needs of those who are blind or are visually impaired.

Outreach & Assistance

- Fund a regionally defined Outreach and Assistance service as in previous years.
- Fund targeted outreach services to reach out to special racial or ethnic populations.

Mandated Services

- Continue to fund required mandated services such as Legal Services; Long Term Care Ombudsman and Medication Management (see Wellness Center above). Other services will be funded at the required level and all maintenance of efforts requirements will be honored.
- Expand the role of Long Term Care (LTC) Ombudsman services in Region 1-A to include the monitoring of all long term care settings with a regionally-defined definition. The LTC Ombudsman service will also work closely with a Community Advocacy Network to protect consumer rights.

Nutrition Services

- Fund Congregate and Home-Delivered Meals with Title C1, C2 and state funding.

Transportation Services

- Eliminate Transportation funding.

To ensure that these services are provided in the community DAAA will make funding available in compliance with state requirements:

- Legal Notice
- Written notice to prospective service providers
- Technical Assistance to bidders as outlined in the RFP.
- Use of Board approved criteria
- Review of proposal by Grant Review Committee

**Section V: Program Development –
PART I**

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

Objective 1.1 - Develop and sustain Wellness Centers in Region 1-A

FY 2010

Activities

1. Fund a region specific service definition for wellness centers that is consistent with DAAA’s new funding strategy that combines Senior Staffing, Disease Prevention/Health Promotion and Medication Management programs.
2. Coordinate existing partnerships with other organizations to facilitate the expansion of programming at the Wellness Centers.
3. Support MMAP counselors at the Wellness Centers.
4. Provide technical assistance regarding programming modifications to attract baby-boomers.

Expected Outcome: Provide a minimum of 300 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.

FY 2011

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.

FY 2012

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 350 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.

FY 2010

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

Activities

1. Require evidence-based programs at the three (3) new Wellness Centers.
2. Facilitate the development of evidence-based programs at Congregate Meal sites.
3. Continue the implementation of PATH and Enhanced Fitness sponsored by the Administration on Aging Disease Prevention Grant through the Michigan Office of Services to the Aging
4. Participate in the Administration on Aging's Diabetes Self -Management Training Initiative.

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.

FY 2011

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.

FY 2012

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. Continue to 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 of 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.

FY 2010

Activities

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

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

FY 2011

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.

FY 2012

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.

FY 2010

Activities

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

Expected Outcome: Increased satisfaction and improved nutrition for seniors

FY 2011

Activities

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

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

FY 2012

Activities

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

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

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

FY 2010

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

Activities

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

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

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

Activities

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

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

2011

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

Activities

Focus will be on the following:

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

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

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

Activities

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

Expected Outcome:

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

Activities

1. Develop strategies that lead to enhanced expansion of services inclusive of those included in the Project 2020 initiative and ADRC models:

- A. Person-Centered Information and Assistance
- B. Best Practice Models such as the TCARE or Savvy Caregiver models.

Expected Outcome: Implementation of best practice services strategies included in Project 2020 and ADRC models.

2012

Objective 2.1: Sustain access of consumers to information and services they receive through a comprehensive Community Resource Database.

Activities: will include the following:

1. Ongoing population to an expanded and inclusive Resource Database.
2. Creation of a collaborative Intake/Screening Processes.
3. Continuous define and clarify the Intake/Eligibility interface.
4. Creation of a seamless referral processes.
5. Long Term Care Options Counseling/I & A Interface.
6. Ongoing staff training and development, 100% AIRS certified staff. Updated and timely Standards and policies and procedures.
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: Normalize network activities of local I & A service providers, achieve ongoing reduction of identified barriers regarding community awareness of services and resources for consumers.

Objective 2.2: Further implement Information & Assistance system improvements and enhancements for consumers in PSA 1-A.

Activities

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

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

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

Activities

1. Implementation of:
 - A. Person-Centered Information and Assistance.
 - B. Best Practice Models such as the TCARE or Savvy Caregiver models.
 - C. Enhanced Elder Abuse system wide training.

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

GOAL #3: PROTECT OLDER ADULTS FROM ABUSE AND EXPLOITATION

FY 2010-2012

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

Activities

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

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

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

Activities

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

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

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

Objective 4.1: Improve Quality of Home and Community-Based Services.

FY 2010

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

Objective 4.3 – Engage local aging services network in service provider capacity building.

FY 2010

Activities

1. Implement a new funding strategy of bundling core supportive services in order to strengthen providers through concentrated funding and through the promotion of multi-disciplinary core services.
2. Offer technical assistance and/or training to enhance the core competencies of providers.
3. 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 funding opportunities.

Expected Outcome: A stronger efficient and effective 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.

FY 2011

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.

FY 2011

Objective 4.3 – Engage local aging services network in service provider capacity building.

Activities

1. Maintain the new funding strategy of bundling core supportive services in order to strengthen providers through concentrated funding and through the promotion of multi-disciplinary core services.
2. Continue to offer technical assistance and/or training to enhance the core competencies of providers.
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 funding opportunities.

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.

FY 2012

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

Activities

1. Develop communications strategy to educate care management clients regarding additional community resources available to them.
2. Extend relevant quality assurance activities to Care Management Program to improve service delivery and care management.
3. Utilize input from Consumer Advisory Committee to improve Care Management service delivery.

Expected Outcome: Increased consumer choice in care management 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. Provide training in areas of poor performance and quality measures.
3. Research incentive programs.
4. Continue to 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 local aging services network in service provider capacity building.

Activities

1. Maintain the new funding strategy of bundling core supportive services in order to strengthen providers through concentrated funding and through the promotion of multi-disciplinary core services.
2. Continue to offer technical assistance and/or training to enhance the core competencies of providers.
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 funding opportunities.

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 2010

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

Activities

1. Explore Targeted Caregiver Assessment Referral Model (TCARE), Savvy Caregiver and other best practice models.
2. Attend TCARE, Savvy Caregiver and other training.
3. Establish workgroup to examine how to integrate processes into Regional Call Center, Care Management and the Service Provider Network.
4. Develop concept, policies and procedures, budget and Caregiver Resource Database.

Expected Outcome: Development of Caregiver Assessment/Service Referral Program for Region 1-A.

FY 2011

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

Activities

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

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

FY 2012

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

Activities

1. Secure needed staffing and other resources.
2. Develop marketing materials.
3. Launch Caregiver Assessment and Service Referrals Program.
4. Provide services to the community.
5. Measure client satisfaction.
6. Report clients/units served to State of Michigan or funding agency.

Expected Outcome: Decrease caregiver burden and improved access to caregiver education, training and supportive services.

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

FY 2010

Objective 6.1: Partner with DDOT, SMART, SEMCOG and other partners to coordinate and expand transportation resources in Region 1-A from October 1, 2009 – September 30, 2010.

Activities

1. Advocate for specialized and routed transportation at DDOT Advisory Council, SMART and/or Mobility Workgroup meetings.
2. 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.

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

FY 2011

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 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.

FY 2012

Objective 1: Partner with DDOT, SMART, SEMCOG and other partners to coordinate and expand transportation resources in Region 1-A from October 1, 2009 – September 30, 2010.

Activities

1. Continue to advocate for specialized and routed transportation at DDOT 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 2010

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

Activities

1. Work collaboratively with Long Term Care Ombudsman/Advocacy provider to expand their oversight of all long term care services.
2. Maintain and expand Community Advocacy Network to monitor long term care reform through oversight, LTC education, consumer rights and advocacy.
3. Continue to sponsor advocacy trainings.
4. Maintain Advocacy Platform and information on DAAA Website.
5. Work with LTC Ombudsman and other partners to advocate for long term care reform.

Expected Outcome: Improved access, availability, affordability and equitability of long term care service options in Region 1-A.

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

Activities

1. Seek resources needed to improve nursing care facilities in Region 1-A in collaboration with nursing facilities.
2. Provide technical assistance, training and support to nursing care facilities.
3. Advocate for improvements that impact on quality of care for nursing facility residents.

Expected Outcome: Improved quality of nursing facilities.

Objective 7.3 – Those who want to live in the community, work with partners to improve independent living options in the community to support aging in place and nursing home transition.

Activities

1. Partner with developers interested in developing affordable assisted living.
2. Collaborate with HUD, MSHDA, DHC and other partners to expand residential care options with supportive services.
3. Explore ways to provide seamless home and community based options such as MI CHOICE, PACE and Federal and State funded home and community-based services to support aging in place and nursing home transition.

Expected Outcome: Improved consumers choice in home and community-based care options.

FY 2011

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

Activities

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

Expected Outcome: System Change and development of strategies to 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 option.

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

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. Empower Community Advocacy Network to launch Senior Millage Campaign.
2. Continue to advocate for policy reform.

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. Explore strategies to build or consolidate facilities.
3. Continue to improve occupancy rates of facilities.
4. Continue to work with facilities on quality of care issues, including training and nursing home management.

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 option.

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, and implement the philosophy of Project 2020 in order to expand and enhance information and assistance, evidence-based health promotion and home and community-based services and integrating OAA-supported services with the long term care system. In addition, DAAA will examine how it can target resources and services to its key target population, older persons, adults with disabilities and family caregiving.

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

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, medical and better line-haul transportation services.
- 5. Strengthen and Improve Access to Medicaid and Medicare Programs for Seniors** - Development of the LTC Single Point of Entry will place additional demands on Medicaid-funded Services. The health status of consumers in PSA 1-A require Medicare, Medicaid and Medicaid Waiver program benefits to be increased.
- 6. 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.
- 9. Caregiver Support** – Advocate for resources for caregivers providing support to older persons, adults with disabilities and grandchildren.

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, 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 met 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 Telephone: (313) 925-1135 Contact: 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. 420 Peterboro Detroit, MI 48201 Telephone: (313) 831-1790 Contact: 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 Telephone: 531-0305 Contact: 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 Telephone: (313) 877-8008 Contact: 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 Telephone: (313) 868-7664 Contact: Patricia Simpson	PSA 1-A Sector 11	Hamtramck Area	6,397	A, C, F, G, J, L, M, N, O, P, U

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Delray United Action Council 275 W. Grand Boulevard Detroit, MI 48216 Telephone: 297-7921 Contact: 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
Dexter Elmhurst 11825 Dexter Blvd. Detroit, MI 48206 Telephone: (313) 834-5085 Contact: 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 Phone: (313) 821-9385 Contact: 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 Telephone: (313) 368-3502 Contact: 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 Telephone: (313) 579-1000 Contact: 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

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Hannan House Senior Center 4750 Woodward Avenue Detroit, MI 48201 Telephone: (313) 833-1300 Contact: Tim Wintermute	Sector 4	Central Detroit	12,535	C, D, E, G, H, J, K, L, M, N, O, P, Q, S, T, U
Hartford Memorial Baptist Church 18700 James Couzens Detroit, MI 48235 Telephone: 861-1288 Contact: 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 Telephone: 894-2830 Contact: 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 Detroit, MI 48209 Telephone: 841-8840 Contact: 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

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
North American Indian Center 22700 Plymouth Road Detroit, MI 48239 Telephone: 535-2966 Contact: 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
Northwest Activities Center 18100 Meyers Road Detroit, MI. 48235 Contact: Ms. Blue Telephone: 578-7500 Contact: 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 Telephone: (313) 224-9334 Contact: 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 Telephone: (313) 628-2000 Fax: (313) Contact: 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 Telephone: 365-6260/554-3111 Contact: 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

Community	Sector	Description of Boundaries	Number Persons 60+ Living in Sector ***	Available Services
Services for Older Citizens, Inc.** 17150 Waterloo Grosse Pointe, MI 48230 Telephone: (313) 882-9600 Contact: Sharon Maier	Sector 12	Five Grosse Pointes	13,009	A, B, C, E, F, G, I, J, K, L, M, N, O, P, R, S
St. Patrick's Senior Center 58 Parsons Detroit, MI 48201 Telephone: 831-2520 Contact: SaTrice Coleman-Betts	Sector 4	PSA 1-A	147,806	A, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U
St. Rose Senior Citizens Center 5555 Conner, Suite 2111 Detroit, MI 48213 Telephone: 921-9277 Contact: 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
Notes: * Corinthian Baptist Church is a proposed Community Focal Point for Older Persons and Caregivers.				

APPENDIX

REGIONAL DEFINITIONS

**WELLNESS CENTERS
OUTREACH & ASSISTANCE
LONG TERM CARE OMBUDSMAN/ADVOCACY**

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.

Signature, Authorized Area Agency Official Date

Approved

Denied

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.

GLOSSARY OF ACRONYMS

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

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

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

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

