

Detroit Area Agency on Aging

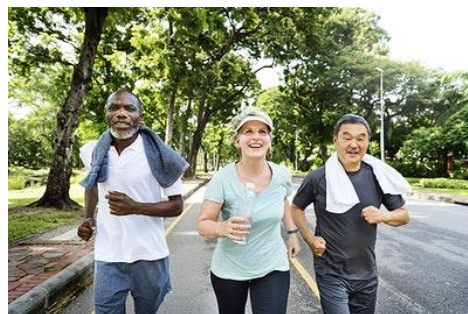
Multi-Year Area Plan

Fiscal Years 2020-2022

FY 2022 Annual Implementation Plan

(DRAFT)

May 20, 2021





Region 1-A Planning & Service Area



Table of Contents

COUNTY/LOCAL GOVERNMENT REVIEW	4
EXECUTIVE SUMMARY	5
PLAN HIGHLIGHTS	8
ACCESS SERVICES	9
DIRECT PROVISION OF SERVICES	15
PROGRAM DEVELOPMENT OBJECTIVES	17
BUDGETS AND OTHER DOCUMENTS	24
A. Area Plan Budget	
B. Funded Services Page	
APPENDICES	25
A. Cash-in-Lieu-of-Commodity Agreement	
B. Request to Transfer Funds	

Local and County Government Review & Approval

The Time Line below highlights the Detroit Area Agency on Aging's review and approval process for the proposed FY 2022 Annual Implementation Plan:

May 2, 2021: Thirty-day notice for Virtual Public Hearing posted on DAAA Website.

May 3, 2021: Internal view of the proposed FY 21 Annual Implementation Plan.

May 12, 2021: Long Range Planning Committee review FY 2022 Annual Implementation Plan.

May 14, 2021: DAAA Advisory Council review proposed FY 2022 Annual Implementation Plan.

May 18, 2021: Executive/Finance Committee Review

May 24, 2021: DAAA Board of Directors Releases Draft Plan for Public Review and Comment

May 24, 2021: Post draft plan to the Detroit Area Agency on Aging web site.

June 8, 2021: Virtual Town Hall Public Hearing held virtually to present the proposed plan.

June 8, 2021: Long Range Planning Committee meets to review testimony to make revisions in the draft plan as needed.

June 9, 2021: DAAA Advisory Council approves FY 2022 Annual Implementation Plan.

June 11, 2021: Deadline to receive any public comments on the draft Plan.

June 28, 2021: Approval of the proposed plan by the DAAA Board of Directors.

June 30, 2021: Submission of the proposed FY 2022 Annual Implementation Plan to AASA.

July 2021: Review of proposed plan by AASA Field Representative and Review Team.

August 2021: Municipal Sign Off Letter Submitted to Aging and Adult Services Agency

Sept. 2021: Presentation of AIP to Commission on Services to the Aging.

Oct 1, 2021: Post annual plan on the DAAA Website.

EXECUTIVE SUMMARY

OUR MISSION

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

OUR VISION

DAAA's vision is to “create a community that cares for the vulnerable and advocates for the well-being of our constituents.”

OUR CORE VALUES

DAAA embraces a set of core values that enables the organization to develop and carry out its mission in order to effectively manage its strategic planning process, programs and services and advocacy efforts. These values include following:

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

OUR PILLARS OF SERVANT LEADERSHIP

DAAA practices five guiding principles of servant leadership: people, service, growth, finance and quality.

HISTORY OF THE DETROIT AREA AGENCY ON AGING

The DAAA was founded in 1980 as a private, non-profit agency. NCQA, CARF and AADE-accredited, it is one of 16 Area Agencies on Aging (AAAs) in Michigan. The agency serves a region consisting of approximately 300,000 constituents. These individuals consist of 148,454 older persons, 18-plus adults with disabilities, veterans and family caregivers. The DAAA is a private, non-profit agency that makes an array of services available to consumers through public and private funding that makes a variety of services available through the Older Americans Act of 1965 (as amended), and the Older Michiganians Act of 1981. It also receives Medicaid Home and Community-Based Waiver funding from the Michigan Department of Health and Human Services and is also provides services through MI Health Link. Some of the constituents served through DAAA represent a duplicated count because they may receive more than one service.*

DAAA is governed by a 27-member Board of Directors and a 25-member Advisory Council. Through its governance and administrative structure, the agency offers information and services to the community directly and through over 100 service providers, 22 congregate meal and three Nutrition Services Incentive Program (NSIP) sites in the local Aging Services Network. The primary business of the DAAA consists of the following:

- Care Management
- Caregiver Support Services
- Community Health and Wellness
- Information and Assistance
- Food & Friendship Connections
- Long Term Care Ombudsman
- Medicare & Medicaid Assistance Program (MMAAP)
- MI CHOICE Home and Community Based Services
- MI Health Link
- Nutrition Services
- Senior Community Services Employment Program
- Senior Telehealth Connect Services

Over a year and a half period starting in the summer of 2019, DAAA implemented a robust strategic planning process to identify community needs and service gaps of older persons, adults with disabilities and caregivers within its service area in order to sharpen the organization's focus on delivering responsive services to our constituents. This Vision 2021 – 2025 Strategic Plan was adopted by the DAAA Board of Directors in November 2020. DAAA will implement this proposed Annual Implementation Plan in alignment with its strategic plan over the course of the next fiscal year. These strategic goals are designed to address the unmet needs of older persons, adults with disabilities and caregivers in light of demographic and environmental trends impacting the Aging Services Network. The strategic goals in the agency's Vision 2021 – 2025 Strategic Plan outlines how the agency will operationalize programming across all

revenue sources including federal Older Americans Act and state Older Michigianians Act funding and consists of the following:

- ✓ **Strategic Goal #1:** Engage collaborative partners and stakeholders in community-wide planning to address key social and environmental determinants of health.
- ✓ **Strategic Goal #2:** Address emerging needs and service gaps of older adults during the Covid-19 pandemic and on an ongoing basis.
- ✓ **Strategic Goal #3:** Engage organization and community stakeholders in advocacy, public policy and government relation activities.
- ✓ **Strategic Goal #4:** Develop and implement public image, branding and targeted marketing messaging to reach key audiences.
- ✓ **Strategic Goal #5:** Expand, enhance, and diversify funding sources to increase revenue streams and members served.
- ✓ **Strategic Goal #6:** Enhance technological capabilities and competencies of the organization, service provider network and constituents.

In this proposed FY 2022 Annual Implementation Plan, DAAA will continue the implementation of services through its service provider network and four Community Wellness Service Centers to leverage government funding with other public and private resources; MI CHOICE Home and Community-Based Services and MI Health Link as well as Care Transition services through Total Home Health Care. The reduction of Older Americans Act and State Older Michigianians Act funding over the last several years is a major factor in the diversification of its funding resources through entrepreneurial, fund development, fundraising and the use community volunteers. Thanks to initial funding from the Michigan Health Endowment Fund, the agency will also provide telehealth services to older adults with two or more chronic illnesses through Senior Telehealth Connect, an initiative supported by DAAA unrestricted funding.

During the upcoming fiscal year, DAAA will also use unrestricted funding to provide direct Caregiver Support Services. The agency will also identify and fund at least two subcontractors to provide services in the cities of Highland Park and Hamtramck after it selects one or more vendors during its 2021 Request for Proposal process. Direct outreach services are not to be funded through Older Americans Act funding in FY 2022. In addition, DAAA will not fund Vision Services since there is not a viable vendor, but will earmark these funds for Emergency Gap-filling Fund.

The provision of services through the Food & Friendship Connections and Senior Telehealth Connect launched in 2021 will further diversify agency funding and expand the delivery of services to address social determinants of health. *Covid-19 pandemic*

emergency response activities will continue under the previously approved AASA Waiver guidelines.

A summary of the services to be funded in FY 2022 Annual Implementation Plan are highlighted below:

Proposed Funded Services:

- Adult Day Services
- Caregiver Education, Training and Support
- Care Management
- Chore Services
- Congregate Meals
- Community Service Navigator
- Disease Prevention and Health Promotion
- Friendly Reassurance
- Home Repair - \$100 placeholder
- Programs for the Prevention of Elder Abuse
- Emergency Gap-Filling Services (Funding from Vision Services Added)
- Transportation
- Home Care Assistance
- Home-Delivered Meals
- Information & Assistance
- Kinship Support Services
- Legal Assistance
- Long Term Care Ombudsman
- Legal Services
- Options Counseling
- Outreach Services (Subcontracted Only)
- Respite Care

PLAN HIGHLIGHTS

During FY 2022, the DAAA proposes to provide Care Management, Information and Assistance, Options Counseling, and Long Term Care Ombudsman services directly while providing Disease Prevention and Health Promotion and Emergency Gap-Filling Services directly and through our provider network with federal and state Older Americans Act and state Older Michigianians Act funding. Administering Disease Prevention and Health Promotion and Emergency Gap-Filling Services will enable the agency to provide these services more efficiently while expanding our reach to family caregivers, supporting our network of Community Wellness Service Centers, and emergency response efforts. DAAA firmly believes that administering these direct services will enable the agency to provide them more efficiently through a centralized approach that is person-centered. All other services will be contracted through a network of service providers. DAAA will discontinue providing Vision Services as well

as direct Outreach services while providing Caregiver Support Services directly through unrestricted funding.

DAAA will continue to diversify its funding through public and private partnerships and funding. Strategies to do this will consist of the following:

- Identifying public resources through local governments to replace loss funding to support home-delivered meals and other in-home services targeting the at-risk elderly.
- Continuing partnership with the Regional Transportation Authority and Detroit Department of Transportation.
- Continuing partnerships with Integrated Care Organizations under MI Health Link.
- Implementation of Senior Telehealth Connect services for at-risk older adults with two or more chronic conditions.
- Seeking program income for Care Management and Nutrition Services.
- Exploring cost-sharing through health and wellness programming to maintain and expand services.
- Monitoring and supporting local city mileages that support senior services within Region 1-A.
- Building relationships with public and private foundations to support fund development.
- Developing collaborations and partnerships with grass-root organizations such as Community Development Corporations and Community Action Programs to support the implementation of needed services.
- Stepping up fundraising activities to support Holiday Meals on Wheels and Friend of Detroit Meals on Wheels.
- Exploring ways to expand services to veterans through Veterans-Directed Services, third party reimbursement and the Medicare Access and CHIP Reauthorization Act (MACRA).
- Billing Medicare for reimbursement of health promotion and disease management services in partnership with Community Wellness Service Centers.
- Coordinating with partners to implement Coordinated Food Delivery Consortium, Inclusive Health Care, Generations United and Senior Regional Collaboration initiatives.
- Implementation of the Financial Acumen through the Business and Aging Institute to expand health care partnerships.
- Implementation of the Food and Friendship Connections to better service older adults living with HIV.
- Partnering with Wayne State University School of Medicine/Center for Health and Community Impact to expand Distance Learning and Technology Training Corps and Health and Wellness Resources respectively.
- Covid-19 Partnerships to address constituent vaccination, education and emergency response pandemic.
- Further reach out to male family caregivers to provide caregiver education, training and support.

- Continued work on the implementation of the agency’s Vision 2021 – 2025 Strategic Plan.

AAA Administered and Direct Services

A. Access Services

The following direct services will be implemented in alignment with AASA requirements and DAAA’s Vision 2021 – 2025 Strategic Plan:

Care Management - Update

Starting date: October 1, 2021	Ending date: September 30, 2022
Total of federal dollars: \$0	Total of state dollars: \$719,734
Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

FY 2022 Care Management Services

Goal 1: Ensure high level of participant satisfaction with care management services.

Activities:

1. Supports Coordinator will comply with protocol, policies, and procedures to ensure high quality of services rendered through great customer service.
2. Supports Coordinator will distribute satisfaction surveys when annual documents are completed and encourage participant to complete the survey and return in self-addressed stamped envelope.
3. Supports Coordinator will at next monthly contact question if survey was mailed and if not encourage participant to complete and mail.

Expected Outcome: Overall 90% of the total participant satisfaction survey responses are positive or neutral.

Goal 2: Improve the Quality of Life of participants by comparing quality of life Before and After Receiving Services.

Activities:

1. Supports Coordinator will assess participant’s quality of life during enrollment before receiving Care Management services.
2. Supports Coordinator will assess participant’s quality of life after receiving Care Management services at each monthly contact-discussing their

satisfaction with services received during past month and during assessments.

3. Data from the surveys and monthly contacts will be used to incorporate program improvements.

Expected Outcome: Overall 90% of the total participant satisfaction survey responses about quality of life after receiving services are positive or neutral.

Goal 3: Decrease Social Isolation of Care Management participants.

Activities:

1. Supports Coordinator will encourage participants to take part in activities in their home, faith-based organizations or and/or community encouraging wearing of mask and observing social distancing.
2. Supports Coordinator will assist the participants to register for free and low-cost transportation.
3. Supports Coordinator will encourage participants to request a senior telephone reassurance.
4. Support Coordinator will encourage participants to have informal supports and have gatherings at the participant's home when possible and encourage wearing of mask and observing social distancing.
5. Supports Coordinator will encourage participants to participate in monthly virtual Advisory Council Consumer meetings.

Expected Outcome: Reduce the average percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely – or –distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment to less than 90 days to 9%.

Goal 4: Reduce prevalent of Emergency Room Visits and Hospital Stays from care management participants.

Activities:

1. Supports Coordinator will educate participant regarding signs and symptoms to trigger a contact with their medical doctor and when to go to the hospital or emergency room.
2. Supports Coordinator will educate participants regarding the importance of taking medication(s) and following medical regimen to prevent hospital and emergency room visits.
3. Supports Coordinator will encourage participant to contact the doctor's office for health concerns or issues before going to emergency room or hospital especially after discharge.

Expected Outcome: Reduce the percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days since the assessment/reassessment (or since the last assessment if less than 90 days) to **25%**.

Goal 5: Reduce the prevalence of malnutrition and dehydration.

Activities:

1. Supports Coordinator will review Nutrition/Hydration section of COMPASS identifying participants who ate one or fewer meals in 4 of the last seven days and participants who drank less than four 8oz cups per day.
2. The Supports Coordinator will educate participants regarding healthy nutrition and encourage eating small frequent meals rather than 2-3 large meals.
3. Supports Coordinator will assess nutrition and fluid intake at monthly contacts and educate as needed.
4. Supports Coordinator will educate participants regarding the importance of adequate fluid intake and prevention of dehydration.

Expected Outcome: Prevalence of Inadequate Meals and Dehydration - Decrease the prevalence of participants who ate one or fewer meals in four of the last seven days. Reduce the prevalence of participants who were dehydrated due to insufficient fluid intake. Prevalence of all participants who in 4 of the last 7 days ate one or fewer meals to less than 2%.

Current Year and Projected Year			
Client Numbers, Case Load and Client to Staff Ratio			
(Current 2021 and Planned 2022)			
Number of client pre-screenings: 2022	140	Planned 2021:	140
Number of initial client Assessments: 2022	70	Planned 2021:	70
Number of initial client care			

plans: 2022	70	Planned 2021:	70
Total # of clients (carry over plus new) – 2022	289	Planned 2021:	289
Staff to client ratio 1:55			
(Active and maintenance)			

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

Information & Assistance

Starting date: October 1, 2021	Ending date: September 30, 2022
Total of federal dollars: \$349,096	Total of state dollars: \$63,987
Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

Information & Assistance

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

Activities:

1. Complete the identification and removal of resources in

- database that are no longer valid.
2. Continue to update valid resources in the database.
 3. Identify gaps in available resources.
 4. Collaborate with community organizations to identify resources to fill gaps.
 5. Add identified community resources to the database.
 6. Maintain the database according to AIRS standards.
 7. Ensure that services for diverse populations are maintained in the database.
 8. Translate materials to other languages, where needed.

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

Goal 2: Enhance the skills of Information & Assistance Specialists.

Activities:

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

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

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

Activities:

1. Utilize ADRC Community Navigator to coordinate community service navigation services at Community Wellness Service Center.

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

Expected Outcome: Increase access to long term care supports and services and other community resources.

B. DIRECT PROVISION OF SERVICES

Disease Prevention/Health Promotion

Total of federal dollars: \$130,200	Total of state dollars: \$ 0
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Geographic Area Served: PSA 1-A

Planned goals and activities that will be undertaken to provide the Services during FY 2022 are as follows:

Goal 1: Provide Support to Community Wellness Service Centers (CWSCs).

Activities:

1. Utilize the Community Wellness Service Center Advisory Committee to promote best practices, program promotion, partnership building and sustainability.
2. Monitor evidence-based programs and perform fidelity checks.
3. Track self-reported program outcomes quarterly.
4. Evaluate effectiveness of programs.
5. Facilitate ongoing training, technical assistance and support the development, maintenance, and expansion of CWSCs.
6. Expand the distance learning and technology training activities to qualifying older adults, including those that have received a Chromebook.

Expected Outcomes: Improve the health status of older adults and caregivers by addressing the social determinants of health.

Goal 2: Further expand evidence-based health promotion and disease prevention services.

Activities:

1. Continue technical assistance and support for Community Wellness Service Centers (CWSCs) and satellites including Agencies United for Healthy Aging.
2. Assist CWSCs to recruit and train lay leaders, coaches and instructors in evidence-based programs.
3. Set volunteer recruitment and program completion targets.
4. Track measurable outcomes for DSMT on AADE Annual Report with input from the DSMT Advisory Council.
5. Promote sustainability of Diabetes Prevention Program at select CWSCs.
6. Incorporate Diabetes Self-Management Training/Medical Nutrition Therapy (MNT) into Senior Telehealth Connect to support nutrition education and counseling associated with prevention and management of chronic illnesses.
7. Explore cost sharing, fee-for-services, membership fees and third-party reimbursement opportunities.
8. Work with CWSCs to expand and sustain Passport to Health services, if feasible.
9. Utilize the Passport to Health toolkit and business plan to value proposition that can be marketed to managed care organizations, health systems and other parties.
10. Coordinate virtual Evidence-Based programming with *Area Agencies on Aging Association of Michigan*, if feasible.
11. Implement health promotion and disease management strategies in the Vision 2021 – 2025 Strategic Plan.

Expected Outcomes: Improve health status of older adults participating in health promotion and disease management programs through proven evidence-based program interventions.

Long Term Care Ombudsman

Total of federal dollars: \$49,342	Total of state dollars: \$88,202
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Goal 1: Provide advocacy services for nursing facility and community living residents.

Activities:

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

7. Finalize LTC Ombudsman nursing home guide and distribute to nursing home residents.
8. Continue to work with nursing home residents and their families to reduce social isolation and the impact of COVID-19.
9. Implement Long Term Care Ombudsman strategies in alignment with the Vision 2021 – 2025 Strategic Plan.

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

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

Activities:

1. Continue to develop relationships with nursing home and community living residents and family support to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach program to target events to provide community education.
3. Collaborate with county organizations to educate and increase community awareness of all populations on elder abuse.
4. Work to protect nursing home residents from voter-related and other types of fraud.
5. Coordinate trainings on Elder Abuse for Information & Assistance Specialists.
6. Implement Long Term Care Ombudsman strategies in alignment with the Vision 2021 – 2025 Strategic Plan.

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

C. FY 2022 PROGRAM DEVELOPMENT OBJECTIVES

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

Objective 1.1: Work with Community Wellness Service Centers, congregate meal sites and other partners to expand health and wellness services using face-to-face and virtual platforms.

Activities:

1. Expand health-related services within CWSCs, satellite locations, and Agencies United for Healthy Aging.
2. Expand Diabetes Self-Management Prevention Program (D-PATH), Chronic Disease Self-Management Program (PATH), Chronic Pain Self-Management Program, Tomando Control de su Salud (Spanish Chronic Disease Self-

Management Program), Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program), EnhanceFitness, A Matter of Balance (AMOB), Creating Confident Caregivers, Powerful Tools for Caregivers, Tai Chi for Arthritis for Fall Prevention, Walk With Ease, Diabetes Prevention Program (DPP), Diabetes Self-Management Training (DSMT), Medical Nutrition Therapy (MNT), Universal Dementia Caregivers, and Aging Mastery Program for Caregivers.

3. Expand nutrition services in underserved areas within DAAA's service area.
4. Expand health education at congregate meals and satellite locations.
5. Implement telehealth services in Region 1-A for older adults and caregivers.
6. Continue implementation of Coordinated Food Delivery Consortium.
7. Expand the availability of specialized diets for older adults with chronic illnesses.
8. Enhance delivery of culturally appropriate meals, such as Halal, vegetarian, etc.
9. Implement health promotion and disease management strategies in the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 to 9/30/2022

Expected Outcomes: Expand health and wellness services.

Objective 1.2: Create sustainable Community Wellness Service Centers.

Activities:

1. Promote CWSCs and evidence-based programs.
2. Seek funding and other resources to support CWSC volunteers.
3. Increase access to information technology among older adults and caregivers to support face-to-face, virtual and technology-based programs.
4. Seek alternative revenues through Medicare billing, cost sharing and fee-for-service.
5. Implement health promotion and disease management strategies in the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 to 9/30/2022

Expected Outcomes: Increase sustainability of health promotion and disease self-management programs to support CWSC development.

Goal 2: Increase Access to Public Benefits and Services – Educate consumers to access public and private benefits and services made available through existing and new programs.

Objective 2.1: Build a new infrastructure of the Information & Assistance Call Center.

Activities:

1. Seek replacement of information technology for Service Point to enhance call center services through grants and resource development.
2. Create online resource guide to support older adults, caregivers and provider network.
3. Expand Information & Assistance reach through telephone reassurance using staff and trained volunteers.
4. Continue to expand access to public benefits and services through capacity building, financial literacy and training of older adults, caregivers and benefits counselors.
5. Facilitate the navigation of Social Security benefits among older adults through partnership building, placement of kiosks and other strategies.
6. Continue to partner with MDHHS through the MI Bridges online system.
7. Implement access to public benefits and services strategies in the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 to 9/30/2022

Expected Outcomes: Increase economic security through public and private benefits.

Goal 3: Coordinate Transportation Services for Seniors and Adults with Disabilities.

Objective 3.1: Implement senior transportation services in collaboration with DDOT, the Regional Transportation Authority (RTA) and other partners.

1. Integrate senior transportation/information programs available through DDOT, Regional Transportation Authority and MI Choice into a coordinated transportation strategy to increase access, improve health and reduce costs.
2. Continue to partner with the Regional Transportation Authority to provide myrides2 transportation services.
3. Continue to enhance MI CHOICE transportation services to older persons and adults with disability.
4. Enhance transportation services to special events in collaboration with other partners.
5. Leverage existing limited transportation services to support sustainability.
6. Continue to represent the agency on the RTA 5310 Committee
7. Continue to work with DDOT Local Advisory Council to improve transportation services for older adults and adults with disabilities.
8. Implement transportation strategies in the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 to 9/30/2022

Expected Outcomes: Develop an integrated, effective senior transportation program for older adults in Region 1-A.

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

Objective 4.1: Work with caregiver support providers, Community Wellness Service Centers and other community stakeholders to expand caregiver education, training support in Region 1-A

Activities:

1. Work with Alzheimer’s Association, AARP Michigan, Senior Regional Collaborative and other groups to expand caregiver and kinship services.
2. Continue to expand Creating Confident Caregivers, Powerful Tools for Caregivers, Universal Dementia and Dementia Dexterity Webinars and Aging Mastery caregiver training.
3. Seek additional resources to expand caregiver support, education and training.
4. Implement caregiver support services strategies in the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 to 9/30/2022

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

Goal 5: Create Age Friendly Communities-for-A-Lifetime (No longer a state goal)

Objective 5.1: Submit Age Friendly Communities-For-A-Lifetime at least one Region 1-A community to Commission on Services to the Aging.

Activities:

1. Work with AARP Michigan and the City of Highland Park to secure a Communities-For-A-Life-Time (CFL) designation.
2. Recruit staff, community volunteers and/or student interns to assist with the community assessment.
3. Request a resolution from the City of Highland Park in collaboration with community residents and AARP Michigan.
4. Submit a CFL application to AASA’s Commission on Services to the Aging.
5. Develop an Age-Friendly Communities Action Plan in collaboration with Interested municipalities.
6. Engage DAAA Advisory Council on promoting Dementia Friendly Communities.
7. Explore implementing a Caregiver Friendly Communities initiative to gauge community readiness to serve family caregivers.
8. Implement Aging Friendly Community strategies within the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 to 9/30/2022

Expected Outcome: Obtain at least one additional Aging-Friendly Communities designation under Communities-for-a-Lifetime. (Highland Park designated under AARP)

Goal 6: Reduce Isolation, Loneliness & Depression Among At-Risk Older Adults.

Objective 6.1: Increase socialization of at-risk older adults through volunteer-based strategies.

Activities:

1. Research best practices to reduce social isolation, depression and loneliness.
2. Continue to enhance a friendly reassurance model in collaboration with volunteers and other partners.
3. Develop a telephone reassurance tool kit for staff and volunteers.
4. Seek funding and recruit volunteers.
5. Secure other in-kind resources as needed.
6. Launch the model and measure health outcomes and community impact.
7. Increase DAAA Consumer Advisory Council meetings to monthly meetings decrease social isolation.
8. Implement social isolation strategies within the Vision 2021-2025 Strategic Plan.

Timeline: 10/1/2021 – 9/30/2022

Expected Outcomes: Reduce social isolation rating by 5 – 10% among targeted older adults.

Goal #7: Improve the Accessibility of Services to Michigan’s Communities and People of Color, Immigrants and LGBTQ+ Individuals (AASA Language)

Objective 7.1: Ensure that AAA staff and subcontractors are trained in diversity, equity and inclusion. **(AASA Language)**

Activities:

1. Strengthen the Diversity Equity and Inclusion Committee and review the diversity plan annually to support CARF and NCQA accreditation.
2. Plan and implement an annual diversity, equity and inclusion training for staff and service provider network.
3. Facilitate individual web-based training of staff in culture diversity.
4. Continue to operationalize LGBTQ+ training developed by the LGBT Elder Coalition and other partners.
5. Promote the hiring of team partners from cultural groups to reduce language, and/or cultural barriers.
6. Provide annual Cultural Competency training for the DAAA Advisory Council.

7. Implement diversity, equity and inclusion strategies in alignment with the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 – 9/30/2022

Expected Outcome: Increase in cultural competency of AAA staff and contractors.

Objective 7.2: Ensure that programming and outreach is culturally sensitive and without unconscious bias. **(AASA Language)**

Activities:

1. Plan and implement an annual diversity, equity and inclusion training for staff and service provider network that includes exercises designed to assist participants to recognize and address unconscious bias.
2. Identify online trainings and other materials to reinforce a bias-free environment.
3. Implement diversity, equity and inclusion strategies in alignment with the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 – 9/30/2022

Expected Outcome: Increase ability of AAA staff and contractors to recognize and address unconscious bias.

Objective 7.3: Ensure that programming and outreach is culturally sensitive and welcoming to all.

Activities:

1. Promote programs with culturally inclusive manner to embrace diverse populations.
2. Implement culturally sensitive outreach strategies within neighborhoods and organization with targeted racial/ethnic, immigrant and LGBTQ+ groups.
3. Partner with community leaders who can help build rapport with targeted populations to link them to programs and services.
4. Utilize Zoom channels to reach multi-cultural groups and ESL individuals.
5. Implementation of diversity, equity and inclusive strategies in the Vision 2021-2025 Strategic Plan.

Timeline: 10/1/2021 – 9/30/2022

Expected Outcomes: Increase culturally sensitive outreach regarding available programs to reach all populations.

Objective 7.4: Ensure that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that providers are trained to adapt to diverse cultural needs. **(AASA Language)**

Activities:

1. Direct culturally and linguistically appropriate outreach is directed to non-English speaking participants through translation of materials and interpretation services.
2. Monitor cultural diversity training among staff, providers and volunteers to assist them to adapt to diverse cultures.
3. Implement diversity, equity and inclusion strategies in alignment with the Vision 2021 – 2025 Strategic Plan.

Timeline: 10/1/2021 – 9/30/2022

Expected Outcomes: Increase culturally and linguistically appropriate outreach to non-English speaking older adults and caregivers through better trained service providers.

AREA PLAN BUDGET

- Area Plan Budget
- Funded Services Page

FY 2022 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Detroit Area Agency on Aging

Budget Period:

10/01/21

to 09/30/22

Rev. 3/2/21

PSA: 1A

Date:

05/05/21

Rev. No.: 0

page 2 of 3

Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII/EAP	Title VII A OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppl	LCW-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL	
A	Access Services																				
A-1	Care Management									719,734							1,000		80,000	800,734	
A-2	Case Coord/supp																			-	
A-3	Disaster Advocacy & Outreach Program																			-	
A-4	Information & Assis	138,269		260,827			60,629					63,987							26,000	549,712	
A-5	Outreach	27,900		54,442								30,558					1,500		10,330	124,730	
A-6	Transportation													18,498	31,502		6,850		10,500	67,350	
A-7	Options Counseling	33,000																		33,000	
B	In-Home																				
B-1	Chore	70,000															15,000		22,000	107,000	
B-2	Home Care Assis	93,245						553,754	77,861								41,500	98,401	99,000	963,761	
B-3	Home Injury Cntrl																			-	
B-4	Homemaking																			-	
B-6	Home Health Aide																			-	
B-7	Medication Mgt																			-	
B-8	Personal Care																			-	
B-9	Assistive Device&Tech																			-	
B-10	Respite Care	10,022						527,196	160,449				110,847	97,502			4,350		120,500	1,030,866	
B-11	Friendly Reassurance	25,000																		25,000	
C-10	Legal Assistance	57,610															800		10,000	68,410	
C	Community Services																				
C-1	Adult Day Services													139,326			2,100		20,700	162,126	
C-2	Dementia ADC																			-	
C-6	Disease Prevent/Health Promtion	144,880	66,748	18,572													37,500		56,000	323,700	
C-7	Health Screening																			-	
C-8	Assist to Hearing Impaired & Deaf Cmty																			-	
C-9	Home Repair	100																		100	
C-11	LTC Ombudsman	49,342				14,656					52,855						20,691		14,000	151,544	
C-12	Sr Ctr Operations																			-	
C-13	Sr Ctr Staffing																			-	
C-14	Vision Services																			-	
C-15	Prevnt of Elder Abuse,Neglect,Exploitation				13,826												375		2,900	17,101	
C-16	Counseling Services																			-	
C-17	Creat.Conf.CG@ CCC																			-	
C-18	Caregiver Supplmt Services																			-	
C-19	Kinship Support Services	4,373		37,477													400		5,500	47,750	
C-20	Caregiver E,S,T			50,220													3,500		10,000	63,720	
*C-8	Program Develop	164,850																		164,850	
	Region Specific																				
	a. Comm Serv Navigator	626,000															30,000		40,000	696,000	
	b. Emergency Gap Filling	63,950																		63,950	
	c.																			-	
	d.																			-	
	7. CLP/ADRC Services																			-	
Sp Co	8. MATF Adm													23,323						23,323	
Sp Co	9. St CG Sup Adm														2,878					2,878	
	SUPPRT SERV TOTAL	1,508,541	66,748	421,538	13,826	14,656	60,629	1,080,950	238,310	719,734	52,855	94,545	110,847	278,649	34,380	20,691	144,875	98,401	527,430	5,487,605	

FY 2022 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 3/2/21

Agency: Detroit Area Agency on Aging Budget Period: 10/01/21 to 9/30/22
 PSA: 1A Date: 05/05/21 Rev. Number 0

page 3 of 3

FY 2022 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	615,141		20,312		173,364			81,000	889,817
B-5	Home Delivered Meals		557,483		1,013,144	359,773	50,000	504,721		2,485,121
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	Nutrition Services Total	615,141	557,483	20,312	1,013,144	533,137	50,000	504,721	81,000	3,374,938

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

FY 2022 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	49,342	14,656	-	52,855	20,691	-	-	14,000	151,544
C-15	Elder Abuse Prevention	-		13,826			375	-	2,900	17,101
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	49,342	14,656	13,826	52,855	20,691	375	-	16,900	168,645

FY 2022 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore	70,000						15,000	22,000	107,000
B-4	Homemaking									-
B-2	Home Care Assistance	191,157		78,350		553,754		16,000	60,000	899,261
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM			160,449	66,819	527,196	93,006			847,470
B-8	Personal Care									-
	Respite Service Total	261,157	-	238,799	66,819	1,080,950	93,006	31,000	82,000	1,853,731

FY 2022 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	4,373	37,477				400	-	5,500	47,750
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	4,373	37,477				400	-	5,500	47,750

Planned Services Summary Page for FY 2022			PSA: 1A		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	9.04%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 549,712	6.20%			X
Outreach	\$ 124,730	1.41%		X	
Transportation	\$ 67,350	0.76%		X	
Option Counseling	\$ 33,000	0.37%			X
IN-HOME SERVICES					
Chore	\$ 107,000	1.21%	X	X	
Home Care Assistance	\$ 963,761	10.87%	X	X	
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%		X	
Home Delivered Meals	\$ 2,485,121	28.04%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%		X	
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 1,030,866	11.63%	X	X	
Friendly Reassurance	\$ 25,000	0.28%		X	
COMMUNITY SERVICES					
Adult Day Services	\$ 162,126	1.83%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 889,817	10.04%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 323,700	3.65%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 100	0.00%	X		
Legal Assistance	\$ 68,410	0.77%		X	
Long Term Care Ombudsman/Advocacy	\$ 151,544	1.71%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 17,101	0.19%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 47,750	0.54%		X	
Caregiver Education, Support, & Training	\$ 63,720	0.72%		X	
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 164,850	1.86%			X
REGION-SPECIFIC					
a. Comm Serv Navigator	\$ 696,000	7.85%		X	
b. Emergency Gap Filling	\$ 63,950	0.72%	X	X	
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 8,836,342				
MATF & ST CG ADMINISTRATION	\$ 26,201	0.30%			
TOTAL PERCENT		100.00%	9.63%	59.21%	31.16%
TOTAL FUNDING	\$ 8,862,543		\$852,907	\$5,248,197	\$2,761,439

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

APPENDIX

- A. Cash-in-Lieu-of-Commodity Agreement
- B. Request to Transfer Funds

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Detroit Area Agency on Aging

FY 2022

SUPPLEMENTAL DOCUMENT D

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

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

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

747,581

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

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

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Detroit Area Agency on Aging

FY 2022

SUPPLEMENTAL DOCUMENT F
Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0
N/A		
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 0
<p>The transfer of \$615,141 from Title C-1 to Title III-B will be utilized to provide services through Community Wellness Service Centers, including Community Service Navigator (regional definition), Transportation and Disease Prevention/Health Promotion.</p> <p>There will also be an administrative transfer of \$60,863 from Title III C-2 to Title III C-1 to enable the Congregate Meals Program to be maintained at the FY 2020 level.</p> <p>A total of \$1,379,889 is allocated from State Alternative Care, State Respite Care, Merit Awards and State In-Home Services to support the Home-Delivered Meals program by providing meals to eligible participants as a form of Respite Care.</p>		
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 0
N/A		