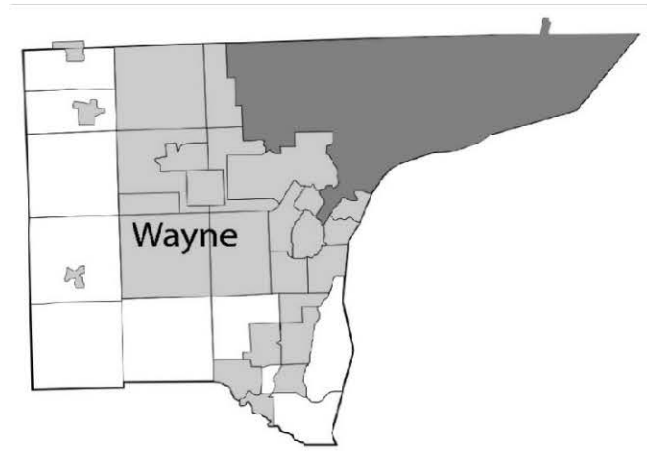


2020-2022 Multi Year Plan
FY 2021 ANNUAL IMPLEMENTATION PLAN
DETROIT AREA AGENCY ON AGING 1-A



Planning and Service Area

Cities of Detroit, Grosse Pointe
Grosse Pointe Farms
Grosse Pointe Park
Grosse Pointe Shores
Grosse Pointe Woods, Hamtramck
Harper Woods, Highland Park

Detroit Area Agency on Aging 1-A

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

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Executive Summary

Briefly describe for Commissioners the area agency and the agency's significant FY 2021 updates to the FY 2020 Area Implementation Plan.

Please provide a 2,000 word or less summary in the space provided that describes the planning and service area and significant changes to the current area plan. Include changes, if any, to the Access, In-Home, and Community-based services and supports provided within the plan. Also address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges, changes and continuing needs brought on by this emergency.

The Detroit Area Agency on Aging (DAAA) was founded in 1980 as a private, non-profit agency. CARF and NCQA-accredited, it is one of 16 Area Agencies on Aging (AAAs) in Michigan. The agency serves a region consisting of over 300,000 consumers residing in the City of Detroit, Highland Park, Hamtramck, Harper Woods and the five Grosse Pointes. These individuals consist of 148,458 sixty-plus older adults, an estimated 95,000 family and kinship caregivers, over 40,000 veterans, and adults with disabilities ages 18+ to 59 years old. Approximately 35,000 dual-eligible consumers reside in DAAA's service area.

DAAA's mission is to educate, advocate and promote healthy aging to enable people to make choices about home and community-based services and long term care that will improve their quality of life. It's vision is to create an age-friendly community that cares for the vulnerable and allows its constituents to shine. DAAA is guided by a set of core values in developing and carrying out its mission in order to effectively manage its strategic planning process, programs and services and advocacy efforts. These core values include:

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

In FY 2020, DAAA adopted five pillars that serve as a cornerstone for the agency and its local service provider network. Steeped in the Servant Leadership tradition, these guiding principles have been embraced to guide the agency's operations and strategic direction. The five pillars include an intentional focus on: Service, People, Growth, Finance and Quality. (The tenets of these five pillars are summarized at the end of this proposed plan).

The DAAA makes an array of services available to clients through public and private funding under the Older Americans Act of 1965 and the Older Michiganians Act of 1981. It also receives Medicaid Waiver funding from the Michigan Department of Health and Human Services and also provides services through MI Health Link. Some of the clients served through DAAA represent a duplicated count because they may receive more than one service.* During FY 2019, DAAA served a total of 111, 792 participants with 2,368,942 units of service.

For nearly a year, the DAAA has conducted a robust environmental scanning process to guide the development of its three and five-year strategic plans. Under the leadership of Ronald S. Taylor, President and CEO, the agency has engaged older adults, its staff, board and advisory council as well as community stakeholders in a broad-scale needs assessment in three phases. First, DAAA commissioned the Center for Community

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Solutions to develop a regional profile of DAAA's service area. This data analysis was followed by an extensive and episodic needs assessment conducted by Wayne State University (WSU) School of Social Work which included the gathering of 413 needs assessment surveys from older adults; 23 interviews with face-to-face with homebound elders; the convening of four listening sessions with 132 participants, and the soliciting input from (94) community leaders and influencers through an online community stakeholders survey. Lastly, DAAA worked with WSU School of Medicine to update the agency's award-winning Dying Before Their Time Study III. This study tracks premature death, access to care, hospitalizations and chronic illness among older adults in Region 1-A and other urban Michigan cities.

Emerging Critical Issues

Critical issues emerging from DAAA's strategic planning process indicate the following:

- The growth of the senior population (pre-COVID-19) makes it imperative that the DAAA's service delivery system address the social determinants of health to ensure that their needs are met.
- Older adults in DAAA's service area continue to have more than double to premature death rate as 60-plus older adults in the remainder of the state of Michigan.
- Sixty-plus older adults in the City of Detroit account for 42.4% of the Covid -19 cases and 81.6% of deaths through 6/26/2020.
- Top eight services needed in the DAAA service area includes MMAP counseling (43.4%), in-home care (40%), senior transportation (35.3%), Social Security Navigation (33.9%), evidence-based health promotion/disease management classes (27.4%), Information and Assistance (I & A) services (24.4%), Diabetes management classes (24.3%) and caregiver workshops (21.1%)
- The DAAA's Medically Underserved Area (MUA) increased from 54.5% to 68.9% over the last 19 years.
- DAAA needs to re-examine its service mix, distribution of funding and service priorities.
- Need assessment respondents note concern about affordable and accessible senior housing, public safety, and the need for walkable communities with streets that have good lighting, traffic signals and crosswalk that promoted safety for pedestrians.

Access Services

For FY 2021, DAAA proposes to continue to administer Care Management, Information and Assistance, Outreach, Long Term Care Ombudsman services as well as a portion of Health Promotion and Disease Management services. DAAA firmly believes that administering the proposed access 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 traditional service providers while respite care and home care assistance will be made available to AASA-funded Care Management services through Direct Purchase of Service provider agencies. In response to the coronavirus pandemic, DAAA requesting approval of a regional service definition for Emergency Gap-Filling Services to allow the agency and the provider network to acquire personal protection equipment and other needs. In addition, it has revised its regional definition for Community Service Navigator in order to allow for telephonic and/or in-home assessments.

In-Home Services

As a result of increasing need for in-home services by homebound older adults, DAAA plans to increase funding for these services. This includes making **Chore**, additional **Home Care Assistance** and additional **Respite Care** funding available. To do this, DAAA will earmark in-home service resources for care

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management clients as well as through our network of five Community Wellness Service Centers. In addition, DAAA is proposing to fund **Friendly Reassurance** for the first time. This will enable providers to reach out to isolated older adults telephonically.

Community Services

A summary of all of the services to be funded through FY 2021 and FY 2022 are highlighted below with an asterisk by the five services funded at the highest levels. *It should be noted that DAAA will not be funding Assistance to the Deaf and Hearing Repaired after unsuccessful attempts to provide this services through two Request for Proposal rounds.*

- Adult Day Services
- Care Management*
- Caregiver Education, Support and Training
- Congregate Meals*
- **Community Service Navigator**
- **Community Wellness Service Center***
- **Community Living Support**
- Disease Prevention and Health Promotion
- Elder Abuse Prevention
- **Emergency Gap-Filling Services**
- **Friendly Reassurance**
- **Home Repair (Placeholder)**
- Home Care Assistance
- Home-Delivered Meals*
- Information & Assistance*
- Kinship Support Services
- Legal Services
- Long Term Care Ombudsman/Advocacy
- Outreach
- Respite Care*
- Transportation Services
- Vision Services

Regional Service Definitions

Over the next two years, DAAA proposes to expand the role of its Community Wellness Service Centers by expanding the role of the Community Service Navigator and adding an additional tier of service -- Community Living Support. These five Community Wellness Services will be funded to provide: **Tier I: Community Service Navigator**; **Tier II: Community Living Support: Chore Services, Home Care Assistance, Respite Care and Transportation** and **Tier III: Community Wellness Center** consisting of Health Promotion and Disease Management and Caregiver Education, Training and Support. Additional detail about this conceptual model appears under Plan Highlights.

Contingency Planning

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As a result of the State budget deficit, DAAA is planning to cut service funding by 10% across service categories for FY 2021. It will also continue to aggressively diversify its funding base through public and private partnerships, third-party reimbursement, private pay and cost sharing. DAAA is also in the process of piloting telehealth services with Medicare reimbursement. Launching Senior Telehealth Connect in light of the Covid-19 pandemic will provide flexibility in serving homebound older adults as well as individuals who experience challenges seeking health care and/or managing their chronic illnesses. This will also enable the agency and public/private partners to bill for Medicare or through private pay.

Response to Covid – 19 Pandemic

Responding to the Covid-19 Pandemic has proven to be one of the most challenging emergencies DAAA has ever had to confront. The DAAA activated its Emergency Response Plan and transitioned from an on-site work environment to remote work environment on March 19, 2020. The agency's staff was divided into three tiers and equipped with laptops and cellular phones based on the priority needs of the organization. This included relocation of the Reception and Call Center desktop phones to the homes of DAAA team members for seamless and uninterrupted access of the public to DAAA; triaging the delivery of meals to at-risk older adults and making personal protection equipment/supplies available to direct care workers as a priority. DAAA also submitted several Waivers to AASA to modify service delivery.

Nutrition Services

DAAA partnered with a variety of community partners to make emergency meals available to older adults. These partners include MDHHS/AASA, TRIO Community Services, Gleaner's Food Bank, The Isaiah Project/Gateway Gourmet, the City of Detroit/Recreation Departments, and LaGrasso Brothers. These partners assisted DAAA to implement emergency food from March – June 30, 2020 and beyond. A \$100,000 grant from United Way enabled DAAA to provide 4,521 persons with 22,609 five-pack frozen meals through June 1, 2020.

During the first 90 days of the pandemic, DAAA provided 1,750 homebound clients with over 61,903 emergency meals in lieu of regular hot and frozen meals. In addition, it provided 11,150 regular and 58,540 curb side congregate meals to seniors along with 33,048 liquid meals to older adults needing special diets. The agency also partnered with Gleaner's Food Bank to distribute 8,760 quarantine boxes to clients through curbside pickups; delivered 13,383 meal boxes through Isiah Project/Gateway Gourmet and 1,503 FOD meals through Precise and Restoration Towers. Remarkably, 2,403 produce boxes with fruits and vegetables were distributed through curbside pick ups at recreation centers and other locations. About 192 volunteers donated 394 hours of service to deliver prescriptions and emergency meals and 382 additional volunteer hours were clocked delivering Gleaner boxes and shelf stable meals impacted by Covid-19.

Personal Protection Equipment & Supplies

At the beginning of the pandemic and Governor Gretchen Whitmer's Stay-At-Home Executive Order, personal protection equipment (PPE) was in short supply. As a result, DAAA took a variety of steps to provide PPE to our downstream providers and participants to keep service providers and older adults safe. This included working with the State of Michigan through the Department of Health and Human Services/ Aging and Adult Services Agency to distribute: 40,300 disposable gloves, 102 gallons of hand sanitizer, 3,732 face shields, 4,150 masks, 23 boxes of disinfectant wipes, 22 boxes of gel hand sanitizer and two boxes of small clinical wipes.

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A number of other organizations donated PPE and other supplies to assist DAAA to serve the community. This include World Medical Relief donating 2,000 pairs of gloves and 8 medium bottles of hand sanitizer; Quicken Loan donating 2,000 disposable masks; United Way donating 1,000 masks and Foster Medical Supply donating 200 shoe covers and 100 disposable thermometers. The Ford Motor Company was instrumental in the delivery of many of these supplies to designated locations. In addition, the “Cuddlers of Detroit” donated 144 personalized gift boxes filled with hand-written notes, puzzles, color pencils, chocolates and more for homebound seniors to promote social engagement and reduce social isolation.

Provider Network Coordination

During the Covid-19 pandemic, DAAA’s CEO Leadership Team held daily conference calls until it gradually reduce to two to three days a week. Zoom conference calls were also executed weekly or bi-weekly with its provider network and five Community Wellness Service Centers respectively to coordinate efforts. These providers have operated on the front line to provide in-home services, telephone reassurance, and delivery/pick ups of emergency online grocery shopping, prescriptions and incontinence items and meal delivery to homes and quarantined senior housing facilities.

Fund Development Efforts

During the pandemic, DAAA has experienced an increase in voluntary donations to the agency. This includes **\$284,877** in donations from Quicken Foundation, Community Foundation of Southeast Michigan, DTE Foundation, Mitch Albom Foundation, The Meals on Wheels America, United Way of Southeast Michigan, Ford Fund and Life for Relief & Development. In addition, DAAA is receiving **\$150,000** of funding from the Michigan Health Endowment Fund for Telehealth and Coordinated Food Delivery. A **\$450,000** MDHHS/AASA Older Adults Living with HIV grant is being delayed until FY 2021.

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County/Local Unit of Government Review

County and local government review of the Area Agency on Aging's FY 2021 substantive updates to the FY 2020 AIP updates are not required and do not need to be described as part of the FY 2021 AIP updates.

The Michigan Aging and Adult Services Agency (AASA) is requiring all sixteen Area Agencies on Aging (AAAs) throughout the State of Michigan to develop FY 2021 Annual Implementation Plans (AIP) with a 12-month extension given Covid-19 pandemic. As a result of the coronavirus, AASA relaxed the Municipal Sign Off requirements for notification of cities via registered mail. Therefore, the Detroit Area Agency on Aging (DAAA) email the document to Region 1-A municipal governments and to invite them to provide input during the Virtual Town Hall meeting slated for July 16, 2020. Acquiring input and support from within Region 1-A's municipal governments on the proposed plan is critically important to the agency.

The time line for development, review and comment process within Region 1-A is outlined below:

- January 2020:** Update on needs assessment, regional profile and Dying Before Their Time III.
- February 2020:** Review of FY 20 Annual Implementation Plan Status and FY 21 AIP requirements.
- March 2020:** Update Board/Advisory Council on needs assessment and stakeholder analysis.
- April 2020:** Review of critical issues emerging from needs assessment/stakeholder analysis.
- May 8, 2020:** Review of AASA Waivers for Covid-19 and final WSU Needs Assessment results.
- June 15, 2020:** Thirty-day notice for Virtual Public Hearing posted on DAAA Website.
- June 22, 2020:** Internal view of the proposed FY 21 Annual Implementation Plan.
- July 1, 2020:** Long Range Planning Committee/DAAA Advisory Council review proposed plan.
- July 2, 2020:** Post draft plan to the Detroit Area Agency on Aging web site.
- July 16, 2020:** Virtual Town Hall Public Hearing held virtually to present the proposed plan.
- July 16, 2020:** Long Range Planning Committee meets to review testimony to make revisions.
- July 17, 2020:** DAAA Advisory Council approves FY 21 Annual Implementation Plan.
- July 27, 2020:** Approval of the proposed plan by the DAAA Board of Directors.
- July 31, 2020:** Submission of the proposed FY 21 Annual Implementation Plan to AASA.

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- August 2020:** Review of proposed plan by AASA Field Representative and Review Team.
- September 2020:** Presentation of AIP to Commission on Services to the Aging.
- October 1, 2020:** Post annual plan on the DAAA Website.

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2021 Plan Highlights

The FY 2021 AIP Highlights should provide a succinct description of the following:

--Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2021. If there are no new activities or changes planned, note that in your response.

--Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).

--A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2021.

Please provide a narrative about what, if anything, the area agency is planning that is new for FY 2021, or that is significantly different from the established FY 2020-22 Multi-Year Plan (MYP). If there are no new activities or changes planned, note that in your response. In addition, include area agency plans to handle the likelihood of reduced federal funding, including any specific alternative funding sources to be pursued. Finally, describe progress made through Multi-Year Plan (MYP) advocacy efforts to date and the area agency's specific planned advocacy focus in FY 2021.

New FY 2021 Priorities

As a result of DAAA's strategic planning process, the agency is setting new priorities for its service delivery system. DAAA is expanding its service mix to include chore services, increased home care assistance, expanded respite care as well as friendly reassurance. To address natural disasters and the covid-19 pandemic, DAAA is adding a regionally defined service for emergency gap-filling services. DAAA has also included a placeholder for home repair services in order to utilize underspent funding, when available.

In order to make in-home services available across the planning and service area, DAAA is re-instituting a modified Community Support Coordination model implemented during FY 2014 – FY 2016. This conceptual model will create three service tiers to make Community Service Navigator (Tier I), Community Living Support (Tier II) and Community Wellness Center (Tier III) available using regionally defined service definitions. The Community Support Coordination Service Model will be provided under the three tiers, but will use AASA Service Standards for compliance and program/financial reporting. DAAA's CWSCs will have the option of providing CLS services directly or through DAAA-approved in-home service vendors.

Community Support Coordination

Community Service Navigator (Tier I) - This Commission-approved regional definition for this Tier I service has been modified to include telephonic and/or in-home assessment and reassessment of older adults or caregivers needing home care assistance and respite care. Other functions include performing intake and screening, service referrals, developing basic service plans, ordering in-home and other services, benefits and options counseling as well as other services that link older adults and caregivers to community resources.

Community Living Support (Tier II) - This service consists of Chore, Home Care Assistance, Respite Care and Transportation services that assists older adults to age in place and remain independent. Services are

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person-centered in order to provide homebound participants or caregivers with flexibility. Home Care Assistance and Respite Care will be supervised by a Registered Nurse.

Community Wellness Center (Tier III) - These services provides Community Wellness Service Centers with the ability to provide Caregiver Education, Training and Support and Disease Prevention/Health Promotion to support evidence-based programs and other programs and services to promote well-being.

The diagram depicting the Community Support Coordination model proposed for FY 2021 – FY 2022 appears in the Appendix.

Progress Made on Advocacy Efforts

DAAA has made significant progress in its advocacy efforts for FY 2020 despite the cancellation of several federal, state and local events. Key progress is highlighted below:Planned a Legislative Breakfast featuring Senator Gary Peters, Lt. Gov. Garlin Gilchrist, and state and local legislators on March 16, 2020 (Cancelled – Covid-19)

- Promoted advocacy activities on May 12, 2020 in lieu of Older Michigianians Day.
- Participated in Advocacy Day – June 24, 2020.
- Advocate for Senate Bill 690, supporting a temporary pay increase for direct care workforce during COVID-19.
- Also advocating that legislation will protect and hold harmless service to seniors and persons with disabilities in the FY 2020 and FY 2021 state budgets.
- Advocated for the preservation of senior housing through the Senior Housing Preservation Detroit (SHP-D).
- Participated in the Michigan Senior Advisory Council legislative advocacy activities .Supported the advocacy platform of Silver Key Coalition.
- Attended Senior Regional Collaborative Advocacy meetings.

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Public Hearings

All area agencies held public hearings during the development of their FY 2020 AIPs and FY 2020-22 multi-year plans (MYP). Public hearings on substantive updates to the approved plan for FY 2021 are not required and do not need to be described. Public review and approval of the area agency’s proposed FY 2021 AIP budget and programmatic updates by the area agency’s Policy Board is considered, in this instance, to have met the *AASA Operating Standards C-2, Section (11)(a)*, requirement that “*a proposed addition or deletion of any area plan objective must be presented for public comment within the PSA prior to submission to AASA.*”

Public input is always welcome and encouraged. Area agencies holding additional public input forums on their FY 2021 updates are to be commended.

Date	Location	Time	Barrier Free?	No. of Attendees
07/16/2020	Zoom Town Hall Meeting	10:00 AM	Yes	0

For the first in DAAA’s history, DAAA conducted a public hearing virtually via Zoom during the Covid-19 pandemic. The Virtual Town Hall meeting on the proposed FY 2021 Annual Implementation Plan was scheduled for July 16, 2020 from 10:00 a.m. – 11:30 a.m.. The video-conference / conference call consisted of a welcome from Dr. Fay Keys, Chair of the Long Range Planning Committee; remarks by Ronald S. Taylor, President and Chief Executive Officer; presentation of the proposed FY 2021 Annual Implementation Plan by Anne Holmes Davis, Director of Planning; and acceptance of oral and written testimony. The Virtual Town Hall Video-Conference/Conference Call had a total attendance of _____. The 30-day notice was posted on June 15, 2020. Prior to sponsoring the public hearing on the proposed plan. DAAA also solicited input from older adults and caregivers through a community needs assessment, four listening sessions, and 24 interviews of homebound seniors.

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Regional Service Definitions

If the area agency is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in AASA's *Operating Standards for Service Programs*, then information about the proposed service category must be included in this section.

The AAA must add a Regional Service Definition for any current COVID-19 policy-waiver-approved services that are not included in, or deviate from, AASA's *Operating Standards for Service Programs* that the AAA is planning to continue beyond September 30, 2020. Enter the new regional service name, identify the service category and fund source, include unit of service, minimum standards and an explanation of why activities cannot be funded under an existing service definition.

Service Name/Definition

Community Service Navigator - Coordination of community support services for older adults and family caregivers at the individual and community level designed to assist consumers to navigate service delivery systems and access a wide range of home and community-based supports and services, public benefits and other resources to empower them to live independently.

Allowable Services: A basic assessment and subsequent reassessment every six months and the monitoring of a service plan tailored to the consumer's needs. The Community Service Navigator(s) are responsible for brokering and arranging new or existing community services while working to enhance formal and informal support in the service area. This includes providing internal and external home and community-based services and developing needed resources in collaboration with community partners, other community-based organizations and trained volunteers. In addition, the Navigators will identify and communicate with appropriate community agencies to arrange for services and evaluates the effectiveness and benefits of the services provided.

Rationale (Explain why activities cannot be funded under an existing service definition.)

Community Service Navigator services will enable personnel at Community Wellness Service Centers to conduct intake and screening, service referrals, assessments/reassessments every six months, options/benefits counseling to link older adults and caregivers to in-home and other services including health and wellness programs.

Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input checked="" type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	One hour of service

Minimum Standards

1. Coordinate services in a designated service area.
2. Community Service Navigator services must be physically located in the service area.
3. Performs intake and screening of clients to determine needs
4. Make referrals to internal/external services.

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4. Conducts telephonic and/or in-home assessment/reassessment in collaboration with a RN ever six months.
5. Develops a basic service plan and orders services in collaboration with client, direct care workers and/or in-home service provider.
6. Provides follow up assistance to gauge quality of services.
7. Provides or facilitates options counseling and benefits counseling is an allowable function.
These access components will link at-risk participants to the following services:
 - a. Long Term Care Services
 - b. Direct provision of Home and Community-Based Services
 - c. Arranged Home and Community-Based Services
 - d. Public and Private Benefits
 - e. Medicare / Medicaid Assistance Program
 - f. Linkage to Primary Care, if needed
 - g. Evidence-based Wellness Programs
 - h. Caregiver Education, Training and Support
 - i. Other programs and services
8. Assessment may be substituted with recently performed in-home service, care management and other assessments of partners.
9. This service will coordinate care across the targeted service area for older adults and caregivers through partnerships and volunteers
10. Maintain relationships with Wayne County Department of Human Services (Medicaid and Adult Home Help) , PACE, MI CHOICE Waiver,
Assisted Living and Independent Living Facilities, Hospice, Home Health Agencies, local healthcare systems and other programs. The Community Support Coordination entities will coordinate services through managed care organizations through DAAA.
11. Act as a broker and program developer of services in the targeted area to ensure that seniors and caregivers are linked to resources that address their unmet needs through a service-specific collaborative network of organizations:
 - a. Consumers
 - b. Government
 - c. Area businesses and/or corporations
 - d. Fraternal organizations and/or foundations
 - e. Faith-based Organizations
 - f. ADRC partners in the area
 - g. DAAA designated community focal points
 - h. Hospitals and Wellness programs
 - i. Medicare-Medicaid Assistance Program
12. In-service training at least twice each fiscal year

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Service Name/Definition				
Community Living Support: The provision of blended person-centered, supportive services to at-risk homebound and moderately impaired older adults who require chore, home care assistance (personal care and homemaking), respite care and/or transportation services to maintain their health status and independence in a home and/or community setting.				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
Community Living Support will provide Community Wellness Services Centers to provide person-centered supportive services to older adults and caregivers who need chore, home care assistance, respite care and transportation services.				
Service Category	Fund Source			Unit of Service
<input checked="" type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input checked="" type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input checked="" type="checkbox"/> State In-home <input checked="" type="checkbox"/> State Respite <input type="checkbox"/> Other _____			One hour of service/One way trip

Minimum Standards

1. Provides support to home bound seniors to assist with the following:
 - a.) meal preparation,
 - b.) laundry,
 - c.) routine household, seasonal and heavy household cleaning,
 - d.) light inside chores,
 - e.) shopping for grocery and other necessities.
2. Provides other guidance, support and assistance may include:
 - a.) bill payment and money management;
 - b.) personal advocacy on behalf of individual,
 - c.) attendance at medical appointments,
 - d.) reducing social isolation and
 - f.) non-medical assistance not requiring a primary care or registered nurse.
3. Offers personal care activities such as the following
 - a.) assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation.
4. Provision of respite care as required by the participant's caregiver including :
 - a.) include supervision of care recipient as well as personal care responsibilities.
5. Provision of transportation for the care recipient to get to CWSCs and medical appointments.
6. Observation, recording and reporting changes in clients' health status and home environment.
7. All CLS Workers must be trained by a qualified person:
 - a.) Must be tested for each task to be performed prior to being assigned.
8. The supervisor must approve tasks to be performed by each worker.
9. Completion of a recognized nurse aide training course by each worker is strongly recommended.
7. CLS worker must have previous relevant experience or training and skills in the following:
 - a.) Assisting with personal care needs and housekeeping,
 - b.) household management and good health practices,
 - c.) observation, and recording and reporting client information.

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8. Semi-annual in-service training is required as follows:
 - a.) Safety, sanitation and emergency procedures,
 - b. Body mechanics and universal precautions
 - c. Household management.
 - d. Food preparation, safe food handling procedures, and
 - e.) Identifying and reporting abuse and neglect.

9. CWSCs may provide Community Living Support Services may:
 - a.) Provide directly or contract with a DAAA-approved provider.

10. Each program must maintain linkages with a Continuum of Care
 - a. Care Management
 - b. MI CHOICE Medicaid Waiver
 - c. In-Home Services and other Long Term Care Supports

11. Transportation provided to older adults must be provided through para-transit companies.

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Service Name/Definition				
Community Wellness Center: A community facility where older adults and caregivers 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. Services may be conducted face-to-face, telephonically and through virtual platforms.				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
Community Wellness Center provides resources for caregiving and health promotion/disease management programs at the Community Wellness Service Centers to support independent living, socialization and less caregiver stress and burden.				
Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title VII <input type="checkbox"/> State In-home <input type="checkbox"/> Other _____	<input type="checkbox"/> Title III PartD <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Respite	<input checked="" type="checkbox"/> Title III PartE <input type="checkbox"/> State Access	One hour of service

Minimum Standards

1. Certified as an accessible facility that can accommodate adults with disability.
2. Open a minimum of five days per week and at least forty hours per week.
3. Operate meal site for a congregate nutrition program/food program funded through OAA or privately.
4. Provide directly or make arrangements for the provision of the following services to be offered at each facility:
 - a. Information and Assistance
 - b. Options / Benefits Counseling
 - c. Health promotion activities
 - d. Disease Management
 - e. Caregiver Education, Training and Support
 - f. Fitness programs
 - g. Evidenced-based prevention and disease management services
 - h. Social and recreational activities
 - i. Educational opportunities
 - j. Congregate Meal Site and/or Food programs
 - k. Field Trips and Excursions
 - l. Virtual and web-based activities
 - m. Volunteer opportunities
 - n. Outreach
5. 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. Document that appropriate preparation has taken place for procedures to be followed in case of an emergency including:

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- a. An annual fire drill, bomb threats, active shooter and domestic violence prevention.
 - b. Posting and training of staff and regular volunteer.
 - c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.
 - d. Maintain an emergency disaster plan.
-
7. Adhere to the Principles for the Operation of Senior Centers as established by the National Institute of Senior Centers.
 8. Provide an opportunity for center participants to have input regarding the governance of the center.
 9. Engage in community partnerships, including the Area Agency on Aging and local health agencies.
 10. Promote the adoption and expansion of best practices.
 11. Assure the quality of the health components of the health promotion programs.
 12. Link with appropriate collateral services and assist with program evaluation to ensure client satisfaction.

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Service Name/Definition		
<p>Emergency Gap-Filling Services: the provision of services and assistance provided to older adults 60 years or over residing within Region 1-A in the event of an emergency. These services will help to eliminate threats to independence, health, safety and well-being of the older adult. These services would be provided when the emergency requires immediate actions when other resources are not available or accessible.</p>		
<p>Rationale (Explain why activities cannot be funded under an existing service definition.)</p> <p>This emergency response fund will enable DAAA to work with its provider network to process emergency assistance during natural and man-made disaster. Currently, there are no minimum standard that will specifically assist seniors with services and assistance in the state of an emergency or pandemic that requires immediate action.</p>		
Service Category	Fund Source	Unit of Service
<input checked="" type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	<p>One occurrence of assistance</p>

Minimum Standards

1. Provide services as a last resort based to older adults and/or caregivers experiencing emergency
2. Conducts a brief telephonic intake and screening process used by DAAA and provider agency .
2. Verifies lack of availability of assistance, supplies and/ or equipment.
3. Encourages client to cost share, when possible.
4. Services may include, but are not limited to:
 - a.) Basic needs
 - b.) Relocation costs due to emergency
 - c.) Extermination costs for individual residences
5. Emergency services may include the following:
 - a.) Emergency equipment and supplies
 - b.) Costs associated with an sporadic on ongoing emergency event
6. Other services that may be deemed necessary to reduce risk.
7. Older adults do not need to be enrolled in following programs:
 - a.) Care management program to receive emergency gap-filling services
8. Provider agencies will be able to approve gap filling services as follows:
 - a.) At a pre-approved funding level noted by DAAA
 - b.) Higher funding level above cap if approved by AAA.
9. DAAA's President and CEO or designee will have final approval:
 - a. Request over the pre-approved level at the DAAA and the service provider level.
 - b. Approval of a request needed within Region 1-A.

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Access Services

Some access services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, including people of color, people with disabilities, lesbian, gay, bisexual, transgender and other (LGBTQ+) older adults; and Merit Award Trust Fund/State Caregiver Support-funded Transportation. If the area agency is planning to provide any of the above noted aSome access services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, including communities/people of color, persons with disabilities, recent immigrants, lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) older adults; and Merit Award Trust Fund/State Caregiver Support-funded Transportation.

If the area agency is planning to provide any of the above noted access services directly during FY 2021, complete this section.

Select, from the list of access services, those services the area agency plans to provide directly during FY 2021, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.ccess services directly during FY 2021, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2021, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service. Direct service budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

<u>Starting Date</u>	10/01/2020	<u>Ending Date</u>	09/30/2021
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Total of Federal Dollars	Total of State Dollars
	\$719,734.00

Geographic area to be served

AAA Region 1-A

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Specify the planned goals and activities that will be undertaken to provide the service.

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

Activities:

1. Comply with protocol, policies and procedures to ensure high quality of services.
2. Distribute satisfaction surveys when annual documents are completed.
3. Encourage participant to complete the survey and return questionnaires.
3. Administer surveys at next monthly contact question if survey was mailed.

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. Assess participant's quality of life during enrollment before receiving Care Management services .
2. Assess participant's quality of life after receiving CM services at each monthly contact.
3. Dscuss satisfaction with services received during past month and during assessments.
4. Data from the surveys 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. Encourage participants to take part in activities in their home and communities.
2. Assist the participants to register for free and low-cost transportation.
3. Encourage participants to request a senior companion or telephone reassurance.
4. Encourage participants to have informal supports.
5. Encouage gatherings at the participant's home when safe and possible .

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:

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1. Educate participant regarding signs/symptoms to trigger a contact with medical professional.
2. Educate participants regarding the importance of taking medication.
3. Assist participants to prevent hospital and emergency room visits.
4. Encourage participant to contact the doctor's office post 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 of 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. Educate participant regarding signs and symptoms of malnutrition and dehydration.
2. Coach participants regarding good nutrition and hydration.
3. Encourage participant to seek nutrition education counseling/supports.

Number of client pre-screenings:	Current Year:	202	Planned Next Year:	220
Number of initial client assesments:	Current Year:	132	Planned Next Year:	80
Number of initial client care plans:	Current Year:	309	Planned Next Year:	240
Total number of clients (carry over plus new):	Current Year:	176	Planned Next Year:	190
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:55	Planned Next Year:	1:55

Information and Assistance

<u>Starting Date</u>	10/01/2020	<u>Ending Date</u>	09/30/2021
Total of Federal Dollars	\$229,644.00	Total of State Dollars	\$63,991.00

Geographic area to be served
AAA Region 1-A

Specify the planned goals and activities that will be undertaken to provide the service.

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.

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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.

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

Goal 2: Enhance the skills of I & A Specialists.

Activities:

1. Participate in ongoing training to enhance current and new skills development.
2. Continue to participate in required AASA Person Centered Thinking training.
3. Make on-going ABCs of I & R training to meet AIRS standards for recertification.
4. Offer on-going MMAP training for 100% of staff to be certified as counselors.
5. Continue to participate in LGBTQ sensitivity training.
6. Collaborate with other departments to ensure effective and efficient screening processes.
7. Coordinate with MI Choice Medicaid Waiver, Project Choice, MMAP, MHL, MOW and other programs.
8. Support Outreach program efforts by attending events
9. Complete 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. 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 Centers.
5. Collaborate with CWSC partners to evaluate tracking data and determine next steps.

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

Outreach

Starting Date

10/01/2020

Ending Date

09/30/2021

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Total of Federal Dollars \$252,007.00 Total of State Dollars
Geographic area to be served
AAA Region 1-A

Specify the planned goals and activities that will be undertaken to provide the service.

Goal: Expand, enhance and integrate options counseling into the service delivery system within Region 1-A.

Activities:

1. Further integrate options counseling into access services.
2. Further enhance and expand options counseling trainings.
3. Expand capacity building through new procedures, new processes, and the cataloguing of needed tools.
4. Follow up with consumers for at least 90 days.
5. Coordinate options counseling with Community Services Navigators at the CWSCs.

Expected Outcome: Develop consistent and standardized procedures, training and quality measures.

Transportation (for MATF only)

<u>Starting Date</u>	10/01/2020	<u>Ending Date</u>	10/01/2021
Total of Federal Dollars	\$66,479.00	Total of State Dollars	\$18,713.00
Geographic area to be served			
AAA Region 1-A			

Specify the planned goals and activities that will be undertaken to provide the service.

Goal: Provide transportation services to older adults in Region 1-A through the network of Community Wellness Service Centers in order to increase access to care as well as programs and services .

Activities:

1. Provide transportation to Community Wellness Service Centers to assist older adults with socialization .
2. Offer transportation to medical appointments to support health promotion and disease management .
3. Collaborate with transportation partners to make services available to grocery stores, field trips and other amenities.

Expected Outcomes: Improve access to programs and services to improve the quality of life of older adults.

Options Counseling

<u>Starting Date</u>	10/01/2020	<u>Ending Date</u>	09/30/2021
Total of Federal Dollars	\$33,000.00	Total of State Dollars	\$0.00

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Geographic area to be served

AAA Region 1-A

Specify the planned goals and activities that will be undertaken to provide the service.

Goal: Expand, enhance and integrate options counseling into the service delivery system within Region 1-A.

Activities:

1. Further integrate options counseling into access services.
2. Further enhance and expand options counseling trainings.
3. Expand capacity building through new procedures and processes.
4. Support the cataloguing of needed option counseling tools.
5. Follow up with consumers for at least 90 days.
6. Coordinate options counseling with CWCSs.

Expected Outcome: Develop consistent and standardized procedures, training and quality measures.

Direct Service Request

This section applies only if the area agency is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle. It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, a direct service provision request may be approved by the CSA. Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: A) provision is necessary to assure an adequate supply; B) the service is directly related to the area agency’s administrative functions; or C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that have a new request to provide an in-home service, community service, and/or a nutrition service directly must complete the section below for each service category. Include in this section any current COVID-19 policy-waiver-approved direct provision of a service included in the AASA *Operating Standards for Service Programs* that the AAA is planning to continue beyond September 30, 2020.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing or policy board discussion for any new Direct Service Request for FY 2021. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Please skip this section if the area agency is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2021.

Disease Prevention/Health Promotion

Total of Federal Dollars \$130,200.00 Total of State Dollars \$0.00

Geographic Area Served AAA Region 1-A

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

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

Activities:

1. Convene the CWSC Advisory Committee meetings.
2. Promote best practices, marketing, partnership building and sustainability.
3. Monitor evidence-based programs and perform fidelity checks.

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4. Track self-reported program outcomes quarterly.
5. Evaluate effectiveness of programs.
6. Facilitate ongoing training, technical assistance and support.
7. Implement the Passport to Health initiative at two of the five CWSCs.
8. Implement Coordinated Food Delivery Strategy in tricount area

Expected Outcomes: Improve the health status of older adults/ caregivers to address 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
2. Support programming at CWSC satellites on face-to-face and virtual programming.
3. Assist CWSCs to recruit/train lay leaders, coaches and instructors in evidence-based programs.
4. Set volunteer recruitment and program completion targets.
5. Track measurable outcomes for DSMT on AADE Annual Report with input from the DSMT Advisory Council.
6. Explore the continuation of Take Heart program .
7. Promote sustainability of Diabetes Self-Management Training and MNT
8. CWSCs through shared resources and bill Medicare and/or third parties.
9. Explore cost sharing, fee-for-services and membership fees.
10. Position network for third-party reimbursement opportunities.
11. Implement Work Passport to Health in partnership with two CWSCs.
12. Develop a business plan/IT Plans for CWSCs
13. Implement Senior Telehealth Connect Program for Medicare reimbursement.

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

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

DAAA proposes to administer community health and wellness services directly and to contract with five Community Wellness Service Centers in order to maintain licensing and certifications centrally to avoid duplication of efforts and maintain efficiencies and effectiveness. This will also enable DAAA to monitor the evidence-based programs to maintain fidelity and compliance; provide technical assistance and support as well as to take advantage of program development and third-party reimbursement opportunities that can expand service delivery and sustain services.

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CWSC services will be supported through Community Service Navigator, Community Living Support (Chore, Home Care Assistance, Respite Care and Transportation) and Community Wellness Center (Disease Prevention and Health Promotion and Caregiver Education, Training and Support).

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Administration of the disease prevention and health promotion services has enabled DAAA to secure additional resources from public and private partners such as the Michigan Health Endowment Fund, OA Foundation and AASA through a coordinated effort. Community needs assessment finding support the continuation of health and wellness services.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

Virtual Town Hall Conference Call was held on July 16, 2020. There were no comments about the delivery of these services.

Long Term Care Ombudsman

<u>Total of Federal Dollars</u>	\$61,491.00	<u>Total of State Dollars</u>	\$52,855.00
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Geographic Area Served AAA Region 1-A

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

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, 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.

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, community living residents and families to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach program to target events to provide community education.

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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 I & A Specialists.

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.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

DAAA proposes to continue to provide Long Term Care Ombudsman services because the services are 1) administered in conjunction with Information and Assistance; 2) provided economically and effectively and 3) maintains continuity of service in Region 1-A until AASA finalizes its plans to directly administer this program through a third party. DAA has been unable to identify an outside vendor for these services.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

DAAA has elected to continue to provide LTC Ombudsman services given the State of Michigan's plans to centralize these services in the future.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

There were no comments regarding LTC Ombudsman services during the Virtual Town Hall public hearing held via Zoom on July 16, 2020.

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Regional Direct Service Request

This section applies only if the area agency is submitting a new request to provide a regional service directly that was not previously approved in this multi-year planning cycle. It is expected that regionally defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of AASA: (A) provision is necessary to assure an adequate supply; (B) the service is directly related to the area agency's administrative functions; or, (C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Include in this section any current COVID-19 policy-waiver-approved direct regional services that have been included in the updated Regional Service Definition section and that the AAA is planning to continue beyond September 30, 2020.

Area agencies that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional direct service request for FY 2021. Also, specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Regional Direct Service Budget details for FY 2021 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (federal Older Americans Act Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Please skip this section if the area agency is not submitting a new request to provide regional services directly during FY 2021.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

Approved MYP Program Development Objectives

Progress updates for Program Development Objectives approved in the FY 2020 AIP/MYP, including Communities for a Lifetime Program Development Objectives, are not required and do not need to be described as part of the FY 2021 AIP updates.

Program development goals and objectives previously set by the area agency and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the area agency to provide information on progress toward the objectives to date. This text box is editable.

For those area agencies that have an approved Community for a Lifetime (CFL) or aging-friendly goal and objective(s) for FY 2020, the following information should be addressed in the progress to date text box:

- A. Which community achieved CFL or aging-friendly recognition (if any) and if none;
- B. Which communities were the area agency involved with to encourage them to engage in conducting an aging-friendly assessment and/or improvement activities and;
- C. What were the lessons learned for the area agency and other community partners from the process of raising awareness about the value of aging-friendly communities and;
- D. What improvements (if any) were made in communities in the PSA to make them more aging friendly?

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

Area Agency on Aging Goal

- A. **Goal 1: Improve and Expand Health, Wellness and Nutrition of Older Adults**

Objectives

- 1. Objective 1.1: Work with Community Wellness Service Centers and other locations to expand health and wellness services through partnerships.
Timeline: 10/01/2019 to 09/30/2020

Progress

During FY 2020, DAAA held quarterly meetings with the Community Wellness Service Center Advisory Council. These meetings were increased to weekly emergency meetings from March – June 30, 2020 to address the covid-19 pandemic. DAAA continued to administer the evidence-based programs, perform fidelity checks and monitor licensing and certifications. The performance of the CWSCs were also tracked. Promotional materials were updated to support marketing and outreach. DAAA also provided TA and Assistance to support CWSC development.

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DAAA also convened monthly Passport to Health Collaborative Network meeting and partnered with Michigan Complete Health and University of Michigan to make evidence-based programs to participants. Health outcomes are being tracked in Red Cap and through MySeniorCenter.org.

Once covid-19 pandemic started, DAAA began assisting CWSCs to build programming using virtual platforms such as Zoom, Facebook Live, Google Hangout and other mediums.

2. Objective 1.2: Create sustainable Community Wellness Service Centers.

Timeline: 10/01/2019 to 09/30/2020

Progress

During FY 2020, DAAA continued to work with CWSCs to support sustainability and expansion of evidence-based and other programs. DAAA sought funding from the Michigan Health Endowment Fund for telehealth; computer technology from AARP Community Challenge as well as a physical and behavioral grant from the Administration for Community Living.

DAAA team members participated in a robust healthcare readiness assessment to position the agency to contract with health care partners. It also continued to provide DSMT and Diabetes Prevention Program. One of its health educators is continuing work with TAKE HEART in collaboration with the University of Michigan School of Public Health.

The agency added a fifth center to its network of Community Wellness Service Centers and assist the staff to obtain certification in PATH and DPATH in Spanish as well as Walk with Ease. Two staff were also trained to be master trainers in Powerful Tools for Caregivers. Policies and procedures and a digital toolkit was developed to support the implementation of ongoing evidence-based programs to ensure compliance with licensing, certification and fidelity. A CWSC Business Plan for the Passport to Health initiative is also underway to support private pay, third party reimbursement and cost sharing as well as the expanded use of technology.

B. Goal 2: Increase Access to Public Benefits and Services.

Objectives

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

Timeline: 10/01/2019 to 09/30/2020

Progress

DAAA continued to work MMAP, Inc., Southeast Michigan Regional Senior Collaborative, Elder Law of Michigan and other partners to increase access to benefits. A Boost Your Budget Senior Money Smart Expo slated for April 16, 2020 was cancelled due to Covid-19, but rescheduled as three webinars for August 2020. MMAP continued to screen older adults for benefits and educate the community on Medicaid fraud.

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

Objectives

1. Objective 3.1: Explore use of community/volunteer-based transportation strategies to supplement

Detroit Area Agency on Aging

FY 2021

transportation services.

Timeline: 10/01/2019 to 09/30/2020

Progress

DAAA continues to explore ways to expand and enhance senior transportation. During FY 2020, this included strengthening partnerships with faith-based organizations and the Community Wellness Service Centers; examining volunteer-based transportation and evaluating transportation software and best practices to improve program effectiveness.

2. Objective 3.2: Implement senior transportation services in collaboration with DDOT, SMART, the Regional Transportation Authority (RTA) and other partners.

Timeline: 10/01/2019 to 09/30/2020

Progress

Progress: DAAA continued to work in partnership with the Regional Transportation Authority and AAA 1-B & to improve and expand the myride2 transportation referral service. In addition, it work to leverage its partnership with DDOT and local agencies to increase effectiveness of Specialized Service program for underserved population. During Covid-19, DAAA worked with several transportation providers to ensure that older adults could be safely transported to medical appointments and covid-19 testing sites by coordinating transportation and developing protocols in compliance with CDC guidelines.

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

Objectives

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

Timeline: 10/01/2019 to 09/30/2020

Progress

During FY 2020, DAAA established a Caregiver Coordinator position to facilitate the development of services designed for family caregivers. This Caregiver Coordinator is facilitating the development and implementation a variety of caregiving services including T-CARE, volunteer-based Respite Care, Aging Mastery Program, Universal Dementia. In addition, the position oversees the Grandparents Raising Grandchildren Program to support kinship support services.

E. Goal 5: Promote the Creation of Age Friendly Communities-for-A-Lifetime in PSA 1-A.

Objectives

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

Timeline: 09/01/2019 to 09/30/2020

Progress

In 2015, the City of Highland Park was designated an age-friendly community under the AARP Age Friendly Communities initiative without the engagement of DAAA. Since that time, DAAA has continued to encourage

Detroit Area Agency on Aging

FY 2021

municipalities to seek a Communities-for-a Lifetime without much success. The agency partnered with the Aging Services Consortium and Wayne State University to initiate discussions with the City of Detroit. However, plans to engage the city and seek funding to assist in the implementation of this effort fell through. Several Age-Friendly Community forums were held to obtain input from older residents on their city / supportive service needs. Most recently, Wayne State University gathered needs assessment data regarding amenities respondents recommend. This information will be shared with all municipalities.

Key Lessons Learned: DAAA has learned a great deal from seeking age-friendly designations under the Communities-for-a-Lifetime:

- Engagement of smaller municipalities is easier than approaching a larger city.
- Buy-in from the mayor and city council is important.
- AAAs should partner with AARP Michigan early in order to garner their support and involvement.
- Reviewing master plans of communities with pre-selected readiness assessment criteria may be helpful in determining the best approach to use.
- Engagement of local colleges and universities, older adults and community stakeholders is key.

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

Objectives

1. Objective 6.1: Increase socialization of at-risk older adults through volunteer-based strategies.
Timeline: 10/01/2019 to 09/30/2020

Progress

As a result of Covid-19, the DAAA has made significant progress on development of staff and volunteer-based friendly reassurance. DAAA researched best practices and has initiated a volunteer recruitment campaign to provide the service.

In April 2020, DAAA initiated friendly reassurance through its network of Community Wellness Service Centers as well as other select providers unable to perform regular face-to-face services.

In addition, individuals on the DAAA Wait list for nutrition and care management have been receiving daily and/or weekly telephone reassurance calls in order to reduce isolation and to check on their well-being. Referrals have been performed when unmet needs arise.

During FY 2021, DAAA will be formalizing the delivery of friendly reassurance services with earmarked funding.

Detroit Area Agency on Aging

FY 2021

2021 Program Development Objectives

The Michigan Department of Health and Human Services' (MDHHS) Diversity, Equity and Inclusion (DEI) Council was formed in May of 2018 around this mission statement: *"To promote and foster a culture that values diversity, equity and inclusion throughout MDHHS and the diverse communities we serve in order to achieve our highest potential."*

Historical biases such as economic deprivation, social ostracization (exclusion), and inequitable exposures to occupational and environmental hazards have resulted in lower health outcomes for Michigan's communities/people of color, persons with disabilities, recent immigrants and lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) persons.

Effects of such bias have been shown to result in poorer health outcomes because of limits on access to social programs, in-home support services and health care, as well as physiological responses to living with chronic discrimination. Mortality rates and chronic health conditions are higher among these population groups. AASA supports the Department's DEI mission and is committed to advocating for diversity, equity, and inclusion.

Events in 2020 have again focused a spotlight on racial injustice and inequality in the world around us. Now, more than ever, the aging network has an opportunity to bring change that is so desperately being sought and lead the way in the work we do to reflect diversity, equity, and inclusion. For FY 2021 AASA requires the following new Program Development Objective be added to each area agency's Annual Implementation Plan.

Goal: Improve the accessibility of services to Michigan's communities and people of color, persons with disabilities, recent immigrants and LGBTQ+ individuals

This new goal is required for FY 2021. Please assess and describe how the area agency is currently addressing accessibility for the groups listed above and complete the objectives, strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

- Ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion.
- Ensure that AAA staff and subcontractors are trained on how to recognize and address unconscious bias.
- Ensure that programming and outreach is culturally sensitive and welcoming to all.
- 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.

An explanation of DEI and a list of available trainings are included in the Document Library.

The area agency must enter each new program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan

Detroit Area Agency on Aging

FY 2021

Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

Area Agency on Aging Goal

A. Improve the accessibility of services to Michigan's communities and people of color, immigrants and LGBTQ+ individuals

State Goal Match: 1

Narrative

Activities:

1. Strengthen the Cultural Competency 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.
5. Promote the hiring of team partners from cultural groups to reduce language, and/or cultural barriers.

Objectives

1. Objective 7.1: Ensure that AAA staff and subcontractors are trained in diversity, equity and inclusion.
Timeline: 10/01/2020 to 09/30/2021

Activities

1. Strengthen the Cultural Competency 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.
5. Promote the hiring of team partners from cultural groups to reduce language, and/or cultural barriers.

Expected Outcome

Increase of cultural competency of AAA staff and contractors.

2. Objective 7.2: --Ensure that AAA staff and subcontractors are trained on how to recognize and address unconscious bias.

Timeline: 10/01/2020 to 09/30/2021

Detroit Area Agency on Aging

FY 2021

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.

Expected Outcome

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

3. Objective 7.3: Ensure that programming and outreach is culturally sensitive and welcoming to all.
Timeline: 10/01/2020 to 09/30/2021

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.

Expected Outcome

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

4. 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.
Timeline: 10/01/2020 to 09/30/2021

Activities

1. Direct culturally and linguistically appropriate outreach materials 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.

Expected Outcome

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

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

FY2020-2022 Multi Year Plan

FY 2021 Annual Implementation Plan

Detroit Area Agency on Aging

FY 2021

Supplemental Documents

This year, the completion of the Quality Outcome Measures Reporting Form (six-month report) and the Emergency Management and Preparedness document are required and may be found in the Document Library.

Supplemental Documents A through G are presented in the list below. Select the applicable supplemental document(s) from the list on the left. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

- A. Policy Board Membership – *not required for the FY 2021 AIP*
- B. Advisory Council Membership – *not required for the FY 2021 AIP*
- C. Proposal Selection Criteria - *should only be completed if there are new or changed criteria for selecting providers*
- D. Cash-In-Lieu-Of-Commodity Agreement - *should be completed if applicable to the area agency's 2021 AIP*
- E. Waiver of Minimum Percentage of a Priority Service Category - *should be completed if applicable to the area agency's 2021 AIP*
- F. Request to Transfer Funds - *should be completed if applicable to the area agency's 2021 AIP*
- G. 2021 Evidence Based Programs Document - *required to be completed for each Title III-D funded EBDP program and uploaded into AMPS*
(The form to be used is located in the Documents Library)

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

FY2020-2022 Multi Year Plan

FY 2021 Annual Implementation Plan

Detroit Area Agency on Aging

FY 2021

SUPPLEMENTAL DOCUMENT C

Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	01/27/2020
--	------------

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

The Nutrition Services proposal criteria in the Request for Proposal allows vendors who are willing to build a central kitchen in Region 1-A to have a contract for up to six years. This criteria was reviewed by the Grant and Contract Review Committee before being approved by the DAAA Board of Directors.

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

FY2020-2022 Multi Year Plan

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Detroit Area Agency on Aging

FY 2021

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

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Detroit Area Agency on Aging

FY 2021

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 \$622,248 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 \$68,052 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 \$847,470 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		

Detroit Area Agency on Aging

FY 2020 - FY 2022

Community Support Coordination



FY 2021 AREA PLAN GRANT BUDGET

Rev. 05/18/20

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/20 to 09/30/21

PSA: 1A

Date: 06/29/20

Rev. No.: 1 Page 1of 3

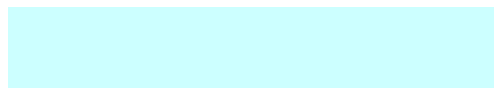
SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,487,215		1,487,215
2. Fed. Title III-C1 (Congregate)		573,633	573,633
3. State Congregate Nutrition		20,312	20,312
4. Federal Title III-C2 (HDM)		504,768	504,768
5. State Home Delivered Meals		1,015,224	1,015,224
8. Fed. Title III-D (Prev. Health)	66,744		66,744
9. Federal Title III-E (NFCSP)	405,274		405,274
10. Federal Title VII-A	14,656		14,656
10. Federal Title VII-EAP	13,758		13,758
11. State Access	60,629		60,629
12. State In-Home	1,081,053		1,081,053
13. State Alternative Care	238,799		238,799
14. State Care Management	719,734		719,734
15. St. ANS	94,545		94,545
16. St. Nursing Home Ombuds (NHO)	52,855		52,855
17. Local Match			
a. Cash	-	504,721	504,721
b. In-Kind	527,430	81,000	608,430
18. State Respite Care (Escheat)	147,914		147,914
19. MATF	255,326		255,326
19. St. CG Support	31,502		31,502
20. TCM/Medicaid & MSO	20,691		20,691
21. NSIP		546,493	546,493
22. Program Income	144,875	50,000	194,875
TOTAL:	5,363,000	3,296,151	8,659,151

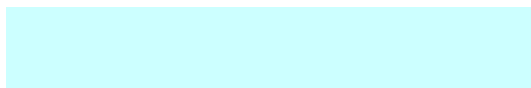
ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	337,515	100,000	-	437,515
State Administration	58,295			58,295
MATF Administration	23,323	-	-	23,323
St. CG Support Administration	2,878	-	-	2,878
Other Admin	180,519			180,519
Total AIP Admin:	602,530	100,000	-	702,530

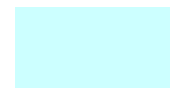
Expenditures		
	FTEs	
1. Salaries/Wages	7.54	478,980
2. Fringe Benefits		141,318
3. Office Operations		82,232
Total:		702,530

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Investment Income	100,000		
Total:	100,000	Total:	-

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


Signature


Title


Date

FY 2021 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Detroit Area Agency on Aging
 PSA: 1A

Budget Period: 10/01/20 to 09/30/21
 Date: 06/29/20 Rev. No.: 1

Rev. 05/18/20
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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	TOW-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	41,420		188,224								63,991								293,635
A-5	Outreach	116,388		135,406			60,629					30,554					1,500		32,330	376,807
A-6	Transportation	66,479												18,713			6,850		10,500	102,542
A-7	Options Counseling	33,000																	4,000	37,000
B	In-Home																			
B-1	Chore	144,944															15,000		22,000	181,944
B-2	Home Care Assis	271,977						553,857	78,350								41,000		96,000	1,041,184
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							527,196	160,449				147,914	97,288	9,169		3,850		117,500	1,063,366
B-11	Friendly Reassure	25,000																		25,000
C-10	Legal Assistance	56,223															800		10,000	67,023
C	Community Services																			
C-1	Adult Day Services												139,325	22,333			2,100		20,700	184,458
C-2	Dementia ADC																			-
C-6	Disease Prevent/Health Promtion	281,421	66,744														37,500		56,000	441,665
C-7	Health Screening																			-
C-8	Assist to Hearing Impaired & Deaf Cmty																500		3,000	3,500
C-9	Home Repair	100																		100
C-11	LTC Ombudsman	46,635				14,656					52,855					20,691			14,000	148,837
C-12	Sr Ctr Operations																			-
C-13	Sr Ctr Staffing																			-
C-14	Vision Services	13,950															500		3,000	17,450
C-15	Prevnt of Elder Abuse,Neglect,Exploitation					13,758											375		2,900	17,033
C-16	Counseling Services																			-
C-17	Creat.Conf.CG@ CCC																			-
C-18	Caregiver Supplmt Services																			-
C-19	Kinship Support Services	10,426		31,424													400		5,500	47,750
C-20	Caregiver E,S,T			50,220													3,500		10,000	63,720
*C-8	Program Develop	160,884																		160,884
	Region Specific																			
	a. Comm Serv Navigator	168,368															30,000		40,000	238,368
	b. Emergency Gap Filling	50,000																		50,000
	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	1,487,215	66,744	405,274	13,758	14,656	60,629	1,081,053	238,799	719,734	52,855	94,545	147,914	278,649	34,380	20,691	144,875	-	527,430	5,389,201

FY 2021 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 05/18/20

Agency: Detroit Area Agency on Aging Budget Period: 10/01/20 to 9/30/21
 PSA: 1A Date: 06/29/20 Rev. Number 1

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FY 2021 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	573,633		20,312		186,720			81,000	861,665
B-5	Home Delivered Meals		504,768		1,015,224	359,773	50,000	504,721		2,434,486
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	Nutrition Services Total	573,633	504,768	20,312	1,015,224	546,493	50,000	504,721	81,000	3,296,151

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

FY 2021 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	46,635	14,656	-	52,855	20,691	-	-	14,000	148,837
C-15	Elder Abuse Prevention	-		13,758			375	-	2,900	17,033
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	46,635	14,656	13,758	52,855	20,691	375	-	16,900	165,870

FY 2021 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	144,944						15,000	22,000	181,944
B-4	Homemaking									-
B-2	Home Care Assistance	271,977		78,350		553,857		16,000	60,000	980,184
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	416,921	-	238,799	66,819	1,081,053	93,006	31,000	82,000	2,009,598

FY 2021 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	10,426	31,424				400	-	5,500	47,750
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	10,426	31,424				400	-	5,500	47,750

Planned Services Summary Page for FY 2021			PSA: 1A		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	9.22%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 293,635	3.38%			X
Outreach	\$ 376,807	4.34%		X	X
Transportation	\$ 102,542	1.18%		X	
Option Counseling	\$ 37,000	0.43%			X
IN-HOME SERVICES					
Chore	\$ 181,944	2.09%	X	X	
Home Care Assistance	\$ 1,041,184	11.99%	X		
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%		X	
Home Delivered Meals	\$ 2,434,486	28.03%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%		X	
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 1,063,366	12.24%	X	X	
Friendly Reassurance	\$ 25,000	0.29%		X	
COMMUNITY SERVICES					
Adult Day Services	\$ 184,458	2.12%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 861,665	9.92%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 441,665	5.09%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 3,500	0.04%			
Home Repair	\$ 100	0.00%	X		
Legal Assistance	\$ 67,023	0.77%		X	
Long Term Care Ombudsman/Advocacy	\$ 148,837	1.71%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 17,450	0.20%		X	
Programs for Prevention of Elder Abuse,	\$ 17,033	0.20%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 47,750	0.55%		X	
Caregiver Education, Support, & Training	\$ 63,720	0.73%		X	
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 160,884	1.85%			X
REGION-SPECIFIC					
a. Comm Serv Navigator	\$ 238,368	2.74%		X	
b. Emergency Gap Filling	\$ 50,000	0.58%	X	X	
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 8,659,151				
MATF & ST CG ADMINISTRATION	\$ 26,201	0.30%			
TOTAL PERCENT		100.00%	10.18%	56.85%	32.97%
TOTAL FUNDING	\$ 8,685,352		\$883,830	\$4,938,016	\$2,863,506

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.

