



---

# DETROIT AREA AGENCY ON AGING

## FY 2016 ANNUAL IMPLEMENTATION PLAN

**May 8, 2015 – Draft**

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

[PAUL BRIDGEWATER, PRESIDENT & CEO](#)

Aging & Adult Services Agency  
Field Representative: Laura McMurtry, 517 335-4018  
[McMurtryL@michigan.gov](mailto:McMurtryL@michigan.gov)

---

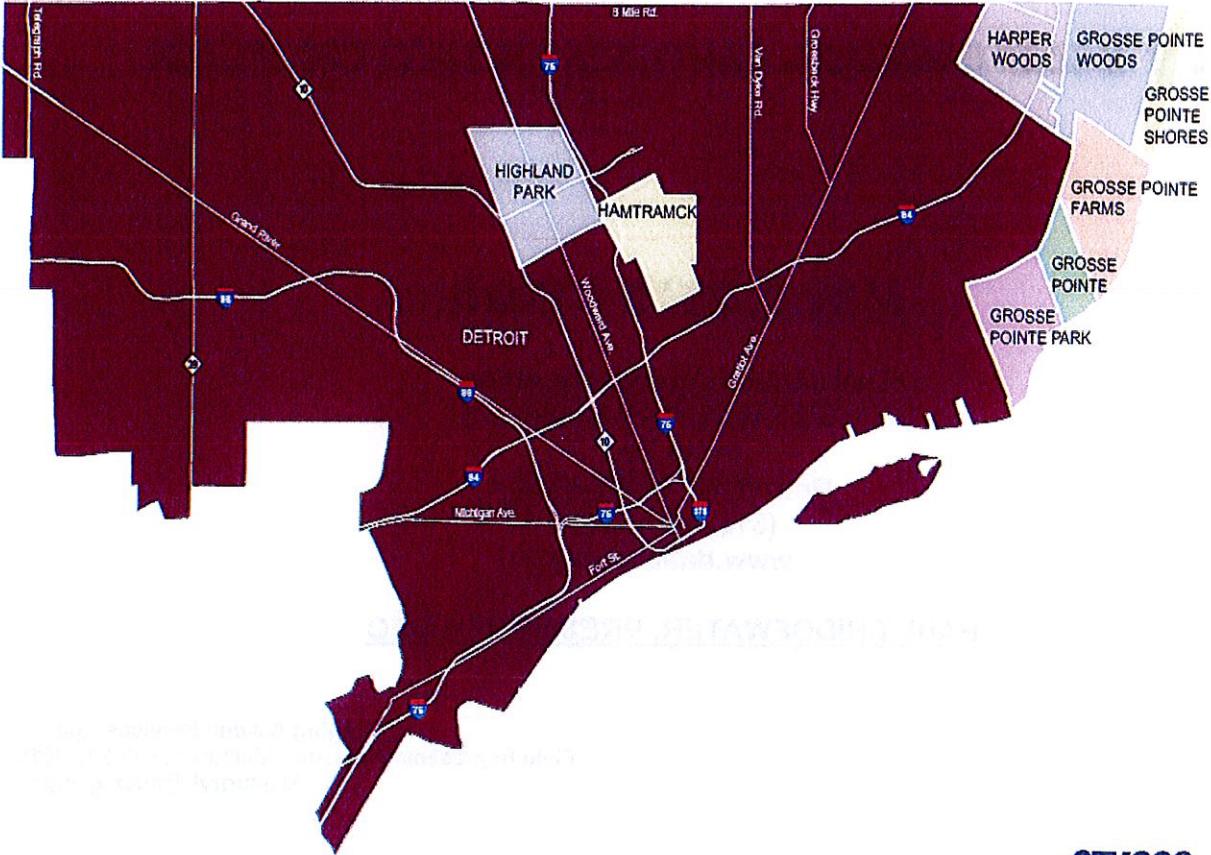
## The Senior Solution



# Detroit Area Agency on Aging

## Planning and Service Area 1-A

Rectangular Snip



**SEMCOG**  
Southeast Michigan Council of Governments



# **DETROIT AREA AGENCY ON AGING FY 2016 ANNUAL IMPLEMENTATION PLAN**

**DRAFT**

**May 8, 2015**

*DAAA is targeted to lose over \$700,000 in funding due to a loss of carry over and funding allocation through the Intra-state Funding Formula in FY 2016. The revised budget will be presented at the public hearing slated for May 1, 2015 at Sacred Heart Major Seminary, 2701 Chicago Blvd., Detroit, MI 48206.*

---

***The Senior Solution***



# TABLE OF CONTENTS

## SECTION I: PLAN OVERVIEW

Local Unit /County of Government Review.....	5
Plan Highlights.....	6-11
Public Hearing on FY 2016 Annual Implementation Plan.....	12-17
Scope of Services.....	18-19
Planned Array of Services Chart.....	20
Targeting.....	21

## SECTION II: ACCESS & OTHER SERVICES

Access Services.....	22-27
Care Management, Information & Assistance, Outreach Services	
Direct Provision of Services.....	28
Long Term Care Ombudsman/Advocacy	
Regional Definitions.....	29-39
Community Navigator, Community Living Support, Community Wellness Center, Outreach & Assistance	

## SECTION III: PROGRAM DEVELOPMENT OBJECTIVES

Program Development Objectives.....	40-42
-------------------------------------	-------

## SECTION IV: ADVOCACY STRATEGY

FY 2016 Advocacy Plan.....	43-45
----------------------------	-------

## SECTION V: LEVERAGED PARTNERSHIPS.....

46-50

## SECTION VI: OTHER GRANTS AND INITIATIVES.....

51-53

## SECTION VII: BUDGET AND DOCUMENTS

FY 2016 Area Plan Grant Budget.....	54-56
FY 2016 Proposed Funded Services .....	57
FY 2015 Organizational Chart.....	58

## APPENDICES.....

59

APPENDIX A: BOARD OF DIRECTORS MEMBERSHIP.....	60-62
APPENDIX B: ADVISORY COUNCIL MEMBERSHIP.....	63-64
APPENDIX C: PROPOSAL SELECTION CRITERIA (NUTRITION SERVICES).....	65
APPENDIX D: AGREEMENT FOR RECEIPT OF SUPPLEMENTAL CASH-IN LIEU OF COMMODITIES.....	66

## LOCAL/COUNTY GOVERNMENT REVIEW

The Michigan Office of Services to the Aging (OSA) requires Area Agencies on Aging (AAAs) throughout the State of Michigan to develop a FY 2016 Annual Implementation Plan (AIP) in order to update their FY 2014 – 2016 Multi-Year Area Plan (MYP). Acquiring input and support from within Region 1-A's municipal governments on the proposed plan is critically important to the Detroit Area Agency on Aging (DAAA). As a part of the review and approval process, DAAA sends all municipalities a public hearing notification flyer inviting a city representative to the public hearing on the proposed plan. After the public hearing, DAAA distributes a letter and final draft plan through the U.S. mail with delivery and signature confirmation to the Chief Elected Official (Mayor's office) advising the official of the availability of the proposed plan for review and comment. The letter includes instructions on how to view a mailed, printed copy of the document as well as provide instructions on how to secure an email version or copy posted on the DAAA Website, if needed. It also notes the availability of the Area Agency on Aging (AAA) to discuss the plan with local government officials.

This letter is followed up by a call to municipalities to determine the specific process to be used for review of the plan as well as the name and contact information of the city representative assigned to champion review and approval of the plan. The Planning, Advocacy and Volunteers Department staff and/or members of the DAAA Board of Directors follows up with the assigned city officials in May – June 2015 to encourage feedback from unresponsive communities including the establishment of meetings or conference calls with the appropriate parties. Although the proposed plan is due July 2, 2015 to the Michigan Office of Services to the Aging, representatives from municipalities can email, fax or mail their approval or disapproval of the MYP and any related concerns preferably, by July 24, 2015, but not later than July 31, 2015. After the Review and Approval deadline, DAAA staff will draft a letter to the OSA Field Representative at the Michigan Office of Services to the Aging noting the status of the local/county government review process. This includes noting if municipalities have formally approved, passively approved, or disapproved the MYP. The letter regarding the status of responses from municipalities will be submitted by August 3, 2015.

### TIMELINE

- March 25, 2015:** Thirty-Day Public Notice Regarding Public Hearing placed in newspaper
- March 25-29, 2015:** Invitational flyers mailed to consumers and community stakeholders
- May 1, 2015:** Public Hearing on the FY 2016 Annual Implementation Plan
- June 30, 2015:** Final draft plan due to Michigan Office of Services to the Aging (OSA)
- July 25, 2015:** Deadline for submitting municipal Sign-Offs to DAAA
- July 31, 2015:** Municipal sign-off letters, draft plan and Review & Approval forms processed
- August 7, 2015:** Status of Municipal Review provided to OSA
- August or September 2015:** MYP is presented to the Commission on Services to the Aging
- September 30, 2015:** Website posting of the final FY 2016 Annual Implementation Plan

## **SECTION I: FY 2016 ANNUAL IMPLEMENTATION PLAN PLAN HIGHLIGHTS**

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

Founded in 1980, DAAA is CARF-accredited in Case Management, Employee Development Services and Home and Community Services. One of 16 Area Agencies on Aging (AAAs) in Michigan, it serves a region consisting of 137,418 older adults. In addition, nearly 4,100 family caregivers, over 40,000 veterans and about 35,000 Medicare/Medicaid dual eligibles reside in this service area. The private, non-profit agency makes an array of services available to consumers through public and private funding made available through the Older Americans Act of 1965 (as amended), and the Older Michiganians Act of 1981. It also receives Medicaid Home and Community-Based Waiver funding from the Michigan Department of Community Health as well as other public and private support.

DAAA is governed by a 28-member Board of Directors and a 40-member Advisory Council. Through its governance and administrative structure, the agency offers information and services to the community directly and through 80 service providers and 31 congregate meal/NSIP sites in the local Aging Services Network. DAAA administers the following services to the community:

- Information and Assistance
- Healthy Aging
- Care Management
- Care Coordination/Transition
- Long Term Care Ombudsman
- Mature Workers Program
- Medicare & Medicaid Assistance Program (MMAP)
- Outreach, Volunteerism & Advocacy

DAAA will continue to implement its FY 2014 – 2016 strategic goals to address the unmet needs of older persons, adults with disabilities and caregivers in light of these environmental trends and system changes. This will include implementation of the third year of its Community Support Coordination initiative to leverage government funding with other public and private resources, implementing multiple private contracts through Integrated Care as a result of the Affordable Care Act and continuing to diversify resources through fund development and fundraising efforts.

## STRATEGIC GOALS AND OBJECTIVES

DAAA has adopted four strategic goals to support program development efforts during the last year of its three year plan to enhance the delivery of services to Region 1-A consumers. These efforts will enable the local Aging Services Network to protect the rights of seniors, adults with disabilities and caregivers and increase access to resources to maintain or improve their quality of life. The goals are as follows:

**Goal 1: Improve the Health and Nutrition of Older Adults** – Further expand evidence-based health promotion and disease prevention services through community wellness centers, congregate meal sites and other locations.

**Goal 2: Ensure Older Adults have Choice through Increased Access to Services** – Build coordinated care to support leveraging new and existing resources with OAA funding through targeted service areas and care transition services.

**Goal 3: Promote Elder Rights, Quality of Life and Economic Security** – Educate consumers on elder rights and access to public and private benefits made available through existing and new programs.

**Goal 4: Expand Door-to-Door Transportation for Seniors** – Collaborate with public and private partners to expand senior transportation to medical appointments and other needed destinations.

During FY 2016, DAAA will fund the services below with a substantial reduction in Older Americans Act and Older Michiganians Act funding because of receiving a lower allocation through the Michigan Intra-state Funding Formula as well as the lack of carryover funding into FY 2016. This will result in about \$350,000 fewer dollars for supportive services and an additional \$400,000 plus loss of funding in nutrition services. DAAA will continue to work with partners on program development efforts to expand or enhance service delivery. It will continue to provide these services at a reduced funding level resulting from the loss of senior population within the region and to take steps to redesign the service delivery system to address these funding cuts through a variety of strategies tailored to diversifying its funding base within the public and private sector. Strategies include the following:

- Continue to identify public resources through local governments to replace loss funding to support home-delivered meals and other in-home services funding targeted to at-risk elderly.
- Continue partnership with the Detroit Department of Transportation
- Continue to position the agency and the provider network for contracts through Integrated Care Organization;

- Continue care coordination and support contracts with Detroit Medical Center and other health systems;
- Seek program income for Care Management and Nutrition Services;
- Explore cost-sharing through health and wellness programming to maintain and expand services.
- Expand volunteer services to engage additional community service workers in service delivery.
- Monitor and support local city millages that support senior services within Region 1-A.
- Build relationships with public and private foundations to support fund development.
- Develop collaborations and partnerships to support programming.
- Step up fundraising activities to support Friends of Detroit Meals on Wheels and Holiday Meals on Wheels.

A summary of the services to be funded in FY 2016 and a description of plans for the Community Support Coordination service delivery system follow. Services with an asterisk\* represent the services projected to be funded at the highest level of funding and the services with asterisks are projected to serve the most eligible individuals.

<ul style="list-style-type: none"> <li>• Home-Delivered Meals*</li> <li>• Congregate Meals*</li> <li>• Home Care Assistance*</li> <li>• Homemaker (Care Management)</li> <li>• Care Management*</li> <li>• Adult Day Services</li> <li>• Information &amp; Assistance</li> <li>• Respite Care</li> <li>• Outreach &amp; Assistance</li> <li>• Community Support Coordination*</li> <li>• Long Term Care Ombudsman/ Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach – DAAA Services</li> <li>• Legal Services</li> <li>• Caregiver Education, Support and Training</li> <li>• Elder Abuse/Prevention</li> <li>• Kinship Support Services</li> <li>• Transportation</li> <li>• Specialized Services for Hearing Impaired</li> <li>• Specialized Services for Visually Impaired</li> </ul>
--	--

## HIGHLIGHTS FOR PROGRAM DEVELOPMENT OBJECTIVES

During FY 2016, DAAA will continue to implement program development efforts that support its strategic goals. This includes implementation of the Community Support Coordination model through contracts with six agencies assigned to provide services in specific targeted service areas within Region 1-A. These efforts include expansion of wellness activities into congregate meal sites, increasing access to services through case coordination and support, and providing transportation and increased access to public benefits and other services. DAAA will continue to advocate for consumers and empower program participants to promote expanded services and resources to address unmet needs.

Over the next year of this planning and funding cycle, the DAAA will continue to position the agency and its service provider network to embrace new opportunities under Integrated Care and the Affordable Care Act to ensure that funding losses associated with the loss of the senior

population will be minimized. The agency will utilize a variety of strategies to replace a loss of about \$300,000-\$400,000 per year. The innovative, Community Support Coordination model being implemented will enable our Aging Services Network to leverage DAAA funding in collaborative community partners.

The six designated Community Support Coordination (CSC) agencies will continue to provide one or more bundled services directly. The CSCs are funded to provide the following:

- **Tier 1 – Community Navigator Services** – Case Coordination and Support, Options Counseling and Service Referrals using DAAA funding as a last resort.
- **Tier 2 – Community Living Support Services** – Chore, Homemaker, Personal Care, Respite, Medication Management, and Transportation.
- **Tier 3 – Community Wellness Center** – Evidence-based health promotion and disease prevention services offered in a community setting.

The Community Support Coordination agencies are required to bring additional services and resources that leverage Older Americans Act funding with current public and partnership resources and funding. These six agencies are arranging and brokering services within their service area to meet the unmet needs specific to the service area. These value added services will enhance the service package that is available to our consumers without additional cost. These other resources vary depending on the specific and diverse needs of the service area and consumers. The core elements of this community support coordination include:

- Development and enhancement of services needed for the targeted population
- Ongoing program development efforts
- Tracking of clients and resources in DAAA's Service Point database
- Monitoring measurable quality improvement indicators to ensure meaningful outcomes

Implementation of the Community Support Coordination model is integral to the survival of programs and services in Region 1-A as the agency aligns for Integrated Care and the reforms under the Affordable Care Act. Since its inception in October 2013, the CSC agencies providing these services have been able to use volunteers, secure additional funding and create innovative partnership to leverage OAA funding. A diagram of the Community Support Coordination conceptual framework appears on the next page.

To further target limited resources, DAAA will continue to work with Wayne State University Center for Research and Social Work Practice to identify and support horizontal and vertical and Naturally Occurring Retirement Communities (NORC) in the six service areas within Region 1-A to facilitate the development of services. Identifying NORCs will enable DAAA to work with CSC agencies and other stakeholders to develop services that can help seniors age in place in Aging Friendly communities.

DAAA will continue to implement activities that position the agency for Integrated Care as well as providing services under the Affordable Care Act. In addition, it will partner with municipal governments and other stakeholders to expand home and community-based services, expand its donor base, advocate for a senior millage and work with Aging and Disability Resource Center

partners to expand its reach into the community. Other key partners that will be nurtured include: the Aging Services Consortium, LGBT Elder Coalition, Southeast Michigan Regional Senior Regional Collaborative, Managed Care Organizations, local health systems and other strategic partners.

For the past two years, DAAA has been able to secure additional resources to fund new and expanded services. The agency has been awarded \$500,000 in FY 2013-14 and \$400,000 in FY 2014-2015 for Veterans meals through Wayne County Senior Services/Veterans Affairs to make home-delivered meals available to this targeted population; in addition it has been awarded \$1 million dollars by Detroit Department of Transportation to implement medical transportation services in JARC/New Freedom funding and will be seeking additional MAP-21 funding. MI Health Link is a new health care option for Michigan adults, ages 21 or over, who are enrolled in both Medicare and Medicaid. MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs. Those who are eligible for both Medicare and Medicaid and qualify for MI Health Link are given their enrollment options through a letter from Michigan ENROLLS. This health care option is being phased in throughout the state starting with the Upper Peninsula of Michigan and Wayne County.

DAAA's key Integrated Care contractual partners include: Aetna Better Health Premier Plan, AmeriHealth Caritas VIP Care Plus, Fidelis SecureLife, Health-Midwest MI Health Plan and Molina Dual Options. Contract negotiations are underway to determine services to be rendered.

# Detroit Area Agency on Aging

Community Support Coordination  
Conceptual Framework: FY 2014-2016



■ **Consumer** - Participant is focus of service delivery.

■ **Community Navigator** - Coordinates care using person-centered techniques.

■ **Community Living Support** - Consists of chores, homemaker, medication management, personal care, respite and transportation.

■ **Community Wellness Center** - Provides evidenced-based healthy aging classes and other services.

■ **Value Added** - Resources, services or efforts leveraged and generated by Community Support Coordination Agency.

## PUBLIC HEARING ON FY 2016 ANNUAL IMPLEMENTATION PLAN

One public hearing was held to review of the FY 2016 Annual Implementation Plan with the public to obtain input. A thirty-day notice to the public notice was provided on March 28<sup>th</sup>, 2015 followed up with the mailing of flyers, emails and calls as well as promotions on the Senior Solution Radio Show. One-hundred and twenty-five attendees participated in the public hearing including 52 seniors, six (6) caregivers, four (4) board members, nine (9) Advisory Council members, thirty-nine (39) service providers, two (2) public policy makers/advocates and twelve (12) DAAA staff. A summary of the proceedings and public testimony appear below:

Public Hearings	Date	Location	Attendance
PSA 1-A	May 1, 2015 10 a.m.-12 Noon	Sacred Heart Major Seminary 2701 Chicago Boulevard Detroit, MI 48206	125

Dr. Martin-Keys welcomed the attendees to the public hearing after a continental breakfast and a mini information fair. She noted the purpose of the meeting and introduced a video about DAAA services to attendees.

Paul Bridgewater, President and Chief Executive Officer, noted the importance of receiving input on the proposed plan, the ramification of budget cuts and updated attendees on issues impacting senior services at the federal, state and local levels. He discussed the Regional White House Conference on Aging (WHCoA) and activities associated with reauthorization of the Older Americans Act. He also updated attendees on Senate Bill 857 (Hope for Alzheimer's Disease), the Michigan Department of Community Health-Department of Human Services merger and local achievements over the last year. This included the growing service and funding gap, the wait list for services and some of the activities DAAA was engaged in to find additional resources.

Anne Holmes Davis, Director of Planning, Advocacy and Volunteers, briefly highlighted the proposed plan with emphasis on AAA Administered Services, Program Development Activities and DAAA's advocacy and partnership building strategies.

Faiz Eshshaki, Chief Financial and Administrative Officer, presented funding cuts associated with the Intra-state Funding Formula and the lack of carryover from FY 2015 totaling about \$785,000 and outlined how funding gaps would be addressed through fund development and fundraising. This includes about \$428,929 in carryover funding that was available in FY 2015 and about \$354,756 of funding loss through the allocation of funding under the Intra-State Funding Formula.

After the acceptance of public testimony, Letty Azar, Chief Program Officer, engaged attendees in discussions about aging friendly communities and asked attendees to note what their priority service needs are given pending funding cuts.

### Acceptance of Public Testimony

**Dr. Martin-Keys** reviewed the Ground Rules for the audience, limiting testimonies to three minutes and giving priority to seniors.

## **Oral & Written Testimony**

### **Victor A. Arbulu - Greater Detroit Agency for the Blind & Visually Impaired**

*Mr. Arbulu supports the propose plan and the need for outreach particularly for the blind and visually impaired.*

### **Harry Burkey – Services for Older Citizens (Senior)**

*Mr. Burkey supports healthy aging and friendly visiting. "We need a specific type of support group to provide volunteers who will weekly visit with lonely seniors and shut-ins."*

### **Rev. Louise M. Beamon – Second Baptist Church of Detroit**

*Rev. Beamon support non-traditional, grassroots outreach and information dissemination to get the word out about services. "A great percentage of our seniors fall through the cracks regarding services. Events that target seniors are important because many seniors don't know how to do email. Other options need to exist to get information to seniors."*

### **Deanna Chisholm – North American Indian Association**

*Ms. Chisholm thanked the Detroit Area Agency on Aging for congregate meals, but supports improvement in the quality of meals through more fruits and vegetables and foods that are not processed. " We need high-quality meals with more fruits and vegetables and less processed food."*

### **SaTrice Coleman-Betts – St. Patrick Senior Center**

*Ms. Coleman-Betts, Executive Director of St. Patrick Senior Center, supports Community Support Coordination and more collaboration to raise additional funding and to jointly conduct in-service training. "My name is Satrice Coleman from St. Pat's Senior Center. I am talking from a provider's point of review. I just want to thank DAAA and encourage the agency to collaborate with providers to help us stretch our dollars by doing some things collectively. For example, all of the providers are all working independently trying to put together materials for training and holding the trainings separately. I think it would be a great thing if we could collectively have the training and invite our employees. That would cut down on the time we spend on in-service training and streamline our resources.*

*"I think we also have to make ourselves important (and known) to the rest of the world. We know that senior issues impact everyone on different levels. But, we have to make sure that when we contact businesses and let them know how that workers caring for their aging parents affects their bottom line. Maybe they will provide sponsorship to make up for some of those dollars. When Mr. Esshaki was talking about the funding cuts, I was doing some calculations trying to see how those cuts would affect St. Pats. It is good to get a head start knowing about cuts in Community Support Coordination in the next 4 or 5 month so that we can be prepared and we don't start the next year in panic. Let's have some brainstorming meetings and work together so we are not duplicating*

efforts.”

**Catherine Costner – St. Patrick Senior Center**

*Ms. Costner noted that when she went into some homes as a CNA to help clean and assist seniors with laundry and other task, it seemed like they did not have anyone to care for them. "I helped to get somethings in order" she said*

**Sonya Bellafant Henry – Neighborhood Legal Services – Elder Law & Advocacy**

*Ms. Henry supports continued funding for legal services. She described a case where a victim of the 8/11/2014 flood was defended in a case where a landlord refused to take care of the basement, but demanded \$900/month in rent. The flooded waters remained in the basement for months, causing health and safety concerns.*

**Lavayne Buffington – Resident - Greenhouse Apartments**

*Ms. Buffington supports transportation services for seniors. "I have been denied Logisticare services through Medicaid because the organization needs a form filled out by my family physician and Logisticare has faxed the form to the doctor, but have not received the completed form back. Therefore, I can't receive (transportation) services. Logisticare has also stopped providing the services to me within a ten mile radius of my home."*

**Robin Hunt , Senior - Hamtramck**

*Ms. Hunt supports home care assistance and home repair services. "Good Morning everyone. My name is Robin Hunt and I work for Peoples Community Services. I am a Community Navigator and (also) a MMAP Counselor for DAAA. I find help for seniors in the community. I get calls about home repair and lawn care services every day. We want to continue to help senior to stay in their homes and keep their homes looking nice and safe so they aren't a target for the criminal element. Please don't take that away funding; we need more help not less. Help us to help seniors because we don't have the funding or the people to do the service; especially for home repair. We tried contacting home repair companies for discounts, but this was not successful."*

**Marilyn Martin – Caring Hearts International**

*Ms. Martin supports more transportation for seniors.*

**Hush F. McKinney – Neighborhood Service Organization**

*Mr. McKinney, a veteran, noted the importance of Caregiver Support services and getting information out to seniors.*

**K. McNair, Caregiver (AAA 1-C service area)**

*Ms. Nair described her plight of being a caregiver who had to choose to care for her Detroit-based*

mother over employment. She said she was living on \$96 per month and attempting to get help for herself and her mother. Ms. McNair noted that she was in the process of applying for the MI CHOICE Medicaid Waiver, but found the process intense and very confusing. She was referred to DAAA's Information and Assistance department for further assistance.

**Jeffery McNelly – Wayne County Breast & Cervical Programs**

*Mr. McNelly supports more information about services to seniors and advocacy for additional resources.*

**Cherisse Montgomery – Adult Well-Being Services**

*Ms. Montgomery supports Medicaid In-Home Health Care and MI CHOICE Waiver System Change as well as Estate Planning. "I would like to see a change in the application (process) so that residents don't have to rely on the single number that Wayne County Department of Human Services provide for applicants applying for these services. If community-based organizations can apply for food, emergency, healthcare online, why not for in-home healthcare. Secondly, I would like to see some legal or estate planning for seniors. These services can help seniors recoup costs when the estate goes to probate."*

**Eloise Moore: Senior Advocate - District 3 Senior Task Force**

*Ms. Moore supports care management and caregiver support. "I would like to thank DAAA for services for my mother, particularly care management, Medicaid Waiver and Caregiver Support."*

**Loretta Nesbitt – Peoples Community Services – Hamtramck**

*Ms. Nesbitt supports Home Care Assistance and Nutrition Services. "Good morning. I wasn't expecting to say anything. I just wanted to thank DAAA for the assistance that you gave me. First of all DAAA gave me a wonderful (Peoples Community Services) director that came in when I really needed her. She did not know she was helping me as much as she did. But if it hadn't been for her, I would have had to end up in a nursing home.*

*"I worked in a nursing home --- that's my profession (before I retired) and I know how it is. No one thinks they will ever end up in a nursing home. You think you are going to be young for the rest of your life. But when I walked in and met Grace Holness and set down and talked to her -- she told me (about) the different services that could be offered to me. I was really surprised because like the other speaker said no one ever tells you these things....*

*I am very much appreciate the home care services that was given to me. If I had not received the services, I would have had to go into a nursing home. Without the Meals on Wheels, I would not have (the) balanced nutrition that I need."*

**Tene-Sandra M. Ramsey – Wayne County Executive Office of Warren Evans**

*Ms. Ramsey congratulates DAAA and its Outreach Department for the assistance in helping*

seniors to access services. "As a former director of the (now defunct) Detroit Senior Citizens Department, I have referred twenty-four seniors to DAAA and I have always been directed to the resources that they need with the help of Andrea Johnson, DAAA Outreach Manager."

### **Lottie Tabron – Private Home: More Resources and Assistance**

Ms. Tabron, a home care provider, supports affordable housing, transportation, and information about services. She says she is in serious need of someone to provide bedroom set up downstairs, home repair services and storage.

### **Norwina Wilson – St Patrick Senior Center**

Ms. Wilson supports use of updated technology to provide services to increase efficiencies and lower costs.

### **Tanya Woodards – Neighborhood Service Organization (NSO)**

Ms. Woodwards supports continued funding for Community Support Coordination services in Northwest Detroit, a service area with about 37,000 seniors.

### **Bernice Williams – People's Community Services**

Ms. Williams supports regulations where seniors don't have to pay more taxes and get less.

### **Freddy Williams, Community Resident - Senior**

Ms. Williams expressed her anger in not being able to obtain food benefits or adequate transportation. "I applied (Food Stamp through Wayne County Department of Human Services) because I was required to do so. My first (case) worker approved \$170.00/month in benefits, but a second one reduced it down to \$10/month. What I want to say here is that I very often don't see people of my age below or above (my income level) getting the help they need. And it is not because we don't get around. It's because services don't happen or are not put into place adequately. It could also be because the information needed to get services never gets to us. For example, I ride the bus and I was told that I have to show my Medicare card and my state ID to get a reduced rate. However, the bus doesn't come in less than 2 hours."

### **Age-Friendly Community Discussion**

After acceptance of public testimony, participants were updated on the three pillars of DAAA service delivery - senior independence, nutrition services and health aging. Letty Azar, Chief Program Officer asked attendees "what are the key priority services that make Detroit area an aging friendly community" especially in light of funding cuts?

The key concerns of participants included:

*Having walkable communities (One wheel-chair bound senior was killed trying to cross the street).*

*Not having abandoned houses and blight in the community that attributed to health and safety challenges of residents.*

*Having affordable, safe and accessible door-to-door and route transportation.*

### **Community Needs Assessment**

A Community Needs Assessment tool was distributed asking participants to rank the top five priorities for seniors in their community.

*Top priority services appear to be 1) Care Management; 2) Senior Transportation; 3) Community Living Support; Home Repair/Modifications and; 5) Nutrition Services. These priorities were followed by Community Navigator; Community Wellness Center and Healthy Aging and Caregiver Support services.*

## **SCOPE OF SERVICES**

The Detroit Area Agency on Aging (DAAA) maintained the same priority goals presented in the FY 2014 – 2016 Multi-Year Area Plan. The agency will continue to use a variety of data sources to identify unmet needs within its region. This data consists of reviewing Census and American Community Survey data, SEMCOG projections, federal, state and local research findings, service data, customer satisfaction, needs assessments and surveys, performance improvement plan and other statistical information. In order to gather information regarding the needs of older adults in the PSA, DAAA will continue to employ a multi-faceted strategy for gaining input directly from older persons and caregivers throughout Region 1-A. This strategy includes implementing a series of input sessions, use of social media, on-line, telephone or mailed surveys, engagement of consumers and stakeholders within Board, Advisory Council and Consumer councils and a public hearing.

### **Census and Other Statistical Data**

The Long Range Planning Committee will reviewed Census 2000 and American Community Survey data to monitor demographic trends of consumers each year. This will enable the agency to determine changes in environmental trends in order to modify program development and implementation methodologies. DAAA staff will continue to review the plethora of data available through clearinghouses and other data.

Currently, DAAA serves 200,000 older adults and individuals with disabilities in Region 1-A. About 42% of the individuals we serve have one or more disabilities. In addition, DAAA's service area includes at least 40,000 veterans. There are about 153,000 18-plus dual eligibles in Wayne County and most are located in Region 1-A.

### **Public Forums and Hearings**

DAAA will convene community forums and a public hearing on the proposed plan and seek input in a variety of input sessions, aging summits and meetings to obtain input on what is working well, unmet needs and emerging trends. Input from these events will help shape program development and funding strategies for service delivery.

### **Health Status Data**

Given the premature death of older adults within Region 1-A, DAAA will monitor health data from the Department of Health and Human Services, Michigan Department of Community Health, Detroit-Wayne County Health Authority and local health departments. Other national health data will also be reviewed to provide comparative data to Region 1-A's senior population.

### **Performance Improvement Plan**

As a CARF-accredited agency, DAAA staff will monitor quality indicators on a monthly, quarterly or annual basis in order to determine where programs and services need to be modified in order to be responsive to the unmet needs in the community. This includes reviewing customer satisfaction surveys and other program data as well as unmet needs reports.

When services are not available through DAAA or its service provider network, DAAA will refer consumers to other resources within the community, private pay opportunities and Medicare and Medicaid-supported resources. It will maintain a relationship with long term care stakeholders to ensure that service linkages are available to support referrals to other long term care supports and services and utilize community support coordination agencies to link older adults to non-traditional resources such as time banks, neighborhood-based resources and other options.

## PLANNED ARRAY OF SERVICES

The Planned Array of Services chart below indicates the appropriate placement for each OSA adopted service category and area agency developed regional service definition(s).

	<b>Access</b>	<b>In-Home</b>	<b>Community</b>
<b>Provided by AAA</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Outreach</li> </ul>		<ul style="list-style-type: none"> <li>• Long Term Care Ombudsman and Advocacy</li> </ul>
<b>Contracted by AAA</b>	<ul style="list-style-type: none"> <li>• Community Support Navigator</li> </ul>	<ul style="list-style-type: none"> <li>• Community Navigator</li> <li>• Community Living Support (CLS)</li> <li>• CLS–Chore</li> <li>• CLS–Homemaker</li> <li>• Home-Delivered Meals</li> <li>• CLS–Medication Management</li> <li>• CLS–Personal Care</li> <li>• CLS–Respite Care</li> <li>• Community Wellness Center</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Community Wellness Center</li> <li>• Congregate Meals</li> <li>• Assistance to Hearing Impaired and Deaf</li> <li>• Legal Assistance</li> <li>• Vision Services</li> <li>• Programs for Prevention of Elder Abuse, Neglect and Exploitation</li> <li>• Kinship Support</li> <li>• Caregiver Education and Support</li> <li>• CLS-Transportation</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Care Transition Services</li> <li>• Information &amp; Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Home Help</li> <li>• Home Health Aide Services</li> <li>• Program for All Inclusive Care for the Elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver Support</li> <li>• Hospital Based Health &amp; Wellness Programs</li> <li>• Faith-based Transportation</li> <li>• Meijer Transportation</li> <li>• Walmart Transportation</li> <li>• Logisticare Transportation</li> <li>• Metro-Lift Services (DDOT)</li> <li>• SMART</li> <li>• PAATS (Grosse Pointes)</li> </ul>

## TARGETING

During FY 2016, DAAA and its service providers will continue to reach out to underserved populations. DAAA and contracted agencies will target older residents and caregivers of greatest social and economic need through community outreach, linking these residents to public and private benefits and services, and ensuring that their cultural, language and socio-psychological needs are addressed. In addition, DAAA and its service provider network will focus attention on supporting the needs of caregivers providing care to these individuals. To reach out to hard-to-reach populations, DAAA will institute a recruitment program that aligns with the cultural composition of our communities and meets cultural competency standards. Variables that will be indicative of need that will be used to guide outreach strategies to target vulnerable consumers include the following:

- Low-income status
- Racial or ethnic minority status
- Frailty or homebound status
- Age 75 years and over
- Mental or physical disability including dementia
- Non-English speaking
- Cultural or social isolation
- Living alone without support
- Lack of access or inability to access community resources
- Isolated seniors such as those who are LGBT

DAAA and its service provider network will continue to use TDD, interpreters, braille, user-friendly materials, assistive technology, building accessible equipment and other methods to increase access of hearing, visually impaired and other vulnerable individuals to increase access to information and services. DAAA will continue to partner with Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adult Coalition to identify service needs. Finally, DAAA will work with local dual eligible clients to identify service gaps in health care.

To reach isolated and at-risk, older adults and caregivers, DAAA will train additional DAAA staff to provide presentations at various venues to promote and publicize its programs:

- Engage DAAA Board of Directors, Advisory Council, staff, service providers and other partners in promoting programs and services.
- Focus on specific areas where potential participants can be found including, but not limited to medical professionals, faith-based organizations, providers, neighborhood offices, emergency rooms and other locations.
- Partner with adult literacy groups to develop better communicate with seniors and adults with disabilities who have literacy challenges.
- Strengthen partnerships with Outreach and Assistance agencies to collaboratively market programs and services.
- Seek out opportunities to advertise in local newspapers in our service areas.

## SECTION II: ACCESS SERVICES

### AAA ADMINISTERED SERVICES

#### A. Access

##### Care Management

<b>Starting date:</b> October 1, 2015	<b>Ending date:</b> September 30, 2016
<b>Total of federal dollars:</b> \$0	<b>Total of state dollars:</b> \$808,734
<b>Geographic area to be served:</b> Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

**Goal 1:** Improve participant's medication self-management skills.

#### **Activities:**

1. Support Coordinators will reconcile all medication that the participant is taking with their physician.
2. Support Coordinators will educate participant about medication self-management to increase their knowledge and compliance and minimize ER visits and hospital admits.
3. Support Coordinators will follow up with the participants during monthly contacts and face to face visits to insure they are adhering to the Physician ordered medication regimen.

**Expected Outcome:** Improve the participant's knowledge related to their medication regimen. Minimize medication errors and increase compliance with physician orders. Minimize medical visits due to medication errors.

**Goal 2:** Improve participant's pain management skills.

#### **Activities:**

1. Evaluate client feedback regarding pain levels during initial assessment, reassessments and phone contacts.
2. Document interventions for all participants by rating their pain as mild, moderate or severe.
3. Assist participant with pain management concerns during contacts to provide interventions such as evaluating the current pain management regimen and contacting the physician for orders as needed or providing comfort measures, etc.
4. Evaluate the effectiveness of all interventions and problem solve, as needed.

**Expected Outcome:** Measure pain management at baseline and at specific intervals to improve pain management for participants in collaboration with their physician.

**Goal 3:** Increase the number of participants who have an active Advance Medical Directive.

**Activities:**

1. Support Coordinators will educate and review benefits of an Advance Medical Directive with all participants.
2. Support Coordinators will review the benefits of an Advance Medical Directive with participants on an on-going basis and with participants who are not in compliance.
3. Support Coordinators will monitor whether Advance Directives need to be updated.
4. Work with an inter-disciplinary workgroup and community stakeholders on an Advance Directives Campaign through a multi-faceted communications campaign to encourage seniors to prepare and update Advance Medical Directives.

**Expected Outcome:** Increase the number of participants and Region 1-A older residents who have an active Advance Medical Directive.

**Goal 4:** Increase support resources for caregivers.

**Activities:**

1. Support Coordinators will evaluate caregiver needs and provide resources as needed to minimize caregiver burn out.
2. Support Coordinators will explore opportunities for caregiver/participant respite.
3. Support Coordinators will monitor effectiveness of interventions and make adjustments as needed.

**Expected Outcome:** Increased opportunities for Caregiver support.

**Care Management**

<b>Current Year and Projected Year Client Numbers, Case Load and Client to Staff Ratio</b>			
<b>Number of client pre-screenings: 2015</b>	202	<b>Planned 2016:</b>	200
<b>Number of initial client Assessments -- 2015</b>	94	<b>Planned 2016:</b>	96
<b>Number of initial client care plans - 2015</b>	94	<b>Planned 2016:</b>	96
<b>Total # of clients (carry over plus new) – 2015</b>	181	<b>Planned 2016:</b>	275
<b>Staff to client ratio 1:50 (Active and maintenance)</b>			

<b>Match and Other Resources</b>			
<b>MATCH: Sources of Funds</b>	<b>State Funding</b>	<b>Cash Value</b>	<b>In-Kind</b>
	\$719,734	0	\$80,000
<b>OTHER RESOURCES: Sources of Funds</b>	<b>Program Income</b>	<b>Cash Value</b>	<b>In-kind</b>
	\$9,000	0	

## ACCESS SERVICES

### Information & Assistance

<b>Starting date:</b> October 1, 2015	<b>Ending date:</b> September 30, 2016
<b>Total of federal dollars:</b> \$347,554	<b>Total of state dollars:</b> \$89,401
<b>Geographic area to be served:</b> Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

**Goal 1:** Update and maintain Information & Assistance (I&A) Resource Database to be accessible to all 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 resource database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps.
5. Add identified community resources to the database, including ADRC and LGBT partners.
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. I & A Specialists will participate in ongoing training to enhance current skills and develop new skills to serve all populations.
2. I & A Specialists will continue to participate in required OSA Person Centered Thinking training.
3. I & A Specialists will continue to participate in on-going ABCs of I & R training to meet AIRS standards for recertification.
4. I & A Specialists will continue to participate in on-going MMAP training for 100% of staff to be certified as counselors.
5. I & A Specialists will continue to participate in LGBT sensitivity training.
6. Collaborate with other departments to ensure effective and efficient screening processes for MI Choice Medicaid Waiver, Project Choice, MMAP, Meals on Wheels and other programs.
7. Support Outreach program efforts by attending events and completing on-site intake and referral assistance services.

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

**Goal 3:** Collaborate with ADRC partners to expand I & A and Options Counseling to increase accessibility, streamline services, and navigate the new environment.

**Activities:**

1. Continue to Collaborate with ADRC and Community Support Coordination partners and to identify additional pilot sites for community I & A and Options Counseling.
2. Collaborate with ADRC partners to identify and develop tools to track outcomes of community I & A and Options Counseling.
3. Provide I & A and Options Counseling training that meets OSA and AIRS standards.
4. Provide I & A and Options Counseling at Community Support Coordination agencies to all populations.
5. Track outcomes of community I & A and Options Counseling.
6. Collaborate with ADRC partners to evaluate tracking data and determine next steps.

**Expected Outcome:** I & A and Options Counseling functions are available within the community at organizations that individuals know and trust.

**Goal 4:** Apply for AIRS Accreditation within the next fiscal year.

**Activities:**

1. In process of reviewing the AIRS accreditation application.
2. Continue to update and maintain resource database to meet AIRS standards.
3. Continue the development of necessary policies and procedures to meet AIRS standards.
4. Provide ongoing training to meet AIRS standards.
5. Submit AIRS Accreditation application.
6. Complete AIRS accreditation process.

**Expected Outcome:** Achieve AIRS Accreditation.

**Outreach Services**

<b>Starting date:</b> October 1, 2015	<b>Ending date:</b> September 30, 2016
<b>Total of federal dollars:</b> \$160,880	<b>Total of state dollars:</b> \$70,156
<b>Geographic area to be served:</b> Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

**Goal 1:** Expand the reach of DAAA programs and services in the community.

**Activities:**

1. Target identified organizations in the outreach database to identify individuals who may benefit from DAAA services.
2. Attend community meetings to provide information about DAAA programs.
3. Work with I & A providers to target vulnerable, at-risk seniors and adults with disabilities.
4. Develop strategy for educating consumers on accessing pre-paid ambulatory health plans (PAHP) as MI CHOICE converts to this new system.
5. Utilize local media outlets and cable television to promote DAAA programs in collaboration with municipal governments and other partners.

**Expected Outcome:** Increase community awareness of DAAA programs and services.

**Goal 2:** Increase client enrollment in targeted DAAA programs

**Activities:**

1. Develop relationships with providers outside of our current network.
2. Plan targeted outreach events to get referrals for DAAA programs with open enrollment.

**Expected Outcome:** Increase enrollment targeted programs and services offered by DAAA and its service provider network.

## DIRECT PROVISIONS OF SERVICES

### Long Term Care Ombudsman

<b>Total of federal dollars:</b> \$26,774
---

<b>Total of state dollars:</b> \$71,132
---

**Goal 1:** Provide advocacy services for nursing facility and community living residents.

**Activities:**

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

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

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

**Activities:**

1. Continue to develop relationships with nursing home and community living residents and family support to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach program to target events to provide community education.
3. Collaborate with county organizations to educate and increase community awareness of all populations on elder abuse.
4. Work to protect nursing home residents from voter-related and other types of fraud.
5. Coordinate trainings on Elder Abuse for 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.

**Detroit Area Agency on Aging  
Regional Definition of Community Navigator**

- Service Name:** Community Navigator
- Service Category:** Access Service
- Service Definition:** Coordination of community supports for older adults and family caregivers at the individual and community levels 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.
- Unit of Service:** One hour of individual or community-level coordination of care for older adults or family caregivers to support independent living of elders.
- 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 Support Navigators 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 organizations and trained volunteers. In addition, the Navigators will identify and communicate appropriate community agencies to arrange for services and evaluates the effectiveness and benefits of the services provided.

**Minimum Standards**

1. Each Community Support Navigator will coordinate services in a designated service area.
2. Preference is for the Community Support Navigator services to be physically located in the service area. Each Community Support Coordination entity rendering Community Support Navigator services will be certified as an accessible organization. Accessibility is defined as location in the service area where older adults, caregivers and individuals with a disability can enter the facility, use the rest room and receive services that is at least equal to that provided to an able-bodied person.
3. Each Community Support Coordination entity rendering Community Support Navigation services shall have accommodations for community meetings and training as a hub for the designated service area.
4. Each Community Support Navigator program shall provide, as supportive services, basic case coordination and referral to DAAA and other resources as well as outreach to those

who are homebound or isolated. These access components will link at-risk participants to the following services:

- a. Long Term Care Services
  - b. Directly provided 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
5. Community Support Navigators shall act as a long term care client support service offered in a targeted community setting with the individual aggregate group of seniors and caregivers as the service recipients. This includes performing intake, a basic assessment, service plan development and follow-up assistance. The assessment may be substituted with recently performed in-home service, care management and other assessments of partners.
  6. This service will coordinate care across the targeted service area for older adults and caregivers through public and private partnerships including trained community volunteers, community agencies, businesses, the government and foundations.
  7. The Community Support Navigator will 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.
  8. The Community Support Navigator will 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. This collaborative partnership should include the following elements to address service gaps in the service area:
    - 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
  9. Community Support Navigator staff shall receive in-service training at least twice each fiscal year which is specially designed to increase their knowledge and understanding of the

program and clients, and to improve their skills for tasks performed in the provision of service. An individualized in-services training plan should be developed for a staff person, when performance evaluation indicate a need. In-service trainings may also be made available in group settings within Region 1-A for all Community Support Navigator.

10. The Community Support Navigator may provide other home and community-based services, but must also refer participants to outside resources.
11. Each Community Support Navigator shall demonstrate that it is in compliance with fire safety standards, local building safety codes, and applicable Michigan and local public health codes regulating food service established, if applicable.
12. Each Community Support Navigator shall document that appropriate preparation has taken place for the following procedures:
  - a. Annual fire drill
  - b. Posting and training of staff and regular volunteers
  - c. Basic intake, assessment, service plans and follow up of staff
  - d. Meetings with community partners to collaborate on meeting unmet needs and service gaps of participants and other residents in the community.
13. Each Community Support Navigator is responsible for client tracking, program reporting and documenting unmet need. This includes individual and community-level development, brokering and arrangement of services.
14. Any staff transporting consumers by a personal vehicle must have a valid driver's license and be insured. This must be monitored at least annually.

**Detroit Area Agency on Aging  
Regional Definition of Community Living Support**

**Service Name:** Community Living Support

**Service Definition:** The provision of blended person-centered, supportive services to at-risk homebound and moderately impaired older adults who require chore, homemaking, medication management, personal care, respite care and/or transportation services to maintain their health status and independence in a home and/or community setting.

**Unit of Service:** One hour of allowable services.

**Minimum Standards**

1. Community Living Support Services consists of providing support to homebound or moderately impaired seniors to assist with the following: 1) meal preparation, 2) laundry, 3) routine household, seasonal and heavy household cleaning, 4) light inside chores, and 5) shopping for grocery and other necessities that support daily living if the individual does not qualify for care management or MI CHOCE Waiver services.
2. Other guidance, support and assistance may include the following:

**Chore:** Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence. Allowable tasks are limited to the following:

- Replacing fuses, light bulbs, electrical plugs, and frayed cords
- Replacing door locks and window catches
- Replacing and/or repairing pipes
- Replacing faucet washers or faucets
- Installing safety equipment
- Installing screens and storm windows
- Installing weather stripping around doors
- Caulking windows
- Repairing furniture
- Installing window shades and curtain rods
- Cleaning appliances
- Cleaning and security carpets and rugs
- Washing walls and windows and scrubbing floors
- Cleaning attics and basements to remove fire and health hazards
- Pest control
- Grass cutting and leaf raking
- Clearing walkways of ice, snow and leaves
- Trimming overhanging tree branches

- a. Funds awarded to Community Support Coordination agencies under Community Living Support may be used to purchase materials and disposable supplies used to complete the chores to increase safety of the individual. No more than \$200 may be spent on materials for any one household during a fiscal year.
- b. Pest control services may be provided only by appropriately licensed suppliers.
- c. Providers are to maintain relationships with Home Repair and Weatherization service providers in the service area to coordinate services.

**Homemaker:** Light housekeeping instrumental in assisting eligible seniors to remain in their homes or apartments such as 1) meal preparation, 2) laundry, 3) routine household, seasonal and heavy household cleaning,

**Medication Management:** Direct assistance in managing the use of both prescription and over-the-counter (OTC) medications such as reminding, cueing, observing and/or monitoring prescription and over the counter medication may be provided under the trained supervision of an hired or contracted RN. May include telephone reminder call/cueing (Level 1) and in-home monitoring visit/cueing (Level 2) or in-home medication set up (Level 3). Level 2 and 3 services shall be delegated by a supervising nurse. Changes in a client's condition shall be reported to the client's physician immediately and/or 911, if required.

**Personal Care:** Provision of in-home assistance with activities of daily living (ADL) for an individual including non-medical assistance not requiring a primary care or registered nurse such as assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation/ Personal care does not include health-oriented services as specified for Home Health Aide services. All workers must be supervised by a professionally trained and qualified person. Completion of certified nurse aide training course by workers is recommended.

**Respite Care:** Provision of relief by the participant's caregiver through companionship, supervision and/or assistance with activities of daily living for persons with mental or physical disabilities and frail older persons in the absence of the primary caregiver(s). Respite care may be provided at locations other than a client's residence and may include personal care responsibilities.

**Transportation:** Centrally organized services for medical or non-medical escort transportation of older persons to and from community facilities in order to assist seniors to access supportive services, public /private benefits, reduced isolation and other wise promote independent living by licensed professional drivers.

3. The service also includes observation, recording and reporting changes in clients' health status and home environment.
4. All workers performing Community Living Supportive Services must be trained by a qualified person and must be tested for each task to be performed prior to being assigned to a participant. The supervisor must approve tasks to be performed by each worker.

Completion of a recognized nurse aide training course by each worker is strongly recommended.

5. Individuals employed as Community Living Support must have previous relevant experience or training and skills in assisting with personal care needs, housekeeping, household management, good health practices, observation, and recording and reporting client information.
6. Semi-annual in-service training is required. Required training topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.

### **Minimum Standards for Service Providers**

1. Each program must maintain linkages with Care Management, Care Coordination and Support, MI CHOICE Medicaid Waiver, In-Home Services and other long term care supports and service programs operating in the region or service area.
2. All Community Living Support workers performing this service shall be competency tested for each task to be performed. The Supervisor assure that each worker can effectively perform every tasked assigned for each participant served. Completion of a certified nurse aide training course by each worker is strongly recommended.
3. Community Living Support workers shall have previous relevant experience or training and skills in housekeeping, householder maintenance, good health practices, observation, recording and reporting client information. In addition, they will have knowledge and skills and/or experience with food preparation, safe food handling procedures, and identifying and reporting abuse and neglect.
4. Community Living Support workers are required to participate in in-service training on at least a semi-annual basis. Required topics include safety, emergency procedures, sanitation, body mechanics, universal precautions, and household management.
5. If Community Living Support workers provide participants transportation, the following standards apply:
  - a. The Community Living Support worker must be appropriately licensed by the Secretary of State.
  - b. The provider agency must provide liability insurance.
  - c. All paid drivers for transportation shall be physically capable and willing to assist persons requiring help to and from their home/designation and to get in and out of vehicles.

**Detroit Area Agency on Aging  
Regional Definition of Community Wellness Center**

**Service Name:** Community Wellness Center

**Service Category:** Community

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

**Unit of Service:** One hour of Community Wellness Center Operations.

**Minimum Standards:**

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

5. Each Community Wellness Center shall make evidence-based health promotion and chronic disease self-management available to the community. These programs may include Enhance Fitness, Personal Action Towards Health (PATH), D-PATH (PATH classes for diabetics), A Matter of Balance and other evidenced based models.
6. Each Community Wellness Center shall demonstrate that it is in compliance with fire safety standards, local building safety codes, and applicable Michigan and local public health codes regulating food service establishments.
7. Each Community Wellness Center shall document that appropriate preparation has taken place for procedures to be followed in case of an emergency including:
  - a. An annual fire drill.
  - b. Posting and training of staff and regular volunteer.
  - c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency.
8. Each Community Wellness Center shall strive to adhere to the Principles for the Operation of Senior Centers as established by the National Institute of Senior Centers.
9. Each Community Wellness Center shall provide an opportunity for center participants have input regarding the governance of the center at the policy making level as well as in daily operations.
10. Each Community Wellness Center shall engage in community partnerships, including the Area Agency on Aging and local health agencies, to promote the adoption and expansion of best practices, assure the quality of the health components of the health promotion programs, link with appropriate collateral services, and assist with program evaluation.
11. Allowable Community Wellness Center Support costs may include salary and fringe expenses, as well as other facility and program operation costs.

## Regional Definition of Outreach & Assistance

**Service Name:** Outreach & Assistance

**Service Category:** Access Services

**Service Definition:** Efforts to identify, contact and provide on-going assistance to at-risk older persons who may or may not have a disability as well as caregivers experiencing social, economic, functional and/or physical isolation and decline including barriers related to language or culture. Priority must be given to older persons lacking formal or informal support systems.

### Allowable Service Components:

1. Sponsorship and/or participation in outreach fairs, formal and grass-root meetings, door-to-door canvassing and other activities to identify and reach out to hard-to-reach seniors, adults with disabilities and caregivers.
2. Initial efforts to identify and contact potential clients especially those who are isolated, live alone or have weak support systems.
3. Initial Intake visit.
4. Assistance in completing forms/paper work aiding in their continued or improved independence such as: DHS/SSA applications, insurance forms, utility assistance and other pharmaceutical assistance forms, and/or tax rebate forms.
5. Accompanying older adults to professional visits when necessary such as: medical appointments, Social Security Administration and Department of Human Services, legal appointments, bank grocery store, or health screenings. This component does not include providing on-going transportation for the client.
6. Arranging for on-going needs such as home health aide, home care assistance, homemaking, chore, home repair, meals, and transportation, mental health and other community living services.
7. Telephone calls/home visits for care coordination and follow-up.
8. Serving as client advocate to obtain needed services; collaboration with other service providers to avoid duplication of services and to coordinate best services.

### Minimum Standards:

1. Each program must have uniform intake procedure and maintain consistent records. Intake may be conducted over the telephone. Intake records for each potential client must include as much of the following information as is appropriate for the type of service requested and is able to be determined:
  - a. individual's name, street and mailing address, county, township and telephone number.
  - b. individual's birth date.
  - c. physician's name, address and telephone number.

- d. name, address, and telephone number of the person, other than spouse or relative with whom the individual resides, to contact in case of emergency
  - e. difficulties with activities of daily living and instrumental activities of daily living
  - f. perceived supportive service needs as expressed by individuals or their representatives
  - g. race/ethnicity
  - h. sex
  - i. income status
  - j. social security number
  - k. date of first client or family contact requesting service, or referral date and source
  - l. list of service(s) currently receiving including identifying if care management, DHS or other provider is coordinating services.
2. Each program must identify, determine, and document client needs, when on-going assistance will be provided to client.
  3. Each program must provide documentation of: all contact with and assistance to clients; referrals to other service providers in the community; and reduced isolation by annual client surveys and other appropriate means. Minimal paperwork will be required.
  4. Each program is encouraged to utilize volunteers with clients. Volunteers must be appropriately background check screened, trained and supervised by professional staff of service provider and/or other volunteer resources within the community. Appropriate volunteer services include: friendly visiting; telephone reassurance, meal preparation in the home; transportation; accompanying client to professional appointments and social/recreational events; advocacy for client; grocery and pharmacy errands; and helping client complete forms.
  5. Each program must provide follow-up as often as is appropriate but for at least 25% of clients served to determine whether the needs(s) were addressed and to determine any problems with the service delivery system.
  6. Each outreach and assistance program is encouraged to refer clients to care management and/or case coordination and support services if ongoing assistance more than three months is required in order to act as a feeder into AAA /Aging Services Network programs and services.
  7. Each program must complete an initial intake in a timely way to meet client needs and usually within 10 days of request for service. Each program must also keep a record of requests for service for which the program is unable to meet.
  8. Programs located in areas where non-English or limited English speaking older adults are concentrated are encouraged to have bilingual personnel available (paid or non-paid).
  9. Each program must demonstrate staff and volunteer participation in educational training. Educational opportunities must be encouraged and made available to staff and volunteers on an annual basis.

10. Each program must demonstrate collaborative relationships with the immediate community and other service providers. Suggestions of collaborative relationships would include providing public presentations to educate the greater community about the needs of their older adults and ways in which the community can help; and/or participating in collaborative meetings with other service providers in the community.

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

## **SECTION III: PROGRAM DEVELOPMENT OBJECTIVES**

### **PROGRAM DEVELOPMENT OBJECTIVES**

The first three program development objectives highlighted below align with OSA's FY 2014-2016 State Plan goals and the fourth goal is regionally developed.

#### **STRATEGIC GOALS**

**Goal 1: Improve the Health and Nutrition of Older Adults** – Further expand evidence-based health promotion and disease prevention services through community wellness centers, congregate meal sites and other locations.

**Objective 1.1:** Continue to strengthen wellness center support and evidence-based programs in community settings.

##### **Activities:**

1. Work with wellness centers, community focal points, congregate meal sites and other partners to promote wellness activities including healthy eating and nutrition.
2. Collect wellness outcomes to measure impact of evidence-based healthy aging programs.
3. Work with community support coordination, congregate meal sites and other partners to expand wellness center activities.

**Expected Outcome:** Increase capacity of wellness centers to provide evidence-based, healthy aging programs to increase physical activity, proper diet and improved disease self-management.

**Goal 2: Ensure Older Adults have Choice through Increased Access to Services.**

**Objective 2.1:** Build the capacity of AAA and service provider network to coordinate care of the elderly and caregivers.

##### **Activities:**

1. Restructure service delivery system to support coordinate care from new sources.
2. Require service providers to refer consumers to membership services.
3. Provide capacity building training and technical assistance and support.
4. Monitor developments to address unmet needs and service gaps within service areas.
5. Measure quality of services against baseline data and overall benchmarks.

**Expected Outcomes:** Increase resources for seniors and caregivers through other managed sources.

**Goal 3: Promote Elder Rights, Quality of Life and Economic Security.**

**Objective 3.1:** Increase Information dissemination on elder abuse and neglect

**Activities:**

1. Continue to work with the Wayne County, Wayne State University and/or Elder Law of Michigan Elder Abuse Projects, and WSU Elder Abuse Task Force to increase awareness about new Elder Right laws in Michigan.
2. Disseminate elder rights information through social media and other methods.
3. Convene educational workshops for providers, caregivers and seniors to educate community about elder abuse and neglect.

**Expected Outcomes:** Reduce the incidence of elder abuse among older persons and vulnerable adults.

**Objective 3.2:** Strengthen DAAA's capacity to be a data driven organization.

**Activities:**

1. Identifying the information that must be analyzed.
2. Consistently gather pertinent data.
3. Design a plan to turn the insight gained from analytics into action for the business that will boost the bottom line.
4. Integrate data analysis into the broader scope of business as it relates to the organization.
5. Maintain the integrity of the data captured.

**Expected Outcomes:** Improve decision making at every level of the organization.

**Objective 3.3** Increase Economic Security and Access to Benefits to Older Adults in Region 1-A

**Activities:**

1. Partner with Southeast Michigan Regional Senior Collaborative on media strategy for financial literacy strategies in tri-county area.
2. Partner with ADRC and others to expand benefits counseling through media for Medicare & Medicaid Assistance Program.
3. Work with Elder Law of Michigan and Economic Security Network to expand access to other basic need benefits and services through media strategy.
4. Place MMAP volunteers at strategic locations for health-related benefits counseling.
5. Continue to provide education on Medicare & Medicaid fraud prevention.

**Expected Outcome:** Increase access to public benefits and services to improve economic security.

**Goal 4: Work with transportation partners to secure resources for door-to-door and medical senior transportation.**

**Activities:**

1. Continue meetings with DDOT staff to finalize the process for usage of the \$1.8 million to provide non-emergency medical transportation.
2. Work with Detroit Emergency Medical Services (EMS) to develop a protocol for routing calls/rides for non-emergency transportation (NEMT) solutions. Work with area hospitals to manage return (NEMT) appointment transportation.
3. Meet with local Area Agencies on Aging to review transportation practices used by other agencies for client transportation issues.
4. Locate a list of disabled, low income persons and seniors for approval by D-DOT for New Freedom grant.
5. Work with DMC and other Detroit hospitals as possible private fund sources.

**Expected Outcome:** Increase access to door-to-door and medical transportation to seniors in Region 1-A.

## SECTION IV: ADVOCACY STRATEGY

The DAAA will plan, develop and implement its FY 2016 Advocacy Strategy in collaboration with its DAAA Board of Directors, Advisory Council, consumers, and community stakeholders. This Advocacy Platform will target and prioritize issues related to expanding funding and resources for services including a Wayne County Senior Millage. In addition, it will include strategies that will advocate for legislative and congressional action that create, expand and improve services that address unmet needs of seniors in PSA 1-A. Emphasis will be placed on protecting the interest of older adults, caregivers and service providers in policy and system reforms related to the rollout and implementation of Integrated Care and the Affordable Care Act. Areas of unmet need will obtain considerable attention in order to lessen the impact of federal and state funding cuts and to embrace opportunities that will make long term care and health care transformations responsive to the needs of older adults and their families.

### Advocacy Structure

- **DAAA Board of Directors & Advisory Council** – This governing body and its Advisory Council will be the catalyst for the identification of platform issues at the federal, state and local levels in collaboration with the Consumer Advisory Councils of the agency. This work will be implemented through the Public Policy Committee.
- **DAAA Staff** – DAAA staff will continue to advocate and empower older adults and their families through the provision of information and services. In addition, designated staff will support advocacy efforts through analysis of data and legislation, research, policy development and reform.
- **Region 1-A Aging Services Network** – DAAA will continue to inform and solicit input and support from its local services network.

### Advocacy Partnerships

#### National

- National Association of Area Agencies on Aging (n4a) Legislative Conference. Board and Staff representatives attend the annual n4a conference and visited congressional leaders to advocate for policy changes impacting older adults.

#### State

- **Commission on Service to the Aging (CSA)** – DAAA will monitor the CSA and ensure that this oversight body to the Michigan Office of Services to the Aging is informed about the needs of older adults and caregivers in PSA 1-A.
- **Michigan Senior Advisory Council (MSAC)** – DAAA will recommend the appointment of members to MSAC from Region 1-A to ensure that the voice of consumers from this planning and services area are represented.

- **Older Michiganians Day (OMD)** – DAAA will continue to shape and support the Older Michiganians Day Annual Advocacy Platform designed to communicate the needs of older adults to the State Legislature in collaboration with other AAAs and consumers in Region 1-A. This includes annual visits to the offices of the State Legislature.
- **Michigan Association of Area Agencies on Aging (M4A)** – DAAA staff represents Region 1-A in monthly M4A meetings to stay abreast of statewide issues impacting older adults, caregivers and the local Aging Services Network.
- **Silver Key Coalition** – Network of State Aging and Disability Agencies advocating for expanded in-home services.

### Regional

- **Aging Services Consortium** – DAAA will continue to provide representation at the Aging Services Consortium meetings.
- **Southeast Michigan Senior Regional Collaborative** – DAAA will continue to have representation and leadership on the collaborative of over 25 agencies in Southeast Michigan.

### **Advocacy Methods & Tools**

- Public Testimony
- Legislative Briefings
- White Papers & Position Papers
- Advocacy Platform Talking Points
- Advocacy Network Mailing List
- DAAA Website & Advocacy E-Blast
- Advocacy Training
- Advocacy Give-A-Ways (pens, advocacy tool kits, etc).

### **FY 2016 Priority Advocacy Issues**

The following advocacy issues will be addressed during FY 2016

- Resource Development
- Expansion of In-Home Services
- Monitor opportunities for a Wayne County Senior Millage
- Responsive Implementation of Integrated Care
- Transportation and Mobility
- Home and Community-Based Services for Older Persons and Individuals with Disabilities
- Access to Public Benefits and Services to support Economic Security
- Affordable Long Term Care Options
- Caregiver Education, Training & Support

- Regional Development
- Communities-for-a-Life-Time/Detroit Works/Detroit Future City Advocacy
- Development Support of Community Support Navigators and Community Focal Points
- Creation of Senior Safety Network through Neighborhood Support
- Expansion of Residential Care Options
- Emergency and Affordable Senior Housing
- Veteran Benefits & Services
- Preservation of Affordable Senior Housing
- Civic Education and Engagement

## SECTION V: LEVERAGED PARTNERSHIPS

DAAA plans to work with a variety of partners and community stakeholders to implement its goals and objectives at the regional and service area levels over the next three years. Key planned initiatives appear below.

**Aging & Disability Resource Collaborative (ADRC) Detroit-Eastern Wayne Partnership:** DAAA will continue to partner with Disability Network – Wayne County/Detroit and other collaborative partners to increase access to long term care and other services through a no wrong door approach.

**Aging Services Consortium:** Continue partnering with service providers and community stakeholders to address aging related issues impacting seniors and caregivers.

**Aging Services Network - (Region 1-A):** DAAA will convene the service provider network to coordinate services, work on quality assurance issues and position the community for Integrated Care and health reform to improve services in the community.

**Area Foundations and Private Corporations:** DAAA will work with local foundations and private corporations to obtain support for producing meals locally.

**Blue Cross-Blue Shield Senior Advisory Council:** Continue to advocate for Medigap, Medicare Advantage and other healthcare products that meet the needs of older persons in Region 1-A.

**Care Transitions Partnerships:** Partner with Michigan Peer Review Organization (MPRO), Detroit Medical Center, Henry Ford Health System, William Beaumont and St. John Providence Health System.

**Caregiving:** Partner with community stakeholders to strengthen those providing care to older adults, grandchildren and individuals with a disability.

**Colleges & Universities:** Continue to partner with Wayne State University, University of Michigan, Michigan State University Cooperative Extension and other colleges and universities to tap into invaluable training, education and research capabilities. This includes expansion of field placements and other opportunities to prepare students for the marketplace.

**Department of Human Services:** Strengthen partnership with Department of Human Services to support the protection of seniors and adults with disabilities who are at-risk of abuse and exploitation or unable to meet their basic needs.

**Detroit-Wayne County Community Mental Health Board:** Strengthen relationship with Mental Health Board and its provider network to support referrals to mental health agencies, treatment without stigma and coordination of services.

**D-DOT Local Advisory Council (LAC):** Work with D-DOT, SMART, SEMCOG, the Regional Transportation Authority and other transportation providers to expand and coordinate transportation services for consumers.

### **System Transformation**

At the regional level, DAAA will continue to work with area health systems, managed care organizations, the Public Health Institute, federally qualified health centers and other partners to forge relationships with them to pilot and implement Integrated Care, Care Transition services and other evidence-based healthy aging services. DAAA will work with The Senior Alliance and the Administration for Community Living to develop a strategic business plan through a technical assistance and support grant award. One of fifteen agencies across the country to be awarded this grant, DAAA will position the Aging Services Network in Wayne County to provide services to Medicare and Medicaid Dual Eligible consumers. It is estimated that there are over 200,000 dual eligible consumers in Michigan, including 53,000 in Wayne County, who will be targeted for common benefits and services through Integrated Care starting July 1, 2014. Approximately 35,000 reside in Region 1-A.

DAAA will continue to work with the Michigan Peer Review Organization (MPRO), Detroit Medical Center, Henry Ford Health System, William Beaumont and St. John Providence Health System and other health systems to create and expand Care Transition services to reduce admissions and re-admissions. This will be achieved through implementation of the Eric Coleman Model of Transition services, referral of consumers to evidence-based health promotion programs, as well as, the Diabetes Self-Management Program, which can be paid for through Medicare. The agency will continue to dialogue with Blue Cross Blue Shield of Michigan and other managed care organizations to advocate for seniors and to make sure that the rights of seniors are protected. This includes protecting Medigap and Medicare Advantage Plans.

### **Community Support Coordination**

DAAA will continue to work with six key Aging Services Network providers to engage in targeted case coordination services within the five service areas within its region to make person-centered services available through community support navigators, community living services and wellness center support. These hub or CSC agencies will work in collaboration with DAAA to engage faith-based organizations, businesses, government, non-profit organizations, fraternal organizations, colleges and universities, volunteers and foundations to leverage other monetary and in-kind resources to support the delivery of local services to seniors. DAAA will provide technical assistance and support as well as training to nurture this initiative.

### **Economic Security & Well Being**

DAAA will continue to partner with the Southeast Michigan Regional Senior Collaborative, Elder Law of Michigan, the Department of Human Services and other partners to protect the rights of seniors to not be exploited by elder abuse, to access all entitled public benefits and services, and to advocate for a better quality of life. This will be carried out through supporting agencies that provide public benefits through MiCAFE', MI Bridges and the NCOA Economic Security Care Work

and Service Referral, as well as, through outreach and education strategies targeted at elder abuse through the Wayne County Elder Abuse Task Force and the Wayne County Department of Human Services. The agency will also work with the Detroit-Wayne County Mental Health Board and its provider network to support referrals to mental health agencies, treatment without stigma and coordination of services.

### **Senior Millage & Other Resources**

DAAA will continue to partner with The Senior Alliance to monitor and advocate for a Senior Millage in Wayne County as well as expanded services for older veterans as the County's budget deficit is addressed. DAAA will also support the work of advocates to have the Intrastate Funding Formula reviewed and changed and work at ways to free up local resources to support senior citizens. This includes strengthening relationships with foundations, development of public-private partnerships with corporations, faith-based organizations, fraternal organizations and other partners as well as field placements and community volunteers. DAAA will also work with Wayne County, municipalities, foundations, veterans groups, faith-based groups, time banks and other stakeholders to better meet the needs of older adults and caregivers.

### **Senior Transportation**

DAAA will continue to build strong relationships with D-DOT, SMART, SEMCOG, the Regional Transportation Authority, the Regional Elder Mobility Alliance (REMA), Transportation Riders United and other transportation providers to expand and coordinate door-to-door and curb-to-curb transportation services for consumers. DAAA will also work with Michigan Department of Community Health and the Wayne County Department of Human Services on the expansion and improvement of medical transportation.

### **Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adult Coalition**

DAAA will work with Area Agency on Aging 1-B, The Senior Alliance and the LGBT Older Adult Coalition of Southeast Michigan to determine strategies that can be used to identify and meet the needs of the Lesbian, Gay, Bisexual and Transgender community. This includes determining the needs of this community, increasing competency among staff and service providers regarding LGBT issues, and developing effective programs and services for LGBT older adults.

### **US Department of Housing & Urban Development (HUD)**

DAAA will work with HUD, and the Michigan State Housing Development Authority (MSHDA) to develop a home repair set-aside strategy for older persons in Region 1-A to address the need for minor and major home repairs, housing rehabilitation and home modifications.

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

The DAAA and the Disability Network – Wayne/Detroit continue to be strong partners in the Implementation of the Aging and Disability Collaborative Detroit & Eastern Wayne. Designated as an emerging ADRC through the Michigan Office of Services to the Aging in April 2012, it continued

to bring together partners to expand and enhance access to aging and disability services. During FY 2013, the AAA and the CIL facilitated regular partner meetings to continue to develop policies and procedures that meet fully functioning benchmarks as established by OSA. DAAA staff continued to participate on OSA-ADRC workgroups and coordinate the scheduling of partnership meetings at the local level with the Disability Network. The agency also created an Options Counseling position within the I & A Call Center. Other activities that the ADRC have been engaged in are highlighted below:

- Continued to hold partnership meetings to discuss roles of each partner and identify gaps in membership. Existing members continued to build the collaborative by recruiting additional members.
- Developed process to meet the fully functioning benchmarks as required by OSA.
- Monitored and addressed partner engagement, sharing client data, shifting guidance from OSA and the Administration for Community Living.

In FY 2014 DAAA received an ADRC grant for Options Counseling training of I & A staff and Community Support Navigators. The DAAA is proud to participate in the LGBT Older Adult Coalition. Along with two other Southeast Michigan Area Agencies on Aging (AAA) we have successfully established a system to help senior service agencies more effectively serve people who are lesbian, gay, bisexual and transgender (LGBT). The pilot was created by the LGBT Older Adult Coalition, a project of the ACLU of Michigan. The project provided custom-tailored training for staff to help use proper language and ask culturally sensitive questions when speaking with identified LGBT clients. The coalition has produced three short videos to generate a better understanding of today's LGBT seniors and to notify people of the AAA's expanded capacity.

During FY 2015, the Michigan Office of Services to the Aging granted full ADRC status to the partnership. Shifting the focus from Fed requirements to what works at the local level we now have the opportunity to be more innovative and flexible. Instead of continuing to develop our ADRC to meet federal requirements, we will focus on what makes sense in our local community.

During FY 2016, Information & Assistance Specialist will continue to attend and complete Person Centered Thinking training as well as on-line PCT training. Specialist will also continue to receive MMAP training, the "ABCs of I & R training, and LGBT sensitivity training. DAAA will be making I & A and Options Counseling available through the Community Support Coordination sites. DAAA will continue to work with Community Support Coordination agencies to provide Community Navigator, Community Living Support and referrals to Community Wellness Centers.

DAAA is also in the process of reviewing the AIRS Accreditation application. Its goal is to achieve AIRS Accreditation over the next fiscal year. Management has submitted an application to MI AIRS for the national 2015 AIRS conference in hopes of sending the I & A Resource Specialist in May 2015. The Specialist's attendance at the conference will help the agency continue to further develop the community resource database. The Community Support Coordination partnership has helped in the development of Neighborhood ADRC partners within each service area of the region.

## **Aging Friendly Community/Community for a Lifetime Initiatives**

DAAA has worked with a number of community partners to make Region 1-A elder friendly. This includes collaboration and work with the City of Detroit, AARP Michigan and the Community Foundation of Southeast Michigan. Paul Bridgewater served on the Detroit Task Force and its Land Use Subcommittee. As a member of this Task Force, Mr. Bridgewater spearheaded thirteen moderated community forums and a Senior Summit to garner input from seniors in collaboration with service providers and other community stakeholders with the use of moderated discussions and clicker technology. The 13 community forums culminated in a Senior Summit resulted in a Detroit Works Livable Communities Blueprint for Action. Older adults, caregivers and service providers provided quantitative data on housing, transportation and mobility, long term care, healthcare, city services and neighborhood development. This information was shared with the City of Detroit to assist in the development of its Future's First Report. DAAA continues to work with Mayor Duggan's Administration to build collaborative relationships between DAAA congregate meal sites and wellness centers and the new Department of Neighborhoods. Most recently, Mr. Bridgewater was appointed to the City of Detroit Senior Citizens Advisory Commission to address the needs of Detroit senior residents on behalf of Mayor Duggan.

DAAA also participated in AARP Michigan's Livable Communities Initiative as the agency focused attention on making communities elder friendly and easier to navigate. It also partnered with CFSEM to assist block clubs to create Time Banks to make neighborhoods more supportive. In the FY 2014-2016 planning and funding cycle, DAAA will continue to provide community input data to the City of Detroit and other municipalities working on Aging Friendly Communities. This will be implemented by providing the results of community assessments, demographic data and limited technical support to municipalities or advocacy groups working on Aging Friendly Communities or the Community for a Lifetime Initiatives. The Aging Friendly Communities/Community for a Lifetime Activities Contact: Anne Holmes Davis, MUP, Senior Director of Planning, Advocacy and Volunteers.

**COMMUNITY FOCAL POINTS** - No updates are proposed for FY 2015. Community Focal Points include:

- Regional Community Focal Point – Detroit Area Agency on Aging
- Southwest Detroit -- Matrix Human Services
- Northwest Detroit – Neighborhood Service Organization
- North Detroit, Hamtramck & Highland Park and – Peoples Community Services
- Central – Adult Well-Being Services
- East Detroit – St. Patrick Senior Center
- Far East: Services for Older Citizens

## **SECTION VI: OTHER GRANTS & INITIATIVES**

DAAA continues to identify and partner with other agencies to seek funding collaboratively. DAAA has been partnering with The Senior Alliance to monitor the possibility of a Senior Millage in Wayne County to support senior programs. This issue was nearly placed on the ballot in the Summer/Fall of 2012 and the agencies will continue to pursue this funding. Currently, DAAA is working with healthcare partners to expand care transition services. It has a contract with the Michigan Pioneer Accountable Care Organization (MIPACO), (a Detroit Medical Center affiliate) to provide these services. In addition, DAAA is operating a Diabetes Self-Management Program that reimburses the agency through Medicare. This program is being offered in conjunction with the Detroit Community Health Connection, a Federally Qualified Health Center.

In May 2013, DAAA and The Senior Alliance was one of nine agencies selected to obtain a Targeted Technical Assistance Grant to support strategic business planning for Integrated Care. Wayne County is one of four pilot locations for the Centers for Medicare and Medicaid Services/Michigan Department of Community Health (CMS-MDCH) initiative. This project enabled DAAA and The Senior Alliance to bring together service providers over the last 18-months to develop business strategies to support partnering with Managed Care Organizations. These efforts will enable the agency to position the AAAs and service provider network to operate successfully in a managed care environment.

In addition, the agency is a member agency in the Southeast Michigan Regional Senior Collaborative overseeing the Access to Benefits work of the group. Through this initiative, United Way funding is supporting capacity building in public benefits in the tri-county area. It is hoped that this will enable the agency to build on its economic security expertise to build the capacity of Community Support Coordination agencies to help customers tap into these resources.

Currently, DAAA has a contract with the Michigan Pioneer Accountable Care Organization (MIPACO) to provide care transition services. These services will enable DAAA to further develop a track record for providing these services designed to prevent re-admission to hospitals. It is hoped these services can be further replicated with other area health systems. DAAA will continue to seek other funding and resources to diversify its resources. This includes a county-wide senior millage, public and private grants, in-kind resources, volunteers and student interns and technical assistance. Through the targeted technical assistance grant, DAAA will develop a strategic business plan designed to generate contracts with managed care organizations. Funding sought through grants and third party reimbursement will be used to provide needed supports and services that assist older adults to remain independent and access services and information to improve their quality of life. In addition, public benefits and health promotion services will improve their health status in light of multiple chronic illnesses and poor access to care.

Additional funding sought through grants and contracts will support system change and the agency's plan to transition into managed care and health care products and services as it re-engineers the service delivery system. It will also continue to assist the six Community Support Coordination agencies to implement services in each targeted service area within Region 1-A as well as leverage federal and state funding with other resources to address unmet needs.

During FY 2013-2014, DAAA continued to seek funding to address the wait list for home-delivered meals, veteran services, home and community-based services, economic security, home repair services and senior transportation. During the upcoming fiscal year, it will build upon its successes and continue to promote a county-wide senior millage in order to generate unrestricted funding. All of these efforts will enable the agency to improve access to programs and services, promote quality, coordinate care and protect the rights of seniors and family caregivers.

### **Creating Confident Caregivers Initiative for FY 2016**

DAAA will only continue to provide training to promote the implementation of Creating Confident Caregivers if other funding becomes available. Current funding ends in May 2015.

### **Medicare Medicaid Assistance Program**

The specific goals related to MMAP activities for FY 2016 include:

- Goal 1: Provide one-on-one MMAP counseling to a total of 7,790 participants.
- Goal 2: Reach 28,418-through outreach activities in Region 1-A.
- Goal 3: Sustain direct contacts with 5,945 consumers.
- Goal 4: Provide services to 2,325 disabled contacts.
- Goal 5: Enroll 5,853 participants in the Low Income Subsidy.
- Goal 6: Enroll 6,596 unduplicated participants in Medicare and/or Medicaid.
- Goal 7: Provide contact to 5,880 Part D unduplicated enrollee contacts.
- Goal 8: Provide 9,312 MMAP counseling hours.

### **The Area Agency MMAP Initiatives for FY 2016 include:**

- Increasing the number of trained counselors in the program.
- Targeting specific recruitment of volunteers from the fields of healthcare, social work, and education.
- Implementing continuous quality improvement measures to improve customer service to beneficiaries.
- Increasing outreach efforts by focusing on the block club associations, faith-based organizations, disease-specific agencies, and other groups.
- Increasing outreach presence in Hamtramck and Highland Park. DAAA has increased its contacts in both cities.
- Continue to strengthen the relationship with the Service Provider Network (Core, Wellness and Outreach).

### **Volunteer Program**

Over the past two years, we have seen an increase in their performance as well as for some of the partners. More specifically focusing on the higher performing partners and helping with strategies to perform even better this grant year. Volunteer management and recruitment challenges and successes.

**Successes:**

Thus far, volunteer recruitment initiatives through outreach activities, has proven to be the most effective form of recruitment for our program. DAAA has been successful at recruiting committed volunteers who come to the program with their friends. Approximately 33% of our core volunteers have been with the program three or more years.

**Challenges:**

DAAA continues to seek additional community volunteers who can devote time to the project

**FY 2016 AREA PLAN GRANT BUDGET**

Rev. 04/2015

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/15 to 09/30/16

PSA: 1-A

Date: 04/23/15

Rev. No.: 0 Page 1 of 3

**SERVICES SUMMARY**

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	930,562		930,562
2. Fed. Title III-C1 (Congregate)	627,969	627,969	1,255,938
3. State Congregate Nutrition	23,504	23,504	47,008
4. Federal Title III-C2 (HDM)	1,095,063	1,095,063	2,190,126
5. State Home Delivered Meals	1,031,662	1,031,662	2,063,324
8. Fed. Title III-D (Prev. Health)	64,503		64,503
9. Federal Title III-E (NFCSP)	390,240		390,240
10. Federal Title VII-A	13,449		13,449
10. Federal Title VII-EAP	15,999		15,999
11. State Access	70,156		70,156
12. State In-Home	549,419		549,419
13. State Alternative Care	276,440		276,440
14. State Care Management	719,734		719,734
16. St. ANS & St. NHO	162,256		162,256
17. Local Match			
a. Cash	-	440,636	440,636
b. In-Kind	459,500	-	459,500
18. State Respite Care (Escheat)	148,058		148,058
19. MATF & St. CG Support	362,214		362,214
20. TCM/Medicaid & CMP	18,277		18,277
21. NSIP		621,536	621,536
22. Program Income	149,900	100,000	249,900
<b>TOTAL:</b>	<b>4,330,707</b>	<b>3,940,370</b>	<b>8,271,077</b>

**ADMINISTRATION**

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	345,371	-	345,371
State Administration	60,218	-	60,218
MATF & St. CG Support Administration	30,584	-	30,584
Other	276,710	-	276,710
<b>Total:</b>	<b>712,883</b>	<b>-</b>	<b>712,883</b>

**Expenditures**

Expenditures	FTEs
1. Salaries/Wages	
2. Fringe Benefits	
3. Office Operations	
<b>Total:</b>	<b>-</b>

**Cash Match Detail**

Source	Amount	In-Kind Match Detail	Amount
Investment Income	75,000		
<b>Total:</b>	<b>75,000</b>	<b>Total:</b>	<b>-</b>

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 2016 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 04/2015

Agency: Detroit Area Agency on Aging      Budget Period: 10/01/15 to 9/30/16  
 PSA: 1-A      Date: 04/23/15      Rev. Number 0

page 3 of 3

**FY 2016 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL**

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
Nutrition Services									
1. Congregate Meals	627,969	1,095,063	23,504	1,031,662	185,068	-	-	-	836,541
2. Home Delivered Meals	-	-	-	-	436,468	100,000	440,636	-	3,103,829
3. Nutrition Counseling	-	-	-	-	-	-	-	-	-
4. Nutrition Education	-	-	-	-	-	-	-	-	-
5. AAA RD/Nutritionist*	-	-	-	-	-	-	-	-	-
<b>Nutrition Services Total</b>	<b>627,969</b>	<b>1,095,063</b>	<b>23,504</b>	<b>1,031,662</b>	<b>621,536</b>	<b>100,000</b>	<b>440,636</b>	<b>-</b>	<b>3,940,370</b>

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

**FY 2016 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL**

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	-	-	15,999	-	-	400	-	-	19,399
2. Elder Abuse Prevention	-	13,449	-	52,855	18,277	-	-	11,000	108,906
3. Region Specific	13,325	13,449	-	52,855	18,277	400	-	14,000	128,305
<b>LTC Ombudsman Ser. Total</b>	<b>13,325</b>	<b>13,449</b>	<b>15,999</b>	<b>52,855</b>	<b>18,277</b>	<b>400</b>	<b>-</b>	<b>14,000</b>	<b>128,305</b>

**FY 2016 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL**

SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
1. Chore	-	-	-	-	-	-	-	-	-
2. Homemaking	-	-	-	-	-	-	-	-	-
3. Home Care Assistance	-	-	-	-	-	43,569	882	14,300	58,751
4. Home Health Aide	-	-	-	-	-	-	-	-	-
5. Meal Preparation/HDM	-	-	83,351	54,113	-	-	2,782	45,120	185,366
6. Personal Care	-	-	-	-	-	-	-	-	-
<b>Respite Service Total</b>	<b>-</b>	<b>-</b>	<b>83,351</b>	<b>54,113</b>	<b>-</b>	<b>43,569</b>	<b>3,664</b>	<b>59,420</b>	<b>244,117</b>

**FY 2016 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL**

SERVICE CATEGORY	Title III-B	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only						
1. Caregiver Sup. Services	-	-	-	-	-	-
2. Kinship Support Services	16,000	39,000	500	-	6,700	62,200
3. Caregiver E.S.T	-	54,000	700	-	8,000	62,700
4.	-	-	-	-	-	-
<b>Kinship Services Total</b>	<b>16,000</b>	<b>93,000</b>	<b>1,200</b>	<b>-</b>	<b>14,700</b>	<b>124,900</b>

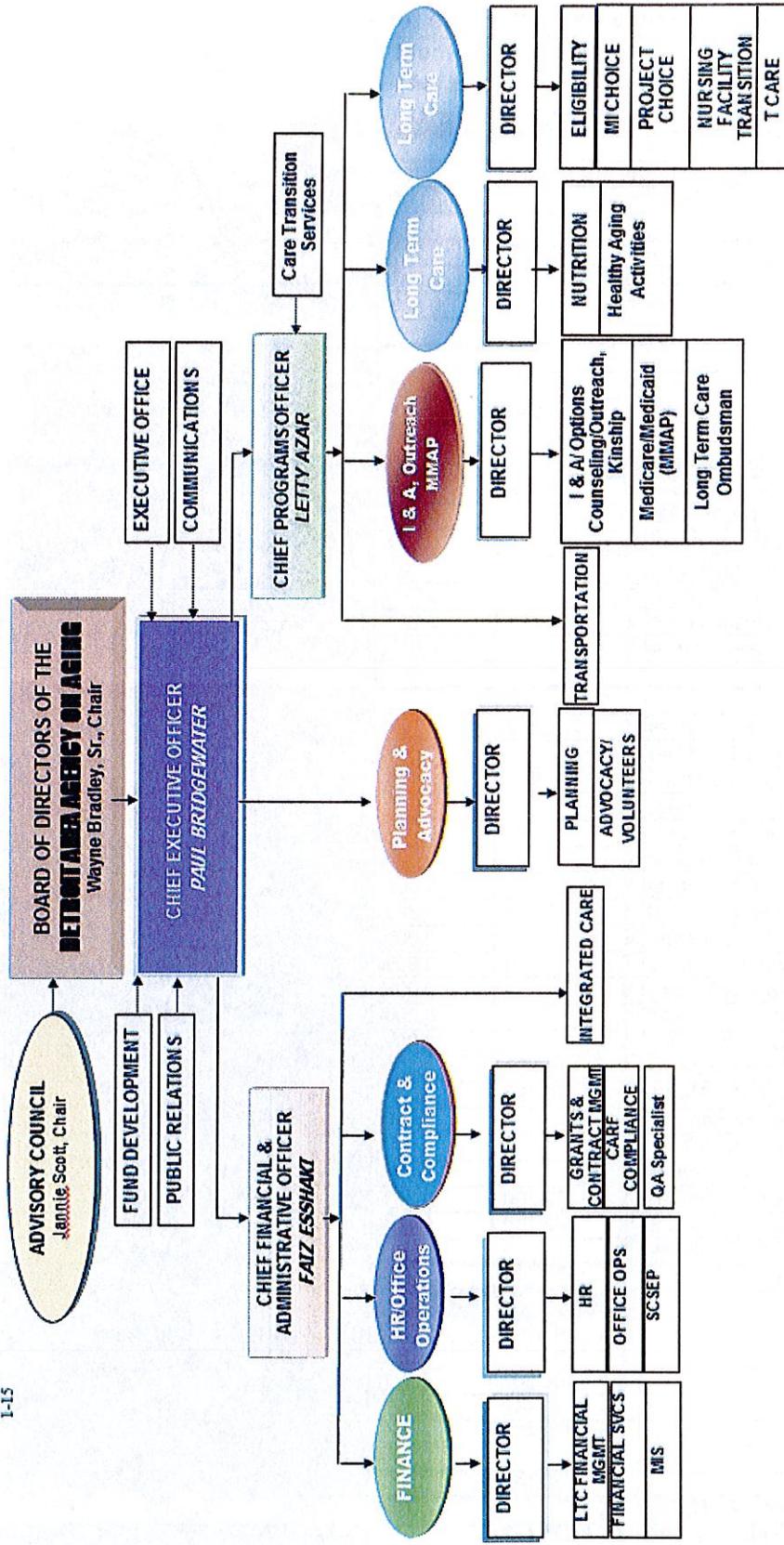
**Planned Services Summary Page for FY 2016      PSA: 1-A**

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 808,734	9.78%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 436,955	5.28%		X	X
Outreach	\$ 238,836	2.89%			X
Transportation	\$ -	0.00%			
<b>IN-HOME SERVICES</b>					
Chore	\$ -	0.00%			
Home Care Assistance	\$ 406,554	4.92%	X		
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 3,103,829	37.53%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 246,497	2.98%	X	X	
Friendly Reassurance	\$ -	0.00%			
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 225,300	2.72%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 836,541	10.11%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ -	0.00%			
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 18,500	0.22%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 76,919	0.93%		X	
Long Term Care Ombudsman/Advocacy	\$ -	0.00%			
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 18,500	0.22%		X	
Programs for Prevention of Elder Abuse,	\$ 19,399	0.23%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 62,200	0.75%		X	
Caregiver Education, Support, & Training	\$ 62,700	0.76%		X	
AAA RD/Nutritionist	\$ -	0.00%			
<b>PROGRAM DEVELOPMENT</b>	<b>\$ 186,112</b>	<b>2.25%</b>			<b>X</b>
<b>REGION-SPECIFIC</b>					
a. Outreach & Assistance	\$ 208,400	2.52%		X	
b. Comm. Wellness Ctrs.	\$ 461,673	5.58%		X	
c. LTC Ombuds/Advocacy	\$ 108,906	1.32%			X
d. Comm. Supp. Navigator	\$ 321,442	3.89%		X	
e. Comm. Living Support	\$ 392,496	4.75%		X	
<b>CLP/ADRC SERVICES</b>	<b>\$ -</b>	<b>0.00%</b>			
<b>MATF ADMINISTRATION</b>	<b>\$ 30,584</b>	<b>0.37%</b>			
<b>TOTAL PERCENT</b>		<b>100.00%</b>	<b>4.66%</b>	<b>77.51%</b>	<b>17.83%</b>
<b>TOTAL FUNDING</b>	<b>\$ 8,271,077</b>		<b>\$385,341</b>	<b>\$ 6,410,621</b>	<b>\$1,475,115</b>

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

**ORGANIZATIONAL CHART - GLOBAL OVERVIEW - 2015**

1-15



## APPENDICES

**APPENDIX A**  
**BOARD OF DIRECTORS MEMBERSHIP**

Fiscal Year: 2015

Membership Demographics	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total	CHECK THOSE THAT ARE APPROPRIATE				
								Elected Official	Appointed	Community Rep.		
Age 60 or Over												
NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION										
	0	21	0	1	0	16	38					
Nancy Allen	Detroit	Retired				X						
Wayne W. Bradley, Sr.	Detroit	Detroit Community Health Connection, Inc.				X						
Henry Conerway, Jr.	Detroit	Ambassador Nursing & Rehabilitation Centre				X						
Nancy Courtney	Harper Woods	Retired Nurse				X						
Terra DeFoe	Detroit	City of Detroit Office of the Mayor				X						

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Lorenzer Frazier	Detroit	Optimist Club		X	
Louis Green	Detroit	UAW Retiree		X	
Louise Guyton	Detroit	Retired, Comerica Bank		X	
Reginald Hartsfield	Detroit	Advantage Management Group		X	
Juanita Hernandez	Detroit	Retired		X	
Reverend Jim Holley, Ph.D.	Detroit	Pastor		X	
Marilyn French Hubbard, Ph.D.	Detroit	Retired		X	
Fay Martin Keys, DL,MSW,MLS	Detroit	Wayne State University – School of Social Work		X	
Revered Oscar W. King, III	Detroit	Pastor		X	
Stacia Little	Detroit	Optimist Club		X	
Alexander Luvall, Esq.	Detroit	Lawyer		X	
Terri Mack-Biggs, M.D.	Detroit	Medical Doctor		X	

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Juliette Okotie Eboh, Ph.D.	Detroit	Vice President, Community Affairs, MGM Grand-Detroit		X	
Gladys A. Noble, MSW	Detroit	Social Worker		X	
Navid Sayed	Detroit	Capital Home Health Care., Inc.		X	
Frances Schonenberg	Grosse Pointe Farms	City of Grosse Pointe Farms		X	
William Sharp, M.D.	Detroit	Medical Doctor		X	
Hedy Shulgon	Hamtramck	City of Hamtramck		X	
Alice G. Thompson	Detroit	CEO, Black Family Development		X	
Ashley Tuomi	Detroit	American Indian Health & Family Services		X	
Elaine Williams	Detroit	DTE Energy Metro Detroit Comm. Involvement Task Force		X	
DeAndre Windom	Highland Park	Mayor, City of Highland Park	X	X	
Mark Wollenweber	Grosse Pointe Shores	City Manager Grosse Pointe Shores		X	

**ADVISORY BOARD MEMBERSHIP**

**Fiscal Year: 2015**

	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Membership Demographics	0	20	0	1	0	28	49
Age 60 or Over							

Name of Member	Geographic Area	Affiliation
Victor Arbulu	Detroit	Greater Detroit Association for Blind and Visually Impaired
Marion Bloye	Detroit	Retired
Sandra Booker	Detroit	Retired
Tom Cervenak	Detroit	People's Community Services
Shenlin Chen	Detroit	Association of Chinese Americans
Rosemarie Cutler	Detroit	Retired Nurse
Shirley Dudley	Detroit	Robert Holmes Manor
Elmer Duff	Detroit	UAW Retirees
Phyllis Edwards	Detroit	Bridging Communities
Susan Forch	Dearborn	UAW Retiree
Sara Gleicher	Detroit	Adult Well Being Services
Dalia Garcia	Detroit	LASED Board of Directors
Nancy Glover	Detroit	Retired Nurse
Carol Goosby	Detroit	Retired
Katy Graham	Redford	Neighborhood Legal Services
Nanci Gratsy	Dearborn	Delta Manor
Melanie Harris	Dearborn	Catholic Community Services of Wayne County
Christine Hawkins	Detroit	Retired

Name of Member	Geographic Area	Affiliation
Beverlyn Hilton	Detroit	Community Activist
Ann Kraemer	Grosse Pointe Park	Community Activist
Charles Martin	Detroit	UAW Retiree
Maureen Patterson	Detroit	Greenhouse Apartments
Mildred Ray	Southfield	Retired Nurse
Charles Reese	Detroit	MMAP Volunteer
Jannie Scott	Detroit	Presbyterian Villages of Michigan
Patricia Simpson	Hamtramck	Corinthian Baptist Church
Virginia Skrzynairsz	Hamtramck	Piast Institute
Vernola Stewart	Detroit	Retired Nurse/MMAP Volunteer
Joseph Sucher, Ph.D.	Grosse Pointe	Macomb County Community College
Flossie Thomas	Detroit	Community Activist
Joan Thornton	Grosse Pointe	Services for Older Citizens
Alberta Trimble	Detroit	Retired Nurse
Katie Wheatley	Detroit	Van Dyke Center
Yvonne White	Detroit	Michigan State Conference of the NAACP

**APPENDIX C**  
**PROPOSAL SELECTION CRITERIA**  
**Fiscal Years: 2016**

Date criteria approved by AAA Board: February 25, 2013

Outline new or changed criteria that will be used to select providers: Guiding Principles of Nutrition Services Request for Proposal.

The bidders for Nutrition Services for Region 1-A will have the option of bidding for one, two or all three of the following options:

1. Home-Delivered Meals
2. Congregate Meals
3. Fee-for-Service Purchase Meals

The guiding principles that will govern the Request for Proposal planning, execution, review and award process are as follows:

The program will become effective October 1, 2013 and will be an award of approximately \$3.5 million contract.

**Section A**

To be considered for review, bidders must meet the following minimum screening requirements:

1. Have been in business for a minimum of five years, and,
2. Be current in all local, state and federal taxes;
3. Have a positive fund balance (as demonstrated by a financial report with a balance sheet showing a positive fund balance or retained earnings).

**Section B**

1. The bidder must have a kitchen in the Region 1-A service area with a minimum capacity for 4,000 meals.
2. The bidder must provide plans to be able to continue service during emergency situations including capacity for storage and generators.
3. The bidder must submit a transition work plan/time line that demonstrates transition to full operations effective October 1, 2003.
4. The successful bidder/vendor will provide a routing and delivery system.
5. The successful bidder/vendor will provide an in-kind and/or cash match which will enhance the program operations (in accordance with OSA guidelines)

APPENDIX D

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

This above identified agency, (hereinafter referred to as the GRANTEE, under contract with the Michigan Office of Services to the Aging (OSA), affirms that its contract(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:

808,664

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

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