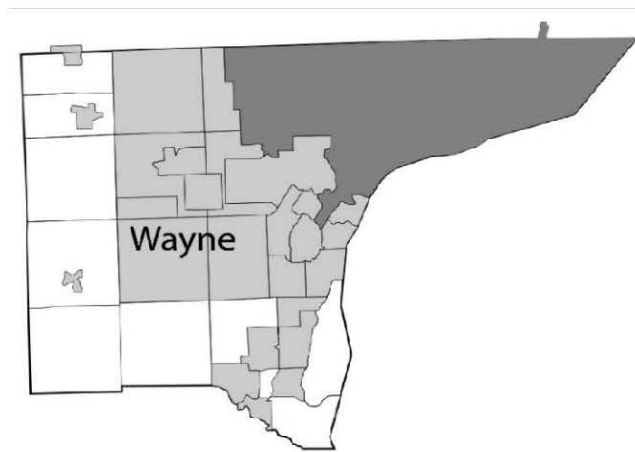


2023-2025 Multi Year Plan

FY 2023 ANNUAL IMPLEMENTATION PLAN

DETROIT AREA AGENCY ON AGING 1-A



Planning and Service Area

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

Detroit Area Agency on Aging 1-A

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Executive Summary

OUR MISSION

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. "

OUR VISION

A community that cares for the vulnerable and advocates for the well-being of our constituents.

OUR CORE VALUES

DAAA is guided by a set of core values in developing and carrying out its mission to effectively manage its strategic planning process, programs and services and advocacy efforts. These values include the following:

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

The DAAA was founded in 1980 as a private, non-profit agency established to provide services to older adults in the City of Detroit and its central and eastern suburbs: Highland Park, Hamtramck, the five Grosse Pointes and Harper Woods. Since that time, its constituents have grown to include 18-plus adults with disabilities, veterans, and family caregivers. DAAA's service area consists of about 300,000 individuals inclusive of 153,540 older persons aged 60 years and over, adults living with disabilities and family caregivers providing support to spouses, parents, sibling(s), adult children, grandchildren, and other loved ones. DAAA serves some of the most at-risk older adults within the State of Michigan and has documented premature, excess deaths of this population through its award-winning Dying Before Their Time report which found that older residents have a mortality rate two to 2.5 times higher than older adults in the remainder of the State due to poor access to care, multiple chronic conditions, and elevated hospitalizations and ER Visits. Sadly, the COVID-19 Pandemic has exacerbated premature death in these communities.

DAAA has a staff of over 100 employees and coordinates a service provider network of 120 service provider agencies. It utilizes an annual budget of \$73 million and makes an array of services available to consumers through the Older Americans Act of 1965 (as amended) and the Older Michiganians Act of 1981 as well as other public and private resources. The organization receives Medicaid funding for the MI Choice Home and Community-Based Waiver from the Michigan Department of Health and Human Services (MDHHS). In addition, it also provides Long Term Care Supports and Services through MI Health Link in collaboration with AmeriHealth, Meridian/Michigan Complete Health and Midwest/HAP. DAAA also provides Care Transition services through a Total Home Health Care contract and bills for Medicare services under the Senior

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TelehealthConnect, Diabetes Self-Management Program and eventually for Medical Nutrition Therapy.

SPECIAL PARTNERSHIPS AND INITIATIVES

Over the next three years, DAAA will be partnering with AARP Michigan and other partners to implement its Vision 2021 - 2025 Strategic Plan, this proposed Multi-Year Plan as well as an Inclusive Health Care Taskforce Community Action Plan in order to provide critically needed services and to better coordinate and integrate the Social Determinants of Health (SDOH). The agency will also continue to partner with United Way of Southeastern Michigan on its Community Information Exchange/Close the Loop Initiative to coordinate SDOH and to continue work through Connect 313 to increase access to Internet connectivity, training and support. DAAA will also continue to partner with members of the Aging and Disability Resource Collaborative to coordinate services for older persons, adults with disabilities and caregivers. In addition, it will facilitate services and capacity-building efforts through its Community Wellness Service Center Advisory Council, the Senior Housing Preservation-Detroit (SHP-Detroit) and the Senior Regional Collaborative amongst other partnerships.

ACCREDITATION

NCQA, CARF and AADE accredited, the agency prides itself in maintaining high-quality services. This National Committee on Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF) and American Association of Diabetes Educators (AADE) helps the organization to embed quality assurance measures in all services to meet the needs of its constituents. The agency's Information and Assistance Specialists are AIR-certified within one year of employment. Recently, DAAA expanded its Quality and Compliance Department and is seeking the Malcolm Baldrige Award while always operating under its five guiding principles of Servant Leadership - being good stewards of People, Service, Growth, Finance and Quality.

COVID-19 EMERGENCY RESPONSE & NEW PRIORITIES

With the on-set of the COVID-19 Pandemic, DAAA has been at the forefront of emergency response to the older adults within its community. During the first six to twelve months of this health crisis, the agency served three times as many constituents by making emergency food, personal protection equipment and supplies, In-Home Vaccinations, wellness checks and telephone reassurance, activity/personal care packets and other services available. To continue to be responsive, DAAA has initiated Senior TelehealthConnect; Counseling Services to address increases in depression, mental health challenges and substance abuse; expanded Friendly Reassurance and Wellness Checks and the kick off of a Community Care Corps to help caregivers as well as care recipients with Chore, Respite Care, Friendly Visiting and One-on-One and Group Support. It will also continue to make Emergency Grocery Shopping available to the most vulnerable through newly tapped funding.

EMERGING COMMUNITY NEEDS

With the 2020 US Census, DAAA realized a 3.4% growth in its senior population - an increase from 148,458 to 153,540 sixty-plus individuals. In analyzing data from its 2022 Community Needs Assessment findings as well as its three community forums and two public hearings, DAAA found that the top ten needs consists of: 1)

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Home Repair Services; 2) Caregiver/Kinship Support; 3) Transportation; 4) Social Isolation; 5) Food/Food Insecurity; 6) COVID-19 Response (PPE, In-Home Vaccination and COVID-19 Testing); 7) Access to Technology/Training; 8) In-Home Services; 9) Diversity, Equity and Inclusion, and; 10) Leveraging Community Partnerships and Volunteers. It is hoped that this proposed Multi-Year Plan, when coupled with the agency's Vision 2021 - 2025 Strategic Plan, will enable the agency to responsively address the needs of the community.

During FY 2023 – FY 2025, DAAA will be implementing a variety of initiatives to make services available to the community. Some of these programs and services will be funded through Older Americans Act funding while others will be supported through American Rescue Plan and unrestricted funding as well as other resources .

Infusing American Rescue Plan Act (ARPA) funding into the agency's service budget will enable DAAA to implement a variety of initiatives to add value to programs and services including the purchasing of equipment and supplies for service providers; investing in Information Technology; expanding caregiver support services; and reinvigorating our disease prevention/ health promotion program with a hybrid model.

American Rescue and unrestricted funding will help DAAA and its partners to modernize and reimagine our Congregate and Home Delivered Meals Programs to attract new 'young at heart' and existing participants. These innovative strategies will be tested to examine how Restaurant Vouchers, Mobile Food Trucks and catered meals can be shared through our Silver Café' Innovation Initiative. Congregate Meal Site Directors will be recruited, trained and equipped with iPads or tablets for registration and program reporting purposes, where possible.

To address the need for home repair and environmental modifications, DAAA will partner with non-traditional providers to build a "Maintenance Central Home Repair" model, implement intergenerational summer camp/mentoring programs for Grandparents Raising Grandchildren; Senior Lyft-Uber Concierge services along with using a Region 1-A customized wellness check app to perform volunteer-based outreach to isolated older adults and caregivers. Strategies will be piloted with diversity, an expanded community reach and sustainability in mind.

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County/Local Unit of Government Review

Every three years, the Michigan Bureau of Aging, Community Living and Supports (Bureau ACLS - formerly Aging and Adult Services Agency) requires the 16 Area Agencies on Aging (AAAs) under its auspices to develop a plan for older adult services. This year, the State Unit on Aging office is requesting AAAs to develop a FY 2023 – FY 2025 Multi-Year Plan (MYP)/FY 2023 Annual Implementation Plan to outline how services will be delivered during this period. To develop this three-year plan, the Detroit Area Agency on Aging (DAAA) is not only obtaining input and support from older adults and caregivers within its service area, but also seeking approval from municipal governments within its nine targeted communities. As a part of this review and approval process, DAAA has notified all municipalities regarding its two public hearings on the proposed plan. After the two public hearings, DAAA will distribute a letter and final draft plan through the U.S. mail with delivery and signature confirmation to the Mayors and City Manager/Liaison's Offices advising the officials of the availability of the proposed plan for review and comment. The letter will include instructions about how to view a mailed, printed or posted copy on the DAAA Website. The agency will also note the availability of DAAA to discuss the plan with local government officials. The Detroit Area Agency on Aging's Planning Department and/or members of the DAAA Board of Directors will follow up with the assigned city officials between June 1st to July 12, 2022, to encourage feedback from communities including the establishment of meetings or conference calls with the appropriate parties. Although the proposed plan is due in AMPS by June 24, 2022 for the ACLS Bureau, representatives from municipalities can email, fax, or mail their approval or disapproval of the MYP and any related concerns preferably, by July 8, 2022. After the Municipal Sign-Off Review and Approval deadline, DAAA staff team will draft a letter to the ACLS Bureau Field Representative by July 14, 2022, noting the status of the local government review process. This includes notifying the State if municipalities have formally approved, passively approved, or disapproved the MYP/AIP.

TIMELINE

January 12, 2022	Initiation of the MYP development with the Long Range Planning Committee.
February 9, 2022	Meeting of Long Range Planning Committee regarding FY 2023 – FY 2025 MYP.
March 1-2, 2022	Convene three town hall meetings to seek input from constituents.
March 9, 2022	Review findings from the town hall meetings held on March 1-2, 2022.
March 18, 2022	Present town hall data to DAAA Advisory Council.
April 12, 2022	Drafting of the proposed MYP and Service Budget.
April 13, 2022	Long Range Planning Committee presents draft plan to obtain input.
April 19, 2022	Presentation of the proposed plan to the DAAA Advisory Council.
April 25, 2022	DAAA Board of Directors release for public review and comment.
April 27, 2022	Thirty-day public notice regarding public hearings placed in classified ad.
April 27, 2022	Press release disseminated to Community Newspapers
May 6, 2022	Invitational flyers mailed to consumers and community stakeholders.
May 23, 2022	MYP is posted on DAAA Website 15 days before the public hearings.
June 27, 2022	Municipalities emailed a preview copy of the proposed plan.
May/June 2022	Municipal Sign-Off Letter and Review Forms mailed to Nine Municipalities
June 7-8, 2022	Convene public hearings on the FY 2023 - FY 2025 Multi-Year Plan.
June 8, 2022	Long Range Planning Committee recommends any revisions of the proposed plan.

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June 15, 2022	Presentation of draft MYP to DAAA Advisory Council.
June 24, 2022	MYP entered fully into AMPS for ACLS Bureau
June 27, 2022	Final draft plan approved by the DAAA Board of Directors
June 30, 2022	Draft MYP reviewed by Bureau of ACLS Field Representative in AMPS
July 14, 2022	Region 1-A Deadline for submitting Municipal Sign-Offs to DAAA.
July 18, 2022	Status Letter of Municipal Sign-Off provided to ACLS Bureau.
Sept 16, 2022	MYP is presented to the Commission on Services to the Aging.
September 2022	Posting of FY 2023 – FY 2025 MYP on the DAAA Website.

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Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
06/07/2022	Public Hearing - Powered by Z	10:00 AM	Yes	18
06/08/2000	Public Hearing - Powered by Z	10:00 AM	Yes	34
03/01/2022	City of Detroit Town Hall Meeti	10:00 AM	Yes	119
03/01/2000	Grosse Pointes/Harper Woods	01:30 PM	Yes	21
03/02/2022	Hamtramck/Highland Park Tov	10:00 AM	Yes	23

The Detroit Area Agency on Aging (DAAA) conducted two public hearings on the proposed FY 2023 - FY 2025 Multi-Year Plan/FY 2023 Annual Implementation Plan which were powered by Zoom for a third year due to the Covid-19 Pandemic. The Virtual Public Hearings were held on June 7th and June 8th from 10:00 a.m - 12:00 noon. DAAA marketed the public hearings through the distribution of promotional flyers and disseminated a public service announcement via a press release to Community Newspapers as well as through Social Media platforms, Email Blasts using Constant Contacts. The Planning Team also reached out to agencies who serve Arab Americans, Chinese Americans, Native Americans and Spanish-Speaking seniors and caregivers as well as the LGBTQ+ communities. A 30-Day notice was published in the Sunday edition of the Classified Ads section of the Detroit Newspapers on May 3, 2022. The public hearing complied with the Michigan Open Meetings Act.

DAAA utilized Zoom's Language Channels staffed by interpreters to engage older adults, caregivers, service providers and the general public who spoke other languages or English as a second language. Interpreters were on hand to translate the MYP/AIP presentations of the town hall and public hearings in Arabic (input session/public hearing); Chinese (public input session only); and Spanish (input sessions/public hearing). The public hearings consisted of a Welcome by Anne Holmes Davis, Vice President of Planning and Program Development; presentation of the proposed plan by Crisshara Allen, Associate Planner and Ms. Davis, and the acceptance of public testimony. Ryan Micheal, Planner, polled the audience regarding their satisfaction level and announced a door prize winner. Ronald Taylor, President and CEO thanked the audience for their engagement. Both Virtual Public Hearings had a total attendance of fifty-two (52) individuals over the two-day period.

DAAA utilized a variety of strategies to obtain input from the community while drafting the proposed plan. DAAA worked with team members and Board and Advisory Council members of the Long Range Planning Committee to solicit their guidance and input. A printed and online Community Needs Assessment was disseminated online, via email and to Meals on Wheels participants to update the 2019-2020 survey conducted by Wayne State University School of Social Work with an emphasis on how DAAA could support older adults, caregivers and providers given the COVID-19 Pandemic. The surveys were translated into Chinese and Spanish using a Website with translation capabilities and reviewed by community partners with

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staff that speak these languages. Three virtual town hall meetings were held on March 1-2, 2022 via Zoom. The first meeting targeted City of Detroit residents with **119** individuals attending. The following day, the sessions engaged older residents of the five Grosse Pointes and Harper Woods as well as the City of Highland Park and Hamtramck with **21** and **23** individuals attending respectively. Older adults who speak other languages were encouraged to attend the City of Detroit Town Hall meeting where Arabic, Chinese and Spanish-speaking translators were available thanks to staff and community partners. Overall, a total of 215 individuals were engaged in the community forums and a total of 122 submitted Community Needs Assessments that were collected and analyzed.

A brief summary of the public testimony and comments that were made during the Virtual Town Hall meetings are highlighted below. The summaries of the three town hall meetings and results of the Community Needs Assessment have been uploaded.

ORAL TESTIMONY

Marilyn Lawson, Caregiver Consultant

Ms. Lawson noted that she felt that the Detroit Area Agency on Aging's proposed plan was hitting the mark with its caregiving strategies. She suggests the addition of more caregiver support groups as well as the incorporation of faith-based organizations into the delivery of these services. Ms. Lawson also expressed the need to support those seniors that do not wish to live in nursing homes or who access senior centers so that they have options that support independent living.

Erin Peets, Attorney, Neighborhood Legal Services

Ms. Erin Peets stated that she loves the idea of having a caregiver resource center, but she is concerned that legal services would not be involved in that approach. She expressed the need for additional funding for these legal services in order for their organization to continue to provide quality services. She said NLS is having difficulties referring older adults and caregivers to services tied to the Social Determinants of Health as well as addressing legal issues experienced by participants.

Angela Gabridge, Executive Director, SAGE Metro Detroit

Ms. Gabridge of SAGE Metro Detroit, noted that her organization is one of the few organizations in the community that center around serving older adults of the LGBTQ+ community. She indicated that the organization would love to be designated as a Community Focal Point. She noted that SAGE Metro Detroit can provide training and education services to the LGBTQ+ community as well as community agencies. Ms. Gabridge asked what was the plan for making Community Focal Points welcoming and affirming to the LGBTQ+ community and who is providing the culturally responsive training. She indicated that SAGE Metro provides tailored LGBTQ+ trainings for providers and caregivers either in person and/or online. CEU's are also available for nurses and social workers. Ms. Gabridge noted that she is grateful that DAAA is making the LGBTQ+ community a visible part of this plan.

Cornelius Wilson, Corktown Health Center

Mr. Wilson supports the designation of SAGE Metro Detroit as a Community Focal Point for the LGBTQ+ community. Corktown Health Center continues to partner with DAAA and has expressed an interest in providing health and wellness as well as other services to LGBTQ+ older adults. Mr. Wilson noted that he

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wanted Corktown to expand their footprint in the community and further reach the senior population.

Robin Coleman

Robin Coleman expressed her support for the proposed Multi-Year Plan. She stated that the draft plan was filled with great ideas and she loves the work the DAAA is doing in the community.

Crystal White, Caregiver Support Coordinator, Detroit Area Agency on Aging

Crystal White noted that the number of people with Dementia or Alzheimer's Disease is increasing and that caregivers definitely need a variety of supportive services such as respite, education about disease prevention/health promotion and support groups.

Carole Green, Caregiver

Carole Green noted that she supported Caregiver Support Services and shared that the services were rewarding. She indicated that she has been deeply touched by the excellent quality of services and training she has received. She said the connections to other caregivers have been invaluable. She highly recommends the Caregiver Support Services to any caregiver in need of assistance.

Maggie Rapai, Program for All Inclusive Care

Maggie Rapai of Program for All Inclusive Care (PACE) inquired about how American Rescue Plan Act funding was being used and if they came from Wayne County, Michigan or the Federal Government. Ronald Taylor, President and CEO of the DAAA responded stating that the ARPA funds were received from the federal government through our State Unit on Aging. Anne Holmes Davis noted some of the ways DAAA plans to utilize the funding.

La Sed Senior Center Member:

This La Sed Senior Center member expressed her desire for the DAAA to provide organized events and outings at Community Wellness Service Centers. She also shared that the La Sed should continue to consider the needs of immigrant seniors and those who may be undocumented.

Dawn O'Neal:

Dawn O'Neal stated that DEI training for service providers in LGBTQ+ literacy would be welcomed as her organization hires caregivers for clients in this community. She noted that the proposed plan was an aggressive three-year strategy that could make a huge impact on the community.

Essie Bell:

Ms. Essie Bell asked what type of funding or resources are currently available for caregivers in Wayne County as this individual is an unofficial caregiver. This individual was given contact information and made aware of the Caregiver Support Services offered by the DAAA and its provider network.

Revisions in the Proposed FY 2023 - FY 2025 Multi-Year Plan/FY 2023 Annual Implementation Plan Resulting from the Public Hearing

As a result of the public hearings, DAAA designated SAGE Metro Detroit as a Community Focal Point to support older adults who identify as LGBTQ+ older adult or caregivers. SAGE Detroit is located in Ferndale,

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MI but serves southeastern Michigan. There are members with physical locations in the City of Detroit including Corktown Health Center.

Additional Title III-E funding was earmarked to support Caregiver Education, Training and Support, Kinship Support, and Legal Assistance Services.

DAAA earmarked funding for Counseling Services for the first time to address depression , psychological treatment and substance abuse given input on emerging needs related to the COVID-19 Pandemic.

The funding level for Friendly Reassurance was doubled to \$50,000 to address social isolation.

Agency earmarked Unrestricted and/or American Rescue Plan funding to support Information and Assistance Call Center.

American Rescue Plan Act funding will also be used to modernize Nutrition Services, expand caregiving and home care, support environmental modifications to expand Emergency-Gap Filling Fund and expand or enhance of programs and services.

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Regional Service Definitions

Service Name/Definition

Community Service Navigator - Provision of service referrals, options counseling 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 services, public benefits and other resources to facilitate community living.

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

DAAA created this regional service definition to enable Community Wellness Service Centers the flexibility to provide service coordination on-site and/or in the home for older adults and caregivers without the burden of unnecessary assessments and reassessments and extensive paper work for all customers being linked to services. It also allows for options counseling as needed, benefits counseling and service referrals. This supports a robust continuum of care system within PSA 1-A.

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

Minimum Standards

Allowable Services

A basic assessment and subsequent reassessment every six months and the monitoring of a service plan tailored to the consumer's needs. The Community Service 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 referrals to 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 with appropriate community agencies to arrange for services and evaluate the effectiveness and benefit of the services provided. Referrals will also be made to health and wellness programs within and outside the center.

Allowable Services: Service Coordination, service referrals, options counseling and/or benefits counseling for older adults and caregivers.

Minimum Standards

1. The rendering of community service navigator services on-site, homebound or isolated older adults and caregivers to assist them with the following services:
 - a. Service Referral to community resources that support independent living.
 - b. Options counseling for older adults needing long term care services.
 - c. Arrangement of supportive services.
 - d. Benefits counseling including Medicare and Medicaid Assistance Program.
 - e. Linkage to primary care and other health and wellness services including evidence-based programs.

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- f. Screening of older adults for Project CHOICE, MI Choice, MI Health Link and other services.
2. The Community Service 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.
3. The Community Service Navigator will act as a broker of services in Region 1-A 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
4. Community Service 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 evaluations indicate a need. In-service trainings may also be made available in groups settings within Region 1-A for all Community Service Navigators.
5. The Community Service Navigator may provide other home and community-based services, but must also refer participants to outside resources.
6. The Community Service Navigator is responsible for client tracking, program reporting and documenting unmet need. This includes individual and community-level development, brokering and arrangement of services.

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Service Name/Definition				
Emergency Gap-Filling Services: the provision of services and assistance provided to older adults 60 years or over residing within Region 1-A in the event of an emergency. These services will help to eliminate threats to independence, health, safety and well-being of the older adult. These services would be provided when the emergency requires immediate actions when other resources are not available or accessible.				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
This emergency response fund will enable DAAA to work with its provider network to process emergency assistance during natural and man-made disaster. Currently, there are no minimum standard that will specifically assist seniors with services and assistance in the state of an emergency or pandemic that requires immediate action.				
Service Category	Fund Source			Unit of Service
<input checked="" type="checkbox"/> Access <input type="checkbox"/> In-Home <input type="checkbox"/> Community	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> Title III PartB</div> <div style="width: 33%;"><input type="checkbox"/> Title III PartD</div> <div style="width: 33%;"><input type="checkbox"/> Title III PartE</div> <div style="width: 33%;"><input type="checkbox"/> Title VII</div> <div style="width: 33%;"><input type="checkbox"/> State Alternative Care</div> <div style="width: 33%;"><input type="checkbox"/> State Access</div> <div style="width: 33%;"><input type="checkbox"/> State In-home</div> <div style="width: 33%;"><input type="checkbox"/> State Respite</div> <div style="width: 33%;"><input type="checkbox"/> Other _____</div> </div>			One emergency assistance occurrence per year

Minimum Standards

1. Provide services as a last resort based to older adults and/or caregivers experiencing emergency
2. Conducts a brief telephonic intake and screening process used by DAAA and provider agency.
3. Verifies lack of availability of assistance, supplies and/ or equipment.
4. Encourages client to cost share, when possible.
5. Services may include, but are not limited to:
 - a.) Basic needs
 - b.) Relocation costs due to emergency
 - c.) Extermination costs for individual residences
 - d.) Environmental Modifications
6. Emergency services may include the following:
 - a.) Emergency equipment and supplies
 - b.) accessibility issues which limit mobility or present barrier hazards to individuals.
 - c.) Costs associated with an sporadic on ongoing emergency event
 - d.) Emergency minor home repairs, purchasing of appliances and utility shut-off, addressed on a case-by-case basis
 - f.) Emergencies from natural or man-made disasters such as power outages, flooding or viral pandemics.
7. Other services that may be deemed necessary to reduce risk.
8. Older adults do not need to be enrolled in following programs:
 - a.) Care management program to receive emergency gap-filling services
9. Provider agencies will be able to approve gap filling services as follows:
 - a.) At a pre-approved funding level noted by DAAA
 - b.) Higher funding level above cap if approved by AAA.
10. DAAA's President and CEO or designee will have final approval:
 - a. Request over the pre-approved level at the DAAA and the service provider level.
 - b. Approval of a request needed within Region 1-A.

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Access Services

Care Management

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars		Total of State Dollars	\$719,734.00
Geographic area to be served			
Region 1-A			

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

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

Activities:

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

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

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

Activities:

1. Supports Coordinator will assess participant's quality of life during enrollment before receiving Care Management services.
2. Supports Coordinator will assess participant's quality of life after receiving Care Management services at each monthly contact-discussing their satisfaction with services received during past month and during assessments.
3. Data from the surveys and monthly contacts will be used to incorporate program improvements.

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

Goal 3: Decrease Social Isolation of Care Management participants.

Activities:

1. Supports Coordinator will encourage participants to take part in activities in their home, faith-based organizations or and/or community encouraging wearing of mask and observing social distancing.
2. Supports Coordinator will assist the participants to register for free and low-cost transportation.
3. Supports Coordinator will encourage participants to request a senior telephone reassurance.
4. Supports Coordinator will encourage participants to have informal supports and have gatherings at the

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participant's home when possible and encourage wearing of mask and observing social distancing .
5. Supports Coordinator will encourage participants to participate in monthly virtual Advisory Council Consumer meetings.

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

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

Activities:

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

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

Goal 5: Reduce the prevalence of malnutrition and dehydration.

Activities:

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

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

Number of client pre-screenings:	Current Year:	140	Planned Next Year:	140
Number of initial client assessments:	Current Year:	70	Planned Next Year:	70
Number of initial client care plans:	Current Year:	70	Planned Next Year:	70
Total number of clients (carry over plus new):	Current Year:	289	Planned Next Year:	289

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Staff to client ratio (Active and maintenance per Full time care

Current Year: 1:55

Planned Next Year: 1:55

Information and Assistance

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$138,268.00	Total of State Dollars	\$124,616.00
Geographic area to be served			
Region 1-A			

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

Goal 1: Update and maintain Information & Assistance (I&A) Resource Database to be able to provide accurate and updated information to all identified populations in collaboration with the United Way of Southeast Michigan and other partners.

Activities:

1. Complete the identification and removal of resources in database that are no longer valid.
2. Continue to update valid resources in the database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps.
5. Add identified community resources to the database.
6. Maintain the database according to AIRS standards.
7. Ensure that services for diverse populations are maintained in the database.
8. Translate materials to other languages, utilize translators and TDD language line, where needed.
9. Upgrade Service Point
10. Participate in the United Way of Southeastern Michigan Close The Loop Initiative.

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

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

Activities:

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

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

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Goal 3: Collaborate with Community Wellness Service Center, Community Development Corporations and other partners to expand Information and Assistance, education and Options Counseling to increase accessibility, streamline services, navigate the environment and identify isolated seniors for wellness checks.

Activities:

1. Utilize ADRC, Community Service Navigators and community partners to coordinate community service navigation services at Community Wellness Service Centers and throughout the community.
2. Develop tools to track outcomes of community I & A and Options Counseling.
3. Provide I & A and Options Counseling training that meets AASA and AIRS standards.
4. Provide I & A and Options Counseling at Community Wellness Service Center agencies to all populations.
5. Collaborate with Community Wellness Center partners to evaluate tracking data and determine next steps.

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

Options Counseling

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$40,000.00	Total of State Dollars	

Geographic area to be served

Region 1-A

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

Goal 1: Further expand Options Counseling services for older adults and caregivers to enhance their quality of life.

Activities:

1. Further define options counseling services in Region 1-A.
2. Provide options counseling and follow up with consumers for at least 90 days.
3. Further expand options counseling services to connect participants to their optimal living settings and other community resources.
4. Further integrate options counseling into Information and Assistance Call Center, Caregiver Support services, and other key services.
5. Expand capacity building through new procedures and processes.
6. Further enhance and expand options counseling trainings.
7. Build options counseling resources and a printed and web-based resource guide in Service Point or another software program.
8. Coordinate options counseling with CWCSs.
9. Develop a strategy to promote options counseling through social media and other methods.
10. Strengthen relationships and referrals to Long Term Care Supports and Services including PACE, Skilled Nursing Homes. Adult Home Help, Assisted Living, Foster Care, and Homes for the Aging.

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

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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$130,200.00

Total of State Dollars

Geographic Area Served Region 1-A

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

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

Activities:

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

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

Goal 2: Further expand evidence-based health promotion and disease prevention services, including trainings for CWSCs to support capacity building and growth.

Activities:

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

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Michigan, if feasible.

11. Implement health promotion and disease management strategies in the Vision 2021 – 2025 Strategic Plan.

12. Build/rebuild infrastructure for Enhance Fitness, Tai Chi, and other Evidence Based Programs. Expand/replicate Passport to Health.

13. Implement caregiver support coordination service through internal/external partners.

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

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

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

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

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

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

CWSC services will be supported through Community Service Navigator, Chore, Home Care Assistance, Respite Care, Transportation, Disease Prevention and Health Promotion as well as Caregiver Education, Training and Support.

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

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

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

Virtual Town Hall Conferences Call were held on June 7th and 8th, 2022. Select attendees support the continuation of disease prevention/health promotion services in order to prevent chronic disease.

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Long Term Care Ombudsman

<u>Total of Federal Dollars</u>	\$149,342.00	<u>Total of State Dollars</u>	\$88,202.00
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Geographic Area Served Region 1-A

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

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

Activities:

1. Continue to educate nursing facility and community living residents regarding their rights.
2. Investigate complaints from nursing facilities, 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 to prevent elder abuse and scams.
7. Finalize LTC Ombudsman nursing home guide and distribute to nursing home residents.
8. Continue to work with nursing home residents and their families to reduce social isolation and the impact of COVID-19.
9. Disseminate Long Term Care Ombudsman calendars and other materials.
10. Implement Long Term Care Ombudsman strategies in alignment with the Vision 2023 – 2025 Strategic Plan.

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

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

Activities:

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

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

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

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

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

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

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

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

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

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

There were no comments regarding LTC Ombudsman services during the Virtual Town Hall public hearings held via Zoom on June 7th and/or 8th, 2022.

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Regional Direct Service Request

Emergency Gap-Filling

Total of Federal Dollars \$33,950.00

Total of State Dollars

Geographic Area Served Region 1-A

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

Goal: To administer Emergency Gap-Filling Services as a last resort to at-risk older adult or family caregiver.

Objective 1: Modify policy, procedures and protocols for implementing Gap-filling Services

Activities:

1. Revise Intake and Screening process.
2. Update policy, procedures and protocols.
3. Supplement funding with other monetary and in-kind resources.

Objective 2: Implement Gap-Filling Services Through an Inter-departmental Committee

1. Meet monthly or as needed to review request for gap filling services
2. Order equipment or services needed.
3. Track delivery of services, secure signatures and satisfaction regarding outcome.
4. Submit invoices to Finance.

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

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

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

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

The Detroit Area Agency on Aging is requesting approval to administer Emergency Gap-Filling Services because it can administer the program regionally to ensure efficiencies, supplement funding and ensure an adequate supply of resources to respond to Covid-19 and other emergencies.

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

DAAA has been working with the Service Provider Network to make Emergency resources available during Covid-19 Pandemic, Power Outages and Flooding. It has the administrative staff and resources available to expedite these resources in collaboration with the provider network.

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

Community Needs Assessment data and input from the community supports the need to make these resources available to the community to address unmet needs and emergencies. Both constituents and service providers are requesting that resources be in place to respond basic needs and natural/man-made disasters and emergencies.

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Program Development Objectives

Area Agency on Aging Goal

A. GOAL 1: Strengthen public and private partnerships to leverage additional funding for high-priority programs and services.

State Goal Match: 0

Narrative

In an effort to strengthen public and private partnerships to leverage additional funding for high-priority programs and services, DAAA will increase monetary and in-kind resources for home repair services for older adults in DAAA's service area. We will also increase public and private resources for transportation services to expand and enhance service delivery

Lastly, DAAA will expand revenues for other programs and services through cost-sharing, increased program income, private pay, and/or in-kind resources.

Objectives

1. Increase monetary and in-kind resources for home repair services for older adults in DAAA's service area .
Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Partner with public and private partners to plan, develop and implement a strategy to address home repair services including relocation of older adults living in unsafe housing.
- 1.2. Develop a senior home repair model to address minor home repairs, environmental modifications, and housing rehabilitation.
- 1.3. Seek resources to fund home repair services and housing rehabilitation services.
- 1.4. Identify vetted, trained, and licensed contractors who can be referred to older adults who can pay for home repair services.
- 1.5. Work with municipalities and other partners to relocate older adults and caregivers living in unsafe housing.
- 1.6. Refer older adults to programs and services to address property tax/mortgage foreclosures, blight tickets, utility, and other housing-related issues.
- 1.7. Educate the community about DAAA's role in housing and home repair services to dispel myths and misinformation.

Expected Outcome

Expand access to home repairs, environmental modification, and housing rehabilitation for older adults in DAAA's service area in collaboration with community partners.

2. Increase public and private resources for transportation services to expand and enhance service delivery.
Timeline: 10/01/2023 to 09/30/2025

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Activities

- 1.1. Partner with Regional Transportation Authority (RTA), DDOT, SMART, Uber, and Lyft to expand the availability of transportation services for older adults.
- 1.2. Partner with DDOT and SMART to make transportation services available through the network of transportation providers.
- 1.3. Work with Uber and Lyft to develop a senior-focused transportation program for older adults that closely vets drivers.
- 1.4. Educate older adults of transportation options available in DAAA's service area.
- 1.5. Continue to provide partners with State of Michigan, RTA and AAA 1-B to make transportation services available through myrides2, MI Choice and for special events.
- 1.6. Continue to improve the quality of senior transportation services.
- 1.7. Research Transportation broker software options.

Expected Outcome

Expand and enhance transportation services to expand access to care.

3. Expand revenues for other programs and services through cost-sharing, increased program income, private pay, and in-kind resources.

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Expand voluntary contributions and/or cost sharing across DAAA programs and services: home-delivered and congregate meals; in-home and community services.
- 1.2. Create a private pay program for home-delivered meals and home care assistance.
- 1.3. Promote private pay for evidence-based programs through third party reimbursement.
- 1.4. Restart HDM program income.

Expected Outcome

Diversify revenue sources to support the maintenance or expansion of programs and services.

B. GOAL 2: Expand Access to Information, Services and Benefits to address Basic Needs and Other Community Resources.

State Goal Match: 1

Narrative

In order to expand access to information, services and benefits to address basic needs and other community resources, DAAA will continue to build a new infrastructure for the Information & Assistance Call Center and increase Financial Literacy and Access to Benefits and Services.

Objectives

1. Objective 2.2: Increase Financial Literacy and Access to Benefits and Services (Strategic Goal #1 - Objective 1.B. 1)

Timeline: 10/01/2023 to 09/30/2025

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Activities

- 1.1. Continue to expand access to public benefits and services through capacity building, financial literacy and training of older adults, caregivers, and benefits counselors.
- 1.2. Implement processes to bridge the gap for older adults who require basic needs such as water shut off, mortgage, property/income taxes, and utility (heating and electricity) assistance.
- 1.3. Facilitate the navigation of Social Security benefits among older adults through partnership building, placement of kiosks and other strategies.
- 1.4. Advocate for needed changes in public benefits and services at the federal, state, and local levels.

Expected Outcome

Increase economic security through public and private benefits.

2. Objective 2.1: Continue to build a new infrastructure for the Information & Assistance Call Center.
Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Seek replacement of information technology for Service Point to enhance call center services through grants and resource development. (Strategic Plan Goal VI)
- 1.2. Create online resource guides to support older adults, caregivers, and provider networks.
- 1.3. Expand Information & Assistance reach through telephone reassurance using staff and trained volunteers.
- 1.4. Market DAAA's Information & Assistance call center as a trusted source for information in the DAAA service area.

Expected Outcome

Strengthen and enhance Information and Assistance services for older adults, caregivers, and the general public.

C. GOAL 3: Improve and Expand Community Health, Wellness and Nutrition Services

State Goal Match: 0

Narrative

In order to improve and expand Community Health, Wellness and Nutrition Services DAAA will continue to expand and enhance Telehealth, Mobile Health and Community-based Health and Wellness Services.

Objectives

1. Objective 1: Continue to expand and enhance Telehealth, Mobile Health and Community-based Health and Wellness Services
Timeline: 10/01/2023 to 09/30/2025

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Activities

- 1.1. Expand Senior Telehealth**Connect** services in the targeted area to widen reach and depth of services.
- 1.2. Partner with health care partners to make mobile health services available to older adults.
- 1.3. Continue to expand virtual and face-to-face services through the network of Community Wellness Service Centers and satellite locations in collaboration with the Association of Area Agencies on Aging and local partners.
- 1.4. Partner with health plans and Integrated Care Organization to provide evidence-based programs to members through third-party reimbursements.
- 1.5. Rebuild the infrastructure for evidence-based programs for virtual and face-to-face programs.
- 1.6. Expand the availability of evidence-based programs to homebound seniors, older adults who speak other languages or honor different cultures.
- 1.7. Continue to improve health literacy among older adults, family caregivers and provider network.
- 1.8. Expand congregate meal sites in targeted areas based upon community needs, population shifts.
- 1.9. Implement Food First program to make restaurant-prepared meals available to caregivers and care recipients.
- 1.10. Implement Medical Nutrition Therapy program to address special diets needed by older adults.
- 1.11. Supporting a hybrid model for congregate meal program.
- 1.12. Options for halal/kosher and other cultural diets/meals. Specialized diets.
- 1.13. Create solutions for those who need assistance with online grocery shopping.
- 1.14. Re-image our Home Delivered Meals Programs to attract new and existing participants.
- 1.15. Modernize the DAAA's Congregate Meals Program including integrating technology, designation of new sites, implement Silver Cafe Innovative services as well as enhancing nutrition education strategies into programming.

Expected Outcome

Improve the health status of older adults in DAAA's service area through health promotion and disease management strategies.

D. GOAL 4: Create a Caregiver Resource Center that Support Informal and Formal Caregivers.

State Goal Match: 0

Narrative

To support creating a caregiver resource center that supports informal and formal caregivers, DAAA will work with public and private partners to establish a caregiver education, training support center in Region 1-A. DAAA will also make CEU training available for paid caregivers, direct care workers, and community health workers to increase their capacity to provide care within families, within home settings and the community.

Objectives

1. Objective 4.2 Make CEU training available for Paid Caregivers, Direct Care Workers, and Community Health Workers to Increase their Capacity to Provide Care within Families, within Home Settings and the Community.
Timeline: 10/01/2023 to 09/30/2025

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Activities

- 1.1. Survey paid caregivers, direct care workers and community health workers to discern education and training needs.
- 1.2. Develop and/or enhance training that can be offered to these professionals and paraprofessionals in collaboration with experts.
- 1.3. Seek CEU for the training, where appropriate.
- 1.4. Develop promotional materials to promote the training program.
- 1.5. Offer training series to targeted professionals to build capacity of service provider agencies to render high-quality services.
- 1.6. Evaluate programs for client satisfaction.

Expected Outcome

Increase capacity of caregivers, direct care workers and community health workers to provide care to grandchildren, adult children, older persons, and adults living with disabilities.

2. Objective 4.1: Work with public and private partners to establish a caregiver education , training support center in Region 1-A.

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Work with Alzheimer's Association, AARP Michigan, Community Wellness Service Centers, Senior Regional Collaborative, Lori Hands, and other partners to expand caregiver and kinship services.
- 1.2. Provision of Caregiving Services/Training to the Faith, Business and Educational Communities.
- 1.3. Continue to expand Creating Confident Caregivers; Powerful Tools for Caregivers; Universal Dementia and Dementia Dexterity Webinars; and, Aging Mastery caregiver training.
- 1.4. Seek additional resources to expand caregiver support, education, and training.
- 1.5. Enhance and expand caregiving and home-based services to help older adults remain in their homes and communities. (Objective II.B)
- 1.6. Development of respite services for caregivers and their families:
- 1.7. Overnight/Extended Services
- 1.8. Volunteer-based Home Friendly Visiting services.
- 1.9. Continue to enhance the Community Care Corps model to make chore, respite care and friendly visiting available to caregivers and their care recipients.
- 1.10. Maintain Caregiver Resource Guide and brochure to promote resources available for caregiver education, training, and support.
- 1.11. Promote caregiver support coordination programs with advertisements in TV , Radio, social media, etc.
- 1.12. Establish a Kinship Support Navigator in DAAA's service area.

Expected Outcome

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

E. GOAL 5: Reduce Isolation, Loneliness & Depression Among At-Risk Older Adults.

State Goal Match: 2

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Narrative

In order to reduce isolation, loneliness and depression among at-risk older adults, DAAA will increase socialization of at-risk older adults through volunteer-based strategies and partner with Behavioral Health and other community partners to expand access to mental health and substance abuse prevention services.

Objectives

1. Objective 5.2: Partner with Behavioral Health and other Community Partners to expand access to mental health and substance abuse prevention services.

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Enhance Mental Health Services and Substance Abuse Education for Active and Home bound Seniors.
- 1.2. Implement Social Engagement and support programs to reduce social isolation.
- 1.3. Develop Mental Health and Substance Use Disorder Support programs for caregivers.

Expected Outcome

Strengthen partnerships and access to mental health and substance abuse prevention services.

2. Objective 5.1: Increase socialization of at-risk older adults through volunteer-based strategies.?

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Research best practices to reduce social isolation, depression, and loneliness.
- 1.2. Continue to enhance the Community Care Corps friendly reassurance model in collaboration with volunteers and other partners.
- 1.3. Develop a telephone reassurance tool kit for staff and volunteers.
- 1.4. Seek funding and recruit volunteers.
- 1.5. Secure other in-kind resources, as needed.
- 1.6. Expand the model and measure health outcomes and community impact.

Expected Outcome

Reduce social isolation rating by 5 – 10% among targeted older adults.?

F. GOAL 6: Improve the Accessibility of Services to Region 1A's Communities and People of Color, Immigrants and LGBTQ+ Individuals

State Goal Match: 0

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Narrative

To improve the accessibility of services to Region 1-A's Community and Peoples of Color, Immigrants and LGBTQ+ individuals, DAAA will ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion; Increase in cultural competency of AAA staff and contractors; Ensure that programming and outreach is culturally sensitive and welcoming to all; and Ensure that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that providers are trained to adapt to diverse cultural needs.

Diversity, Equity, and Inclusion Goal

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.
2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

During FY 2020 - FY 2023, the Detroit Area Agency on Aging has made a concerted effort to target services for African American, Native Americans, Chinese Americans, Hispanic/Latinx, the growing Arabic American populations as well as the LGBTQ+ community.

Currently, DAAA funds several agencies to implement targeted outreach to reach Chinese, Hispanics, Arabic and Native Americans. The agency also translates materials and use interpreters to provide services to reach constituents for input using Zoom's Language Line during community forums. The agency is also intentional in engaging/hiring and training of Board, Advisory Council, Staff and the Service Provider Network. DAAA also uses bilingual staff, community partners and hired translators for interpretation. Currently, a DAAA team member sits on the Southeast Michigan HIV and AID Council (SEMHAC). The agency is also implementing a Food & Friendship Connections in collaboration with partners from the LGBTQ+ community. The agency has used SAGE Metro Detroit, Wayne State University, Relias Learning Center and the Arab American Chaldean Council to conduct trainings on diversity, equity and inclusion, unconscious bias, LGBTQ+ and other topics.

DAAA's DEI Workgroup initiated a DEI e-Newsletter to share information about culture customs and differences. For 2022 Nutrition month, team members and community partners provided cooking demonstrations with food from around the world. During FY 2023 - FY 2025, DAAA will develop metrics in alignment with the State's goal to track progress on this critically important effort in order to embed it within the

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agency's operations and contracts. These metrics in tracking 1) increases services for black, indigenous, people of color and LGBTQ+; 2) the number of area agency staff, service providers and caregivers trained in implicit bias, cultural competency and root causes of racism; and 3) demonstrating increases in the availability of linguistic translation services and communications in Region 1-A.

Objectives

1. Objective 6.4: Ensure that culturally and linguistically appropriate outreach is directed to non-English speaking persons and that providers are trained to adapt to diverse cultural needs.

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Direct culturally and linguistically appropriate outreach is directed to non-English speaking participants through translation of materials and interpretation services.
 - 1.2. Monitor cultural diversity hiring and training among staff, providers, and volunteers to assist DAAA and providers to adapt to diverse cultures.
 - 1.3. Procurement of providers and vendors to support communications needs for a diverse population.
 - 1.4. Development of culturally relevant programs and services that support culturally appropriate translation and communications.
-
5. Identify and use Web-based and other tools to support translation of materials and interpretation to targeted populations.

Expected Outcome

Increase the availability of linguistic translation services and communications based on the cultural needs of Region 1-A.

2. Objective 6.1: Ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion.

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Strengthen the Diversity Equity and Inclusion Committee and review the diversity plan annually to support CARF and NCQA accreditation.
- 1.2. Plan and implement an annual diversity, equity and inclusion training for staff and service provider networks.
- 1.3. Facilitate individual web-based training of staff in culture diversity.
- 1.4. Continue to operationalize LGBTQ+ training developed through SAGE Metro Detroit and other partners.
- 1.5. Promote the hiring of team partners from cultural groups to reduce language, and/or cultural barriers.
- 1.6. Provide annual Cultural Competency training for the DAAA Advisory Council.
- 1.7. Procurement of providers and vendors
- 1.8. Development of culturally relevant programs and services

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Expected Outcome

Increase the number of AAA staff, contractors and caregivers trained in implicit bias, cultural competencies and root causes of racism.

3. Objective 6.3: Ensure that programming and outreach is culturally sensitive and welcoming to all.

Timeline: 10/01/2023 to 09/30/2025

Activities

1. Promote programs with culturally inclusive manner to embrace diverse populations.
2. Implement culturally sensitive outreach strategies within neighborhoods and organization with targeted racial/ethnic, immigrant and LGBTQ+ groups.
3. Partner with community leaders who can help build rapport with targeted populations to link them to programs and services.
4. Utilize Zoom channels to reach multi-cultural groups and English as a Second Language (ESL) individuals.
5. Implement Social Engagement and support programs to reduce social isolation.

Expected Outcome

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

4. Objective 6.2: Ensure that programming and outreach is culturally sensitive and without unconscious bias.

Timeline: 10/01/2023 to 09/30/2025

Activities

- 1.1. Plan and implement an annual diversity, equity and inclusion training for staff and service provider network that includes exercises designed to assist participants to recognize and address unconscious bias.
- 1.2. Identify online trainings and other materials to reinforce a bias-free environment.

Expected Outcome

Increase services provided to black, indigenous, people of color and LGBTQ+ in Region 1-A.

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Supplemental Documents

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SUPPLEMENTAL DOCUMENT A
Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	17	0	1	0	13	31
Aged 60 and Over	0	7	0	1	0	0	14

Board Member Name	Geographic Area	Affiliation	Membership Status
Wayne W. Bradley Sr.	Detroit	Detroit Community Health Connection, Inc.	Appointed
Suzanne Berschback	Grosse Pointe Farms	Beaumont Hospital	Appointed
Thomas Cervenak	Hamtramck	Retired- Community Representative	Appointed
Henry Conerway, Jr.	Detroit	Ambassador Nursing & Rehabilitation Centre	Appointed
Bryan Ecton	Macomb	Delphi Technologies	Appointed
Terra DeFoe	Detroit	City of Detroit Office of the Mayor	Appointed
Mark Wollenweber	Burtchville	Retired	Appointed
Sharmaine Robinson	Highland Park	Community Representative	Appointed
Kenneth Poynter	Harper Woods	Retired	Appointed
Navid Sayed	Farmington Hills	Capital Home Health Care, Inc.	Appointed
Alice G. Thompson	Detroit	Retired	Appointed
W. Anthony Jenkins	Detroit	Lawyer	Appointed
Fay Martin Keys, DL, MSW	Detroit	Wayne State University	Appointed
Rev. Oscar W. King, III	Detroit	Pastor	Appointed
Stacia Little	Detroit	Optimist Club	Appointed
Sherry McRill	Grosse Pointe Park	CNS HealthCare	Appointed

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Tomara Nolen	Detroit	DTE Energy	Appointed
Louis Green	Detroit	UAW Retired	Appointed
Reginald Hartsfield	Detroit	Advantage Management Group	Appointed
Juanita Hernandez	Detroit	Retired	Appointed
Reverend Jim Holley, PhD	Detroit	Pastor	Appointed
Marilyn French Hubbard Ph	Florida	Retired	Appointed
Sylvester Hester	Detroit	LM Manufacturing, LLC	Appointed
Michele Robinson	Detroit	Agape Financial & Consulting	Appointed
Amy O'Leary	Detroit	SEMCOG	Appointed

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SUPPLEMENTAL DOCUMENT B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	14	0	2	0	18	21
Aged 60 and Over	16	12	0	2	0	18	21

Board Member Name	Geographic Area	Affiliation
Victor Arbulu	Detroit	60+,Retired, Greater Detroit Agency for Blind
Sharon Bell	Detroit	60+, Community Activist
Sandra Booker	Detroit	60+, Representative of Older Person
Deloris Cortez	Detroit	Homeless Action Network of Detroit (HAND)
Nancy Courtney	Harper Woods	60+, Retired
Rose Marie Cutler	Detroit	60+,Representative Nutrition Service Provider
Timzetta Dickson	Detroit	Service Coordinator - Senior Housing
Elmer Duff	Detroit	60+, Retired Veteran
Phyllis Edwards	Detroit	60+, Retired - Bridging Communities, Inc.
Katy Graham	Detroit	Retired Attorney
Beverlyn Hilton	Detroit	60+, Wayne County Treasurer's Office
Ann Kraemer	Grosse Pointe	60+, Retired - General Public
Debra Lichtenburg	Grosse Pointe	General Public
Democale Randle	Detroit	Representative - Healthcare Provider
Charles Reese	Detroit	60+, Community Volunteer/Business Sector
Martha G. Scott	Detroit,H.Park,Hamtramck	60+Elected Official/Wayne County Commissioner
Patricia Simpson	Detroit	60+, Retired
Virginia Skrzyniarz	Hamtramck	60+, Representative - Social Service Provider
Alberta Trimble	Detroit	60+, Retired
Katie Wheatley	Detroit	60+, Representative - Social Service Provider
Yvonne White	Detroit	60+, Retired

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SUPPLEMENTAL DOCUMENT C

Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	06/27/2022
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Outline new or changed criteria that will be used to select providers:

The Detroit Area Agency on Aging's Request for Proposal process for Aging Service Providers receiving line-item reimbursement will be modified for FY 2023 - FY 2025 Multi-Year Plan to transition contracts from line-item reimbursement to unit rate reimbursement through performance-based contracting. This phased approach will include gradually moving Traditional Providers from grants to unit rate reimbursement based upon performance as follows: FY 2023: 50% Line-Item Grant/50% Unit Rate Contract; FY 2024: 25% Line-Item Grant/75% Unit Rate Contract; and FY 2025: 0% Line-Item Grant/100% Unit Rate Contract. During this three-year period, DAAA will promote capacity building through technical assistance, training and support for traditional providers to assist them in this transition. The agency will also create a Five Star Reward System with Incentive Payments to promote high performance and continuous quality improvement. Incentive Payments will be provided through unrestricted funding or other resources.

The Proposal Selection Criteria will request applicants to sign an Attestation Statement noting that they will engage in Performance-based Contracting and participate in Capacity Building Training for Performance-Based Contracting.

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SUPPLEMENTAL DOCUMENT D

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

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

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

777,797

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

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

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

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SUPPLEMENTAL DOCUMENT F
Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 622,248
<p>The transfer of \$622,248 from Title III-C1 to Title III-B will be utilized to provide services through Community Wellness Service Centers, including Community Service Navigator (Regional Definition), Transportation and Disease Prevention/Health Promotion.</p> <p>There will also be an administrative transfer of \$68,052 from Title III C-2 to Title III C-1 to enable the Congregate Meals Program to be maintained at the FY 2022 level.</p> <p>A total of \$847, 470 is allocated from State Alternative Care, State Respite Care, Merit Awards and State In-Home Services to support the Home-Delivered Meals program by providing meals to eligible participants as a form of Respite Care.</p>		
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 0

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Scope of Services

1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes or other relevant sources of information.

The COVID-19 pandemic has highlighted the importance of the Detroit Area Agency on Aging and its local aging service network. People over age 65 comprised 75 percent of COVID-19 deaths in the US by the end of 2021 and about 40% of the deaths during the first wave of the pandemic in the Detroit/Wayne County area. Like national statistics, DAAA has found that the fear of contracting the virus has continue to weigh heavily on our target population and caused long-term social isolation and serious physical and emotional health illnesses as well as substance abuse. The growing availability of support delivered remotely has been of great assistance. However, maintaining adequate services for those who are homebound, and their caregivers will continue to be essential, but challenging. Burdens on family caregivers have increased due to the closure of some in-person services and direct care worker shortages.

Despite the two and half-year old COVID-19 pandemic, DAAA has seen an 3.4% increase in its population based on the latest 2016 – 2020 American Community Survey. This accounts for an increase in our sixty-plus population from 148,454 to 153,540. This five-year ACS data reflects the fact that the senior population within the DAAA service area continues to grow following the 7.5% increase from 2010 to 2017. However, what has worsened includes a community experiencing more chronic disease due to not seeing their doctors because of delayed treatment; loss of benefits due to closure of services; and increased social isolation that has resulted in depression, substance abuse and other challenges. Trends that have changed since the development of the FY 2020 - FY 2022 Multi-Year Plan appears below:

SENIOR POPULATION BY AGE

Region 1-A's senior population represent 6% of Michigan's senior population and 40% of Wayne County's senior population.

Region 1-A's senior population account for 8% of Michigan's total population and 43% of the Wayne County's total population.

Of the 153,540 60-plus individuals living in Region 1-A, 45,248 (29%) are in the 60 – 64 year old cohort, followed by 37,214 who are 65 years to 69 years old (24%), 25,917 are 70 years to 74 years (17%); 18,053 are 75 – 79 years old (12%); 12,379 are 80 years and 84 years and 14,729 are 85 plus representing 10% of the region's population.

RACE AND ETHNICITY

Nearly 80 percent of the older adults in DAAA's service area are people of color. About 71% of the residents living in Region 1-A are African American, 20% Caucasian, 3% Other Races, 3% Two or more races, 3% Asian, and Native American/Pacific Islander, less than 1%.

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POVERTY STATUS AND HOUSEHOLD INCOME

Region 1-A is home to a large number of older adults who have incomes below 100% of the poverty level when compared to the State of Michigan and to a lesser extent Wayne County.

The percentage of seniors living in poverty is 8% higher in Region 1-A than in Wayne County and 13% higher than the poverty rate of Michigan seniors.

A large disparity exists regarding median income in Region 1-A as compared to workers living in other areas of the State and Wayne County. The Median Income of workers in Region 1-A is \$13,000 less than those in Wayne County and \$23,000 less than workers in the State of Michigan.

MORTALITY / PREMATURE DEATH

DAAA serves some of the most at-risk older adults in the Michigan and has documented premature, excess deaths of this population through the agency's award-winning Dying Before Their Time series which has found that older residents have a mortality rate 2 to 2.5 times higher than older adults in the remainder of the State due to poor access to care, multiple chronic conditions, and elevated hospitalizations and ER Visits. This has been exacerbated by COVID-19, where 40% of deaths in the first wave of the health crisis are tied to 60-plus older adults.

DISABILITY STATUS

Region 1-A 65-plus older adults have a higher acuity and disability rate than seniors in the rest of the State of Michigan. Region 1-A disabled population account for 38.2% of the State's older adults living with disabilities and the total senior population living with disabilities in Region 1-A is 2.5 times that of Wayne County.

Of the 138,815 65-plus living with disabilities in the Detroit area, 17% have hearing impairments (23,673); 20% have vision impairments (27,009); and 44% have cognitive impairments (60,646). In addition, 58% experience ambulatory difficulties (80,425); 27% have self-care difficulties (37,683), and; 44% experience difficulties living independently (60,448).

CAREGIVING & GRANDPARENTING

Region 1-A seniors are more likely to live and take care of their grandchildren than seniors living in the rest of Wayne County and the State of Michigan.

An estimated 100,000 caregivers live within Region 1-A with about 63% anxious about their ability to provide care, 50% providing financial support to the care recipient (an average of \$7,000 per year) and 39% spending at least 6 hours per week on caregiving, according to the University of Michigan CHRT Report. Seniors without

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family caregivers are 7X as likely to be admitted to a skilled nursing facility.

TOTAL LIVING ALONE

When examining living arrangements of the 65-plus in Region 1-A as compared to Michigan, DAAA found that 36% of local seniors live alone as opposed to 29% in the State of Michigan and 33% in Wayne County. Living alone is an indicator of need and often denotes that individuals may have a more fragile support system.

VETERAN STATUS – 65 PLUS

Region 1-A has 14,710 65-Plus Veterans compared to 40,782 65-Plus Veterans in Wayne County and 293,378 65-Plus Veterans in the State of Michigan.

HOUSING AND RENT

Gross Rents continue to climb in Region 1-A, Wayne County and the State of Michigan at \$852 per month, for DAAA's service area; \$896 a month in Wayne County and \$894 a month in the State of Michigan.

The development of the City of Detroit has reinvigorated the area; however the shift of subsidized housing to market rate has put pressure of the availability of affordable housing and cause some older adults to relocate to Down River area of Wayne County, Oakland County or beyond.

TOP EMERGING NEEDS OF REGION 1-A SENIORS

Top ten community needs among older adults and caregivers attending town hall meetings consist of: 1- Home Repair Services; 2 – Caregiver/Kinship Support; 3 – Transportation; 4 – Social Isolation; 5 – Food/Food Insecurity; 6 – Covid-19 Pandemic Assistance (PPE, CV-19 Vaccinations, Testing and Emergency Grocery Shopping; 7 – Technology & Training; 8 – In-Home Services; 9 – Diversity, Equity and Inclusion and 10 – Expansion of Partnership and Community Volunteerism.

Key results of the 2022 Community Needs Assessment survey found that respondents prioritized the best strategies DAAA can deploy to help older adults to stay safe during the Covid-19 Pandemic include: 1 – Emergency Meals/Food (91.6%); Wellness Checks/Telephone Calls (80.8%); PPE Distribution (78.3%); In-Home Vaccinations (71.6%) and Covid-19 Testing (70.8%).

For Caregivers, the top five needs of unpaid, family caregivers consists of the following: 1 – Caregiver Education/Workshops (75%); Respite Care/Adult Day Services (65.8%); Support Groups (60%); 4 – Caregiver Resource Guide (59%) and Legal Assistance (57%).

For Service Providers, the top five strategies DAAA can use to assist them to service the community include: 1 – Additional Funding (80.3%); Access to Free Personal Protection Equipment/Supplies (66%); Technical Assistance Regarding Covid-19 Guidelines: 60%; Relaxed Waiver to Provide Flexibility in the Provision of

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Services (45%) and Return to Office Protocol Technical Assistance/Information - (18%).

Discussions with public and private community partners under the Inclusive Health Care Taskforce's Community Action Plan supports increased access to Broadband, Technology and Training for community residents and seniors; development of a Social Media App and Toolkit to support Retirement Planning across the lifespan, Age Friendly Communities; a Senior Directed Cable Television Program, a Senior Millage and/or use of Michigan Lottery that supports older adults; and use of Multi-disciplinary Professionals, Community Health Workers and Home Health Aides in innovative ways to address the Social Determinants to Health.

2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

To target limited resources, DAAA will earmark the majority of its Older Americans Act and State funding for Congregate Meals, Home Delivered Meals, Community Service Navigator, Home Care Assistance and In-Home/Out-of-Home Respite/Adult Day Services to service older persons, adults with disabilities and family caregivers. The agency will prioritize individuals with the greatest social and/or economic need with special attention to low-income minority seniors through targeted outreach. DAAA will continue to embrace diversity, equity, and inclusion through partnership building, targeting, the translation of materials in other languages, DEI training and the hiring of diverse team members.

This also includes reaching out to underserved and underrepresented communities and populations within our service area. We will continue to work with the LGBTQ community as well as with older adults living with disabilities such as HIV, hearing and vision impairments and dementia. We will also focus on growing our ability to serve Returning Citizens, older adults impacted by substance use and behavioral health concerns. DAAA will also continue to focus on advocating and addressing the community programs and initiatives that will support eliminating the social and health disparities impacting our Planning and Service Area. This will require us to continue our work with many of our current partners such as AARP, MPH, SAGE Metro Detroit, Detroit/Wayne County Disability Network, Alzheimer's Disease Association and Greater Detroit Agency for the Blind and Visually Impaired. Yet, we will also work to create and/or re-establish partnerships with other key community organizations and stakeholders.

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

To target resources to eligible older adults with the greatest social and/or economic need, DAAA will utilize the following approaches:

Low Income - To address the needs of low-income older persons, DAAA will screen all program participants for public and private benefits and services so referrals can be made to the appropriate health plans, benefits and services with the client's consent. This will be done with intake and screening and eligibility determination as early as possible in order to identify what clients are eligible for within the community.

Frail, Homebound Seniors and Adults with Disabilities - To serve frail, homebound seniors and adults with disabilities, DAAA will work closely with internal departments, long term care supports and services continuum

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partners and Community Wellness Service Centers to screen participants for services using a person-centered approach. This includes screening for Care Management, MI CHOICE Home and Community Based Services, MI Health Link, Adult Home Health, Program for All-Inclusive Care for the Elderly, Adult Foster Care, Homes for Aged and Skilled Nursing Care.

Racial & Ethnic Minority Elders - DAAA will fund Outreach through our provider network to identify and serve racial and ethnic groups that have cultural and language barriers. These services will target Native Americans, Asian Americans, Hispanic/Latinx and the growing Arab American communities. DAAA's Communications and Marketing Department will also work with agency departments to market DAAA programs and services as well as services across the local AAA network.

Lesbian, Gay, Bisexual, Transgender, Questioning-Plus - DAAA will continue to strengthen partnerships with SAGE Metro Detroit, Affirmations, Corktown Health Center on staff/provider training, cultural competency and program development efforts. It also plans to continue to expand its Food & Friendship Connections program, if funded with Ryan White funding.

Family Caregivers - DAAA has been successful in expanding its footprint to support family caregivers and grandparents raising grandchildren over the last three years. To continue to do this, DAAA will continue to use its Information and Assistance Call Center to screen caregivers and refer at-risk ones to T-CARE, adult day services, respite care and caregiver education, training and other support.

Dementia Patients - After conducting a self assessment for dementia capability, DAAA developed protocols and procedures that are used to improve service delivery for individuals with dementia and their families. It will continue to work with the Alzheimer's Disease Association to target African Americans, Hispanic and Arab American elders who need support.

Vulnerable Adults At-Risk to Elder Abuse and Exploitation - DAAA will continue to work with Neighborhood Legal Services, the Senior Regional Collaboratives, local financial institutions, community and faith-based organization, Wayne County Sheriff's Department, law enforcements, Colleges and Universities, MDHHS and other partners to prevent elder abuse and financial exploitation.

Mental Impairments/Depression & Substance Abuse - DAAA will add the NCOA IDEA Depression Screening questions to its intake and screening process to identify older adults who may need Counseling and/or referral to mental health treatment through the Mental Health Board.

The Detroit Area Agency on Aging will also require service providers seeking contracts through our Request for Proposal process to target services to the socio-economically vulnerable senior and caregiver population.

4. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.

DAAA will earmark the majority of its Older Americans Act and State funding for Congregate Meals, Home Delivered Meals, Community Service Navigator, Home Care Assistance and In-Home/Out-of-Home Respite/Adult Day Services to service older persons, adults with disabilities and family caregivers.

To better serve people living with dementia as well as their caregivers, DAAA will screen these individuals

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during the intake and screening process and refer to appropriate services including Alzheimer's Association, TCARE, Powerful Tools for Caregivers, Creating Confident Caregivers, Developing Dementia Dexterity Webinars as well as Adult Day Care, In and Out of Home Respite and the Community Care Corps.

5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.

DAAA will work with community partners to tap into resources for the under-served. DAAA uses its Information and Assistance Call Center, Options Counseling and MMAP services to delay the need for additional services. In addition, DAAA partners with the Senior Regional Collaborative and other partners to make new and existing programs and services possible.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

When confronted with unmet needs and service gaps, DAAA will work with community partners to tap into resources for the under-served including utilizing Emergency Gap-Filling Resources, State Emergency Relief and other resources. The agency will also continue to activate community volunteers and Emergency Response protocols, as needed.

To prioritize older adults who have unmet needs, DAAA will focus attention on at-risk, frail homebound seniors, individuals who have low-incomes and other individuals distressed due to emergencies.

DAAA will contract with providers who will target older residents and caregivers of greatest social and economic need through community outreach.

7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.

DAAA uses its Information and Assistance Call Center, Options Counseling and MMAP services to delay the need for additional services. In addition, DAAA partners with the Senior Regional Collaborative and other partners to make new and existing programs and services possible.

When older adults residing within the service area request services that are not available, DAAA will institute the following strategies:

- Explore volunteer-based options
- Explore private pay options
- Investigate Emergency Gap-Filling Options
- Maintain Wait List to support personal advocacy efforts

As part of DAAA's Information and Assistance Call Center's comprehensive intake process, the protocol is to ask callers about their health conditions including whether they have Alzheimer's Disease or dementia. Caregivers calling in for services often provide intake staff with this information. If a caller inquires for assistance with Activities of Daily Living (ADLs), it triggers the completion of the Michigan Intake Guidelines (MIG), a pre-screening questionnaire for waiver services. This tool allows the identification of possible cognitive impairment or dementia and this information is shared with Support Coordinators, Care Coordinators and Direct Purchase of Service providers through a Request for Information under a Business

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Association Agreement. When MI Health Link staff become aware of possible cognitive impairment, the protocol is to notify the Integrated Care Organization. Inquiries from callers trigger a referral to their primary care physician or evaluation or to another provider that offers Mental Health evaluations. Suicides or individuals screened as having depression are assisted through Suicide hotlines, 911 and/or referral to Counseling Services or Behavioral Health Services.

8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.

The DAAA Advisory Council and Consumer Council for the MI Choice Waiver continue to provide input into how DAAA can address social isolation, strategies to address housing, transportation, and home repair services as key priorities. A DAAA Advisory Council member serves on the Long Range Planning Committee. DAAA Advisory Council members provided input on the draft Multi-Year Plan/FY 2023 Annual Implementation Plan before and after the drafting of the proposed plan. All members also had an opportunity to participate in the online Community Needs Assessment Survey. Key recommendations from the DAAA Advisory Council focused on continued interventions to combat the Covid-19 pandemic, the need to disseminate information throughout the community and home repair services/environmental modifications.

9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

DAAA is governed by a 27-member Board of Directors and a 25-member Advisory Council. Through its governance and administrative structure, the agency offers information and services to the community directly and through 120 service providers, 23 congregate meal sites and two Nutrition Services Incentive Program (NSIP) sites within the local Aging Services Network.

DAAA and its contracted providers will target older residents and caregivers of greatest social and economic need through community outreach, linking these at-risk residents to public and private benefits and services

Special attention will be given to older adults who have cultural, language and socio-psychological needs to be addressed. In addition, DAAA and its provider network will reach out to hard-to-reach, isolated individuals within neighborhoods through traditional providers and neighborhood, community development corporations and other groups armed with a Wellness Check app developed in collaboration with RXA. It is our aim to reach these individuals to arm them with information, education and preventative measures to delay difficulties in accessing services when they need them.

Key characteristics to be used in these outreach efforts include: Low income status; racial/ethnic minority status, frailty or homebound status; Age 85 years and over, recent immigrant status; dementia patients/caregivers; mental or physical disability; cultural or social isolation; living alone without support, lack of access or inability to access community resources; LGBTQ+ status and individual at risk of abuse and/or exploitation.

DAAA and its service provider network will continue to use TDD, interpreters, braille, closed caption in Zoom, user-friendly materials, assistive technology, building accessible equipment and other methods to increase access of hearing, visually impaired and other vulnerable populations.

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10. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

The five service categories receiving the most funds and serving the most constituents are Home Delivered Meals, Respite Care, Congregate Meals, Care Management, Community Service Navigator. The Services with the greatest number of anticipated participants consist of the following: Home-Delivered Meals, Congregate Meals, Caregiver Education, Training and Support, Disease Prevention/Disease Promotion and Community Service Navigator.

11. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?

DAAA will continue to embrace diversity, equity, and inclusion through partnership building, targeting, the translation of materials in other languages, DEI training and the hiring of diverse team members. The agency will continue to partner with providers who serve individuals who speak other languages and enhance services for immigrants, persons of color, SAGE Metro Detroit and SEMHAC Southeast Michigan HIV/AIDS COUNCIL.

This also includes reaching out to underserved and underrepresented communities and populations within our service area; translation of materials and information; the use of bilingual staff and/or translators and ongoing DEI training and education of our Board, Advisory Council, Staff and Service Provider Network. DAAA will continue to work with the LGBTQ+ community as well as with older adults living with disabilities such as HIV, hearing and vision impairments and dementia. We will also focus on growing our ability to serve Returning Citizens, older adults impacted by substance use and behavioral health concerns through Senior Telehealth, Counseling Services and other programs and services.

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Planned Service Array			
	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Information and Assistance • Options Counseling • Emergency Gap-Filling <p>Services: the provision of services and assistance provided to older adults 60 years or over residing within Region 1-A in the event of an emergency. These services will help to eliminate threats to independence, health, safety and well-being of the older adult. These services would be provided when the emergency requires immediate actions when other resources are not available or accessible.</p>		<ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Long-term Care Ombudsman/Advocacy
Contracted by Area Agency	<ul style="list-style-type: none"> • Outreach • Transportation • Community Service Navigator - Provision of service referrals, options counseling 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 services, public benefits and other resources to facilitate community living. 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Vision Services • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Kinship Support Services • Caregiver Education, Support and Training
Funded by Other Sources	<ul style="list-style-type: none"> • Care Management • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Homemaking • Home Health Aide • Medication Management • Personal Care • Assistive Devices & Technologies 	<ul style="list-style-type: none"> • Nutrition Counseling • Nutrition Education • Health Screening • Home Repair • Counseling Services

* Not PSA-wide

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Planned Service Array Narrative

DAAA has access to an effective access and service coordination continuum that helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible. DAAA examined information and data shared by participants of our public input sessions and public hearings and sought to fund services that supplement and enhance what is being provided in the community by other public and private partners.

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Strategic Planning

1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.

The Detroit Area Agency on Aging's Board of Directors adopted its Vision 2021 - 2025 Strategic Plan in November 2020 in order to launch implementation in January 2021. The strategic goals of this five-year plan consists of the following:

PROGRAM GOALS

Goal I: Engage collaborative partners and stakeholders in community-wide planning to address key social and environmental determinants of health.

Goal II: Address emerging needs and service gaps of older adults during the Covid-19 pandemic and on an ongoing basis.

Goal III: Engage organization and community stakeholders in advocacy, public policy and governmental relations activities.

INFRASTRUCTURE/SUPPORT GOALS

Goal IV: Develop and implement public image, branding and targeted marketing messaging to reach key audiences.

Goal V: Expand, enhance and diversify funding sources to increase revenue streams and members served.

Goal VI: Enhance technological capabilities and competencies of the organization, service provider network and constituents.

In developing the agency's Strategic and Multi-Year Plans, DAAA implemented a robust environmental planning process lead by Ronald S. Taylor and the Board Chair in collaboration with the Long Range Planning Committee. This consisted of listening sessions, interviews, online surveys and a community needs assessment survey that identified emerging trends and community needs, strengths, weaknesses, opportunities and threats as well as core issues that informed the agency on strategic goals to pursue. Strategic Planning Board Champions teamed with a Staff Champion sit on the Long Range Planning Committee to monitor progress on the Strategic Plan as well as the Multi-Year Plan.

SWOT Analysis

- Strengths: Accreditation - AADE, CARF and NCQA (Perfect Score); Leadership Team; Service Provider Network - Trained Boots on the Ground; Downtown Location; Partnership with Integrated Care Organizations, Trusted Provider in Community

- Weaknesses: Staff vacancies tied to Covid-19; Remote Work Environment, Direct Care Worker Shortage

- Opportunities: Health Partnerships; Senior Telehealth Connection - Medicare Billing; Passport to Health; MI Health Link and MI Choice Waiver Program; Growth of Aging Population; Re-development of Detroit; Increased Funding Tied to Covid-19; Flexibility with Covid-19 Waiver; Hybrid Service Model developed during the Pandemic - delivery of services through face to face interaction and virtual platforms; Private Pay / Third Party Reimbursement

- Threats: Continuation of the Covid-19 Pandemic; Direct Care Workforce Shortage; Economic Factors - Inflation and Recession; Cyber Security Attacks and Vulnerability of Seniors to Scams; Climate-Related

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Emergencies; Changing Customer Relations - face to face, telephonic and virtual; Increase demand on services - Poverty and Population Shifts Growth - Losses tied to Lack of Affordable Housing.

The COVID-19 pandemic as well as climate-related disruptions and a Cyber Security attack has armed DAAA with practical experience that tested its Emergency Response capabilities over the last two and a half years. This has enabled the agency to become more skilled and proactive in establishing safeguards in case of the upsurge of the virus; internet failure, hacking, or other connectivity issues; as well as power outages/flooding disruptions. As a result of these emergencies, DAAA continues to conduct a SWOT Analysis on an annual basis to examine our strengths, weaknesses, opportunities, and threats to strengthen our business operations and emergency planning system. As DAAA ventured into the delivery of MI Choice and MI Health Link, we continue to strengthen and expand third-party reimbursements, contingency planning, and use of unrestrictive funding.

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

DAAA believes that administering the proposed access services Home and Community Based Services (HCBS) Waiver and/or managed health as well as administering Disease Prevention/Health Promotion and Long-Term Care Ombudsman will enable the agency to provide these services more efficiently through a centralized approach that is person-centered. These services also enables the agency and the service provider network to expand its reach and to provider services to more members/participants.

3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from the ACLS Bureau.

DAAA is currently examining the possibility of a Senior Millage, additional third-party reimbursement ventures, increasing program income through voluntary contributions and cost-sharing. In addition, the agency continues to expand community partnerships to replace or supplement Older Americans Act (OAA) and state funding. Unrestricted funding will be used to address funding reductions along with increase grant development and fundraising.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations

To ensure quality services, DAAA will maintain accreditation for NCQA, CARF and AADE. During FY 2023, DAAA will renew its accreditation with CARF for 2023 – 2026. It will also seek the Malcolm Baldrige Award. This will entail the embedding of Key Performance Indicators into the organization to maintain compliance with the ACLS Bureau and other oversight organizations. DAAA has also expanded its Quality and Compliance Department and is moving towards performance-based contracting through a phased approach supported by technical assistance and capacity-building.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

The Detroit Area Agency on Aging is contractign with Malcolm Hedgepeth, LLC to examine ways it can utilized a single database to create more efficiencies across the organization. This approach would enable the organization to use fewer databases and to upgrade client tracking, information and referral and

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program/financial reporting to support is is aresearching Information and Assistance, Nutrition Services, Care Management and other programs and services.

6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.

DAAA has begun it implementation of a Strategic Technology Assessment Plan. The technology assessment plan focused on information technology that assures high quality and state-of-art equipment, data backup, security, and emergency response. DAAA has purchased additional hardware and software to operate an efficient and effective information system that support performance and quality improvement across the agency in a remote work environment. DAAA will continue to invest in a redundancy system that will support the operation of file servers.

DAAA has also expanded Computer and Cyber Security and IT support and is working with the provider network to do so. The agency has also expanded the Network maintenance agreements and initiated work with ensuring that its service provider network has secure IT Systems .

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Advocacy Strategy

·To improve the quality of life for older adults within the PSA, DAAA will engage organization and community stakeholders in advocacy, public policy and governmental related activities. DAAA will enhance relationships with Michigan Legislators, set criteria for DAAA's support of issues and create ambassadors that can be deployed to advocate for older adults within the DAAA region. DAAA will focus on advocacy efforts related to the Social Determinants of Health.

The Detroit Area Agency on Aging will continue to be a leader in advocating for older people, adults with disabilities and caregivers with the DAAA Service Area at the federal, state and regional levels in partnership with our Board of Directors, Advisory Councils, Service Provider Network and Community Stakeholders and constituents. This encompasses public testimony and advocacy for Congressional representatives in collaboration with USAging, working with our Michigan Association of Area Agencies on Aging and local elected officials. The Agency continues to be committed to the USAging and Older Michiganians Day Platforms as well as addressing unique issues impacting our local constituents. Key Advocacy Platform issues projected over the next three years consist of the following:

As Support and Strengthen the Direct Care Workforce including recruitment, recognition, fair wages, career ladders and proper credentialing

Rebalance Community-Based Long-Term Services and Supports

Expand Access to MI Choice Home and Community Based Waiver

Increase Access to Home and Community-Based Services

Bridging the Digital Divide for Older Adults including Expanding Access to Technology and Training

Advocate for a Senior Mileage and/or Funding Earmarked for Seniors Through the Michigan Lottery

Family and Paid Caregiver Education, Training and Support

Advocate for additional funding for Nutrition Service Incentive Program (\$0.54) (2 sites)

Accessible/Affordable Housing and Home Repair Services

Accessible Escort and Door-to-Door Transportation

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Leveraged Partnerships

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:

- a. Commissions Councils and Departments on Aging.
- b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
- c. Public Health.
- d. Mental Health.
- e. Community Action Agencies.
- f. Centers for Independent Living.
- g. Other

The DAAA will continue to build stronger partnerships with the following partners to expand, enhance or create new programs and services:

AARP Michigan – Work with AARP Michigan to support Age Friendly Communities, Employment and Training for Older Workers and Implementation of the Inclusive Healthcare Taskforce.

ACCESS/ACA Partnerships – Strengthen partnerships with Arab Community Center for Economic and Social Services as well as the Arab American Chaldean Council to reach Arab American stakeholders and constituents.

Aging and Disability Resource Center Collaborative - Detroit/Wayne County - Increase access to programs and services for older adults and persons with disabilities.

Aging Services Network - DAAA will continue to strengthen the provider network to coordinate services, provide capacity building and enhance service delivery.

Area Foundations and Private Corporations - Work with public and private corporations and foundations to create, enhance and expand services.

Authority Health (Formerly Detroit Wayne County Health Authority) – Work with Authority Health to provide health services to older adults and persons with disabilities.

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

City of Detroit / Other Municipalities - Strengthen partnerships with Health, Public Safety, Transportation, Parks and Recreation, Neighborhood and other city services.

Community Development Corporations/Block Clubs – Continue to strengthen partnerships with CDCs, block clubs and civic organizations to provide community outreach, wellness, and home repair services.

Coordinated Food Delivery System Consortium – Implement Emergency Response planning through community partners.

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Council of Nine – Work with Greek life organizations to make Caregiver Program available to older adults and grandchildren.

Detroit Wayne Integrated Care Network – Strengthen behavioral health and substance abuse services in collaboration with mental health industry, local universities, and other community/faith-based partners.

Faith-Based Organizations – Partner with faith-based organizations to make caregiver support services and other programs available to the community.

Federally Qualified Health Center/Medical Clinic – Continue to work with Population Health, Health Centers Detroit, Detroit Community Health Connections, Dedicated Medical Centers and other FQHCs to provide in-home vaccinations.

Hamtramck Housing Commission – Work with the Commission to reach older adults and caregivers living in subsidized housing and create a gateway to older adults living in single family homes.

Health Systems & Hospital Systems - Continue to work with health systems on Caregiving, Food Insecurity, Care Transitions and other service gaps.

Inclusive Health Care Taskforce – Work with AARP Michigan, MPHI and other partners to implement a five-year Community Action Plan to address the social determinants of health and the digital divide to reduce health disparities found in Dying Before Their Time III Report.

Intergenerational Partners – Continue to work with Generations United, Durfee Innovation Society/Life Remodeled, Wayne State University and other groups to implement intergenerational programming.

MI Health Link - Maintain and expand relationships with Integrated Care Organizations to provide health care and long term care services and support to members.

Michigan Public Health Institute - Continue to work on Inclusive Health Care Taskforce Implementation efforts to address Social Determinants of Health.

Population Health Institute - Continue to partner with organization to support Covid-19 Home Vaccination,

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Covid-19 Testing and other initiatives.

Non-Profit Housing Corporations – Encourage the development of affordable subsidized housing for older residents being displaced by market rate housing tied to gentrification.

NHI/Bento – Implement healthy, multi-cultural meals through area restaurants to caregivers and their care recipients.

Senior Regional Collaborative - Partner with 40+ agencies serving older adults, adults with disabilities and caregivers in Southeast Michigan including the support of Advocacy, efforts, Benefits Access and Financial Literacy, Elder Caring, Caregiving and other initiatives.

Southeastern Michigan HIV/AIDS Advisory Council - Partner with SEMHAC on LGBTQ+ and HIV/AIDS Initiatives to support these outreach efforts.

United Way of Southeastern Michigan – Continue partnering with United Way on the Community Information Exchange/Close the Loop Initiative.

Universities and Colleges - Continue to partner with Wayne State University, Michigan State University, Madonna University, University of Michigan and Wayne County Community College District on student-based initiatives.

Wayne County - Partner with Wayne County on Veteran Meals, Treasurer's Office Outreach Initiatives and Senior /Veteran Affairs.

Wayne Metro Community Action Agency – Strength collaborative work with this CAP agency to help older adults to obtain weatherization, utility, housing, and other basic need assistance.

2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.

DAAA will improve the health status of older adults in DAAA's service area through health promotion and disease management strategies by:

- infusing American Rescue Plan funding into the agency's budget to reinvigorate our health promotion and disease management programming to a hybrid model.
- rebuild the infrastructure for evidence-based programs for virtual and face-to-face programs.
- contract through a network of service provider agencies
- expand the availability of evidence-based programs to homebound seniors, older adults who speak other languages or honor different cultures.

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3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.

DAAA will enhance volunteer efforts and use volunteers to support the implementation of the MYP in the following ways:

- Establish a Community Care Corps to provide volunteer-based services to older adults.
- Increase socialization of at-risk older adults through volunteer-based strategies.
- Engage volunteers in Chore Services, Telephone Reassurance, One-on-One/Group Support, Friendly Visiting and Respite Care Home
- Continue to engage volunteers in Holiday Meals on Wheels
- Seek funding and recruit volunteers.

DAAA will also implement a customized wellness check app to perform volunteer-based outreach to isolated older adults and caregivers.

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Community Focal Points

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.

The DAAA operates as a regional community focal point (CFP) within Region 1-A and has designated seventeen other organizations as community focal points. These organizations will be responsible for coordinating the delivery of co-located services within specific communities for older persons and caregivers. The definition and criteria for the community focal points for each service area will be defined as follows:

Location/Accessibility – The CFP is located within one of five service areas and are primarily accessible to the community within a specific area, but may serve the entire community, city or PSA..

Administration/Staffing – The facility has sufficient qualified staff to support its operations in the delivery of services in collaboration with DAAA and other partners. **Targeting/Outreach** – The facility has an interest and a demonstrated capacity to perform marketing and outreach in collaboration with partners. **Service**

Delivery/ Capacity to Provide Health Promotion and Disease Self Management Services and/or

Nutrition Services – A CFP site is a facility where a broad range of evidence-based health promotion and disease management services are provided for older persons, adults with disabilities and caregivers along with nutrition services including congregate meals, nutrition education or coordination services.. **Capacity to**

Provide Services to Promote Caregiver Support – The designated organization has the capacity to provide or facilitate services for caregiver education, training and support.

The community focal points will coordinate the delivery of the following types of services: A. Congregate B. Home Delivered Meals C. Education/Training D. Computer Training E. Information & Assistance/Referral F. Outreach G. Social & Recreational Activities H. Counseling I. Telephone Reassurance J. Transportation/Escort K. Arts & Crafts L. Health Clinic M. Health Screening N. Health Education - especially evidence-based programs O. Exercise P. Medicare/Medicaid Assistance Counseling Q. Employment R. Volunteer Opportunities S. Advocacy Activities T. Legal Services U. Housing-Related Assistance V. Caregiver Education/Support W. Chore Services X. Healthy Aging/Disease Self-Management Y. Adult Day Services/Respite Z. Other: Community Navigator, Community Living Support, Community Wellness Center, Intergenerational Programs, Other Services The list of community focal points selected for the FY 2020- FY 2022 Multi-Year Plan appear below.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name:	Assn. of Chinese Americans
Address:	4750 Woodward Avenue, Detroit, MI 48201
Website:	www.acadetroit.org
Telephone Number:	(313) 831-3613
Contact Person:	Peggy Du, Executive Director
Service Boundaries:	PSA 1-A

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No. of persons within boundary: 153,540
Services Provided: A, C, E, F, G, R, M, O, P, R U, Z

Name: Bridging Communities, Inc.
Address: 6900 McGraw, Detroit, MI 48209
Website: www.Bridgingcommunities.org
Telephone Number: (313) 361-6377
Contact Person: Phyllis Edwards, Executive Director
Service Boundaries: Southwest Detroit
No. of persons within boundary: 26,381
Services Provided: A, B, C, I, H, J, M, O, P, R U, Z

Name: Brilliant Detroit
Address: 5675 Larkins St
Website: <https://brilliantdetroit.org/>
Telephone Number: (313) 483-8992
Contact Person: Cindy Eggleton
Service Boundaries: City of Detroit
No. of persons within boundary: 133,047
Services Provided: C,O

Name: Butzel Family Center
Address: 7737 Kercheval, Detroit, MI 48214
Website: www.detroitmi.gov
Telephone Number: (313) 628-2102
Contact Person: Lisa Cunningham, Interim Center Coordinator
Service Boundaries: City of Detroit
No. of persons within boundary: 133,047
Services Provided: A, C, D, E, F, F, K, O, P, V, X, Z

Name: City of Harper Woods
Address: 19748 Harper, Harper Woods, MI 48225
Website: www.harperwoodcity.org
Telephone Number: (313) 343-2500
Contact Person: Leslie Frank, Recreation Director
Service Boundaries: City of Harper Woods
No. of persons within boundary: 2,637
Services Provided: C, G, K, O, X, Z

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Name: Cody-Rouge Comm Alliance
Address: 19231 W. Chicago, Detroit, MI 48228
Website: <https://www.codyrouge.org/>
Telephone Number: (313) 397-9280
Contact Person: Kenyatta M. Campbell
Service Boundaries: City of Detroit
No. of persons within boundary: 133,047
Services Provided: C,E,F,M,N,O,U,Q,R,T,Z

Name: Delray United Action Council
Address: 275 W. Grand Blvd, Detroit, MI 48216
Website: www.caring.com/delray-unitedoaction-council
Telephone Number: (313) 297-7921
Contact Person: Jacqueline Bolden, Executive Director
Service Boundaries: Southwest Detroit
No. of persons within boundary: 26381
Services Provided: C,E,F, G, J, K, M, V, U, X, Z

Name: Detroit Area Agency on Aging
Address: 1333 Brewery Park Blvd. Detroit, MI 48207
Website: www.detroit seniors solution.org
Telephone Number: (313) 446-4444
Contact Person: Ronald Taylor, President & CEO
Service Boundaries: PSA 1-A
No. of persons within boundary: 153,540
Services Provided: C,E,F, H, J, N, P,Q,R,S,V Z

Name: Ernest T. Ford Community Center
Address: 10 Pitkins, Highland Park, MI 48203
Website: www.highlandparkmi.gov
Telephone Number: (313) 867-3999
Contact Person: Sue Norander, Recreation Director
Service Boundaries: City of Highland Park
No. of persons within boundary: 2,616
Services Provided: C, E, F, G, M, O, R, Z

Name: Farwell Recreation Center
Address: 2711 E. Outer Drive, Detroit, MI 48234

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Website: www.detroitmi.gov
Telephone Number: (313) 579-1000
Contact Person: L. Hardman, Center Manager
Service Boundaries: City of Detroit
No. of persons within boundary: 128,904
Services Provided: A, G, M, O, R, Z

Name: Franklin Wright Settlements
Address: 3360 Charlevoix, Detroit, MI 48207
Website: www.frandklinwright.org
Telephone Number: (313) 579-1000
Contact Person: Wilsetta McClain/Rynette Young
Service Boundaries: City of Detroit
No. of persons within boundary: 153,540
Services Provided: A,B, G, J, K, L, M, N

Name: Genesis HOPE CDC
Address: 7200 Mack Ave
Website: www.GenesisHOPE.org
Telephone Number: 313-571-9037
Contact Person: Jeanine C. Hatcher
Service Boundaries: City of Detroit
No. of persons within boundary: 133,047
Services Provided: C,D,F

Name: George S. Patton Community Ctr.
Address: 2301 Woodmere, Detroit, MI 48209
Website: www.detroitmi.gov
Telephone Number: (313) 628-2000
Contact Person: Micheal Winn, Center Manager
Service Boundaries: City of Detroit
No. of persons within boundary: 128,904
Services Provided: A, C,G, K, M, O, R, O, X, Z

Name: Hamtramck Housing Commission
Address: 12025 Dequindre, Hamtramck, MI 48212
Website:
Telephone Number: (313) 868-7445

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Contact Person: Christ Cornwall
Service Boundaries: City of Hamtramck
No. of persons within boundary: 2,483
Services Provided: C, D, G, U

Name: Hamtramck Senior Plaza
Address: 2620 Holbrook Ave
Website: <https://hamtramck.us/housing-commission/>
Telephone Number:
Contact Person: Chris Cornwell
Service Boundaries:
No. of persons within boundary:
Services Provided: C,U,

Name: Joseph Walker Williams Community Center
Address: 8431 Rosa Parks Blvd., Detroit, MI 48206
Website: www.detroitmi.gov
Telephone Number: (313) 628-2039
Contact Person: Andrea Robinson, Center Manager
Service Boundaries: City of Detroit
No. of persons within boundary: 128,904
Services Provided: A, G, K, M, O, X, Z

Name: La Sed Senior Center
Address: 7150 W. Vernor Hwy, Detroit, MI 48209
Website: www.acadetroit.org
Telephone Number: (313) 841-8840
Contact Person: Andrea Castaneda, Operations Manager
Service Boundaries: Southwest Detroit
No. of persons within boundary: 153,540
Services Provided: A, C, D, E, F, G, H, J, K, M, N, O, P, Q, R, S, T, U, V, Z

Name: Neighborhood Service Organization @ Northwest Activities Center
Address: 18100 Meyer Road
Website: www.nso-mi.org
Telephone Number: (313) 578-7500
Contact Person: Laurie Yorke
Service Boundaries: PSA 1-A

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Services Provided: A, B, C, D, E, F, G, H, J, K, M, N, O, P, R, X, Z

Name: North American Indian Assoc. of Detroit
Address: 22700 Plymouth Road, Detroit, MI 48239
Website: www.naiadetroit.org
Telephone Number: (313) 535-2966
Contact Person: Brian Moore, Executive Director
Service Boundaries: PSA 1-A
No. of persons within boundary: 153,540
Services Provided: A, C, E, F, G, K, M, N, P, R, S, U, V, Z

Name: Revival Tabernacle Church of Highland Park
Address: 16455 Woodward Ave.
Website: <https://www.revivaltab.org/>
Telephone Number: (313) 869-0140
Contact Person: Rev. Devon Gough
Service Boundaries: City of Highland Park
No. of persons within boundary: 2,935
Services Provided: A,N,C,F,G,O,M,N

Name: SAGE Metro Detroit
Address: 290 W. Nine Mile Rd
Website: <https://www.sagemetrodetroit.org/>
Telephone Number: (734)681-0854
Contact Person: Angela Perone
Service Boundaries: Metro Detroit
No. of persons within boundary: 153,540
Services Provided: C, D, E, F, G, T, R, S, X

Name: Sinai-Grace Guild CDC
Address: 6071 W. Outer Dr Suite L440, Detroit, MI 48235
Website: <https://www.graceguildcdc.org/>
Telephone Number: (313) 731-0001
Contact Person: Lisa P. Campbell
Service Boundaries: City of Detroit
No. of persons within boundary: 133,047
Services Provided: C,M,N,R,U,Q

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Name: St. Patrick Senior Center
Address: 58 Parsons, Detroit, MI 48201
Website: www.stpatsctr.org
Telephone Number: (313) 833-7080
Contact Person: Satrice Coleman-Betts, Executive Director
Service Boundaries: PSA 1-A
No. of persons within boundary: 153,540
Services Provided: A, C, D, E, F, G, H, J, K, K, M, N, O, P, R, S, C, X, Z

Name: The Helm at the Boll Life Center (Formerly SOC)
Address: 158 Ridge Road, Grosse Pointe Farms 48236
Website: thehelm.org
Telephone Number: (313) 882-9600
Contact Person: Peggy Hayes
Service Boundaries: Grosse Pointes & Harper Woods
No. of persons within boundary: 15,241
Services Provided: A, B, C, D, E, F, G, H, I, J, L, K, M, N, O, P, R, S, T, X, Z

Name: All Well-Being Services
Address: 1423 Field Street, Detroit, MI 48214
Website: www.awbs.org
Telephone Number: (313) 924-7860
Contact Person: Dawn Rucker, President & CEO
Service Boundaries: PSA 1-A
No. of persons within boundary: 133,047
Services Provided: G,M,N,O,X,Z

Name: Arab American Chaldean Council
Address: 62 W. Seven Mile Rd.
Website: MyACC.org
Telephone Number: (313) 893-6172
Contact Person: Walid Gammouh
Service Boundaries: PSA 1-A
No. of persons within boundary: 153,540
Services Provided: C,D,E,F,H,I,L,M,N,P,Q,R,S,W,X,Y

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Other Grants and Initiatives

1. Briefly describe other grants and/or initiatives the area agency is participating in with ACLS

Bureau or other partners.

During FY 2023 – FY 2025, DAAA will be participating in a variety of programs and service grants to make services available to the community. Some of these programs and services will be funded through Older Americans Act funding while others will be supported through American Rescue Plan funding, Unrestricted funding or other resources.

Infusing American Rescue Plan funding into the agency's budget will enable DAAA to implement a variety of initiatives to add value to programs and services including purchasing of equipment and supplies, expanding caregiver support services, and reinvigorating our health promotion and disease management programming to a hybrid model.

American Rescue and Unrestricted funding will help DAAA and its partners to modernize and reimagine our Congregate our Home Delivered Meals Programs to attract new and existing participants. New innovative strategies will be tested to examine how Restaurant Vouchers, Mobile Food Trucks and catered meals can be shared through our Silver Café' Innovations. Congregate Meal Site Directors will be recruited, trained and equipped with iPads or Tablets for registration and program reporting, where possible.

To address the need for home repair and environmental modifications in the homes, DAAA will partner with non-traditional providers to build a "Maintenance Central Home Repair" model, intergenerational summer camp/mentoring programming, Senior Lyft-Umber Concierge services along with using a Region 1-A customized wellness check app to perform volunteer-based outreach to isolated older adults and caregivers. Strategies will be piloted with sustainability in mind.

The following programs and services will be implemented over the next three years:

Aging Mastery Program - Twelve session course for caregivers offered over six weeks to educate participants about aging and caregiving.

Care Transitions - Partnership with Total Health Care to assist older adults being discharged from healthcare systems.

Creating Confident Caregivers (CCC) - A six-week program for family caregivers of persons with dementia who are living at home. DAAA staff as well as facilitators at the Community Wellness Service Centers make these services available. The program, called Savvy Caregivers in other states, provides knowledge, skills, and information to improve caregiving for both the caregiver and person with dementia.

Developing Dementia Dexterity Webinars - Three sessions designed for family caregivers caring for older adults with dementia.

The Diabetes Self-Management Training (DSMT) - Program teaches participants to cope with and manage their diabetes.

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Diabetes Prevention Program - DAAA works collaboratively with Centers for Disease Control, Greater Detroit Area Health Council and other partners to make the Diabetes Prevention Program (DPP) available to the community.

Diabetes Personal Action Toward Health (DPATH) - Six week evidence-based classes for older adults living with diabetes.

EnhanceFitness - Face-to-Face fitness classes offered three times per week or through a 12-week virtual platform.

Inclusive Health Care Taskforce - Implementation of the Inclusive Health Care Taskforce Community Action Plan designed to coordinate and integrate the Social Determinants of Health.

Medical Nutrition Therapy (MNT) - An evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Medicare Medicaid Assistance Program - DAAA provides information, counseling and assistance that will help Medicare beneficiaries understand and apply for Medicare Low Income Subsidy (LIS) for help with Medicare Part D medication cost or Medicare Savings Program (MSP) for help with Medicare Part B medical monthly premium cost and increase awareness of Medicare Preventive/Wellness benefits through community outreach and education.

MI Health Link - DAAA partners with five integrated care organizations (ICOs) under MI Health Link to make health and long term care services available to older adults who have Medicare and Medicaid.

Medical Nutrition Therapy (MNT) is an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Passport To Health -The PTH is designed to address the complex chronic conditions that lead to premature death of older persons.

Personal Action Towards Health (PATH) - A six-week class designed for older adults managing chronic illnesses.

Powerful Tools for Caregivers - DAAA will make Powerful Tools for Caregivers classes available directly and through its network of Community Wellness Service Centers to help caregivers take better care of themselves while caring for a spouse, relative or friend.

Senior Money Smart Expo / Webinar Series - Annual financial literacy and benefits screening event support by quarterly webinars on a variety of topics that targets older adults, caregivers and professionals engaged in benefits screening and counseling services.

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Senior Telehealth Connect - Telephonic and virtual health services offered by physician and other health professional to monitor/manage health through remote patient monitoring reimbursable by Medicare or private pay.

The Senior Project FRESH - Market FRESH program is aimed at helping older adults eat healthier as they age.

Tai Chi for Arthritis - Six-week course introduces participants to Tai Chi to manage Arthritis.

Tailored Caregiver and Referral for Elderly Program - DAAA will provide TCARE to family caregivers to improve their lives by making them with a Personalized Assessment and connecting them to community resources in alignment with their care plan. Two Caregiver Support Coordinated conduct reassessments 90 to 180 days while following up with caregivers via telephone or through text messaging. This service is provided through Unrestricted Funding.

United Way of Southeastern Michigan Close the Loop - Community Information Exchange initiative designed to coordinate services that address the SDOH and communicates outcomes to the participants and community partners through technology.

Universal Dementia - Evidenced-based program for caregivers providing care to loved ones with dementia offered through a boot camp or educational series.

2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

American Rescue Plan Act (ARPA) and Unrestricted funding will help DAAA to improve the quality of life of older adults by modernizing services, expanding resources in the community and creating new services to address emerging needs. Information technology will be secured to improve effectiveness and efficiency of services among DAAA staff, service providers and constituents.

3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

DAAA believes in pouring unrestricted funding back into services. To do this, the agency plans to continue to invest in Caregiver Support Coordination, Out-of-Home Respite Care that provide facility based care; caregiver skilled training as well as T-CARE Assessments and Reassessments. As Grandparents struggle with the special needs of caregivers, DAAA plans to make after-school transportation vouchers available through a Kinship Navigator position and to also translate Caregiver Resource Guide materials into Arabic, Chinese, Spanish and other languages. Mini-grants will also be made available to faith-based organizations to expand our reach to more caregivers.

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL																				
Agency: Detroit Area Agency on Aging						Budget Period: 10/01/22										to 09/30/23		Rev. 10/8/21		
PSA: 1A						Date: 04/07/22										Rev. No.: 0		page 2 of 3		
*Operating Standards For AAA's																				
Op						Title VII A	State	State	St. Alt.	State Care	State	St. ANS	St. Respite	MATF	St. CG Suppl	TCM-Medicaid	Program	Cash	In-Kind	
Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII/EAP	OMB	Access	In-Home	Care	Mgmt	NHO		(Escheat)			MSO Fund	Income	Match	Match	TOTAL
A	Access Services																			
A-1	Care Management									719,734							1,000		80,000	800,734
A-2	Case Coord/supp																			-
A-3	Disaster Advocacy & Outreach Program																			-
A-4	Information & Assis	138,268					60,629					63,987						260,828	26,000	549,712
A-5	Outreach	27,900		54,442								30,558					1,500		10,330	124,730
A-6	Transportation													18,714	31,286		6,850		10,500	67,350
A-7	Options Counseling	33,000		7,000																40,000
B	In-Home																			
B-1	Chore	70,000															15,000		22,000	107,000
B-2	Home Care Assis																			-
B-3	Home Injury Cntrl																			-
B-4	Homemaking	43,872						276,877	38,906								20,750	46,702	49,500	476,607
B-6	Home Health Aide																			-
B-7	Medication Mgt																			-
B-8	Personal Care	43,872						276,877	38,906								20,750	46,703	49,500	476,608
B-9	Assistive Device&Tech																			-
B-10	Respite Care							527,196	160,449				133,387	95,531			4,350		120,500	1,041,413
B-11	Friendly Reassure	50,000																		50,000
C-10	Legal Assistance	65,000		35,000													800		10,000	110,800
C	Community Services																			
C-1	Adult Day Services													139,326			2,100		20,700	162,126
C-2	Dementia ADC																			-
C-6	Disease Prevent/Health Promtion	118,182	66,949	45,069													37,500		56,000	323,700
C-7	Health Screening																			-
C-8	Assist to Hearing Impaired & Deaf Cmty																			-
C-9	Home Repair	100																		100
C-11	LTC Ombudsman	49,342				14,656					52,855					20,691			14,000	151,544
C-12	Sr Ctr Operations																			-
C-13	Sr Ctr Staffing																			-
C-14	Vision Services	30,000																		30,000
C-15	Prevnt of Elder Abuse,Neglect,Exploitation					13,826											375		2,900	17,101
C-16	Counseling Services			50,000																50,000
C-17	Creat.Conf.CG@ CCC																			-
C-18	Caregiver Supplmt Services																			-
C-19	Kinship Support Services	4,373		95,627													400		5,500	105,900
C-20	Caregiver E,S,T			135,898													3,500		10,000	149,398
*C-8	Program Develop	177,902																		177,902
Sp Co	Region Specific																			
	Critical Urgent Unmet Needs																			-
	Nursing Services																			-
	c. Comm Serv Navigator	626,000															30,000		40,000	696,000
	d. Emergency Gap Filling	33,950																		33,950
	7. CLP/ADRC Services	-		-																-
Sp Co	8. MATF Adm													25,078					25,078	
Sp Co	9. St CG Sup Adm														3,094				3,094	
SUPPRT SERV TOTAL		1,511,761	66,949	423,036	13,826	14,656	60,629	1,080,950	238,261	719,734	52,855	94,545	133,387	278,649	34,380	20,691	144,875	354,233	527,430	5,770,847

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL										
Agency: <u>Detroit Area Agency on Aging</u> Budget Period: <u>10/01/22</u> to <u>9/30/23</u> PSA: <u>1A</u> Date: <u>04/07/22</u> Rev. Number <u>0</u>										
Rev. 10/8/21 page 3 of 3										
FY 2023 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL										
Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	620,482		20,312		175,028			81,000	896,822
B-5	Home Delivered Meals		560,325		1,012,936	359,773	50,000	504,721		2,487,755
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*									-
	Nutrition Services Total	620,482	560,325	20,312	1,012,936	534,801	50,000	504,721	81,000	3,384,577

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

FY 2023 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL										
Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	49,342	14,656	-	52,855	20,691	-	-	14,000	151,544
C-15	Elder Abuse Prevention	-		13,826			375	-	2,900	17,101
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	49,342	14,656	13,826	52,855	20,691	375	-	16,900	168,645

FY 2023 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL										
Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore	70,000						15,000	22,000	107,000
B-4	Homemaking	43,872		38,906	5,274	276,877		20,750	96,202	481,881
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM			160,449	66,819	527,196	93,006			847,470
B-8	Personal Care	43,872		38,906	5,273	276,877		20,750	96,203	481,881
	Respite Service Total	157,744	-	238,261	77,366	1,080,950	93,006	56,500	214,405	1,918,232

FY 2023 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL										
Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	4,373	95,627				400	-	5,500	105,900
C-20	Caregiver E,S,T	-	-				-	-	-	-
		-	-				-	-	-	-
	Kinship Services Total	4,373	95,627				400	-	5,500	105,900

Planned Services Summary Page for FY 2023			PSA: 1A		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	8.75%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 549,712	6.00%	X	X	X
Outreach	\$ 124,730	1.36%	X	X	
Transportation	\$ 67,350	0.74%	X	X	
Option Counseling	\$ 40,000	0.44%			X
IN-HOME SERVICES					
Chore	\$ 107,000	1.17%	X	X	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 476,607	5.21%	X	X	
Home Delivered Meals	\$ 2,487,755	27.17%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ 476,608	5.21%	X	X	
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 1,041,413	11.37%	X	X	
Friendly Reassurance	\$ 50,000	0.55%	X	X	
COMMUNITY SERVICES					
Adult Day Services	\$ 162,126	1.77%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 896,822	9.80%	X	X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 323,700	3.54%	X	X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 100	0.00%	X	X	
Legal Assistance	\$ 110,800	1.21%	X	X	
Long Term Care Ombudsman/Advocacy	\$ 151,544	1.66%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ 30,000	0.33%	X	X	
Programs for Prevention of Elder Abuse,	\$ 17,101	0.19%	X	X	
Counseling Services	\$ 50,000	0.55%	X	X	
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 105,900	1.16%	X	X	
Caregiver Education, Support, & Training	\$ 149,398	1.63%	X	X	
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 177,902	1.94%			X
REGION-SPECIFIC					
Critical Urgent Unmet Needs	\$ -	0.00%			
Nursing Services	\$ -	0.00%			
c. Comm Serv Navigator	\$ 696,000	7.60%	X	X	
d. Emergency Gap Filling	\$ 33,950	0.37%	X	X	
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 9,127,252				
MATF & ST CG ADMINISTRATION	\$ 28,172	0.31%			
TOTAL PERCENT		100.00%	9.35%	58.24%	32.42%
TOTAL FUNDING	\$ 9,155,424		\$855,164	\$5,332,364	\$2,967,896

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

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

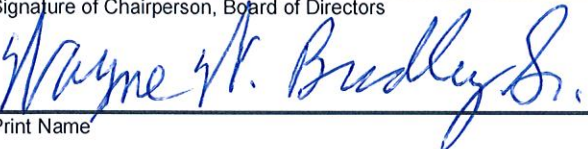

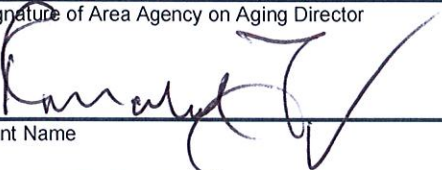
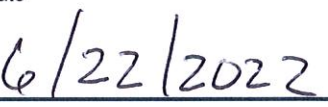
FY 2023-2023 Multi Year Plan

FY 2023 Annual Implementation Plan

SIGNATURES

This document covers Fiscal Year 2023. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

<small>Signature of Chairperson, Board of Directors</small> 	<small>Date</small> 
<small>Print Name</small> Wayne Bradley	
<small>Signature of Area Agency on Aging Director</small> 	<small>Date</small> 
<small>Print Name</small> Ronald S. Taylor	
<small>Area Agency on Aging</small> Detroit Area Agency on Aging	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none">▪ FY 2023 Area Plan Grant Budget▪ FY 2023 Direct Service Budgets▪ Request to Transfer Funds▪ Waiver for Direct Service Provision▪ Assurances and Certifications▪ Assurance of Compliance with Title VI of Civil Rights Act of 1964▪ Regional Service Definitions▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly▪ Waiver of Minimum Percentage for a Priority Service Category	