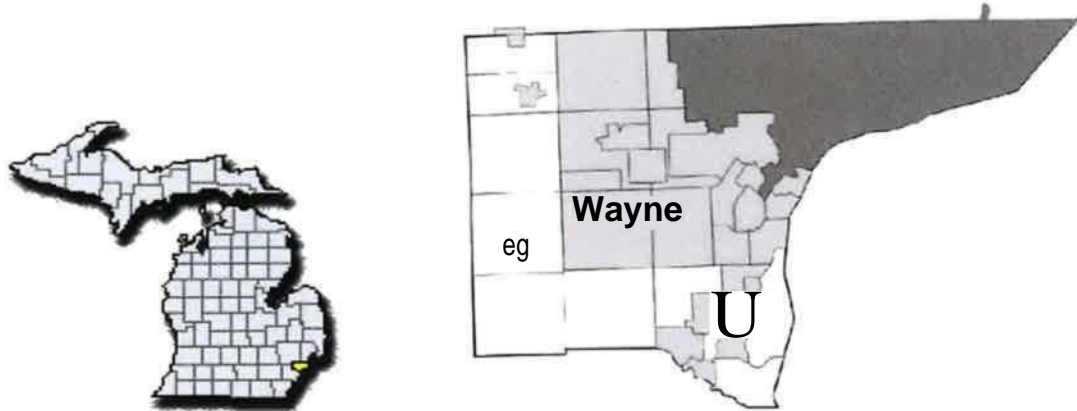


2023-2026 Multi Year Plan  
**FY 2025 ANNUAL IMPLEMENTATION PLAN**  
**DETROIT AREA AGENCY ON AGING 1-A**



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**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 1333**

Brewery Park Blvd., Suite 200 Detroit, MI  
48207  
313-446-4444  
313-446-4445 (fax)  
Ronald Taylor, President and CEO  
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**Regional Aging Representative**

**Lacey Charboneau**  
[charboneaul2@michigan.gov](mailto:charboneaul2@michigan.gov)  
517- 294-9191

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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**

To carry out this mission, DAAA envisions creating a community that cares for the vulnerable while advocating for the well-being of all of our constituents through our core values, our diversity, equity, and inclusion statement, and our five Servant Leadership Principles: Service, People, Growth, Finance and Quality.

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 about 100,000 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* reports which 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, elevated hospitalizations, and emergency room visits. Sadly, the COVID-19 Pandemic has exacerbated premature death in these communities.

DAAA has a staff of over 130 employees and coordinates a service provider network of over 135 service provider agencies. It utilizes an annual budget of \$101 million and makes an array of services available to consumers through the Older Americans Act of 1965 (as amended), 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 Telehealth Connect, Diabetes Self-Management Program and eventually for Medical Nutrition Therapy. DAAA is accredited by the American Association of Diabetes Educators (AADE), Commission on Accreditation of Rehabilitation Facilities (CARF), and National Committee for Quality Assurance (NCQA). It's Information and Assistance Call Center Community Resource Specialists are Informed USA (formerly Alliance of Information and Referral and Referral Systems - AIRS) certified and is in the process of becoming Informed USA accredited. Committed to quality, the agency is taking steps to earn a Malcolm Baldrige Award.

**TARGETING GREATEST SOCIOECONOMIC NEED**

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

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**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 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, 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 (PACE), 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 MI Gen (formerly 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. 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 TCARE, 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 caregivers and elders who need support.

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. In addition, 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 Detroit Wayne Integrated Network, the Mental Health Board and its Senior Telehealth Program. The DAAA 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. To address 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. During the intake and screening process caregivers will be referred to appropriate services including Alzheimer's Association, TCARE, Trualta, Powerful Tools for Caregivers, Dementia Education Series, Aging Mastery Program for Caregivers as well as Adult Day Care, In and Out-of-Home Respite and eventually a Community Care Corps that's being developed.

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**NEW PRIORITIES**

This proposed FY 2025 Annual Implementation Plan continues to outline strategies that address changing community needs as our region transitions after the worst public health crisis of this century. This includes incorporating strategies to leverage partnerships to address emerging needs tied to the Social Determinants of Health that were revealed through increased mortality during the COVID-19 pandemic. As the Public Health Emergency (PHE) period came to an end, DAAA initiated the rebuilding of the service delivery system that was severely impacted by the shutdown of services. This includes re-building DAAA's service delivery infrastructure through a hybrid model of service delivery; recruiting additional direct care workers, staff, and community volunteers; as well as increasing the availability of technology along with training for older adults and family caregivers.

DAAA is improving the accessibility of services to its Planning and Service Area (PSA) by ensuring that AAA staff and subcontractors are trained in diversity, equity, and inclusion and that programming and outreach is culturally sensitive and welcoming to all including using linguistically appropriate outreach directed to non-English speaking persons. The increase in cultural competency of AAA staff and contractors ensures that an increase in services to black, indigenous and people of color as well as LGBTQ+ adults over age 60 is realized.

DAAA is striving to improve our internal processes including fully transitioning to our newest client tracking system Mon Ami to replace the Aging Information Management System (AIMS) used for Nutrition Services and WellSky used for Information and Assistance services. This operating system was designed specifically for Aging & Disability agencies to aid with integration and automation. The agency will also be updating our Vision 2021 – 2025 Strategic Plan, leading with an environmental scan and assessing community needs. Additionally, we are positioning the agency for success by transitioning our line-item grant model to a full performance-based contracting system for our traditional service provider network. DAAA is also continuing its efforts to further develop a Caregiver Resource Center.

**CONTINGENCY PLANNING**

As the Bureau of Aging, Community Living and Supports (ACLS Bureau) worked with the Commission on Services to the Aging on a new State Intra-State Funding Formula for the next five years, DAAA continues to strategize and plan for absorbing any potential losses. Key strategies to be deployed to off-set any loss of funding include developing cost sharing, boosting voluntary contributions, increased fund development and expansion of Senior Telehealth Connect. In addition, DAAA is developing private pay options as well as transitioning from MI Health Link to Dual Eligible Special Needs Plan (D-SNP). DAAA will also continue to seek grants from private and public sources and explore entrepreneurial partnerships with health plans to diversify its revenue streams. The agency is pleased to announce that it was recently awarded a \$500,000 grant from the Michigan Health Endowment Fund to pilot Health First, a primary home care service for older residents transitioning from hospitalization. DAAA recently submitted a grant application to support the further development of its Community Care Hub.

**ADVOCACY EFFORTS**

DAAA continues to coordinate planning, development, and advocacy efforts in collaboration with the Inclusive Health Care Taskforce, true Partners-in-Action. In addition, the organization continues to

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strengthen partnerships through a Caregiver Coalition as well as the Silver Key Coalition and the Older Michiganians Day Committee. After implementing planning activities, it is also gearing up to implement additional strategies to strengthen emergency preparedness and response through its Coordinated Food Services Delivery Consortium. Key advocacy efforts will focus on Caregiver Resource Centers, the expansion of direct care workers and other resources for home and community-based services, home repair services, affordable housing, transportation, and basic needs. DAAA will also plan to share communications and adhere to the revised Older Americans Act regulations.

**FY 2024 SUCCESSES & CHALLENGES**

During FY 2024, DAAA is celebrating key successes while addressing key challenges. DAAA recently received news that its Food First programs for caregivers and Senior Telehealth Connect initiative both received Innovation awards under the USAging Innovations and Achievement Award. This is the third year DAAA has received this recognition and the first year to receive two Innovation Awards. In addition, the agency received its five-year AADE accreditation and three years of CARF accreditation without recommendations.

DAAA is excited about the progress it is making on implementing the Inclusive Health Care Community Action Plan. The agency has been able to partner with MPHI and AARP Michigan to work collaboratively on strategies to make Pop-Up Technology Training, Senior-Directed Media Programming, Retirement Planning Guide/Training across the life plan as well as 5Ms Home and Community- Based Training available for direct care workers. In addition, partners, community stakeholders and consumers are working on a Mobile App and/or Searchable Community Resource Database and Age-Friendly Communities Report Card available to support better access to community resources and technology.

Key challenges DAAA is confronted with includes transitioning its programs and services, service provider network and staff from the public health emergency back to a sense of normalcy after being forever changed. This consists of transitioning programs to a hybrid model to maintain flexibility, rebuilding infrastructures impacted by the COVID-19 pandemic and supporting a telecommute philosophy that balances safety with productivity. Key issues that must be addressed consist of the following:

- Rebuilding direct care worker infrastructure to support home care.
- Re-opening and re-building congregate meals sites.
- Rebuilding trained staffing for evidence-based programs using a hybrid model.
- Re-structuring community volunteerism to pre-COVID-19 levels.
- Rebuilding the Senior Community Service Employment Program.
- The re-engagement of local community volunteers for services.
- The ability to attract younger older adults within our service area to Congregate Meals program.
- The expansion and dissemination of caregiving resources.
- The inclusion and expansion of programs in a hybrid model across service categories.

As DAAA positions the agency and its local Aging Services Network to transition from the public health emergency, the organization continues to request more flexibility in the proposed FY 2025 Annual Implementation Plan to address emerging needs. Therefore, DAAA has included nominal placeholders for these services so that resources can be used during the upcoming year to fund selected services. Service categories that include placeholders consist of 1) Case Coordination and Support; 2) Medication Management; 3) Assistance to the Hearing Impaired; 4) Home Repair; 5) Senior Center Staffing; 6) Senior

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Center Operations; and 7) Social Determinants of Health Coordination (a Commission on Service to the Aging approved regional services definition).

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<b>County/Local Unit of Government Review</b>
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Every year, the ACLS Bureau (formerly Aging and Adult Services Agency) requires the 16 Area Agencies on Aging (AAA) under its auspices to develop a plan for older adult services. This year, the State Unit on Aging office requests AAAs to develop a FY 2025 Annual Implementation Plan (AIP) outlining how services will be delivered from October 1, 2024, through September 30, 2025. To accomplish this task, the Detroit Area Agency on Aging (DAAA) obtained input from its Long Range Planning Committee, DAAA Advisory Council and Board of Directors, older adults, and caregivers within its service area as well as from Tribal organizations and municipal governments within its nine targeted communities .

DAAA is formally seeking direct input from two Native American organizations in its service area – North American Indian Center and American Indian Health Center. In addition, the agency is also engaging in the approval of the proposed plan through city mayors, city managers, city council and/or their designated reviewer(s) which varies within each municipality. As a part of this review and approval process, DAAA notified all municipalities regarding its public hearing on the proposed FY 2025 Annual Implementation Plan.

During this public comment period, 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 and Program Development Department and/or members of the DAAA Board of Directors follow up with the assigned city officials between June 1st and July 12, 2024, to encourage feedback from communities including the establishment of meetings or conference calls with the appropriate parties. Although the proposed plan is due by June 21, 2024, to the Bureau of ACLS, representatives from municipalities can email, fax, or mail their approval or disapproval of the AIP and any related concerns preferably by July 12, 2024. After the Municipal Sign-off Review and Approval deadline, DAAA staff team will draft a letter to the Bureau of ACLS Regional Aging Representative by July 21, 2024, noting the status of the local government review process as well as any comments from Tribal organizations. This includes notifying the state if municipalities have formally approved, passively approved, or disapproved of the FY 2025 Annual Implementation Plan as well as any comments from Native American organizations.

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<b>Public Hearings</b>
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Date	Location	Time	Barrier Free?	No. of Attendees

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**Access Services**

**Care Management**

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/29/2025
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:** Decrease Social Isolation of Care Management participants.

**Activities:**

- 1.1 Encourage participants to take part in activities in their home, faith-based organizations and/or community and encourage wearing a mask and observing social distancing.
2. Assist the participants to register for free and low-cost transportation.
3. Encourage participants to request senior telephone reassurance.
4. Encourage participants to have informal supports and gatherings at the participant's home when possible and encourage wearing of mask and observing social distancing.
5. Encourage participants to participate in monthly virtual Consumer Advisory Council 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 (since last assessment to less than 90 days) to 9%.

**Goal 2:** Reduce the prevalence of Emergency Room Visits and Hospital Stays from care management participants.

**Activities:**

- 1.1. Educate participants regarding signs and symptoms to trigger a contact with their medical doctor and when to go to the hospital or emergency room.
2. Educate participants regarding the importance of taking medication(s) and following medical regimen to prevent hospital and emergency room visits.
3. Encourage participants 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 (since the last assessment if less than 90 days) to 25%.

Number of client pre-screenings:	Current Year:	150	Planned Next Year:	150
Number of initial client assessments:	Current Year:	72	Planned Next Year:	72
Number of initial client care plans:	Current Year:	72	Planned Next Year:	72
Total number of clients (carry over plus new):	Current Year:	347	Planned Next Year:	347

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

Current Year: 1:60

Planned Next Year: 1:60

**Information and Assistance**

Starting Date 10/01/2024

Ending Date 09/29/2025

Total of Federal Dollars \$523,712.00

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:** 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 United Way of Southeast Michigan and other partners.

**Activities:**

- 1.1. 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 Telecommunication Device for the Deaf (TDD) language line, where needed.
9. Upgrade Service Point.
10. Participate in United Way of Southeastern Michigan Community Information Exchange/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:

- 1.1. Participate in ongoing training to enhance current skills and develop new skills to serve all identified populations.
2. Participate in required ACLS Bureau Person-Centered Thinking training.
3. Participate in on-going ABCs of Information & Referral training to meet AIRS standards for recertification.
4. Participate in on-going Michigan Medicare Assistance Program (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 Counselors to increase accessibility, streamline services, navigate the environment and identify isolated seniors for wellness checks.

**Activities:**

1.1. Utilize Aging Disability Resource Centers (ADRC), community service navigators and community partners to coordinate community 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 ACLS and AIRS standards.

4. Provide I & A and Options Counseling at Community Wellness Service Center agencies to all populations.

5. Collaborate with Community Wellness Service Center partners to evaluate tracking data and determine next steps.

**Expected Outcome:** Increase access to Long-Term Care Support and Services and other community resources.

**Options Counseling**

Starting Date 10/01/2024

Ending Date 09/29/2025

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:**

1.1. Further define options counseling services in Region 1-A.

2. Provide options counseling and follow up with consumers for at least 90 days (about 3 months).

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 Community Wellness Service Centers.

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 Program of All Inclusive Care for the Elderly (PACE), Skilled Nursing Homes, Adult Home Help, Assisted Living, Foster

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Care, and Homes for the Aged.

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

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**Approved MYP 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.**

Objectives

1. Increase monetary and in-kind resources for home repair services for older adults in DAAA's service area.  
Timeline: 10/01/2022 to 09/30/2025

Progress

DAAA had discussions with Habitat of Humanity in order to partner with the entity for home repair projects for non-waiver participants. Currently, DAAA is in the process of recruiting and credentialing contractors into DAAA home repair provider network to address the increased /expanded need for this service. DAAA created a priorities list of seniors/projects that best can utilize the funds earmarked for home repair. DAAA has continued to expand partnership with Cass Community Social Services to develop and enhance home repair strategies & protocols. Representatives from the agency also met with Genesis HOPE Community Development Corporation regarding expanding home repair services on the east side of Detroit. The I & A Call Center looks forward to partnering with the City of Detroit's Housing Resource Helpline that was launched as a key referral source. DAAA also is planning an Age Friendly Communities Forum through the work of the Inclusive Healthcare Taskforce to assess what cities are doing to address housing and home repair services in order to develop recommendations for action. During the fiscal year, the agency updated Emergency Gap-Filling program protocols since the majority of requests are home-repair related.

2. Increase public and private resources for transportation services to expand and enhance service delivery.  
Timeline: 10/01/2022 to 09/30/2025

Progress

DAAA continued to work and develop Uber and Lyft partnerships to expand transportation services. The agency also continued to provide information & resources to educate seniors on various transportation options. In partnership with the Quality & Compliance department, DAAA has developed and refined transportation quality and passenger safety through a robust annual transportation field audit and passenger safety inspection program for our transportation providers. Currently, Mobility Manager serves on Detroit Department of Transportation's (DDOT's) Local Advisory Council and Specialized Services Committee to stay informed of transportation issues, challenges, and best practices. Have reached out to Transportation software firm to develop a transportation broker software option. The aim is to improve and streamline services/operation, and to develop scheduling software to improve on time provider performance. DAAA co-sponsored a Regional Transportation Forum on DEI in collaboration with the National Aging and Disability Resource Center.

3. Expand revenues for other programs and services through cost-sharing, increased program income, private pay, and in-kind resources.  
Timeline: 10/01/2022 to 09/30/2025

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Progress

The agency was funded by Michigan Health Endowment Fund for Inclusive Health Care Partners -in-Action at \$300,000 for a 2-year period. They are working with the Communications and Volunteer Services department on the Grocery Shopping Program funded through United Health Care. DAAA has also secured a \$100,000 grant to partner with Henry Ford Health System on the Caregiver Intensity Index Assessment Pilot Project over a 2-year period and also secured a \$16,000 grant through the Michigan Public Health Institute (MPHI) to develop a culturally appropriate Alzheimer's Disease Assessment for African American caregivers. Received \$407,000 grant for development of the Caregiver Resource Center. In addition, the agency received a \$150,000 Opioid grant to support Get Connected Training. The Finance team is in the process of developing policies and procedures for cost-sharing including a sliding fee scale and private pay options. DAAA will need to develop mechanisms for private pay and cost sharing for clients who are ineligible for regular home delivered meal services. DAAA developed a business plan strategy to promote evidence-based program with reimbursement and has also expanded MI Health Link into Oakland and Macomb as AAAs transition to D-SNP model.

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

Objectives

1. Objective 2.1: Continue to build a new infrastructure for the Information & Assistance Call Center.  
Timeline: 10/01/2022 to 09/30/2025

Progress

DAAA continues to pursue AIRS Accreditation. The agency has contracted with a Community Resource Specialists to update the Community Resource Database in WellSky and is working with Mon Ami to transition its client tracking system from WellSky to Mon Ami. The I & A Call Center is also researching alternative databases and participating in discussions to streamline intake processes via migration to COMPASS. DAAA is also working with United Way of Southeastern Michigan on providing older Detroiters with access to food pantries through the Community Information Exchange/Close the Loop Initiative. Staff members are on the Steering Committee as well as the User Experience Workgroup. The department is working with Planning & Program Development and United Way 211 to fast track the upgrading of its Community Resource database and exploring strategies to develop a searchable database via WellSky and /or a mobile application.

2. Objective 2.2: Increase Financial Literacy and Access to Benefits and Services (Strategic Goal #1 - Objective 1.B).  
Timeline: 10/01/2022 to 09/30/2025

Progress

MMAP continues to educate Medicare beneficiaries about Medicare Savings Program and provide Extra Help with Medicare cost savings. MMAP continues to educate Medicare beneficiaries and their caregivers about accessing their health care benefits as well as Fraud and Abuse. A Senior Money Smart Expo was planned, and Quarterly Webinars were implemented in order to reach older adults and benefit counselors. The Senior Money Smart Expo was held on April 17, 2024 at 10am – 2pm in person, in collaboration with SRC, AARP Michigan and other partners. A Volunteer Recruitment event is planned in the Robert Queller Conference

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Room to secure additional MMAP Counselors. The MMAP Volunteer Recognition event is being planned in collaboration with the MMAP, Inc. Date August 9, 2024. MMAP is looking to add at least three new MMAP partner sites to help reach more Medicare beneficiaries.

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

Objectives

1. Objective 1: Continue to expand and enhance Telehealth, Mobile Health and Community-based Health and Wellness Services

Timeline: 10/01/2022 to 09/30/2025

Progress

Community Health Promotion continues to work with Senior Telehealth Connect and holds slots open for referrals to the Diabetes Self-Management Training (DSMT) classes. Community Health Promotion continues to work with vendors that are capable of providing Medical Nutrition Therapy (MNT) meals. DAAA developed strategies for rebuilding Enhanced Fitness and other evidence-based programs through a hybrid approach. In addition, DAAA continues to develop strategies to support Silver Cafe Innovations through ARPA funding. Continued to offer Telehealth services to 73 patients with 34 using remote patient monitoring. Credentialed through Molina, Priority Health, HAP, and Blue Cross Blue Shield of Michigan. DAAA provided In-Home Vaccinations for 197 patients served with flu and CV-19 vaccinations. HDM program has piloted a “chilled meal” style of delivery. It provides a fresher, more colorful meal, which provides flexibility for the client when they want to consume it. The plan is to convert the whole HDM program over to “chilled” meals to improve the quality of home-delivered meals. DAAA will continue to look for meal vendors capable of providing Halal, Kosher, and medically tailored meals as well as to look for vendors that can provide clients with a mechanism for participating in a grocery delivery service. The agency will also continue to re-open and build out nutrition services in partnership with congregate and community-based organizations through Food First, Silver Cafe Food Trucks, and other programming. Implementing the use of software like Mon Ami and Blooming Health will allow the modernization of congregate meal sites.

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

Objectives

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

Timeline: 10/01/2022 to 09/30/2025

Progress

The Caregiver Support Services (CSS) Team continues to participate on the Alzheimer’s Association’s African American Advisory Council, providing updates of any new CSS trainings and events, as well as providing connections to other community organizations. CSS continues to support and participate with the Grandparents Raising Grandchildren Committee. The partnership with Lori’s Hands has been initiated, however at this time there is a waitlist. Partnerships have been formed with Wayne State University/Functional Aging & Mindfulness for Seniors, and Henry Ford Health (Caregiver Intensity Index). New partners have been added to the Caregiver Provider Workgroup/Heathier Black Elders and Team Suzy. Expanded partnerships have been initiated, including outreach with local churches, providing presentations and caregiver resources.

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Creating Confident Caregivers will not be continued; however, it will be replaced with Dementia Caregiving Series, Universal Dementia Caregivers and more recently adding Dementia Friends training. TRUALTA, an online portal, provides practical advice to care for loved ones and how to manage aging at home. CSS has partnered with the Nutrition Department in successfully connecting caregivers with the BENTO Food First Program. CSS is looking to expand the program by finding alternative platforms for the delivery of culturally appropriate restaurant style meals by vendors such as Uber Eats or Door dash. Caregivers can receive a respite grant up to \$2,500 for those that have a documented Dementia diagnosis. In addition, Caregivers have also benefited from a Respite grant of \$1,000, from Universal Dementia Caregivers. A preliminary Resource Guide has been drafted. A CSS Brochure has been developed with 2,000 for a first printing. CSS is promoted on DAAA social media platforms, Urban Aging News, DAAA website and other forms of media communication. The CSS Team is also working with Planning & Program Development as well as Communications on support group expansion, a marketing campaign, and volunteer-based services.

2. 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: 10/01/2022 to 09/30/2025

Progress

DAAA continues to partner with Wayne State University Center for Social Work and Research to gather information/data on Caregiver needs. Received \$407,000 grant from Michigan Health and Human Services to further establish a Caregiver Resource Center in Region 1-A. DAAA continues to provide multi-faceted caregiver services to support expansion of Caregiver Resource Center. DAAA continues to partner with Senior Regional Collaborative to make CEUs available for caregivers. Partnering with 36 Care Partners to ensure availability of supportive services to Caregivers. CSS has updated the Caregiver brochure and other marketing materials to be distributed at several caregiver events such as Caregiver Pamper Day held on May 16, 2024. The agency is working with a Volunteer Coordinator on a volunteer -based respite care to develop a Respite Care Fund for caregivers who need relief from caregiving.

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

Objectives

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

Timeline: 10/01/2022 to 09/30/2025

Progress

DAAA continued efforts to mitigate social isolation through friendly reassurance services. DAAA continued working with United Way of Southeast Michigan and other partners on development of the Community Information Exchange to close the loop and reduce social isolation. DAAA Support Coordinators continue to expand their outreach to care management clients facing social isolation. Planning is working with Volunteer Coordination to further develop and roll out volunteer-based strategies starting with caregiver support groups, volunteer-based respite care program, and the continued provision of friendly telephone reassurance.

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

Timeline: 10/01/2022 to 09/30/2025

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Progress

To reduce social isolation for seniors 55+ living with HIV, DAAA established the Food and Friendship Connections Program with a grant from MDHHS to provide meals, peer support and community engagement for older adults living with HIV in the DAAA service area. The grant period ended, however, DAAA continues to support this group with meals and monthly gatherings. DAAA is also collaborating with CNS Healthcare to make a two and a half day Suicide Prevention Training available to DAAA Team members interfacing with older adults and caregivers. The agency is presenting a USAgeing Webinar on Social Isolation to share best practices with its peer support coordination efforts. DAAA received a \$150,000 grant in order to make the opioid substance abuse prevention training available to older adults and service providers. The agency continued to identify community partners to implement counseling services in the DAAA service area. This includes exploring strategies to expand Telehealth to include counseling services and referrals for treatment.

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

Objectives

1. Objective 6.1: Ensure that AAA staff and subcontractors are trained in diversity, equity, and inclusion.  
Timeline: 10/01/2022 to 09/30/2025

Progress

The goal of DAAA's DEI is to build an inclusive workforce, promote a fair and just work environment, eliminate all discriminatory practices, strive toward anti-racism, anti-sexism, anti-ageism, and genderism. DAAA has contracted with the Center of Intercultural Excellence at Tiffin University to spearhead this DEI work. This work included the assessment of DAAA staff, a review of the results of the assessment, selection of team members to become certified trainers, and the provision of DEI training in Region 1-A. The DEI Assessment Presentation by The Center for Intercultural Excellence (CIE) at Tiffin University was held on November 15, 2023. After the presentation an Intercultural Aptitude Assessment (IAA) was distributed to individuals. The IAA allows for the assessment of how well one may deal with people from different cultures. This is a tool that can help build awareness on how to interact with those who differ from one another. This training is in addition to Relias Learning Center modules. Through the contract with Tiffin University DAAA has been able to certify 6 staff members to be certified DEI Trainers to allow DAAA to provide DEI training throughout the service area to the provider network and staff. During the fiscal year, DAAA staff facilitated the translation of information through the use of translators and headsets, translation of materials in collaboration with partners and ongoing cultural competency training.

2. Objective 6.2: Ensure that programming and outreach is culturally sensitive and without unconscious bias.  
Timeline: 10/01/2022 to 09/30/2025

Progress

Training on DEI includes implicit bias, cultural competency, roots, and components of structural racism, microaggressions, and other identified trainings is planned. Staff are required to complete Cultural Competency training in the Relias Learning Center throughout the fiscal year. In addition, DAAA staff took part in an Intercultural Aptitude Assessment (IAA) provided by the Center for Intercultural Excellence at Tiffin University. This work by Tiffin University also included the training of 6 internal staff to become DEI Trainer Certified. Allowing DAAA to ensure that staff members are trained and prepared to address culturally specific needs of the participants in our service area.

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

Timeline: 10/01/2022 to 09/30/2025

Progress

The goal of the DEI Team is to relay and cascade DEI information to our internal staff, Board of Directors, Advisory Council, providers, and participants, assuring cultural competency of staff, translation of materials for marketing, and targeted outreach. This training has directed team members to partner with service provider agencies to translate materials into other languages (Chinese, Arabic and Spanish), utilize the Zoom language channel and conduct outreach through social media and culturally targeted community newspapers. The agency has begun looking into software platforms to be used for translation of materials into other languages. These strategies support DEI's efforts across community stakeholders and consumers.

4. 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: 10/01/2022 to 09/30/2025

Progress

In FY 2023, DAAA incorporated training and other strategies to support meeting the needs of the non-English speaking population in the DAAA service area. These strategies included translation of presentations into other languages, translation of materials, and reaching underserved communities in a culturally appropriate manner. DAAA shared DEI information at service provider meetings. DAAA partnered with Association of Chinese Americans (ACA), Arab American Chaldean Council (ACC), and LaSed Senior Center to translate materials into Arabic, Spanish, and Chinese. DAAA will be reaching out to these providers to provide translation services during public events. Continue to explore methods to support DEI needs in-person after the Public Health Emergency (PHE) ended. In addition, DAAA is scanning possible options for software that will allow for the translation of materials into other languages. Other promotional materials are being developed into other languages through the DAAA Communications Department.

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Supplemental Documents
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**SUPPLEMENTAL DOCUMENT A**

**Board of Directors Membership**

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	18	0	0	0	1	6	25
Age 60 and Over	0	13	0	0	0	0	3	16
Identifies as Female	0	12	0	0	0	0	3	15
Identifies as Male	0	8	0	0	0	1	3	12
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	0	0

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Board Member Name	Geographic Area	Affiliation	Membership Status
Amy O'Leary	Detroit	SEMCOG	Appointed
Alice G. Thompson	Detroit	CEO, BFDI Educational Services, Inc.	Appointed
Bryan Ecton	Maccomb Twp.	Delphi	Appointed
Beverlyn Hilton	Detroit	Wayne County Treasurer Office	Appointed
Charlene Turner-Johnson	City of Highland Park	City of Highland Park Representative	Community Representative
Elaine Williams	Detroit	DTE Energy Metro Detroit Com. Involvement	Appointed
Fay Martin Keys DL, MSW	Detroit	Wayne State University-School of Social Work	Appointed
Henry Conerway Jr.	Detroit	Retired	Appointed
Kenneth Poynter	Harper Woods	Harper Woods Representative	Community Representative
Louis Green	Detroit	UAW Retiree	Appointed
Mark Wollenweber	Burtchville	Grosse Pointes Representative	Community Representative
Michele Robinson	Dearborn Heights	Agape Financial & Consulting	Appointed
Navid Sayed	Bloomfield	Capital Home Health Care Inc.	Appointed
Rev. Oscar W. King III	Dearborn	Pastor	Appointed
Reginald Hartsfield	Detroit	Retired	Appointed
Stacia Little	Detroit	Retired	Appointed
Sherry McRill	Grosse Pointe	Retired	Appointed
Sylvester Hester	Detroit	LM Manufacturing LLC.	Appointed
Suzanne Berschback	Grosse Pointe	Corewell. Grosse Pointes Representative	Community Representative
Terra DeFoe	Detroit	City of Detroit	Appointed
Tiffany Gunter	Detroit	SMART	Appointed
Tomara Nolen	Detroit	DTE	Appointed

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Tom Cervenak	Hamtramck	Hamtramck Representative	Community Representative
W. Anthony Jenkins	Detroit	Lawyer	Appointed
Wayne W. Bradley, Sr.	Detroit	Detroit Community Health Connection Inc.	Appointed

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**SUPPLEMENTAL DOCUMENT B**

**Advisory Board Membership**

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	14	0	1	0	0	5	20
Age 60 and Over	0	13	0	1	0	0	5	19
Identifies as Female	0	0	0	0	0	0	0	0
Identifies as Male	0	0	0	0	0	0	0	0
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	0	0

Board Member Name	Geographic Area	Affiliation
Ann Kraemer	Grosse Pointe	General Public - Retired 60+
Alberta Trimble	Detroit	60+ Retired
Charles Reese	Detroit	60+ Community Volunteer
Debra Lichtenberg	Grosse Pointe	General Public
Democale Randle	Detroit	Representative - Healthcare

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		Provider
Deloris Cortez	Detroit	Homeless Action Network of Detroit
Elmer Duff	Detroit	60+ Retired - Veteran
Katie Wheatley	Detroit	60+ Representative - Social Service Provider
Katy Graham	Detroit	Retired Attorney
Martha G. Scott	Detroit, Hamtramck, HP	60+ Wayne County Commissioner - Elected
Nancy Courtney	Harper Woods	60+ Retired
Phyllis Edwards	Detroit	60+ Bridging Communities Inc.
Sandra Booker	Detroit	60 + Representative of Older Persons
Sharon Bell	Detroit	60+ Community Activist
Timzetta Dickson	Detroit	Service Coordinator - Senior Housing
Rose Marie Cutler	Detroit	60+ Nutrition Service Provider
Victor Arbulu	Detroit	60+ Retired
Virginia Skrzyniarz	Hamtramck	60+ Representative - Social Service Provider
Yvonne White	Detroit	60+ Retired
Patrica Simpson	Detroit	60+ Retired

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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 Area on Aging Agency (hereinafter referred to as the GRANTEE), under contract with the Bureau of Aging, Community Living, and Supports (ACLS) affirms that its contractor(s) at NSIP-Only Sites or Nutrition Programs have secured other sources of funding, such as public funds (e.g., millage, city, county) and private funds (e.g., contributions, fundraising, foundation grants) 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.

These meals are administered by the contractor(s) as NSIP-Only Sites or Nutrition Programs (using non-AAA OAA and state funds), 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.

The GRANTEE attests that each NSIP-Only Site(s) or Nutrition Program(s) meets the below requirements:

- A signed contract or Memorandum of Agreement in place detailing the nutrition requirements for the meals.
- The mechanism for distributing NSIP-only funds, e.g., per meal rate, percentage of total.
- Written plan for assessment of site based on Title IIIC requirements.

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.) meets

Name of NSIP Only Site and/or Nutrition Program	Estimated Number of Meals to be Produced with NSIP Funding for Fiscal
Tabernacle Missionary Baptist Church	4,405.0000000
Association of Chinese Americans	3,315.0000000
TRIO	89,151.0000000

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**SUPPLEMENTAL DOCUMENT F**

**Request to Transfer Funds**

1	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> 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 <b>from Title III-C1 Congregate Nutrition Services</b> 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 2023 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 <b>from Title III-C1 Congregate Nutrition</b> 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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Planned Service Array			
	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Options Counseling</li> </ul>		<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Caregiver Education, Support and Training</li> </ul>
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support</li> <li>• Outreach</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Personal Care</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair</li> <li>• Legal Assistance</li> <li>• Caregiver Education, Support and Training</li> </ul>

\* Not PSA-wide

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<b>Planned Service Array Narrative</b>
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The Detroit Area Agency on Aging's award-winning Dying Before Their Time Study (DBTT), updated in 2020, found that older adults in the DAAA service area face mortality at a rate 2 to 2.5 times higher than older adults living in the remainder of the State of Michigan. These increased mortality rates stem from poor access to care, chronic illnesses within the senior population, and an increased number of ER and hospital visits. These factors contribute to older adults in our service area being some of the most at-risk seniors in the State of Michigan.

The health challenges experienced by older adults in this community led the DAAA to deploy a strategy of funding programs and services that would best address seniors Social Determinants of Health since these factors account for 70-80% of an individual's wellness. With this strategy DAAA aims to provide services and outreach to those who are medically underserved and in the greatest social and economic need. By offering services that address these individuals' Social Determinants of Health we can promote healthy aging and a healthy lifestyle for seniors within the DAAA service area.

In addition, DAAA conducted a Community Needs Assessment that gave community stakeholders, providers, and seniors the opportunity to identify service gaps and areas of need for their respective communities. Through the findings of the Community Needs Assessment as well as through public forums and meetings with the DAAA Long Range Planning Committee and Advisory Council, the DAAA decided to focus on social isolation, strategies to address housing, transportation, and home repair services as key priorities.

# FY 2025 AREA PLAN GRANT BUDGET

Rev. 5/1/24

Agency: Detroit Area Agency on Aging

Budget Period: 10/01/24 to 09/30/25

PSA: 1A

Date: 05/03/24

Rev. No.: 0 Page 1of 3

## SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	1,490,820		1,490,820
2. Fed. Title III-C1 (Congregate)		594,247	594,247
3. State Congregate Nutrition		19,066	19,066
4. Federal Title III-C2 (HDM)		704,184	704,184
5. State Home Delivered Meals		946,037	946,037
8. Fed. Title III-D (Prev. Health)	65,788		65,788
9. Federal Title III-E (NFCSP)	422,803		422,803
10. Federal Title VII-A	24,140		24,140
10. Federal Title VII-EAP	12,958		12,958
11. State Access	56,910		56,910
12. State In-Home	1,505,386		1,505,386
13. State Alternative Care	222,525		222,525
14. State Care Management	719,734		719,734
15. St. ANS	88,745		88,745
16. St. Nursing Home Ombs (NHO)	52,855		52,855
17. Local Match			
a. Cash	522,836	504,721	1,027,557
b. In-Kind	577,430	81,000	658,430
18. State Respite Care (Escheat)	74,204		74,204
19. MATF	238,016		238,016
19. St. CG Support	29,367		29,367
20. TCM/Medicaid & MSO	20,691		20,691
21. NSIP		530,964	530,964
22. Program Income	144,875	50,000	194,875
<b>TOTAL:</b>	<b>6,270,083</b>	<b>3,430,219</b>	<b>9,700,302</b>

## ADMINISTRATION

Revenues		Local Cash	Local In-Kind	Total
Federal Administration	364,205	115,550	-	479,755
State Administration	63,253			63,253
MATF Administration	23,540	-	-	23,540
St. CG Support Administration	2,904	-	-	2,904
Other Admin				-
<b>Total AIP Admin:</b>	<b>453,902</b>	<b>115,550</b>	<b>-</b>	<b>569,452</b>

## Expenditures

	FTEs	
1. Salaries/Wages	7.58	546,874
2. Fringe Benefits		160,293
3. Office Operations		(137,715)
<b>Total:</b>		<b>569,452</b>

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
1. Federal Admin	115,550	1. Federal Admin	-
2. Federal Admin	-	2. Federal Admin	-
3. Federal Admin	-	3. Federal Admin	-
MATF Administration Match	-	MATF Administration Match	-
St CG Support Match	-	St CG Support Match	-
	-		-
	-		-
<b>Total:</b>	<b>115,550</b>	<b>Total:</b>	<b>-</b>

This budget represents necessary costs for implementation of the Area Plan.  
Adequate documentation and records will be maintained to support required program expenditures.

FY 2025 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL																						
Agency: Detroit Area Agency on Aging		Budget Period: 10/01/24											to 09/30/25		Rev. 5/1/24							
PSA: 1A		Date: 05/03/24											Rev. No.: 0		page 2 of 3							
*Operating Standards For AAA's																						
Op	Service Category	Title III-B	Title III-D	Title III-E	Title VII/EAP	Title VII A OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppl	TCM/Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL		
A	Access Services																					
A-1	Care Management									719,734							1,000		80,000		800,734	
A-2	Case Coordination/Support	300																			300	
A-3	Disaster Advocacy & Outreach Program																				-	
A-4	Information & Assistance	170,699		14,518			56,910					58,187						223,398	26,000		549,712	
A-5	Outreach	28,100		54,242								30,558					1,500		10,330		124,730	
A-6	Transportation													14,232	29,367		6,850	6,401	10,500		67,350	
A-7	Options Counseling	33,000		7,000																	40,000	
A-8	Care Transition Coordination and Support																				-	
B	In-Home																					
B-1	Chore	24,315															15,000	45,685	22,000		107,000	
B-2	Home Care Assistance																				-	
B-3	Home Injury Control																				-	
B-4	Homemaking	43,872						489,095	31,038								20,750	100,889	49,500		735,144	
B-6	Home Health Aide	100																			100	
B-7	Medication Management	300																			300	
B-8	Personal Care	43,872						489,095	31,038								20,750	100,889	49,500		735,144	
B-9	Assistive Device & Technology																				-	
B-10	Respite Care							527,196	160,449				74,204	93,006			4,350	17,615	120,500		997,320	
B-11	Friendly Reassurance	50,000																			50,000	
C	Community Services																					
C-1	Adult Day Services													130,778			2,100	8,548	20,700		162,126	
C-6	Disease Prevention/Health Promotion	114,683	65,788	45,069													37,500	4,660	56,000		323,700	
C-7	Health Screening																				-	
C-8	Assistance to Hearing Impaired & Deaf Community	200																			200	
C-9	Home Repair	100																			100	
C-10	Legal Assistance	65,000		20,249													800	14,751	10,000		110,800	
C-11	LTC Ombudsman	49,342				24,140					52,855					20,691			14,000		161,028	
C-12	Senior Center Operations	100																			100	
C-13	Senior Center Staffing	100																			100	
C-14	Vision Services	30,000																			30,000	
C-15	Programs for Prevention of Elder Abuse, Neglect, Exploitation					12,958											375		2,900		16,233	
C-16	Counseling Services			50,000																	50,000	
C-18	Caregiver Supplement Services																				-	
C-19	Kinship Support Services	4,373		95,627													400		5,500		105,900	
C-21	Caregiver Education	200		135,898													3,500		60,000		199,598	
C-22	Caregiver Training																				-	
C-23	Caregiver Support Groups																				-	
*C-8	Program Development	173,714																			173,714	
Sp Co	Region Specific																					
	a. Comm Serv Navigator	624,300															30,000		40,000		694,300	
	b. Emergency Gap Filling	33,950																			33,950	
	c. Social Determinants of Health Coord	200		200																	400	
	d.																					
	e.																					
	f.																				-	
8. MATF Adm														23,540						23,540		
9. ST CG Sup Adm															2,904					2,904		
SUPPORT SERVICE TOTAL		1,490,820	65,788	422,803	12,958	24,140	56,910	1,505,386	222,525	719,734	52,855	88,745	74,204	261,556	32,271	20,691	144,875	522,836	577,430		6,296,527	

**FY 2025 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 5/1/24

Agency: Detroit Area Agency on Aging Budget Period: 10/01/24 to 9/30/25  
 PSA: 1A Date: 05/03/24 Rev. Number 0

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**FY 2025 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
	<b>Nutrition Services</b>										
C-3	Congregate Meals	594,247		19,066		171,191				81,000	865,504
B-5	Home Delivered Meals		704,184		946,037	359,773		50,000	504,721		2,564,715
C-4	Nutrition Counseling										-
C-5	Nutrition Education										-
B-12	Carry-out Meal (COM)										-
	GAP Filling with nutrition										
	AAA RD/Nutritionist*										-
	<b>Nutrition Services Total</b>	594,247	704,184	19,066	946,037	530,964	-	50,000	504,721	81,000	3,430,219

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

**FY 2025 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
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	49,342	24,140	-	52,855	20,691	-	-	14,000	161,028
C-15	Elder Abuse Prevention	-		12,958			375	-	2,900	16,233
	Region Specific	-	-	-			-	-	-	-
	<b>LTC Ombudsman Ser Total</b>	49,342	24,140	12,958	52,855	20,691	375	-	16,900	177,261

**FY 2025 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									-
B-4	Homemaking									-
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									-
	<b>Respite Service Total</b>	-	-	160,449	66,819	527,196	93,006	-	-	847,470

**FY 2025 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
	<b>Kinship Ser. Amounts Only</b>									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	4,373	95,627				400	-	5,500	105,900
C-21	Caregiver Education	-					-	-	-	-
C-22	Caregiver Training	-					-	-	-	-
C-23	Caregiver Support Groups	-	-				-	-	-	-
	<b>Kinship Services Total</b>	4,373	95,627				400	-	5,500	105,900

Planned Services Summary Page for FY 2025			PSA: 1A		
Service	Budgeted	Percent of the Total	Method of Provision		
	Funds		Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	8.23%	x	x	x
Case Coordination & Support	\$ 300	0.00%	x	x	
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 549,712	5.65%	x	x	x
Outreach	\$ 124,730	1.28%	x	x	
Transportation	\$ 67,350	0.69%	x	x	
Option Counseling	\$ 40,000	0.41%	x	x	x
Care Transition Coordination and Support	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ 107,000	1.10%	x	x	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 735,144	7.56%	x	x	
Home Delivered Meals	\$ 2,564,715	26.37%	x	x	
Home Health Aide	\$ 100	0.00%	x	x	
Medication Management	\$ 300	0.00%	x	x	
Personal Care	\$ 735,144	7.56%	x	x	
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 997,320	10.25%	x	x	
Friendly Reassurance	\$ 50,000	0.51%	x	x	
COMMUNITY SERVICES					
Adult Day Services	\$ 162,126	1.67%	x	x	
Congregate Meals	\$ 865,504	8.90%	x	x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 323,700	3.33%	x	x	x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf Community	\$ 200	0.00%	x	x	
Home Repair	\$ 100	0.00%	x	x	
Legal Assistance	\$ 110,800	1.14%	x	x	
Long Term Care Ombudsman/Advocacy	\$ 161,028	1.66%	x	x	x
Senior Center Operations	\$ 100	0.00%	x	x	
Senior Center Staffing	\$ 100	0.00%	x	x	
Vision Services	\$ 30,000	0.31%	x	x	
Programs for Prevention of Elder Abuse, Neglect, &	\$ 16,233	0.17%	x	x	
Counseling Services	\$ 50,000	0.51%	x	x	
Carry-Out Meal (COM)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 105,900	1.09%	x	x	
Caregiver Education	\$ 199,598	2.05%	x	x	x
Caregiver Training	\$ -	0.00%			
Caregiver Support Groups	\$ -	0.00%			
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 173,714	1.79%			x
REGION-SPECIFIC					
a. Comm Serv Navigator	\$ 694,300	7.14%	x	x	
b. Emergency Gap Filling	\$ 33,950	0.35%	x	x	x
c. Social Determinants of Health Coord	\$ 400	0.00%	x	x	
d.	\$ -	0.00%			
e.	\$ -	0.00%			
f.	\$ -	0.00%			
SUBTOTAL SERVICES					
	\$ 9,700,302				
MATF & ST CG ADMINISTRATION					
	\$ 26,444	0.27%			
TOTAL PERCENT		100.00%	0.00%	0.00%	0.00%
TOTAL FUNDING		\$ 9,726,746			

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.