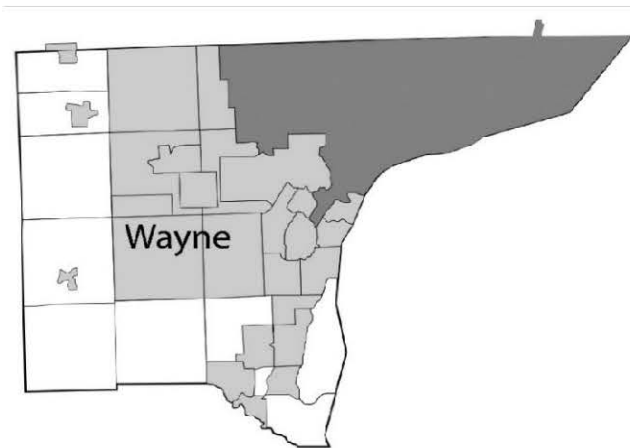


2023-2026 Multi Year Plan

# **FY 2026 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  
[www.detroit seniorsolution.com](http://www.detroit seniorsolution.com)

### **Regional Aging Representative**

**Lacey Charboneau**  
[CharboneauL2@michigan.gov](mailto:CharboneauL2@michigan.gov)  
517- 294-9191

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**Executive Summary**

**Have there been substantive changes since the previous year? (If yes, please describe below.)**

☐ Yes ☒ No

**Planning and Service Area (counties) Served.**

DAAA provides service throughout Wayne County. We provide services to the following nine communities, Detroit, Hamtramck, Harper Woods, Highland Park and the five Grosse Pointes. Through our collaboration efforts with Amerihealth we are also servicing Oakland and Macomb County now.

**Is there a Federally Recognized Tribe within your PSA? (If yes, list below.)**

☐ Yes ☒ No

**Please list any accreditations your AAA has received.**

CARF Accredited for:  
Aging Services  
Community Services  
Employment

NCQA Accredited for:  
Long Term Care

AADE: Diabetes Education Accreditation Program (DEAP)

**Demographic Data for PSA**

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	21.00	3.00
<b>Race/Ethnicity 60+ (%)</b>		
a. Black/African American	73.00	91.70
b. Asian	1.00	0.80
c. White	20.00	7.10
d. Hispanic/Latino	3.00	1.90
e. Other	3.00	0.40
Total 60+ Population in Rural areas (%)	0.00	0.00
Total 60+ Population at Poverty Level (%)	23.23	75.00
LGBTQ+ Clients served		

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Total 85+ Population (%)	8.31	8.00
Total 60+ Non-English-Speaking Population (%)	2.00	3.00

**Did the AAA upload the required supplemental document addressing a contingency plan for lack of funding or in the event of a government shutdown?**

☒ Yes ☐ No

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<b>County/Local Unit of Government and Tribal Review</b>
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Every year, the ACLS Bureau requires the 16 Area Agencies on Aging (AAA) under its auspices to develop a plan for older adult and caregiver services. This year, the State Unit on Aging office requests AAAs to develop a FY Annual Implementation Plan (AIP) outlining how services will be delivered from October 1, 2025 through September 30, 2026. 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 areas 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 Health and Family Services. 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 among each municipality. As a part of this review and approval process, DAAA notified all municipalities regarding its public hearing on the proposed FY 2026 Annual Implementation Plan.

During this public comment period, DAAA will distribute a letter and final draft plan through the US mail with delivery and signature confirmation to the Mayors and City Manager/Liaison's Office 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 plan from the DAAA Website. The letter will also note the availability of DAAA to discuss the proposed plan with the government officials. In addition, DAAA's Planning and Program Development Department and/or members of the DAAA Board of Directors will follow up with the targeted officials between May and July 2025 to encourage feedback from the communities including the scheduling of meetings or Zoom calls with appropriate parties.

Although the proposed plan is due June 20, 2025, to the Bureau of ACLS, representatives from municipalities can email, fax, or mail their approval or disapproval along with any resolutions regarding the AIP to DAAA by July 11, 2025, the deadline for the Municipal Review and Approval forms. After the Municipal Sign-off Review and Approval deadline, DAAA staff will draft a letter to the Bureau of ACLS's Regional Aging Representative by July 20, 2025, noting the status of the local government review process as well as any comments from Tribal organizations. This includes notifying the status of municipalities and their formal approval, disapproval or passive approval of the FY 2026 Annual Implementation Plan as well as any input from Native American organizations.

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<b>Public Hearings</b>
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Date	City	Time	Barrier Free?	No. of Attendees
06/03/2025	Detroit (Zoom)	10:00 AM	Yes	0

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Regional Service Definitions		
Service Name/Definition		
Rationale (Explain why activities cannot be funded under an existing service definition.)		
Service Category	Fund Source	Unit of Service
Access	Title III PartB                      Title III PartD	
In-Home	Title III PartE                      Title VII	
Community	State Alternative Care                      State Access	
Nutrition	State In-home                      State Respite	
Caregivers of Older Adults	Other	
Older Relative (Kinship) Caregiver		

**Minimum Standards**

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**Access Services**

**Care Management**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$0.00	<u>Total of State Dollars</u>	\$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. 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. 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):



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Current Year: 374 Planned Next Year: 374

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

Current Year: 1:60 Planned Next Year: 1:60

**Information and Assistance**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/29/2026
<u>Total of Federal Dollars</u>	\$229,694.00	<u>Total of State Dollars</u>	\$0.00

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 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 Inform USA 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. Identify community resource database to supplement Mon Ami.
10. Participate in United Way of Southeastern Michigan Community Information Exchange/Close the Loop Initiative.
11. Work with communications and PICF to integrate community resource data into website CareLink MI senior mobile app.

**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 ACLS Bureau Person-Centered Thinking training.
3. Participate in on-going ABCs of Information & Referral training to meet Inform USA standards for recertification.
4. Participate in on-going SHIP PCOC training for 100% of staff to be certified as counselors.
5. Collaborate with other departments to ensure effective and efficient screening processes for MI Choice Medicaid Waiver, Project Choice, SHIP, 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.

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

**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. Utilize Aging Disability Resource Centers (ADRC) partners, 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 Bureau and Inform USA 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**

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/29/2026
<u>Total of Federal Dollars</u>	\$91,187.00	<u>Total of State Dollars</u>	\$0.00

Geographic area to be served  
Region 1-A

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

**Goal 1:** 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 (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.

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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 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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<b>Direct Service Request</b>
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Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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<b>Regional Direct Service Request</b>
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Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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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: 3

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 public and private resources for transportation services to expand and enhance service delivery.

Timeline: 10/01/2023 to 09/30/2026

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, private and public monetary and in-kind resources to expand transportation services.

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Expected Outcome

Expand and enhance transportation services to expand access to care.

**Progress:**

Planning and Transportation are working with other partners to develop a Direct Care Worker 5Ms Training to inform DCWs on how to assist participants with their internal and external mobility needs to help them access the resources they need. DAAA is continuing to develop and refine transportation quality and passenger safety & compliance through a robust annual transportation field audit and passenger safety inspection program for our transportation providers. The agency sponsored Age-Friendly Communities Forums in Grosse Pointes/Harper Woods and Hamtramck to gather information about transportation needs in October 2024. DAAA continues to provide information & resources to educate seniors on various transportation options and will continue to work and develop Uber & Lyft partnership to expand transportation services, particularly after hours for 24 hours service.

2. Increase monetary and in-kind resources for home repair services for older adults in DAAA's service area.

Timeline: 10/01/2022 to 09/30/2026

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 home repairs, environmental modifications and housing rehabilitation.
- 1.3 Seek resources to fund home repair services and housing rehab 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 Continue to work with the City of Detroit to identify home repair needs.
- 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 repair, environmental modification and housing rehabilitation for older adults in DAAA's service area in collaboration with community partners.

**Progress:**

Convened Age-Friendly Community Forums in October to determine priorities in housing-related needs. DAAA has also expanded partnerships with Cass Social Services and Genesis: HOPE to develop and enhance home repair strategies and protocols. This has resulted in an expanded home repair vendor pool in Southeastern Michigan.

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 09/30/2026

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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 in-home services.
- 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.

**Progress:**

Secured a grant from the Michigan Health Endowment Fund to support the DAAA Home-based Primary Care programs. DAAA is also exploring cost-sharing strategies including private pay and a sliding fee scale. The agency also secured a contract with AmeriHealth allowing expansion of services in Oakland and Macomb counties. A \$2 million dollar grant from MDHHS addressing respite and adult day care is being implemented in the organization. DAAA was awarded the No Wrong Door grant from MDHHS & ACLS Bureau.

**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: Continue to build a new infrastructure for the Information & Assistance Call Center.  
Timeline: 10/01/2023 to 09/30/2026

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.



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Expected Outcome

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

**Progress:**

DAAA is in the pursuit of Inform USA Accreditation. I & A is fully staffed with five specialists and one resource specialist. Alternative databases continue to be researched. Resource data options have been added to Mon Ami software. The agency is partnering with PICF, Inc. to develop a senior mobile app to launch a Chat, Calendar of Events and component for disseminating community resource information tied to Social Determinants of Health.

**2. Objective 2.1: Increase Financial Literacy and Access to Benefits and Services**

Timeline: 10/01/2023 to 09/30/2026

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.

**Progress:**

As of April 2025, SHIP/MIPPA No Wrong Door Grant (NWDG) (formerly MMAP) will continue to educate Medicare beneficiaries about Medicare Savings Program and Extra Help also known as LIS (Low Income Subsidy) with Medicare cost Savings. This change will continue to offer services as before and includes the addition of Person Centered Options Counseling (PCOC). Through the NWDG we will also provide remote PCOC to our partner sites and Wellness Centers. DAAA kicked off a new marketing plan for the SHIP/MIPPA NWDG program. The agency is actively recruiting additional volunteers for the SHIP/MIPPA NWDG program. DAAA, in collaboration with key community stakeholders held weekly webinars on financial planning and related topics during the first three weeks of April and ended the month with a Senior Money Smart Expo.

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

State Goal Match: 4

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.

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Objectives

1. Objective 1: Continue to expand and enhance Home-based and Community-based Health and Wellness Services to address chronic health conditions.  
Timeline: 10/01/2023 to 09/30/2026

Activities

- 1.1. Transition the Senior Telehealth Connect services to the Home-Based Primary Care program in order to expand our reach to the homebound.
- 1.2. 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.
- 1.3. Strengthen the infrastructure for evidence-based programs in collaboration with health plans through virtual and face to face interactions.
- 1.4. Continue to improve health literacy among older adults, family caregivers and provider network.
- 1.5. Continue to expand congregate meal sites in targeted areas based upon community needs, population shifts and open new sites ensuring the DAAA 1A service area is covered.
- 1.6. Implement restaurant-style prepared meal interventions available to caregivers and care recipients (using an alternative to BENTO).
- 1.7. Support a hybrid model for congregate meal program.
- 1.8. Options for halal/kosher and other cultural diets/meals. Specialized diets.
- 1.9. Create solutions for those who need assistance with online grocery shopping in collaboration with CWSCs.
- 1.10. Re-image and modernize the Home Delivered and Congregate Meals Programs using best practices.

Expected Outcome

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

**Progress:**

Thus far DAAA has developed a strategy for rebuilding Enhanced Fitness and other evidence-based programs through a hybrid approach. DAAA has continued to offer Telehealth services to 73 patients with 34 using remote patient monitoring. Credentialing was received through Molina, Priority Health, HAP and Blue Cross Blue Shield. Community Health efforts resulted in in-home flu and Covid-19 vaccinations for 197 patients. DAAA has launched and piloted a Home-Based Primary Care Program for the homebound. 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". DAAA continued 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. The agency's implementation of the use of software like Mon Ami will allow opening of new and modernization of services at congregate meal sites and Silver Cafe in order to enhance meal services.

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

State Goal Match: 0

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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 capacity to provide care within families, with home settings and the community.

Objectives

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

Timeline: 10/01/2023 to 09/30/2026

Activities

- 1.1. Work with Alzheimer's Association, AARP Michigan, Community Wellness Service Centers, Senior Regional Collaborative, and other partners to expand caregiver and kinship services.
- 1.2. Provision of Caregiving Services/Training to the Faith Based, Business and Educational Communities.
- 1.3. Continue to expand Dementia Caregiving Series; Powerful Tools for Caregivers; Universal Dementia Caregivers, Dementia Friends; Aging Mastery and other webinars for 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. Further develop overnight/extended services and respite care 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 Kinship Care Support Services in DAAA's service area.

Expected Outcome

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

**Progress:**

DAAA's 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 Grandparents Raising Grandchildren in partnership with organizations such as Franklin-Wright Settlements and Grandparents Parenting Again & Kinship. DAAA is in collaboration with The Rivers to expand out-of-home caregiver respite, extended stay and emergency placement. The agency is also developing a Caregiver University intended to support caregivers at all stages. Additionally, DAAA has joined the TRUALTA community, an online portal that provides practical advice on how to care for loved ones and how to manage aging at home.

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2. Objective 4.2: Make CEU training available for Paid Caregivers, Direct Care Workers and Community Health Workers to Increase Capacity to Provide Care within Families, within Home Settings and in the Community.

Timeline: 10/01/2023 to 09/30/2026

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.

**Progress:**

DAAA has planned and executed several events including a caregiver Pamper Day and region wide targeted caregiver survey to assess and address the unique needs of caregivers. The agency is continuing to partner with 36 CarePartners to ensure availability of supportive services to Caregivers. The continued partnership with Senior Regional Collaborative allows CEUs to be available for caregivers. DAAA is in the developmental stages of the Caregiver University and expects to support both family and paid caregivers through this initiative. DAAA is in the final stages of cultivating a Direct Care Worker 5Ms training for paid caregivers under the Inclusive Healthcare Taskforce efforts. The agency is also implementing a \$401,000 grant from Michigan Health and Human Services to further establish a Caregiver Resource Center in Region 1-A.

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

State Goal Match: 2

Narrative

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

Timeline: 10/01/2023 to 09/30/2026

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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.

**Progress:**

DAAA is supporting expansion of Friendly Reassurance programs through Traditional Providers. The agency has increased internal capacity to decrease social isolation by securing an outreach and volunteer coordinator. This will allow for the development and execution of robust volunteer-based strategies. DAAA's Supports Coordinators continue to assist care management participants to access services and activities to keep them engaged. The agency has also committed to widening Food & Friendship Connections by transitioning the service to external providers.

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

Timeline: 10/01/2023 to 09/30/2026

Activities

- 1.1. Enhance Mental Health Services and Substance Abuse Education for Active and Homebound Seniors using Home-Based Primary Care and other strategies.
- 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.

**Progress:**

DAAA is collaborating with CNS Healthcare to make a two-day and half day Suicide Prevention Training available to DAAA Team members interfacing with older adults and caregivers. To reduce negative impacts of 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. DAAA is now transitioning this program to external providers. The agency is continuing to provide Opioid substance abuse prevention training to older adults and service providers.

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**Planned Service Array**

Category	Services
<b>Provided by Area Agency</b>	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Options Counseling</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Long Term Care Ombudsman</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Caregiver Education</li> <li>• Caregiver Supplemental Services</li> <li>• Caregiver Support Groups</li> <li>• Caregiver Training</li> </ul> <p><b>Regional Services</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Contracted by Area Agency</b>	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Care Management</li> <li>• Case Coordination and Support</li> <li>• Outreach</li> </ul> <p><b>In-Home</b></p> <ul style="list-style-type: none"> <li>• Chore</li> <li>• Friendly Reassurance</li> <li>• Homemaking</li> <li>• Personal Care</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Home Repair</li> <li>• Legal Assistance</li> <li>• Prevention of Elder Abuse, Neglect and Exploitation</li> </ul>

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	<p><b>Nutrition Services</b></p> <ul style="list-style-type: none"> <li>• Congregate Meals</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Caregiver Education</li> <li>• Caregiver Support Groups</li> <li>• Caregiver Training</li> </ul> <p><b>Regional Services</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Social Determinants of Health Coordination (Community Services)</li> </ul>
Local Millage Funded	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Information and Assistance</li> <li>• Transportation</li> </ul> <p><b>In-Home</b></p> <ul style="list-style-type: none"> <li>• Friendly Reassurance</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Senior Center Operations</li> <li>• Senior Center Staffing</li> </ul> <p><b>Nutrition Services</b></p> <ul style="list-style-type: none"> <li>• Congregate Meals</li> <li>• Home Delivered Meals</li> <li>• Nutrition Education</li> </ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Caregiver Education</li> <li>• Caregiver Supplemental Services</li> <li>• Caregiver Support Groups</li> <li>• Caregiver Training</li> </ul> <p><b>Regional Services</b></p>



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	<p><b>Regional Services</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
Funded by Other Sources	<p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Care Management</li> <li>• Care Transition Coordination and Support</li> <li>• Case Coordination and Support</li> <li>• Disaster Advocacy &amp; Outreach</li> <li>• Information and Assistance</li> <li>• Options Counseling</li> <li>• Outreach</li> <li>• Transportation</li> </ul> <p><b>In-Home</b></p> <ul style="list-style-type: none"> <li>• Assistive Devices &amp; Technologies</li> <li>• Chore</li> <li>• Friendly Reassurance</li> <li>• Home Care Assistance</li> <li>• Home Health Aide</li> <li>• Home Injury Control</li> <li>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Assistance to Hearing Impaired &amp; Deaf Community</li> <li>• Counseling Services</li> <li>• Disease Prevention/Health Promotion</li> <li>• Health Screening</li> <li>• Home Repair</li> <li>• Legal Assistance</li> <li>• Prevention of Elder Abuse, Neglect and Exploitation</li> <li>• Senior Center Operations</li> <li>• Senior Center Staffing</li> </ul>



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	<p><b>Community</b></p> <ul style="list-style-type: none"><li>• Vision Services</li></ul> <p><b>Nutrition Services</b></p> <ul style="list-style-type: none"><li>• Carry Out Meals</li><li>• Congregate Meals</li><li>• Home Delivered Meals</li><li>• Nutrition Counseling</li><li>• Nutrition Education</li><li>• Supplemental Nutrition Services - Food</li><li>• Supplemental Nutrition Services - Oral Nutrition Supplements</li></ul> <p><b>Caregivers of Older Adults Services</b></p> <ul style="list-style-type: none"><li>• Adult Day Services</li><li>• Caregiver Case Management</li><li>• Caregiver Counseling</li><li>• Caregiver Education</li><li>• Caregiver Information and Assistance</li><li>• Caregiver Options Counseling</li><li>• Caregiver Supplemental Services</li><li>• Caregiver Support Groups</li><li>• Caregiver Training</li><li>• Respite Care</li></ul> <p><b>Regional Services</b></p> <ul style="list-style-type: none"><li>• Case Coordination &amp; Support for the Deaf and Hard of Hearing</li><li>• Kinship Caregiver Education</li><li>• Kinship Caregiver Support Groups</li><li>• Kinship Caregiver Training</li></ul> <p><b>Regional Services</b></p> <ul style="list-style-type: none"><li>• 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.</li></ul>
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	<p><b>Regional Services</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Social Determinants of Health Coordination (Community Services)</li></ul>
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\* Not PSA-wide

Planned Services Summary Page for FY 2026					PSA:	1-A
Service	Budgeted Funds	Percent of the Total	Method of Provision			
			Purchased	Contract	Direct	
ACCESS SERVICES						
Care Management	\$ 719,734	9.05%			x	
Case Coordination & Support	\$ 75,000	0.94%	x	x		
Disaster Advocacy & Outreach Program	\$ -	0.00%				
Information & Assistance	\$ 229,694	2.89%			x	
Outreach	\$ 61,910	0.78%	x	x		
Transportation	\$ 100,000	1.26%	x	x		
Option Counseling	\$ 91,187	1.15%			x	
Care Transition Coordination and Support		0.00%				
IN-HOME SERVICES						
Chore	\$ 24,315	0.31%	x	x		
Home Care Assistance	\$ -	0.00%				
Home Injury Control	\$ -	0.00%				
Homemaking	\$ 740,876	9.31%	x	x		
Home Delivered Meals	\$ 943,532	11.86%	x	x		
Home Health Aide	\$ 100	0.00%	x	x		
Medication Management	\$ 500	0.01%	x	x	x	
Personal Care	\$ 790,376	9.94%	x	x		
Personal Emergency Response System	\$ -	0.00%				
Respite Care	\$ 47,209	0.59%	x	x		
Friendly Reassurance	\$ 50,000	0.63%	x	x		
Respite Care - Home Delivered Meals	\$ 535,620	6.73%				
COMMUNITY SERVICES						
Adult Day Services	\$ 176,575	2.22%	x	x		
Congregate Meals	\$ 796,752	10.02%	x	x		
Nutrition Counseling	\$ -	0.00%				
Nutrition Education	\$ -	0.00%				
Disease Prevention/Health Promotion	\$ 179,896	2.26%	x	x	x	
Health Screening	\$ -	0.00%				
Assistance to the Hearing Impaired & Deaf Community	\$ 200	0.00%	x	x		
Home Repair	\$ 100,100	1.26%	x	x		
Legal Assistance	\$ 55,311	0.70%	x	x		
Long Term Care Ombudsman/Advocacy	\$ 261,250	3.28%			x	
Senior Center Operations	\$ -	0.00%	x	x		
Senior Center Staffing	\$ -	0.00%	x	x		
Vision Services	\$ 30,000	0.38%	x	x		
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	\$ 12,948	0.16%	x	x		
Counseling Services	\$ -	0.00%	x	x		
Carry-Out Meal (COM)	\$ 964,791	12.13%	x	x		
Caregiver Supplemental Services	\$ 53,848	0.68%	x	x	x	
Caregiver Care Management	\$ 25,000	0.31%	x	x	x	
Caregiver Counseling	\$ 25,435	0.32%	x	x	x	
Caregiver Option Counseling	\$ 7,000	0.09%	x	x	x	
Caregiver Information and Assistance	\$ 14,518	0.18%	x	x	x	
Kinship Support Services	\$ 206,294	2.59%	x	x	x	
Caregiver Education	\$ 54,242	0.68%	x	x	x	
Caregiver Training	\$ 30,000	0.38%	x	x	x	
Caregiver Support Groups	\$ 25,300	0.32%	x	x	x	
AAA RD/Nutritionist	\$ -	0.00%				
PROGRAM DEVELOPMENT	\$ 170,185	2.14%			x	
REGION-SPECIFIC						
a. Comm Serv Navigator	\$ 320,372	4.03%	x	x		
b. Emergency Gap Filling	\$ 10,000	0.13%	x	x	x	
c. Social Determinants of Health Coord	\$ 23,950	0.30%	x	x		
d.		0.00%				
e.		0.00%				
f.		0.00%				
SUBTOTAL SERVICES	\$ 7,954,020					
TOTAL PERCENT		100.00%	13.57%	55.94%	30.48%	
TOTAL FUNDING	\$ 7,954,020		\$1,288,841	\$5,314,337	\$2,895,627	

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.