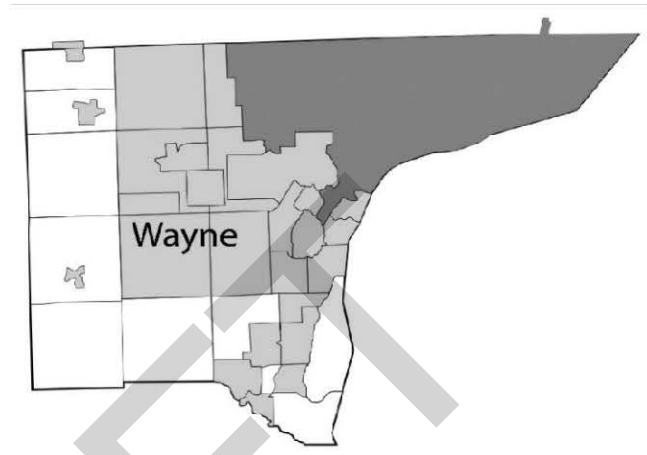


2027-2029 Multi Year Plan
FY 2027 ANNUAL IMPLEMENTATION PLAN
DETROIT AREA AGENCY ON AGING 1-A



Planning and Service Area

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

Detroit Area Agency on Aging 1-A

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Regional Aging Representative

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Executive Summary

1. Provide a brief history of your AAA and PSA including the mission statement, vision, service population, and primary focus for the next three years.

The Detroit Area Agency on Aging (DAAA) has been a trailblazer in aging services for Detroit and its eight surrounding communities for over 40 years. Founded in 1980, DAAA has committed to planning, advocating and coordinating critically needed services of older adults age 60 and older, adults with disabilities, veterans, and family caregivers. Its service area includes the City of Detroit and the central and eastern suburbs, including the five Grosse Pointes, Harper Woods, Hamtramck and Highland Park. The area includes approximately 320,000 individuals comprised of more than 154,435 adults aged 60 or older and about 90,000 family caregivers. DAAA serves some of Michigan’s most at-risk older residents and has documented significant health disparities through its award-winning *Dying Before Their Time* reports, which found mortality rates among Detroit’s older adults to be two to two-and-a-half times higher than their peers statewide, largely due to limited access to care and chronic health conditions. With more than 140 employees and a network of over 215 service providers, DAAA administers nearly \$108,954,968 annually to deliver services funded through the Older Americans Act, the Older Michiganians Act, and Medicaid, including the MI Choice Waiver and MI Health Link programs (2025). The agency also provides care management, oral nutrition services, home repair and transportation services, and is accredited by leading national organizations, reflecting its strong commitment to quality, accountability, and continuous improvement. These accreditation bodies include the National Committee for Quality Assurance (NCQA) and Commission on Accreditation of Rehabilitation Facilities (CARF).

OUR MISSION

The Detroit Area Agency on Aging’s (DAAA) mission is to “educate, advocate, and promote healthy aging to enable people to make informed choices about home and community-based services and long-term care that will improve their quality of life”.

OUR VISION

As a *leading aging organization*, DAAA envisions carrying out this mission by creating a community that cares for the vulnerable and advocates for the well-being of our constituents.

FIVE PILLARS OF SERVANT LEADERSHIP: People, Services, Growth, Finance & Quality

PRIMARY FOCUS

This proposed FY 2027- FY 2029 Multi-Year Plan outlines strategies that address existing and emerging community needs as our region’s older adult population continues to grow . This includes incorporating information from a multi-faceted 2025 Community Needs Assessment, a listening session and engagement of internal voices of our Board of Directors, Advisory Council and Team members to leverage partnerships and address these emerging needs.

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DAAA is prioritizing enhancing and expanding its service infrastructure to further develop a service delivery system that addresses the diverse needs of its community; improving the availability of essential services for older adults and family caregivers as well as exploring and pursuing new partnerships. DAAA is increasing the accessibility of services such as transportation, home repairs, and various home and community-based services in its service area. This includes ensuring that DAAA programming and outreach is culturally sensitive and welcoming to all including using linguistically and disability appropriate outreach.

We are striving to improve our internal processes, including the development of a strategic plan that highlights our efforts to strengthen compliance and quality assurance, invest in people, and ensure organizational stability. Additionally, we are positioning the agency for success by enhancing our provider model as the organization moved to a full performance-based contracting system. DAAA is continuing its work in the aging network while expanding the access to vital services and supports that directly impact all aging individuals.

2. Describe how the AAA used data from the assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan.

[See OAA §1321.65(b)(3); OMA 400.586; Operating Standard for AAAs C-2(4).]

DAAA partnered with Wayne State University Center for Social Work Research to conduct a multi-faceted 2025 Community Needs Assessment. The assessment was available by mail and online, resulting in 1,017 responses. To broaden participation, the agency surveyed 30 homebound seniors, reached 44 caregivers through a caregiver targeted survey, and engaged 57 additional community members through seven targeted focus groups. Focus group sessions consisted of Asian, Spanish and Arab speaking older adults, Native Americans, LGBTQ, Veterans and Homeless older individuals in addition to a community listening session. DAAA also gathered input from service providers through an online stakeholder survey, which yielded 64 valid responses.

Key findings indicate that nearly half of respondents identified home repairs as a barrier to aging in place, a significant concern given that over 73% are homeowners. Thirty-six percent of respondents also reported that maintaining their home or apartment is a serious challenge, further underscoring the need for supportive services. Additionally, 59% of adults rely on transportation options other than driving, highlighting the need for expanded transportation resources. More than 40% reported providing care to an older adult, while only 18% identified as care recipients; of those, 59% relied on unpaid friends or family members for support.

The assessment also revealed notable gaps in awareness and utilization of available programs and services. Twenty-seven percent were unaware of or did not use home care services, including personal care, and housekeeping. More than half of respondents had not heard of or did not use evidence-based programs (54%) or MI Choice Waiver services (56%). Additionally, 36% lacked awareness of supportive services and resources for caregivers.

The targeted Caregiver survey further revealed the need for caregiver support and resources with sixty percent of caregivers reporting that they are still working, full-time (37%), part-time (13%), and self-employed (10%) and while the number of hours spent on caregiving varies, thirty-five percent of caregivers provide 40 hours a week of care and forty percent provide less than 20 hours a week of care. Seventy-six percent of the caregiver respondents are unpaid. The type of care activities ranged among caregivers as forty-four percent reported providing companionship and managing household tasks. Twenty percent reported the activity of managing health care, and nineteen percent provided transportation. The survey also included the care recipient status, and it found that half of the caregivers are providing care to someone that has dementia.

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The assessment highlighted the caregiver's health status. While this sample of caregivers was relatively healthy, 91% reported that they had not seen a doctor in the past year. The top three reported unmet needs of caregivers were respite care (28%), getting access to services (22%), and individual counseling to help cope with giving care (21%). The top three reported challenges to caregiving were lack of support system/ assistance at home with caring for loved one (53%), emotional stress of handling both job and caregiving responsibilities (32%) and lack of time for self-care (27%).

The homebound survey allowed for insights into the unmet needs of the regions higher risk older adults. Eighty percent of those surveyed reported being care recipients. The findings also revealed that fifty percent of caregiving takes place in the care recipient's home this is significant as eighty-seven percent of the homebound own their home and sixty-four percent report accessibility issues (42%) and need for home repairs (22%) as factors that would prevent them from aging well in their home. When asked to rate problems faced, sixty-three percent reported keeping up home/apartment as either very serious (28%) or serious but can manage (35%). Although thirty-eight percent of the respondents stated that they did not need transportation services, only 7% reported driving themselves.

When the 30 homebound seniors were interviewed about service usage and needs, the most used service at ninety-seven percent was home care services including health, personal care, and housekeeping. Supportive services and resources for those who provide them with care were also highly used (70%). Technology training was the highest rated needed but not used service at forty-seven percent. Seventy-three percent stated they did not need adult day or respite services, and fifty percent stated they had not heard of MI Choice Waiver services.

Overall conversations among the seven focus groups included the need for DAAA to increase visibility in the community. Participants noted that transportation and stress were major barriers to mental and physical health. There were four priority areas that captured the perspectives of the focus group participants; these included basic needs & income, safe & affordable housing, accessible transportation, and access to services.

This Multi-Year Plan responds to several of the findings by acknowledging and acting on the unmet needs and preparing older adults to age healthily in place. The data received informed the expansion of current caregiver support services. These services include downstream training, a variety of services, and on-demand resources within this plan. The unmet needs of transportation and home repair are addressed as the agency seeks to broaden partnerships in these two critical areas.

DAAA addresses the issue of access to and knowledge of home and community-based services through the development of plans to expand the current training, services, and resources already provided. Key actions include the creation of an easily accessible navigation guide, deploying new models of service delivery including mobile units, and strengthening service coordination of older adults and adults with disabilities and caregivers. The agency is also aiming to solidify bonds with both traditional and non-traditional partners that address the need for safe and affordable housing and transportation.

Data gathered through the assessment of unmet needs, combined with input from older adults, family caregivers, service providers, and members of the public, played a central role in shaping the multi-year plan. This stakeholder-driven approach ensured that the plan was grounded in lived experiences and real-world

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service gaps rather than assumptions. Feedback from older adults highlighted priority challenges related to access, affordability, and quality of services, while family caregivers provided insight into caregiver burden and support needs. Perspectives from service providers helped identify system-level barriers, capacity constraints, opportunities for coordination, and public input reinforced broader community values and expectations. Together, these diverse sources of data informed the plan's goals, strategies, and performance measures, resulting in a comprehensive roadmap that is responsive, equitable, and aligned with the actual needs of the population it is designed to serve.

3. List all awards and accreditations received by the AAA.

DAAA is accredited by the National Committee for Quality Assurance (NCQA) and Commission on Accreditation of Rehabilitation Facilities (CARF).

The Detroit area Agency on Aging is the recent recipient of the following national awards:

- 2026 USAging Innovation Award in Partnership with Chance for Life Chance - A case coordination services program for Returning Citizens, San Diego, CA
- 2025 Grantmakers in Aging – John Feather Equity in Aging Philanthropy Award – Michigan Health Endowment Fund in Partnership with DAAA, Long Beach, California
- 2025 Corps! - Everything Business, Diversity Champion, A Salute to Diversity
- 2024 USAging Innovation Awards – Food First: Caregivers Texting for Restaurant Meals in Partnership with Bento, Tampa, FL; xxx
- 2023 USAging Innovation Award – Food & Friendship Connections; USAging Achievement Award – Inclusive Health Care, Salt Lake City, UT
- 2022 USAging Innovation Award – Passport to Health in Partnership with St. Patrick Senior Center and US Aging Achievement Award – Covid-19 In-Home Vaccination Program, Austin, TX
- 2021 Corps! - Everything Business, Diversity Champion, A Salute to Diversity (Confirming Achievement Awards)

4. Does your AAA have a Strategic/Long-Term Plan?

Yes No

Please describe your Strategic/Long-Term Plan and how it informed the development of the MYP.

Key Strategic Directions & Priorities (2026–2030 Focus)

The DAAA is focusing on the following strategic framework that is shaping its Vision 2026 – 2030 Strategic Plan and FY 2027-2029 Multi-Year Plan:

- Goal I:** Expand and Enhance Home and Community-Based Services (HCBS)
- Goal II:** Strengthen Partnerships and Community Collaboration
- Goal III:** Advance Technology for Service Delivery and Organizational Efficiency
- Goal IV:** Ensure Organizational Sustainability and Growth
- Goal V:** Lead Advocacy Efforts for Older Adults and Vulnerable Communities
- Goal VI:** Strengthen Communications, Branding, and Community Engagement
- Goal VII:** Invest in People to Become a Best-in-Class Organization
- Goal VIII:** Strengthen Compliance and Quality Assurance

These eight strategic goals and framework are informing the agency's Multi-Year Plan through the following priority areas:

- Addressing Home and Community-Based Services:** Data from our 2025 Community Needs Assessment indicate the importance of providing home and community based services to increase access to information

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and care, expand in and out of home supports, expand transportation, make additional home repair services available, address financial literacy and benefits access and reduce social isolation among at-risk constituents. The agency will also be increasing the number of trained and supported Family Caregivers and Direct Care Workers through delivery of normal and emergency response services by 15%. This will enable DAAA to reduce the prevalence of emergency room visits and hospital stays for constituents and their families through education and better management of chronic conditions.

Partnerships and Community Collaboration: The DAAA recently completed a 2025 Needs Assessment Survey to guide its upcoming Multi-Year Plan, with top concerns revolving around increasing the number of active collaborative partnerships (with MOUs, shared initiatives, or referral pathways), expanded housing, home repairs, caregiver services and use of responsible technology. This includes enhanced caregiver support, respite care, and peer-to-peer engagement; collaboration with health systems, Medicare and Medicaid providers, cross-sector community partner networks, connection to the Social Determinants of Health and partnerships with AARP Michigan, municipal, county and state government to create Age-Friendly Livable Communities.

Advance Technology in Service Delivery: Through cross-sector partnerships, DAAA is working advance technology to make access to information, regional virtual training and education, AI-assisted tools and home-based primary care available to constituents, staff, the service provider network and other community partners to enhance service delivery in addition to increasing internet connectivity and providing digital training in a cybersecurity world.

Organized Sustainability and Growth: A key strategic goal for 2026 – 2030 is increasing diversified revenues by 10% including corporate, philanthropic, and grant funding, growing reserves or contingency funding, securing funding for HBPC and Respite Care services, and increases donor, partners, and community investments and fund development.

Strengthen Quality and Sustainability: Through enhanced internal and external processes, DAAA strives to achieve 95% compliance across all Quality audits and documentation reviews, 100% compliance with mandatory training, reduction of errors associated with incident reporting, publication of annual Quality and Compliance Report with any corrective action and achievement of the Malcolm Baldrige recognition in addition to maintenance of NCQA and CARF accreditation.

Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	20.98	2.65
Race/Ethnicity 60+ (%)		
a. Black/African American	73.22	84.12
b. Asian	1.23	0.40
c. White	19.54	6.29
d. Hispanic/Latino	3.23	0.67
e. Other	6.01	0.69

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Total 60+ Population in Rural areas (%)	0.00	0.00
Total 60+ Population at Poverty Level (%)	23.35	15.46
Total 85+ Population (%)	8.28	22.62
Total 60+ Non-English-Speaking Population (%)	7.31	0.67

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Public Feedback

1. Did the AAA hold at least one public hearing on the MYP in your PSA? Yes No
2. Was the meeting held in an accessible facility or virtually following AAA requirements? Yes No
3. Did the AAA send an official notification of the complete MYP to your county/local government and Tribes within the PSA for review and consultation? Yes No
4. Was the Notice of Public Hearing(s) sent at least 30 days in advance of the scheduled hearing(s)? Yes No
5. Did the hearing notice include accessibility information for participants seeking to attend either in person or virtually? Yes No
6. Did a representative from either the Policy and/or Advisory Board(s) attend the hearing(s)? [See OAA 1321.63(a)(2)(3)(4)(5).] Yes No
7. Describe how your agency involved the Policy and/or Advisory Boards in encouraging and promoting participation to capture public feedback.
The Detroit Area Agency on Aging Board of Directors and Advisory Council are both engaged in the promotion of seeking public input and feedback that supports our Strategic and Multi-Year Area plan through involvement on the Long-Range Planning Committee and/or Strategic Planning Steering Committee as well as in their respective board responsibilities. This includes personally providing input and feedback, participation in SWOT and other surveys throughout environmental scanning process, attendance in Listening Sessions, forums, public hearings and retreats. The Advisory Council members share information about public input sessions and public hearings with community stakeholders and their affiliations. Some of them also provide public testimony on behalf of the constituents
8. Please provide a description of the use of U.S. Mail and electronic means for MYP distribution.
The Detroit Area Agency on Aging (DAAA) distributed the FY 2027 - FY 2030 Multi-Year Plan/FY 2027 Annual Implementation Plan via a press release to Community Newspapers as well as through Social Media platforms, and Email Blasts using Constant Contacts. The agency also posted the draft on it's website.
The Planning Team also reached out to agencies who serve Arab American, Chinese American, Native American and Spanish-Speaking seniors and caregivers as well as the LGBTQ+ communities. A 30-Day notice was published May 4, 2026. DAAA utilized a variety of strategies to obtain input from the community while drafting the proposed plan. Draft plan was placed on the website for public review and comment; printed versions were available in office and mailed if a request was submitted.
9. Please provide a summary of oral and written testimony received, and its impact on the development of the MYP.
10. Describe the AAA's approach to ensure the MYP was shared with the aging network, family caregivers, service providers and the public.

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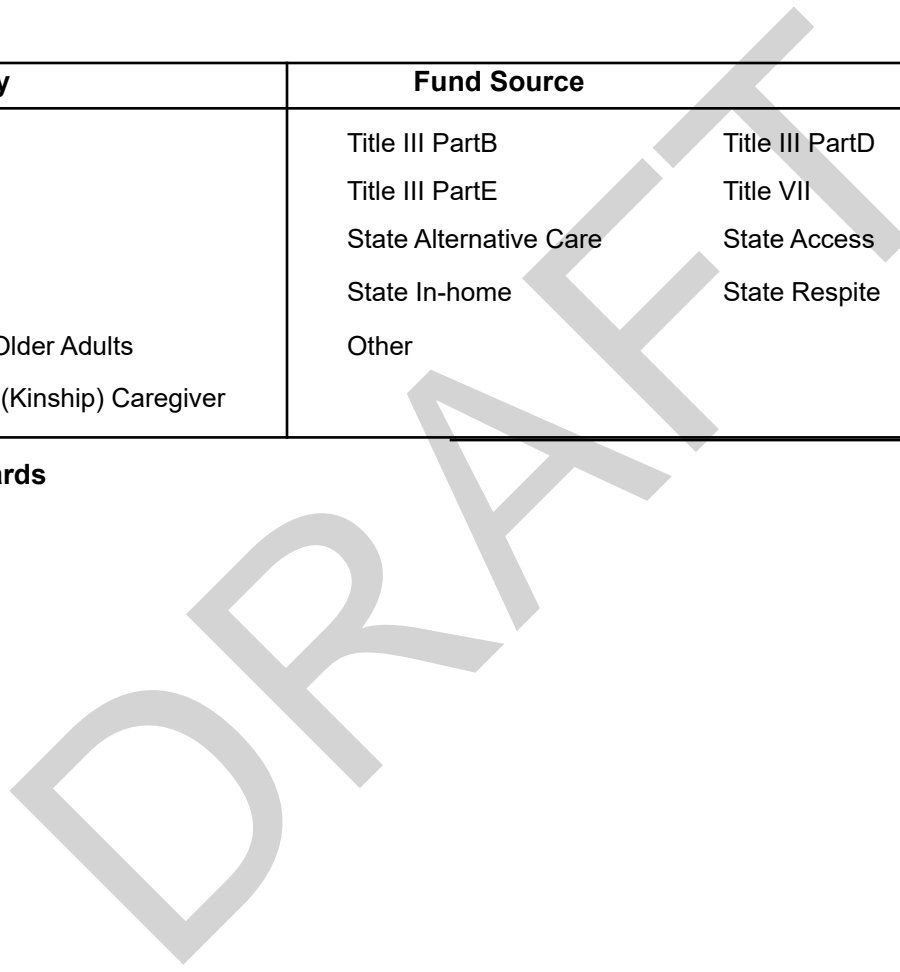
Regional Service Definitions

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>	10/01/2026	<u>Ending Date</u>	09/30/2029
<u>Total of Federal Dollars</u>		<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 safe social practices.
- 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 Outcomes: 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 of 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 assessment:

Current Year: 72 Planned Next year: 90

Number of initial client care plans:

Current Year: 72 Planned Next Year: 90

Total number of clients (carry over plus new):

Current Year: 281 Planned Next Year: 281

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

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

Goal 3: Expand access to and utilization of in-home services for care management clients using a person-centered approach.

Activities:

1. Use person-centered assessments and care planning tools to ensure services reflect each client's goals, cultural preferences, daily routines, and desired level of independence.
2. Utilize the direct purchase of service pool of providers to render the in-home services.
3. Collaborate with other non-direct purchase of service providers to ensure clients are efficiently connected to in-home services.

Expected Outcomes: Increase in-home service usage of care management clients and improved individual client experience.

Goal 4: Increase cost sharing participation and sustainability of services for Care Management participants.

Activities:

1. Educate participants regarding the purpose and importance of cost sharing in supporting the continuation and availability of home and community-based services.
2. Review cost sharing information with clear written and verbal information regarding available options with participants during assessment, reassessment, and care planning activities.
3. Train staff on consistent cost sharing communication practices to encourage voluntary participant contributions in a person-centered approach ensuring that no participant is denied services due to an inability or unwillingness to contribute.
4. Monitor participant participation rates, barriers to contribution, and trends in cost sharing collection to identify opportunities for process improvement.

Expected Outcomes: Expanded service usage among participants traditionally unable to receive services due to income guidelines. Better coordination of care among all participants and providers. Allows for agency's diversification of resources.

Information and Assistance

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2029
<u>Total of Federal Dollars</u>	\$392,801.00	<u>Total of State Dollars</u>	

Geographic area to be served

Region 1-A

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

Goal 1: Seek partnership for database collaboration 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. Identify and remove resources that are no longer valid.
2. Update valid resources in the database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps.

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5. Incorporate the identified community resources into the existing resource list.
6. Maintain ongoing compliance with Inform USA standards for resource information.
7. Ensure that services for diverse populations are maintained.
8. Translate materials to other languages, utilize translators and Telecommunication Device for the Deaf (TDD) language line, where needed.
9. 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. Participate in ongoing training to enhance current skills and develop new skills to serve all identified populations.
2. Participate in Person-Centered Thinking training.
3. Participate in on-going CRS onboarding training to meet Inform USA standards for initial certification and recertification.
4. 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.
5. Support Outreach 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.

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 navigation (formerly I & R) 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.

Outreach

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2029
<u>Total of Federal Dollars</u>	\$51,669.00	<u>Total of State Dollars</u>	\$33,810.00

Geographic area to be served

Region 1-A

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

Goal 1: Increase awareness of the programs and services available to older adults, caregivers, and community stakeholders to improve access, engagement and utilization of supportive resources.

Activities:

1. Conduct community outreach during health fairs, community presentations, and community gatherings.
2. Develop and distribute outreach materials through print, digital, and community-based channels.
3. Build and maintain partnerships with community organizations, healthcare providers, and local agencies.

Expected Outcome: Older adults, caregivers, and community members will demonstrate increased awareness of available services, resulting in higher engagement, referrals, and access to supportive programs.

Options Counseling

Starting Date 10/01/2026 Ending Date 09/30/2029

Total of Federal Dollars \$33,000.00 Total of State Dollars

Geographic area to be served

Region 1-A

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

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

Activities:

1. Further define options counseling services in Region 1-A.
2. Provider 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 and identify a software program to house the guide.
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 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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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$272,105.00

Total of State Dollars

Geographic Area Served 1-A

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

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

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

Activities:

1. Utilize the Community Wellness Service Center Advisory Committee to promote best practices, strengthen program promotion, foster partnerships, and support long-term sustainability.
2. Monitor evidence-based programs and conduct fidelity checks to ensure program integrity.
3. Track and review self-reported program outcomes on a quarterly basis.
4. Evaluate overall program effectiveness and identify opportunities for improvement.
5. Provide ongoing training, technical assistance, and support for the development, maintenance, and expansion of CWSCs.

Goal 2: Further expand health promotion and disease prevention services—both evidence-based and non-evidence-based—while providing trainings for CWSCs to strengthen capacity and support continued growth.

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

Activities:

1. Continue providing technical assistance and support to Community Wellness Service Centers (CWSCs) to identify gaps in current programming and assess community needs that inform expansion efforts.
2. Support CWSCs in piloting and adopting new evidence-based and non-evidence-based programs that align with participant interests and organizational capacity.
3. Assist CWSCs to recruit and train staff and volunteers as lay leaders, coaches and instructors in evidence-based programs.
4. Explore cost sharing, fee-for-services, membership fees and third-party reimbursement opportunities.
5. Implement health promotion and disease management strategies in the Vision 2026-2030 Strategic Plan.
6. Promote diverse program offerings to increase participation and reach underserved populations.
7. Evaluate participation trends and participant feedback to inform future program expansion.

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FY2027-2029 Multi Year Plan

Detroit Area Agency on Aging

FY 2027

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).

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

CWSC services will be supported through Case Coordination and Support, Chore, Respite Care, Transportation, Disease Prevention and Health Promotion as well as Caregiver Case Management, Education, Training and Support.

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

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

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

TO BE COMPLETED AFTER SCHEDULED PUBLIC HEARING

Long Term Care Ombudsman

Total of Federal Dollars \$62,873.00 Total of State Dollars \$198,337.00

Geographic Area Served 1-A

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

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

Objective: Increase knowledge and understanding about resident rights and responsibilities.

Activities:

1. Continue to educate nursing facility and community living residents regarding their rights.
2. Investigate complaints from nursing facilities, MI Choice, adult foster care and homes for the aged residents and their family members.
3. Collaborate with residents, resident supports, and nursing home facilities to resolve complaints.
4. Assist residents who would like to transition from institutional to community settings.
5. Assist residents who are experiencing nursing home closure.
6. Continue to participate on the Elder Abuse Task Force to prevent elder abuse and scams .
7. Disseminate Long-Term Care Ombudsman calendars and other materials.
8. Implement Long-Term Care Ombudsman strategies in alignment with the Vision 2026– 2030 Strategic Plan.

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

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

Activities:

1. Continue to develop relationships with nursing home and community living residents and family support to raise awareness of resident rights and elder abuse.
2. Collaborate with outreach program to target events to provide community education.
3. Collaborate with county organizations to educate and increase community awareness of all populations on elder abuse.
4. Work to protect nursing home residents from voter-related and other types of fraud.
5. Coordinate trainings on Elder Abuse for Information & Assistance Specialists.
6. Implement Long Term Care Ombudsman strategies in alignment with the Vision 2026 – 2030 Strategic Plan.

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DAAA proposes to continue to provide Long-Term Care Ombudsman services because the services are 1) administered in conjunction with Information and Assistance; 2) provided economically and effectively and 3) maintains continuity of service in Region 1-A.

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

DAAA has elected to continue to provide LTC Ombudsman services as no additional plans to centralize these services have been made.

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

TO BE COMPLETED AFTER THE PUBLIC HEARING

Caregiver Case Management

<u>Total of Federal Dollars</u>	\$53,000.00	<u>Total of State Dollars</u>	\$10,000.00
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Geographic Area Served 1-A

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

Goal: To create expanded and enhanced Caregiver Care Management Services in partnership with TCARE Inc. at DAAA with satellite locations.

Objectives: To create a staff/volunteer-based Caregiver Care Management services that provides ongoing caregiver support services via the Tailored Caregiver Assessment for the Elderly (TCARE) platform to reduce caregiver stress.

Activities:

1. Develop the infrastructure and technical assistance, training and support for TCARE Expansion at DAAA and select satellite locations.
2. Recruit volunteers and students to provide TCARE Caregiver Care Management.
3. Secure TCARE licenses, caregiver reviews and learning collaborative for care managers.
4. Promote TCARE services through social and traditional
5. Track results, outcomes and community impact from FY 2027 – FY 2029.

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Providing TCARE services via caregiver care management will enable DAAA to administer the services directly and through select caregiver support agencies across the DAAA service area in an efficient and effective manner and maintain fidelity of the evidence-based program. It will also ensure that there is an adequate supply of such services.

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

The 2025 Community Needs Assessment commissioned by DAAA in collaboration with Wayne State University Center for Social Work Research indicates that caregivers are in need of ongoing caregiver support that can be identified through TCARE screening, assessment, care planning, referral and follow up process. This will enable TCARE staff/ volunteers to connect these unpaid caregivers to the resources they need, reduce stress and developmental burden, and lengthen the time caregivers can provide care to care recipients.

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

At the ACLS Bureau and DAAA Listening sessions held on November 5 and 6, 2025 respectively, family caregivers shared the need for additional assistance in finding community resources, talking through caregiving dilemmas and getting additional support for themselves or their loved ones.

Caregiver Education

<u>Total of Federal Dollars</u>	\$124,697.00	<u>Total of State Dollars</u>	\$9,521.00
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Geographic Area Served 1-A

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

Goal: To reach existing and prospective family caregivers through educational and outreach events to connect them to community resources.

Objectives: Provide new and existing caregiver support education sessions to keep family caregivers informed.

Activities:

1. Provide evidence-based and non-evidence caregiver education services to family caregivers via Powerful Tools for Caregivers, Dementia Education Series, Universal Dementia, Dementia Friends and other programming.
2. Host and participate in caregiver outreach activities to promote caregiver support services.
3. Educate the community about characteristics of a family caregivers through marketing campaign on traditional and social media.

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DAAA will serve as a caregiver hub for caregiver education and outreach in order to coordinate these types of events regionally in collaboration with Caregiver Support Services providers and promote the activities via Mon Ami. This will enable DAAA to provide the services in a more streamlined fashion with greater efficiency.

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.

Providing Caregiver Education/Outreach centrally and at select contractor locations will enable DAAA and partner agencies to coordinate efforts via Mon Ami and streamline processes.

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

Caregivers requested more education and information about caregiver and older adult services resources at the listening session and public hearing.

Caregiver Information and Assistance

Total of Federal Dollars \$14,518.00

Total of State Dollars

Geographic Area Served 1-A

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

Goal: To create expanded and enhanced Caregiver Information and Assistance in partnership with satellite locations.

Objectives:

To disseminate information about caregiving through the Information and Assistance Call Center in collaboration with Caregiver Support Services.

Activities:

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caregiving services within a defined time frame.

Activities:

1. Provide clear, unbiased information on available caregiving options, including in-home care, family/informal caregiver supports, adult day programs, and assisted living facilities.
2. Assist the individual and family in navigating costs, eligibility requirements, benefits and next steps in order to make informed choices.

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Provision of such services by the Area Agency is necessary to assure an adequate supply of such services. This also ensures that the highest risk caregivers get continuous care as they navigate many options to make the best and most informed choice.

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.

Providing caregiving options counseling allows for direct up to date information sharing. It creates informed caregivers and assists in reducing the caregiver load.

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

The Community Needs Assessment revealed the need for ongoing and expanded caregiver supportive services.

Caregiver Support Groups

Total of Federal Dollars \$36,657.00

Total of State Dollars

Geographic Area Served 1-A

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

Goal 1: Provide community caregiver support groups.

Objective: To enhance the emotional well-being, knowledge, and resilience of community caregivers by providing ongoing peer support, education, and access to local resources.

Activities:

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1. Organize regular caregiver support group sessions led by a trained facilitator to provide a safe space for caregivers to share experiences, challenges, and coping strategies.
2. Focus on topics such as caregiver stress management, navigating healthcare systems, self-care practices, and community resources.
3. Create opportunities for caregivers to connect outside of meetings through contact lists, online discussion groups, or resource handouts that include local services, respite care options, and crisis support.

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Provision of Caregiver Support Groups by the Detroit Area Agency on Aging will ensure that support group opportunities for caregivers within the PSA are representative of the most at-risk caregivers. These services will also be able to be provided in an economically feasible manner while maintaining the highest quality of service coordination.

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

Administration of caregiver support groups has enabled DAAA to service many additional targeted groups of at-risk caregivers. Community needs assessment findings support the expansion of caregiver supportive services.

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

*** TO BE COMPLETED AFTER SCHEDULED PUBLIC HEARING***

Caregiver Training

Total of Federal Dollars \$41,999.00 Total of State Dollars

Geographic Area Served 1-A

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

Goal 1: Provide caregiver training services for family caregivers.

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Objective: To strengthen family caregivers' ability to provide safe, effective, and sustainable care by increasing their knowledge, skills, and confidence through structured caregiver training services.

Activities:

1. Provide regular informative training sessions covering essential caregiving topics such as daily care tasks, medication management, infection control, and home safety.
2. Conduct practical training activities, including demonstrations and practice opportunities, to teach caregivers proper techniques for mobility assistance, personal care, and use of assistive devices.
3. Integrate training modules focused on caregiver well-being, including recognizing burnout, managing stress, balancing caregiving responsibilities, and accessing respite services.
4. Develop and share caregiver manuals, tip sheets, and online resources that reinforce training topics and support continued learning outside of scheduled sessions.

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Provision of Caregiver Training by the Detroit Area Agency on Aging will assure an adequate supply of evidence informed training opportunities for caregivers within the PSA. These services will also be able to be provided in an economically feasible manner while maintaining the highest quality of service.

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

Administration of caregiver training has enabled DAAA to service additional at-risk caregivers. Community needs assessment findings support the expansion of caregiver supportive services.

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

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Regional Direct Service Request

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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2027–2029 MYP Goals

MYP Goal

A. Enhance access to services for older adults and caregivers to support their health, independence, and social connectedness.

State Goal Match: 1

Objectives

Expand and Enhance Home and Community-Based Services (HCBS)

Planned Activities

1. Expand access to housing, home repair, and transportation services to support aging in place and improve community mobility.

Timeline: 10/01/2026 to 09/30/2029

Planned

Engage with housing developers and partner with businesses, corporations, and transportation providers to create affordable housing initiatives and increase access to safe, affordable transportation.

Expected Outcome

Increase the number of older adults accessing home and community-based services that support healthy aging in place and independence.

Progress

2. Strengthen support and services for family and informal caregivers, including education, respite, financial guidance and culturally responsive resources.

Timeline: 10/01/2026 to 09/30/2029

Planned

Expand Caregiver training programs to support aging in place and dementia care; Launch caregiver support programs and develop a centralized Home and Community Based Services (HCBS) navigation guide for caregivers and older adults.

Expected Outcome

Expand HCBS caregiver support programs and participation.

Progress

3. Increase availability of Home-Based Primary Care and a broader array of HCBS programs that support independent living for older adults and adults with disabilities.

Timeline: 10/01/2026 to 09/30/2029

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Planned

Pilot innovative HCBS delivery models (mobile units, neighborhood care hubs) that expand access to care; Partner with healthcare systems, Medicare, and Medicaid providers to further delivery of service.

Expected Outcome

Increase number of older adults accessing HCBS and expand home based primary care enrollment for homebound older adults.

Progress

B. Promote collaborations and partnerships across MDHHS and other state departments, AAAs, Title VI Tribal grantees, and other agencies and organizations.

State Goal Match: 2

Objectives

Strengthen Partnerships and Community Collaboration.

Planned Activities

1. Build a coordinated, cross-sector community partner network that integrates services, reduces fragmentation, and improves continuity of care especially for the underserved populations.

Timeline: 10/01/2026 to 09/30/2029

Planned

Host biannual cross-sector collaboration summits.

Expected Outcome

Establish partner network with an increase in active collaborative partnerships for older adults and caregivers.

Progress

2. Collaborate with health systems, Medicare, and Medicaid providers to expand access to HBPC and covered long-term services and supports.

Timeline: 10/01/2026 to 09/30/2029

Planned

Create a shared partner directory and referral system.

Expected Outcome

Expand and streamline referrals to priority programs.

Progress

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C. Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.

State Goal Match: 3

Objectives

Advance Technology for Service Delivery and Organizational Efficiency.

Planned Activities

1. Expand technology-enabled care delivery, including telehealth, remote monitoring, and digital caregiver support tools.

Timeline: 10/01/2026 to 09/30/2029

Planned

Establish and enhance digital infrastructure to support expanded virtual tools.

Expected Outcome

Increase participant and caregiver use of telehealth and virtual tools.

Progress

2. Increase digital literacy and equitable access to technology for staff, providers, older adults, and caregivers.

Timeline: 10/01/2026 to 09/30/2029

Planned

Develop digital literacy programming and partner with local resources to provide device access.

Expected Outcome

Increased virtual training enrollment and completion for older adults and caregivers.

Progress

D. Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care.

State Goal Match: 4

Objectives

Strengthen Communications, Branding, and Community Engagement

Planned Activities

1. Strengthen digital presence through website modernization, social media engagement, and accessible content.

Timeline: 10/01/2026 to 09/30/2029

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Planned

Refresh the agency's website to be more informative and interactive. This will include embedding the utilization of an agency's mobile application.

Develop a media engagement plan including radio, TV, and digital outreach.

Expected Outcome

Increased positive media coverage and public mentions of DAAA and the available aging services.

Progress

2. Improve multilingual, culturally responsive communication about Medicare, Medicaid, and HCBS programs.

Timeline: 10/01/2026 to 09/30/2029

Planned

Expand multilingual outreach campaigns.

Expected Outcome

Expanded public awareness of aging resources, services and supports for all older adults.

Progress

3. Expand DAAA's reach and relevance by engaging multiple generations of older adults and caregivers through targeted, aspirational, and inclusive communications that reposition the organization as a trusted resource for aging well across all demographics.

Timeline: 10/01/2026 to 09/30/2029

Planned

Develop and launch a segmented outreach and engagement strategy that uses data and targeted storytelling to connect with pre-retirees, active older adults, caregivers, and higher-income older adult households through tailored campaigns, partnerships, and community touchpoints that reflect diverse lifestyles, needs, and aspirations.

Expected Outcome

Increased community engagement across communication channels.

Progress

E. Lead Advocacy Efforts for Older Adults and Vulnerable Communities

State Goal Match: 0

Objectives

Elevate the voices and lived experiences of older adults, caregivers, and underserved communities in policy development and decision-making.

Planned Activities

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1. Advance legislation and policy reforms that remove barriers to long-term supports, strengthen Medicare and Medicaid coverage, and protect family caregiver benefits.

Timeline: 10/01/2026 to 09/30/2029

Planned

Leverage relationships with targeted administrative and legislative leaders to assist DAAA in securing state grants and budget requests to support its aging services.

Expected Outcome

Routine progress towards policy priorities demonstrated through legislative actions, funding decisions, or systems improvements.

Progress

2. Build and mobilize strong advocacy coalitions with community partners to advance equitable aging policies and long-term systems change.

Timeline: 10/01/2026 to 09/30/2029

Planned

Establish a DAAA ambassador program to elevate community voices around the needs of the community and increase funding.

Expected Outcome

Sustained active advocacy coalition partners.

Progress

3. Create special events that will assist with educating constituents on advocacy for policy changes, as well as federal and state funding.

Timeline: 10/01/2026 to 09/30/2029

Planned

Coordinate education advocacy training for older adults and caregivers, and other constituents.

Expected Outcome

Growth in community participation in advocacy efforts tracked through town hall attendance, survey responses, and calls-to-action engagement.

Progress

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Supplemental Documents

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Planned Service Array

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

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	<p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services • Caregiver Case Management • Caregiver Education • Caregiver Supplemental Services • Caregiver Support Groups • Caregiver Training • Respite Care <p>Older Relative (Kinship) Caregiver Services</p> <ul style="list-style-type: none"> • Kinship Caregiver Case Management • Kinship Caregiver Education • Kinship Caregiver Supplemental Services • Kinship Caregiver Support Groups • Kinship Caregiver Training
<p>Local Millage Funded</p>	<p>Access</p> <ul style="list-style-type: none"> • Information and Assistance • Transportation <p>In-Home</p> <ul style="list-style-type: none"> • Friendly Reassurance <p>Community</p> <ul style="list-style-type: none"> • Senior Center Operations • Senior Center Staffing <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals • Nutrition Education <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services • Caregiver Education • Caregiver Supplemental Services • Caregiver Training

Funded by Other Sources

Access

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	<p>Access</p> <ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Information and Assistance • Options Counseling • Outreach • Transportation <p>In-Home</p> <ul style="list-style-type: none"> • Chore • Friendly Reassurance • Homemaking • Personal Care <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Prevention of Elder Abuse, Neglect and Exploitation <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services • Caregiver Case Management • Caregiver Education • Caregiver Support Groups • Caregiver Training • Respite Care <p>Older Relative (Kinship) Caregiver Services</p> <ul style="list-style-type: none"> • Kinship Caregiver Case Management • Kinship Caregiver Education • Kinship Caregiver Supplemental Services • Kinship Caregiver Support Groups • Kinship Caregiver Training
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* Not PSA-wide

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2027-2029 Multi Year Plan

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Program Development Spending Plan

Does the MYP budget reflect the use of Program Development funds?

Yes No

If yes, please describe how the funds will be used.

DRAFT

Advocacy Strategy

Please describe the following:

1. How will the AAA monitor, evaluate, and comment on policies, programs, hearings, levies, and community actions which affect older individuals and family caregivers which the area agency considers to be aligned with the interests identified in the Act?

The Detroit Area Agency on Aging monitors, evaluates and comments on policies, programs, hearings, levies and other advocacy efforts that affect older persons, older adults with disabilities, and family caregivers under the direction of the President and CEO, Board Chair and Public Policy Committee of the Board of Directors in collaboration with Obsidian Advocacy Group, our contracted advocacy consultant.

2. How will the AAA solicit comments from the public on the needs of older individuals and family caregivers?

The Detroit Area Agency on Aging solicits comments from the public on the needs of older adults and family caregivers through a variety of methods. Prior to developing this FY 2027 – 2029 Multi-Year Plan, DAAA solicited information through the 2025 Community Needs Assessment, a Targeted Caregiver Survey, six focus groups and 30 interviews with homebound older residents.

The agency also solicits information from constituents through surveys sent out via email, phone calls and/or texts through Blooming Health, satisfaction surveys, Zoom polling and third-party Community Needs Assessment contractors. We also host focus groups targeting older persons, adults with disabilities and family caregivers, and other meetings. Older residents, providers, policymakers, service providers, Board and Advisory Council and other community stakeholders are invited to the public input sessions and public hearings.

3. How will the AAA represent the interests of older individuals and family caregivers to local level and executive branch officials, public and private agencies, or organizations?

The Detroit Area Agency on Aging represents the interest of older individuals and family caregivers through engagement in hosting or attendance at legislative events, visits with federal, state and local representatives, written and oral testimony, audio-visual presentations, letter writing campaigns, Older Michigianians Day platforms, review of proposed public policy and administrative regulations and other meetings. It also hosts periodic special events such as Age-Friendly Community Forums to solicit public input and comments to share with local, county and state government.

4. How will the AAA consult with and support the State’s Long-Term Care Ombudsman Program?

DAAA will support State’s Long Term Care Ombudsman as a neutral party within its organization to allow its staff to protect the rights of constituents across the long term care continuum. This LTC continuum will consist of Adult Foster Care, Homes for the Aged, Hospice, MI Choice Home and Community-Based Waiver, PACE, Skilled Nursing Facilities, Michigan Coordinated Health. DAAA will coordinate with LTC Ombudsman when there is a need to follow up with patients and their families and to educate the community about the LTC Ombudsman’s role.

5. How will the AAA coordinate with public and private organizations, including units of general-purpose local government to promote new or expanded benefits and opportunities for older individuals and family caregivers?

DAAA has created an Aging Friendly Communities Report Card in collaboration with AARP Michigan and other stakeholders that includes an advocacy platform that encourages dialogue regarding making cities more age-friendly. It also partners with local agencies to keep them informed about new programs and services and

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benefits as well as represent our targeted population on the United Way Advocacy Roundtable, Regional Transportation Authority, SEMCOG, Transportation Riders United, City Home Repair Taskforce, DDOT Local Advisory County, Caregiver Coalition and Alzheimer's Disease Advisory Council. Service Provider Meetings with traditional and for-profit Direct Purchase of Service providers also offers an ongoing connection with public and private organizations.

6. How will the AAA take a leadership role in the PSA to assist communities in targeting resources from all appropriate sources to meet the needs of older adults and family caregivers with greatest economic and social need, particularly low-income minorities?

DAAA takes a leadership role in assisting communities to target resources through the approaches outlined above. All discussions focus on services for older adults and family caregivers with the greatest economic and social needs, particularly low-income families, frail, homebound older adults and those who speak English as a second language and those who live alone without supports.

7. How will the AAA work with other aging network providers, including other AAAs, in coordinated effort?

DAAA works with the ACLS Bureau, the Michigan Area Agencies on Aging and the local Aging Services Network to coordinate efforts regionally, statewide and nationally as members of the Michigan Area Agency on Aging Association and USAging. It also coordinates efforts with all service providers serving older adults within its region through monthly, quarterly and annual meetings, ongoing communications, training and coordinated Advocacy efforts.

DRAFT

Planning and Service Area Aging Landscape

1. Describe notable changes in trends since the last MYP providing a picture of potentially eligible service population.

Since the last MYP, the agency's service population has increased from 153,540 to 154,435, reflecting a steady upward trend in the number of older adults within the PSA. Broader demographic projections indicate that by 2028, the population aged 65 and older will outnumber those under 18, reinforcing the growing demand for aging services. This shift highlights not only an increase in the overall eligible population, but also a rising need for more complex, coordinated supports as individuals live longer often, with multiple chronic conditions. Additionally, emerging service needs, particularly around caregiver support, behavioral health, and social isolation, continue to shape how services are prioritized and delivered.

2. Describe how the AAA coordinates a comprehensive system of aging services within the PSA.

DAAA coordinates a comprehensive and integrated system of aging services by serving as a central planning, funding, and oversight entity within the PSA. Through strategic partnerships with community-based organizations, service providers and public agencies, the agency ensures that a full continuum of services ranging from in-home supports to nutrition and caregiver assistance is available and responsive to community needs. This coordination ensures services are delivered effectively and equitably across the region.

3. Describe ways in which the AAA is informing, educating and advocating within their communities.

The agency actively informs and educates the community through targeted outreach efforts, public awareness campaigns, workshops, and partnerships with local organizations. Information is disseminated through multiple channels, including community events, digital platforms, and direct engagement with older adults and caregivers. In addition, DAAA plays a key advocacy role by elevating the needs of older adults at the local and state levels, addressing issues such as access to services, stigma around aging and assistance, and disparities in care. These efforts help ensure that older adults are both informed of available resources and represented in broader policy discussions.

4. Describe what home and community-based Medicaid services are available within the PSA. (Examples: PACE, MI Choice Waiver, etc.)

Within DAAA's service area, a range of home and community-based Medicaid Services are available to support older adults in remaining safely in their homes and communities. These include programs such as MI Choice Waiver, which provides in-home supports and care coordination for individuals who meet nursing facility level of care, and Program for All Inclusive Care for the Elderly (PACE), which offers comprehensive medical and social services for eligible older adults, Adult Foster Care, Homes for the Aged, Hospice, Skilled Nursing Facilities, and the newly launched MI Coordinated Health network. Additional supports may include expanded personal care services, adult day services, and behavioral health integration, all designed to promote independence while reducing reliance on institutional care. DAAA's Information and Assistance Center and MI Options Program ensures that eligible clients are connected to all of these resources.

5. Describe other significant initiatives and grants leveraged by the AAA. (Examples: MI Options, SCSEP, MHEP, etc.)

DAAA leverages a variety of initiatives and grant funded programs to enhance service delivery and address gaps in care. Programs such as MI Options expand access to long-term services and supports as well as Medicare and (Medicaid for dual eligible persons), while SCSEP provides employment and training opportunities for older adults seeking to re-enter the workforce. The Caregiver Resource Grant allowed for specific caregiver support groups to be held, targeting greatest need caregivers and their care recipients.

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DAAA hopes to continue to expand these resources for Caregivers with Merit Award Trust funds and other resources. Collectively these efforts allow the agency to respond more holistically to emerging needs strengthening the service network and improving outcomes for older adults and caregivers.

Currently, DAAA is receiving Healthy Aging funding from the Michigan Health Endowment Fund for our Senior Solutions Home-Based Primary Care (HBPC) Program in addition to a Vision Access Detroit initiative. The funding has been able to support hospital-to-home primary care services to homebound patients for free or through health care billing. Vision Access Detroit initiative will enable Eye Care for Detroit (aka Eye Care for Michigan) to provide vision exams and eye wear fabrication via Mobile Unit to HBPC, MI Choice, ACLS Bureau funded Project care management, and our five Community Wellness Service Centers. The project is targeting 1,000 60-plus older adults in DAAA's service area through 2027.

6. a. Describe how the AAA addresses unmet needs by referring individuals to organizations such as Commissions/Councils on Aging, Departments on Aging, Health Care Organizations/Systems, Veterans Agencies, Tribal Organizations, Faith-based Organizations, Public Health, Mental Health, Community Action Agencies, Legal Assistance and Elder Rights Programs, etc.

Maintaining strong referral pathways to a wide variety of community partners enables DAAA to address the unmet needs of its constituents. When needs fall outside of the direct offerings of the agency and or agency programs, individuals are connected to appropriate resources. Resources include local Wellness Service Centers, Veterans Services, Faith-based entities, and Community Action agencies. This approach prioritizes an individual's needs and can address legal, health, respite, and social supports to minimize service gaps. .

6. b. How does the AAA foster relationships with these community partners?

DAAA fosters and sustains relationships with community partners through ongoing collaboration , formal agreements, ongoing communication, and regular meetings. This includes participation in cross-sector coalitions, shared planning efforts, and coordinated service delivery initiatives. The agency also engages partners through training opportunities, stakeholder meetings and surveys, and data-sharing efforts to align priorities and improve overall outcomes. These relationships are critical to maintaining a responsive and cohesive network within the PSA.

7. Describe how the AAA identifies veterans during intake and coordinates veteran-related support services and/or referral programs with appropriate veteran agencies.

DAAA's Information and Assistance Call Centers identifies veterans during the intake and screening process and coordinates veterans-related supports and services through our Home Delivered Meals Program, and Veterans-Directed Services available under the MI Choice Waiver Program. A designed Supports Coordinator assists these veterans with obtaining services through the John Dingell Veterans Building and other resources. Wayne County supports Veterans Home Delivered Meals.

8. Describe services that address incidence of hunger, food insecurity, malnutrition, physical and mental conditions and/or self-direction. [See OAA 306(a)(16) (42 U.S.C. 3026(a)(16)).]

DAAA's Information and Assistance Call Center refers older adults and families experiencing food insecurity to appropriate internal and external resources as a priority. Individuals who are homeless and/or experiencing mental health conditions are referred to Neighborhood Service Organization and other programs including NOAH, American Rescue Ministry and other programs.

9. Describe how the AAA or its subcontractors are maintaining the fidelity of the health promotion/disease prevention programs.

Maintaining the fidelity of disease prevention programs is paramount given findings from DAAA's Dying Before Their Time studies which skyrocketed during the CV-19 public health emergency. DAAA's Community Wellness Center Coordinator monitors all trained and certified instructors operating out of the five

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Community Wellness Service Centers and other locations to adhere to fidelity standards. This individual also monitors trainings and classes to ensure that certifications are in good standing and provides quarterly meetings with agencies to discuss any changes. Training and individuals served are placed into Mon Ami to support program reporting to sponsors and to the ACLS Bureau For NAPIS reporting. Providers are informed about changes in training materials or practices and DAAA attends required state-sponsored meetings.

10. Describe how the AAA promotes health promotion/disease prevention programs to maximize community awareness and participation.

DAAA maximizes community awareness and participation by health promotion/disease prevention providers to enter scheduled classes into Mon Ami and these classes are advertised on the DAAA Website. Several Community Wellness Service Centers also have access to the mysenior.org platform and can advertise classes to older adults who attend their Community Wellness Service Centers. Classes are also advertised through social media, outreach activities, and a DAAA Resource Guide that was recently updated and throughout the Aging Services Network. During FY 2027 – FY 2029, DAAA plans to expand access through a mobile app, enhanced Website and regular E-Blast.

11. Describe Alzheimer’s Disease and related disorders programs and education that the AAA offers and/or supports.

DAAA currently offers Dementia Friends, Dementia Education Services and workshops through Universal Dementia to the public. In addition, DAAA recently piloted six types of caregiver support groups to target general, kinship families, youth, males, LGBTQ+ and Faith-based populations. The agencies plans to maintain the first four caregivers group and support MI Gen’s LGBTQ+ group in the future with dementia as the throughline topic for all caregiver support groups. Alzheimer’s Disease Association and other experts will be invited to provide training to Support Group Leaders as well as to groups of caregivers throughout the year. DAAA’s Caregiver Support Services Team also sits on the Alzheimer’s Disease African American Advisory Council.

12. Does the AAA administer a senior millage in the PSA?

Yes No

13. Are there any counties or townships in the PSA in which the AAA is working with the local officials to initiate potential senior millage? If yes, please describe:

Yes No

Currently, there is a senior millage that supports The Helm at the Boll Life Center that was supported by all Grosse Pointe communities and Harper Woods except for Grosse Pointe Shores. In addition, Wayne County has placed Transportation Services on the ballot. DAAA is supportive of these millages and will explore a county-wide senior millage in the future.

Greatest Economic and Greatest Social Need

Please describe the following:

1. How the AAA defines Greatest Economic and Greatest Social need for the PSA.

The Detroit Area Agency on Aging prioritizes all services to those with the Greatest Economic and Greatest Social Need in accordance with CFR OAA 1321. These populations includes the following;

- Racial and Ethnic Older Adults
- Homebound and Frail Older Adults
- Older Adults Who Speak English as a Second Language
- Older Adults Living Alone without Supports
- Older Adults age 85-Plus
- Blind and Deaf Adults
- Older Adults with Physical Disabilities
- Older Adults with Dementia and/or Mental Illness

2. How the AAA educates the public, its partners, and service providers on the Older Americans Act expectations regarding targeting older adults with greatest economic and greatest social need.

DAAA publishes its desire to target resources to older adults and caregivers with the greatest economic and social needs in contracts, Request for Proposals, Resource Guides, promotional information and other materials. This prioritization is also covered in service provider trainings, meetings with partners, grant applications and our Website.

3. AAA's strategy to target priority populations for greatest economic and greatest social need.

DAAA prioritizes serving vulnerable populations when an intake and screening is performed in the Information and Assistance Call Center. Criteria includes the following:

- Racial and Ethnic Older Adults
- Homebound and Frail Older Adults
- Older Adults Who Speak English as a Second Language
- Older Adults Living Alone without Supports
- Older Adults age 85-Plus
- Blind and Deaf Adults
- Older Adults with Physical Disabilities
- Older Adults with Dementia and/or Mental Illness

4. How the AAA's Advisory Council assisted in targeting individuals with greatest economic and greatest social need. [See OAA § 1321.63(b)]

The DAAA Advisory Council consists of older adults, service providers, and community stakeholders who represent a microcosm of DAAA's service area. This council includes diverse individuals from a range of economic and social groups who advocate for older adults with the greatest economic and social needs. Members of the Advisory Council act as ambassadors to the community to inform residents about resources available and also bring emerging needs to its body as well as the Long Range Planning Committee.

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Coordination to Serve Native American Elders and Family Caregivers

Please describe the following:

1. Methods for collaboration on and sharing of program information and changes.

DAAA's service areas do not have tribal organizations, but does include the North American Indian Association and the American Indian Health and Family Services. DAAA currently funds the NAIA for outreach services and recently assisted the organization to secure equipment for its kitchen. Previously, the Executive Director of the Health Center served on the DAAA Board of Directors until she relocated. DAAA engages NAIA in service provider meetings and reaches out to share information and address unmet needs. During its strategic planning process, the agency conducted a focus group to determine the needs of these targeted populations.

2. How services will be provided in a culturally appropriate and trauma-informed manner.

DAAA provides services to Native American older adults and their families primarily through trusted organizations in order to provide culturally-appropriate and trauma-informed manner. The agency funds NAIA for outreach services and Congregate Meals in order to provide older adults with a safe place for socialization, health care and other activities.

3. Communication opportunities that service providers will offer to Title VI programs, such as participation in meetings, inclusion on email distribution lists, and presentation opportunities.

DAAA communicates with Native American organizations through individual and group service provider meetings, through Eblast, focus groups and engagement in community forums.

4. Opportunities to serve on advisory councils, workgroups and boards. AAAs please note whether your policy and advisory boards have tribal representation.

Michele Robinson, an individual of Native American descent, is a member of the DAAA Board of Directors. An attorney, she serves on Executive, Governance, Bylaws and Fund Development Committees.

5. How service providers will provide outreach to Tribal elders and family caregivers regarding Title III services for which they may be eligible.

6. Is there a Federally Recognized Tribe within your PSA?

Yes No

7. How Title VI programs may refer individuals for Title III services.

Title VI programs can refer any individuals to the via it's the DAAA Information and Assistance Call Center for services.

8. Describe any current and future collaborative efforts with Tribe(s) within the PSA including any anticipated outreach efforts.

DAAA does not have any Tribes within its service area. The agency does coordinate services with North American Indian Association and American Indian Health and Family Services.

DETROIT AREA AGENCY ON AGING
 AGING, COMMUNITY LIVING, AND SUPPORTS BUREAU (ACLS BUREAU) SERVICE BUDGET
 PROPOSED FY 2026/27 SERVICE ALLOCATION

	FY 2026/27 - AIP				
	Traditional	DAAA	DAAA		
	Services	Care Mgt DPOS	Admin / Direct Serv	Nutrition	Total
CARE MANAGEMENT	\$0	\$0	\$719,734	\$0	\$719,734
CASE COORDINATION & SUPPORT	165,000	0	0	0	165,000
INFORMATION & ASSISTANCE	0	0	598,922	0	598,922
OPTIONS COUNSELING	0	0	33,000	0	33,000
OUTREACH	61,710	0	23,769	0	85,479
TRANSPORTATION	250,000	0	0	0	250,000
CHORE SERVICES	24,315	12,000	0	0	36,315
FRIENDLY REASSURANCE	48,769	0	0	0	48,769
HOME HEALTH AIDE	100	0	0	0	100
HOMEMAKER	194,725	680,742	0	0	875,467
MEDICATION MANAGEMENT	100	0	0	0	100
PERSONAL CARE	124,725	800,240	0	0	924,965
ASSIST. TO HEARING IMPAIRED & DEAF COMMUNITY	200	0	0	0	200
Health Promotion: Evidence-Based	64,952	0	13,950	0	78,902
Health Promotion: Non Evidence-Based	76,953	0	116,250	0	193,203
Elder Abuse Prevention	12,947	0	0	0	12,947
HOME REPAIR	100,000	0	0	0	100,000
LEGAL ASSISTANCE	55,305	0	0	0	55,305
OMBUDSMAN	0	0	261,250	0	261,250
SENIOR CENTER OPERATIONS	100	0	0	0	100
SENIOR CENTER STAFFING	100	0	0	0	100
ADULT DAY SERVICES	176,575	0	0	0	176,575
CAREGIVER CASE MANAGEMENT	28,000	0	35,000	0	63,000
CAREGIVER EDUCATION (Use for Caregiver Outreach)	114,656	0	19,562	0	134,218
CAREGIVER INFORMATION & ASSISTANCE	0	0	14,518	0	14,518
CAREGIVER OPTIONS COUNSELING	0	0	7,000	0	7,000
CAREGIVER SUPPLEMENTAL - LEGAL ASSISTANCE	35,249	0	0	0	35,249
CAREGIVER SUPPORT GROUPS	29,907	0	6,750	0	36,657
CAREGIVER TRAINING	35,249	0	6,750	0	41,999
RESPIRE CARE - IN-HOME RESPIRE	86,000	0	0	0	86,000
RESPIRE CARE - OUT-OF-HOME RESPIRE (DAY)	20,000	0	0	0	20,000
RESPIRE CARE - OUT-OF-HOME RESPIRE (OVERNIGHT)	100,000	0	0	0	100,000
KINSHIP CAREGIVER CASE MANAGEMENT	10,000	0	0	0	10,000
KINSHIP CAREGIVER EDUCATION (Use for Kinship Caregiver Outreach)	30,000	0	0	0	30,000
KINSHIP CAREGIVER RESPIRE CARE	10,000	0	0	0	10,000
KINSHIP CAREGIVER SUPPLEMENTAL - LEGAL ASSISTANCE	10,249	0	0	0	10,249
KINSHIP SUPPORT GROUPS	7,500	0	0	0	7,500
KINSHIP CAREGIVER TRAINING	20,000	0	0	0	20,000
UNMET NEEDS	100	0	0	0	100
CONGREGATE MEALS	2,000	0	0	606,686	608,686
HOME-DELIVERED MEALS	0	0	0	2,686,801	2,686,801
Supplemental Nutrition Services - Oral Nutrition Supplements	0	0	0	72,725	72,725
Sub-Total	\$1,895,486	\$1,492,982	\$1,856,455	\$3,366,212	\$8,611,135
Federal Administration	0	0	365,667	0	365,667
State Administration	0	0	64,046	0	64,046
PROGRAM DEVELOPMENT	0	0	170,168	0	170,168
MATF FUNDS ADMIN	0	0	24,188	0	24,188
ST CG FUNDS ADMIN	0	0	2,904	0	2,904
Sub-Total	\$0	\$0	\$626,973	\$0	\$626,973
Grand Total	\$1,895,486	\$1,492,982	\$2,483,428	\$3,366,212	\$9,238,108
ACLS Funding - Services					\$4,642,062
ACLS Funding - Nutrition					3,252,212
ACLS Funding - Admin					429,713
Nutrition - Other					8,000
Services - Cash Match					906,121
Total Funding Available					\$9,238,108
EXCESS (DEFICIT) FUNDING					\$0