

# MULTI-YEAR PLAN

FY 2010 – FY 2012

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Advocacy



Independence



**The Senior Alliance®**

Area Agency on Aging 1-C

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## INTRODUCTION

According to the requirements of the Older Americans Act (OAA) of 1965, as amended, Section 306. (a) states, "Each area agency on aging designated...shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area." Each of Michigan's 16 area agencies on aging (AAA) shall submit their plan to the Michigan Office of Services to the Aging (OSA) for review and approval by the Michigan Commission on Services to the Aging. AAAs will utilize their plan to guide their work over the coming years, in order to lay the groundwork for new initiatives and expansion of current ones.

This Multi-Year Plan (MYP) covers the period of October 1, 2009 through September 30, 2012, which are fiscal years (FY) 2010, 2011 and 2012. This MYP also includes the FY '10 Annual Implementation Plan (AIP), covering October 1, 2009 through September 30, 2010. Annual updates will be provided as necessary.

## TIMETABLE

Final Instructions to AAA's for 2010-2012 MYP: JANUARY 12, 2009

First draft of MYP: MAY 15, 2009

Final MYP due: JULY 10, 2009

AIP Explanation to Commission: (tentative) JULY 17, 2009

County sign off/passive approval due: JULY 31, 2009

Presentation to Commission: AUGUST 21, 2009

Presentation to Commission: SEPTEMBER 18, 2009

Presentation of MYP final instructions to Commission: TBA

Presentation of MYP Approval Criteria to Commission: TBA

## Components of the Draft Multi-Year Plan

This Draft MYP is made available by TSA to the public for use in the public hearings. It includes the following components:

Section I Executive Summary Narrative  
FY '10 Planned Services Summary Page  
FY '10 Planned Services Summary Narrative

Section II FY '10 Area Plan Grant Budget

Organizational Chart

Section III Demographics  
Evaluation of Unmet Needs  
Available Resources and Partnerships

Section IV Targeting  
Access Services  
In-Home Services  
Community Services  
AAA Administered Direct Services

Section V Program Development

Section VI Advocacy Strategy

Section VII Community Focal Points

Section IX Glossary of Acronyms

**Plan to Gain Support from County/Local Unit of Government**

TSA will work to gain affirmative support of the Multi Year Plan (MYP), from the Wayne County Executive and the chief elected official of each of the 34 communities in the 1-C PSA. These officials are aware of the MYP, as each of the 34 communities has an appointed representative on the TSA Board of Directors.

Timeline:

- May 20 2009 – Inform each official of the availability of the MYP on the TSA web-site and invite comments and notify that approval of the final MYP is due July 24, 2009.
- June 29, 2009 - Send formal notice to officials that the MYP has been approved by the TSA board of directors and request approval by July 24, 2009.
- Final MYP due to OSA July 10, 2009 and available on TSA web-site.
- July 24, 2009 – Approval response from officials received July 31, 2009
- Approval responses provided to the Michigan Office of Services to the Aging, (OSA).

## **EXECUTIVE SUMMARY**

### **A. NARRATIVE**

#### **Background**

The mission of The Senior Alliance TSA is to coordinate a comprehensive network of services in southern and western Wayne County to enable older persons to function as independently as possible in the community environment which best suits their needs. In addition, TSA provides the advocacy, programming, planning, contracting, funding, and personnel necessary to accomplish the mission.

TSA was designated as the Area Agency on Aging 1-C by the Michigan Commission on Services to the Aging (CSA) in 1980. Since that time it has become the “go to” resource for senior services in the 1-C Planning and Service Area (PSA). TSA operates and oversees a comprehensive network of local senior services under state and federal funding provided through the Older American Act (OAA), and the Older Michigianians Act (OMA). The Multi Year Plan (MYP), for 2010 -2012 is required by the OAA and must be submitted to the Michigan Office of Services to the Aging (OSA) and approved by the CSA. The purpose of the MYP is to articulate the vision, direction and specific goals and objectives that will guide TSA’s work over the next three years.

#### **Summary of Services**

In-home and community services are provided to assist older adults to maintain their independence. Services are provided directly by TSA and by contracted service providers. These services include: Adult Day Care, Care Management, Case Coordination and Support, Chore Services, Congregate Meals, Elder Abuse Prevention Services, Friendly Reassurance, Health Screening, Home Delivered Meals, Information and Assistance, Legal Assistance, Long Term Care Ombudsman, Medication Management, MI Choice Waiver, National Family Caregiver Support, Outreach Service, Senior Center Staffing, Transportation Service, and Vision Services.

During Fiscal Year 2008, The Senior Alliance provided services to over 41,544 people. The total budget was over 11 million; more than 92% of this went directly towards services and programs, with 8% of the total budget used for administrative expenses.

TSA also operates the MI Choice Waiver funded through the Michigan Department of Community Health (MDCH). That budget was increased by over \$600,000 through an inter-governmental transfer from Wayne County and expansion of the Nursing Facility Transition (NFT) program.

### **Accomplishments from FY 2008**

- NFT services are now available to residents of nursing facilities who would like to return to their own home, move in with family members, find an apartment, or choose another housing option.
- In December 2008, TSA was awarded a \$10,000.00 grant from the National Association of Area Agencies on Aging to assist seniors and the disabled with the Digital Transition Viewing process (DTV), and thousands of seniors have been helped with the transition, enabling them to stay connected to the outside world.
- TSA's Holiday Meal Program, funded through donations, was able to reach out and deliver a total of 2,724 holiday meals to homebound seniors on Thanksgiving, Christmas, Easter, and Labor Day.
- TSA Information and Assistance, which specializes in evaluating and providing clients with available resources, served approximately 10,801 clients with AIRS Certified staff.
- The MMAP Program was able to counsel 2,169 clients with Medicare and Medicaid assistance.
- The Wayne County Chore Program provided valuable indoor/outdoor home maintenance services to approximately 381 seniors.
- TSA's Title V employment training program for seniors 55 and older, exceeded the placement goal by 10% for moving senior participants into unsubsidized employment.
- Approximately 308 clients were assisted through the TSA Care Management, and 171 through The Information Center (TIC) Care Management Program, with various contracted services that include programs such as: nutrition assessment, home and safety installation, and advocacy.

### **Major Goals of the 2010 – 2012 MYP**

During the first year of the MYP and in partnership with OSA, TSA will fully implement the Nursing Home Diversion Project. The goal of the project remains to transform Michigan's aging network to:

- Fully embrace and support Person-Centered Thinking (PCT) and self-direction (SD);
- Re-engineer the existing infrastructure to support PCT and SD,

- Direct the use of federal, state and local funding sources to serve NHD eligible individuals, at risk of nursing home placement, and their caregivers.

Accomplishing this goal will fundamentally change the way TSA views, operates and oversees services in the care management, care coordination and support programs and information and referral. As part of NHD, TSA will also sign a provider agreement to implement the Veterans Directed Home and Community Based Services (VDHCBS) program that will serve veterans of all ages. While these initiatives build on TSA's current abilities, they will also increase choice and strengthen the quality of services provided to adults of all ages who need long term care. Due to recent circumstances, TSA is also absorbing some of the functions of the Single Point of Entry for long term care in PSA 1-C.

The current economic situation demands that seniors most in need be targeted for enhanced outreach so they know about available services. The MYP contains an outreach goal that addresses this need and also a goal to gain agency AIRS accreditation in order to strengthen the quality of information and assistance services to all who call for help. Additionally, making sure that seniors can get to services that exist is a critical need addressed in the targeting and program development goals for transportation in the MYP. TSA will work to identify gaps in transportation services and use that information to advocate for increased funding for specialized services transportation. Nutrition is also fundamental to the well being of seniors and among the top five needs identified by area seniors. Therefore, under the MYP TSA will facilitate a process whereby the meals providers in the 1-C PSA will improve minority, and low income adults' participation in the congregate meals program.

It is clear that keeping seniors well and helping them manage chronic disease is a future direction in improving quality of life and mitigating large increases in health care costs. Consequently, TSA has included in the MYP, the goal of ensuring Evidence Based Disease Prevention (EBDP) programs are available in every part of the 1-C PSA through direct support of community based service providers and funding for EBDP service contracts.

TSA continues to value and practice improvement in the efficiency and effectiveness of program operation. To that end, the MYP contains goals and activities that TSA will undertake with its contractors to improve quality and coordination. Finally, the MYP contains a program goal that is the mutual effort of the Area Agency on Aging 1-B, the Detroit Area Agency on Aging, TSA and the Valley Area Agency on Aging. The goal seeks to expand services to the growing population of seniors, and to persons with disabilities and their families, and to increase operational/administrative efficiencies in the region.

### **Vision**

TSA leadership anticipates building upon the agency's strengths and learning from experience. TSA leadership and staff look forward to carrying on the current mission

and hope to develop beyond an area agency on aging and mature into a holistic network that can facilitate all aspects of adult living. Working in partnership with a variety of public and private organizations TSA can create a network that will provide seniors and persons with disabilities a seamless system of programs, services, and opportunities to live a self-determined life, supported by those they choose and by providers committed to practicing person centered thinking.

**B. TSA FY '2010 PLANNED SERVICES SUMMARY NARRATIVE**

According to OSA budget instructions, State funded services are reduced by 15%. These reductions are reflected in the following services: Care Management, Homemaking, Personal Care, Respite Care and Adult Day Care.

Despite the elimination of Senior Center Staffing (SCS) by the State, TSA has maintained funding for SCS contractors in FY 2009, and has included SCS in the recent RFP for funding in FY2010. In addition, TSA has added the mandated Evidence Based Disease Prevention (EBDP) program to provide training, education and resources to seniors for a healthy life style.

# BUDGET

## FY 2010 AREA PLAN GRANT BUDGET

Agency: The Senior Alliance

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

Rev. 4/2009

PSA: 1-C

Date: 06/17/09

Rev. No.: 0 Page 1 of 3

### SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	903,404		903,404
2. Fed. Title III-C1 (Congregate)		381,288	381,288
3. State Congregate Nutrition		34,620	34,620
4. Federal Title III-C2 (HDM)		1,273,892	1,273,892
5. State Home Delivered Meals		844,046	844,046
8. Fed. Title III-D (Prev. Health)	65,114		65,114
9. Federal Title III-E (NFCSP)	397,134		397,134
10. Federal Title VII-A	-		-
10. Federal Title VII-EAP	15,283		15,283
11. State Access	72,558		72,558
12. State In-Home	239,092		239,092
13. State Alternative Care	284,471		284,471
14. State Care Management	546,844		546,844
16. State N.H. Ombudsman	38,661		38,661
17. Local Match			
a. Cash	97,306	-	97,306
b. In-Kind	454,003	448,000	902,003
18. State Respite Care (Escheat)	92,382		92,382
19. Merit Award Trust Fund	328,268		328,268
20. NSIP		673,628	673,628
21. Program Income	76,125	620,900	697,025
<b>TOTAL:</b>	<b>3,610,645</b>	<b>4,276,374</b>	<b>7,887,019</b>

### ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	50,000	10,000	395,648
State Administration			58,110
MATF Administration			29,544
Other			-
<b>Total:</b>	<b>50,000</b>	<b>10,000</b>	<b>483,302</b>

### Expenditures

	FTEs	
1. Salaries/Wages	7.00	245,715
2. Fringe Benefits		109,216
3. Office Operations		128,371
<b>Total:</b>		<b>483,302</b>

### Cash Match Detail

Source	Amount	Source	Amount
Local Units of Government	50,000	Various	10,000
<b>Total:</b>	<b>50,000</b>	<b>Total:</b>	<b>10,000</b>

### In-Kind Match Detail

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature

Title

Date

FY 2010 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: The Senior Alliance  
 PSA: 1-C

Budget Period: 10/01/09  
 Date: 05/13/09

to 09/30/10  
 Rev. No.: \_\_\_\_\_

Rev. 4/2009  
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SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. Respite (Escheat)	Merit Award Trust Fund	Medicaid CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
1. Access																
a. Care Management	-		-		-			546,844				-	5,000	-	60,000	611,844
b. Case Coord/supp	211,500		-		55,144			-					2,500		27,000	296,144
c. Disaster Advocacy	-															-
d. Information & Assis	117,500		43,000		10,000									10,000	7,000	187,500
e. Outreach	39,500		-		7,414										6,000	52,914
f. Transportation	118,580		-											3,900	11,300	133,780
2. In-Home																
a. Chore	2,450														100	2,550
b. Home Care Assis	-					-	-									-
c. Home Injury Cntrl	-		-													-
d. Homemaking	49,650					98,201	79,734							6,700	62,000	296,285
e. Home Health Aide	-															-
f. Medication Mgt	-	17,051				-									2,000	19,051
g. Personal Care	32,131					140,891	79,469							35,000	45,000	332,491
h. PERS	-	-	-			-	-									-
i. Respite Care	-		29,005			-	95,673			41,882	120,624				95,600	382,784
j. Friendly Reassure	9,722														1,700	11,422
3. Legal Assistance	60,097		-										1,600	4,400	11,200	77,297
4. Community Services																
a. Adult Day Care	-		27,071				29,595			50,500	158,100		50,000	10,000	34,900	360,166
b. Dementia ADC	-		-				-			-	-					-
c. Disease Prevent	-		-													-
d. Health Screening	-	44,311											284	6,900	1,000	52,495
e. Assist to Deaf	-															-
f. Home Repair	-															-
g. LTC Ombudsman	10,946								38,661			16,037				65,644
h. Sr Ctr Operations	-															-
i. Sr Ctr Staffing	54,974													10,700		65,674
j. Vision Services	17,104												704	3,100		20,908
k. Elder Abuse Prevnt	-			15,283											3,300	18,583
l. Counseling	-															-
m. Spec Respite Care	-															-
n. Caregiver Supplmt	-															-
o. Kinship Support	-		21,276											2,500		23,776
q. Caregiver E,S,T	-		238,534											4,106	103	242,743
5. Program Develop	169,250														25,800	195,050
6. Region Specific																
a. - Evidence Based DP	10,000	3,752	38,248								20,000				40,000	112,000
NHD Services	-														20,000	20,000
MATF administration											29,544					29,544
<b>SUPPRT SERV TOTAL</b>	<b>903,404</b>	<b>65,114</b>	<b>397,134</b>	<b>15,283</b>	<b>72,558</b>	<b>239,092</b>	<b>284,471</b>	<b>546,844</b>	<b>38,661</b>	<b>92,382</b>	<b>328,268</b>	<b>16,037</b>	<b>60,088</b>	<b>97,306</b>	<b>454,003</b>	<b>3,610,645</b>



FY 2010 Planned Services Summary Page for PSA: 1C						
Service	Budgeted Funds	Percent of the Total	Method of Provision			
			Purchased	Contract	Direct	
<b>ACCESS SERVICES</b>						
Care Management	\$ 611,844	7.758%		X	X	
Case Coordination & Support	\$ 296,144	3.755%			X	
Disaster Advocacy & Outreach Program	\$ -					
Information & Assistance	\$ 187,500	2.377%			X	
Outreach	\$ 52,914	0.671%			X	
Transportation	\$ 133,780	1.696%		X		
<b>IN-HOME SERVICES</b>						
Chore	\$ 2,550	0.032%	X			
Home Care Assistance	\$ -					
Home Injury Control	\$ -					
Homemaking	\$ 296,285	3.757%	X			
Home Delivered Meals	\$ 3,501,452	44.395%		X		
Home Health Aide	\$ -					
Medication Management	\$ 19,051	0.242%			X	
Personal Care	\$ 332,491	4.216%	X			
Personal Emergency Response System	\$ -					
Respite Care	\$ 382,784	4.853%	X			
Friendly Reassurance	\$ 11,422	0.145%		X		
<b>COMMUNITY SERVICES</b>						
Adult Day Services	\$ 360,166	4.567%		X		
Dementia Adult Day Care	\$ -					
Congregate Meals	\$ 774,922	9.825%		X		
Nutrition Counseling	\$ -					
Nutrition Education	\$ -					
Disease Prevention/Health Promotion	\$ -					
Health Screening	\$ 52,495	0.666%		X		
Assistance to the Hearing Impaired & Deaf	\$ -					
Home Repair	\$ -					
Legal Assistance	\$ 77,297	0.980%		X		
Long Term Care Ombudsman/Advocacy	\$ 65,644	0.832%		X		
Senior Center Operations	\$ -					
Senior Center Staffing	\$ 65,674	0.833%		X		
Vision Services	\$ 20,908	0.265%		X		
Programs for Prevention of Elder Abuse,	\$ 18,583	0.236%		X		
Counseling Services	\$ -					
Specialized Respite Care	\$ -					
Caregiver Supplemental Services	\$ -					
Kinship Support Services	\$ 23,776	0.301%		X		
Caregiver Education, Support, & Training	\$ 242,743	3.078%		X	X	
<b>PROGRAM DEVELOPMENT</b>						
	\$ 195,050	2.473%				
<b>REGION-SPECIFIC</b>						
NHD Services	\$ 20,000	0.254%			X	
Evidence Based Disease Prevention	\$ 112,000	1.420%		X	X	
MATF administration	\$ 29,544	0.375%			X	
<b>TOTAL PERCENT</b>			100%	13%	69%	18%
<b>TOTAL FUNDING</b>		\$ 7,887,019		\$1,014,110	\$5,444,645	\$1,428,264

<b>AREA AGENCY ON AGING--OPERATING BUDGET</b>			
PSA: 1-C	Budget Period: 10/01/09	to: 09/30/10	Date of Budget: 05/14/09
Agency: THE SENIOR ALLIANCE			Rev. No.: 0 Page 1 of 2

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Operations		Program Services/Activities									
Program	Resource Development / Hol.ML	Tobacco	Care Management	Title V	Title V	OEC	MMAP	Med Mangmnt	Support Services	HCBS Waiver	TOTAL
Admin	Develop										

REVENUES												
Federal Grants	335,648	169,250				20,228	20,228	60,000	17,709	1,236,161	2,352,000	4,211,224
State Grants	58,110			328,268	545,467					874,804	1,568,000	3,374,649
Local Cash Match	33,000											33,000
Local In-Kind Match						188	353			3,760		4,301
Program Income	9,049				8,000							17,049
Fund Raising/Other-Chore			115,000							230,000		345,000
<b>TOTAL</b>	<b>435,807</b>	<b>169,250</b>	<b>115,000</b>	<b>328,268</b>	<b>553,467</b>	<b>20,416</b>	<b>20,581</b>	<b>60,000</b>	<b>17,709</b>	<b>2,344,725</b>	<b>3,920,000</b>	<b>7,985,223</b>

EXPENDITURES												
Contractual Services				178,100	93,858					833,170		1,105,128
Purchased Services				120,624	8,186					896,109	3,223,988	4,248,907
Wages and Salaries	248,740	112,265	60,544	17,048	252,410	11,546	10,980	31,680	11,296	323,010	412,312	1,491,831
Fringe Benefits	97,135	30,020	27,664	6,320	106,909	4,158	4,696	14,588	3,074	101,178	152,640	548,382
Payroll Taxes	19,066	7,592	4,668	1,610	19,309	883	840	1,765	828	32,258	31,542	120,361
Professional Services	9,360	1,404	1,605	333	5,559	261	277	450	183	12,795	12,274	44,500
Subscriptions/ Memberships/Dues	3,608	1,162	1,329	275	3,773	216	229	372	151	5,168	5,606	21,890
Occupancy	11,126	3,582	4,096	848	15,872	665	706	1,148	467	35,211	17,286	91,007
Insurance	3,007	968	1,107	229	3,144	180	191	310	126	6,066	4,672	20,000
Equip. Maint. And Renal	3,007	968	1,107	229	3,144	180	191	310	126	6,066	4,672	20,000
Equipments	3,759	1,210	1,384	287	3,930	225	239	388	158	7,582	5,840	25,000
Office Supplies	3,759	1,210	1,384	287	5,562	474	503	388	158	12,582	5,840	32,146
Printing & Publication	902	290	332	69	1,000	54	57	93	38	15,820	1,402	20,057
Postage	3,157	1,016	1,163	241	3,301	189	200	326	132	6,369	4,906	21,000
Telephone	4,510	1,452	1,661	344	4,716	270	286	466	189	12,098	7,008	33,000
Travel	5,262	1,694	1,938	401	6,473	315	334	6,043	221	12,391	8,176	43,247
Conferences	3,759	1,210	1,384	287	3,930	225	239	388	158	5,384	5,840	22,802
Service Contracts	8,344	2,686	3,072	636	9,890	499	530	861	350	16,832	12,965	56,665
Bank and ADP charges	1,308	521	563	100	1,500	78	83	423	55	4,639	2,032	11,301
Annual Meeting	3,000											3,000
Advertising	3,000				1,000						1,000	5,000
<b>TOTAL</b>	<b>435,807</b>	<b>169,250</b>	<b>115,000</b>	<b>328,268</b>	<b>553,467</b>	<b>20,416</b>	<b>20,581</b>	<b>60,000</b>	<b>17,709</b>	<b>2,344,725</b>	<b>3,920,000</b>	<b>7,985,224</b>

**A. Request to Transfer Funds**

Please indicate the amount of FY 2010 funds that you would like to have preauthorization for to transfer from Title III-B Supportive Services to Title III-C Nutrition Services, Title III-C Congregate Nutrition Services to Title III-B Supportive Services for in-home services, and/or from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the congregate nutrition program.

**NOT APPLICABLE.**

## REQUEST TO TRANSFER FUNDS

### REQUEST TO TRANSFER FUNDS (if applicable)

#### Fiscal Year 2010

1) The area agency on aging requests approval to transfer \$ from Title III-B Supportive Services to Title III-C Nutrition Services. The agency assures that this action will not result in a reduction in support for in-home services and senior center staffing.

Rationale for this request:

**N/A**

2) The area agency on aging requests approval to transfer \$ from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is listed below.

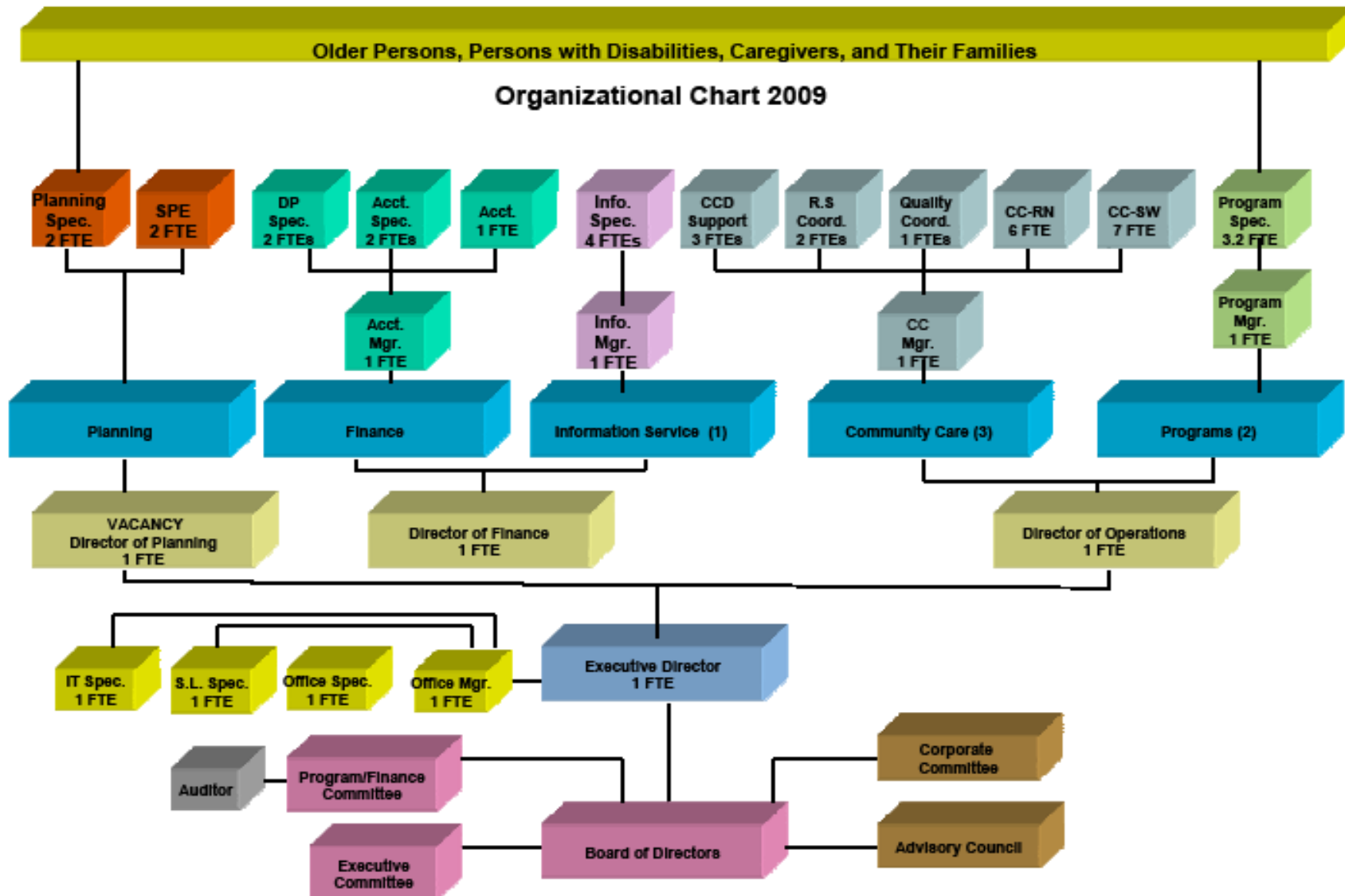
Rationale for this request:

**N/A**

3) The area agency on aging requests approval to transfer \$ from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the congregate nutrition program.

Rationale for this request:

**N/A**



Revised:  
4/24/09

Acct. = Accountant, Acct. Mgr. = Accounting Manager, Acct. Spec. = Accounting Specialist, CC Mgr. = Community Care Manager, CC RN = Community Care Registered Nurse, CC SW = Community Care Social Worker, CCD Support, RS Coord.=Residential Settings Coordinator, Quality Coord.=Quality Coordinator, DP Spec. = Data Processing Specialist, Info Mgr. = Information Services Manager, Info Spec. = Information Specialist, Intake Spec. = Intake Specialist, IT Spec. = Information Technology Specialist, Planning Spec. = Planning Specialist, Prog. Mgr. = Program Manager, Prog. Spec. = Program Specialist, S.L. Spec. = Service Line Specialist, SPE=Single Point of Entry Office Mgr. = Office Manager, Office Spec. = Office Specialist (1) Volunteers utilized for MMAP (2) Volunteers utilized for Senior Alliance Holiday Meals (3) Volunteers utilized for CCD functions

## STATEMENT OF NEED

### Demographics

#### PSA 1-C, based on 2000 U.S. Census Data.

Total Population in PSA for All Ages	<b>1,011,568</b>
Total Population in PSA for Ages 60 and over	<b>171,813</b>
Total Population 65+ At or <b>Below</b> Poverty	<b>7,968</b>
Total Minority Population Age 60 and Over	<b>20,281</b>

#### Total Minority Population Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black) <b>7,359</b>	<input type="checkbox"/> Less than 1%
Asian <b>1,868</b>	<input type="checkbox"/> Less than 1%
Am. Indian/Alaska Native <b>341</b>	<input checked="" type="checkbox"/> Less than 1%
Native Hawaiian/other Pacific Islander	<input type="checkbox"/> Less than 1%
Arab/Chaldean	<input type="checkbox"/> Less than 1%
Hispanic/Latino <b>2,365</b>	<input type="checkbox"/> Less than 1%

#### Total Low Income Minority Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black) <b>802</b>	<input checked="" type="checkbox"/> Less than 1%
Asian <b>156</b>	<input checked="" type="checkbox"/> Less than 1%
Am. Indian/Alaska Native <b>53</b>	<input checked="" type="checkbox"/> Less than 1%
Native Hawaiian/other Pacific Islander <b>156</b>	<input checked="" type="checkbox"/> Less than 1%
Arab/Chaldean	<input type="checkbox"/> Less than 1%
Hispanic/Latino <b>2020</b>	<input type="checkbox"/> Less than 1%

Total Kinship Caregivers Age 60 and Over\*\* **24,767**

**\*\*This information is for entire Wayne County. Figures are not available specifically for PSA.**

## Population Changes and Projections

### Senior Population of Wayne County\* (*U.S. Census*)

	<b>2000</b>	<b>2007</b>	<b>Percent Change</b>
60-64	70,104	85,706	22.25%
65-74	130,038	114,985	-11.6%
75-84	91,726	86,816	-18.04%
85+	27,218	33,862	24.4%
<b>TOTAL</b>	<b>319,085</b>	<b>321,369</b>	<b>.72</b>

\*This information is for the entire Wayne County. Figures are not available specifically for PSA.

### Population projections for out Wayne County (*Southeast Michigan Council of Governments 2008*)

	<b>2010</b>	<b>2015</b>	<b>Percent Change</b>
65+	<b>138,762</b>	<b>161,430</b>	<b>16.34%</b>

**End of Section**

## **INPUT FORUMS and PUBLIC HEARINGS**

Rationale: Older Americans Act, Section 306, (6) *“provide that the area agency on aging will—*

*(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;”*

### **TSA Input Forums and Public Hearings**

In order to gather information regarding the needs of older persons in the PSA, TSA held two public input forums prior to drafting the MYP. The public input forums were held in accessible facilities and held in different geographic locations in the 1-C PSA.

Additionally, three public hearings on the Draft MYP were held in the PSA. The hearings were held in different locations in the PSA, including a target community. All were held in accessible facilities. Persons need not be present at the hearings in order to provide testimony; written testimony provided at a time other than at the public hearings will be accepted. Please send written testimony to The Senior Alliance, attention Cherie Mollison.

Notice of public hearings has been given and indicates how to obtain a copy of the Draft MYP. Persons notified of the public hearings included elected officials, service providers, older persons, and the general public.

The following chart provides information about the input forums and public hearings, including the date, location, time, accessibility, and number of attendees, for the public input forums that TSA held earlier in the year.

(Continued on next page)

<b>DATE</b>	<b>LOCATION</b>	<b>TIME</b>	<b>BARRIER FREE (Y or N)</b>	<b>NUMBER of ATTENDEES</b>
<i>2/23/09 Input Forum</i>	Dearborn Ford Community & Performing Arts Center Dearborn, MI	1:00 – 1:30 p.m.	Yes	7
<i>2/25/09 Input Forum</i>	Garden City Maplewood Senior Center Garden City, MI	11:00 a.m. – 1:00 p.m.	Yes	16
<i>2/27/09 Input Forum</i>	Woodhaven Community Building Woodhaven, MI	10:00 – 11:00 a.m.	Yes	2
<i>2/27/09 Input Forum</i>	Flat Rock Towers Flat Rock, MI	1:30 – 3:00 p.m.	Yes	37
<i>3/2/09 Input Forum Collaborative</i>	Summit on the Park Canton, MI	9:00 – 11:00 a.m.	Yes	46
<i>6/8/09 Public Hearing</i>	The Senior Alliance Wayne, MI	2:00 – 3:30 p.m.	Yes	21
<i>6/11/09 Public Hearing</i>	Romulus Senior Center Romulus, MI	2:00 – 3:30 p.m.	Yes	6
<i>6/18/09 Public Hearing</i>	Dozier Recreation Complex Inkster, MI	2:30 – 4:00 p.m.	Yes	

## **Evaluation of Unmet Needs**

TSA conducted five input Forums and three Public Hearings are scheduled. Four of the Input Forums were conducted in a Focus Group style at local senior centers to gather information and provide one-on-one interaction with community residents. One Public Input Forum was a collaborative between TSA, Area Agency on Aging 1-B, and Detroit Area Agency on Aging 1-A. In addition to these sessions, a Key Informant survey was available in the Seniority News, on the TSA website, and was distributed to various aging network providers for client, caregiver and service provider feedback. TSA received more than 375 survey responses which were very helpful in identifying unmet needs for older adults and caregivers in the region. The findings are discussed below and incorporated as appropriate in the AIP and MYP objectives for Targeting, Service Delivery and Program Development outlined in following sections.

The Senior Alliance also collects information through the Information and Assistance Department determining the frequency of calls for specific services. This information was also used in identifying the needs of older adults in PSA 1-C.

### **Priority Needs**

More than 375 Key Informant surveys were collected primarily from seniors themselves, but included responses from caregivers, and concerned citizens. The top five priority needs reported are as follows:

1. **Healthcare** – including dental, vision and mental health, insurance, prescription drugs, excess use of drugs, affordable in-home care.
2. **Transportation** – getting to appointments, general errands and activities, getting beyond the local area.
3. **Social Interaction** – contact with family and peers, keeping active and involved, not being lonely.
4. **Nutrition** – home delivered meals, congregate meals, food preparation and proper diet.
5. **Chore Services** – housekeeping, laundry, leaf raking, snow shoveling, and lawn mowing.

It is important to note that **Healthcare** was the number three concern for survey respondents when the 2007-2009 MYP was prepared. It is now the number one concern. While we cannot be certain, this may reflect the fact that Medicare co-pays and deductibles, and the cost of Medicare supplemental insurance increased significantly over the last three years. It may also reflect the fact that the population 85+ is the fastest growing segment of the senior population in Wayne County according to the U.S.

Census data. This population needs both more acute and long term care services than younger populations.

**Transportation** continues to be within the top two service needs expressed in the 1-C PSA, and is a top service need in most other areas of the state. Additionally, existing public transportation does not offer the door to door service, help with wheelchairs or carrying groceries, and out-of- area service for medical and other appointments that seniors need. State specialized services transportation that could meet these needs is not adequately funded, particularly in light of the growth of the aging population and the needs of persons with disabilities.

**Social Interaction** moved from the second most expressed need to number three. As was true in 2007, survey respondents are still concerned about having a way to be with family, friends and peers. Seniors also want to stay engaged, and active. As was the case with the previous survey, fear of being lonely and wanting basic human contact and affection were mentioned.

**Nutrition** and the need for **Chore Services** continued to be among the top five needs identified. Fortunately, the majority of senior respondents are aware that congregate and home delivered meals are available in the 1-C PSA. Unfortunately, there continues to be a waiting list of approximately 350 people for Chore Services.

### **Most Frequent Information Requests**

The top Information and Assistance inquires made to TSA are:

- Transportation
- In-Home Services
- Medicare/Medicaid
- Legal Issues
- Utility Assistance

### **Target Populations**

In the 2007-2009 MYP, TSA identified five communities in the 1-C PSA with a minority population of more than 20% as follows: Inkster (66%); Ecorse (53%); River Rouge (42%); Sumpter Township (26%); and Romulus (26%). These communities are also most likely to have concentrations of persons with greatest economic and social need.

### **Major Barriers**

The major barrier to service delivery in the 1-C PSA is lack of adequate funding for services. This has historically been true for **Transportation** and **Chore services**. Large cuts to county and local governments will

further threaten the availability of these two critical services. TSA has not yet had wait lists for **Nutrition Services**, but cuts in state funding for meals has already occurred and will continue in the upcoming fiscal year.

In regard to **Health Care**, while the vast majority of seniors are covered by Medicare, it is clear that they are very concerned about getting the health care they need. Given the aging of the senior population, the need for long term care will increase substantially. However, budget cuts could mean that TSA will have wait lists for Care Management and the Medicaid waiver. Senior Centers are one place that mobile seniors can go to address some of their needs for **Social Interaction**. The cuts to local units of government could mean far less local funding for the centers.

Like most other public sector agencies, TSA does not receive adequate levels of administrative funding. While it is a shared goal of TSA and the funding agencies that the bulk of money received should be used for direct service provision, lack of administrative funds can inhibit the agency's ability to address identified barriers. Several examples include: lack of staff to sit on state and local groups to advocate more service funding; less ability to do grant writing and other fund development; lack of resources to put in place data systems that could lead to program efficiencies, e.g. NAPIS.

Finally, a barrier to service delivery is lack of knowledge by seniors and caregivers about services that are available. In addition to identifying the most important services on the Key Informant survey, respondents were asked to indicate services that they thought were being met. It is clear from the responses that seniors and caregivers don't know about a number of important services available in the 1-C PSA.

For example, housing issues were number six on the list of priority needs. However, a majority of seniors had not heard about home repair, weatherization and utility assistance as well as general housing assistance. The need for legal assistance was the seventh most mentioned service need, but a large percentage of respondents did not know about legal services programs in the 1-C PSA. Likewise a large number of respondents had not heard about the long term care ombudsman program. Program Development and Outreach objectives and activities contained in this MYP, will be used to address this barrier.

The table on the next page describes a summary of the information gathered from the Input Forums. Per resolution of the CSA, the final TSA MYP will provide OSA copies of the testimony received in public forums conducted as part of the MYP/AIP process.

DATE	LOCATION	SUMMARY OF INFORMATION
2/23/09 <i>Input Forum</i>	Dearborn Ford Community & Performing Arts Center Dearborn, MI	This input forum was held in conjunction with Dearborn's Senior Citizens Commission meeting. Participants were interested in the Evidence Based Disease Prevention/Health Promotion programs and asked for further explanation/definition of those programs. Questions were asked regarding the status of senior center staffing, and members of the commission expressed concern for the future of senior center staffing. Comments were verbally made regarding the importance of senior centers.
2/25/09 <i>Input Forum</i>	Garden City Maplewood Senior Center Garden City, MI	At this session surveys were passed around to a group of older adults at the center. There was discussion with a small group of caregiver support providers, as well as input from caregivers. Caregivers expressed the need for more outreach and marketing of support groups. Support groups were highly praised, as well as the need for understanding from others in the same situation. Caregivers also expressed concern for those other caregivers who do not reach out for help/service until they are at the breaking point. They would be interested in a service that identifies caregivers at an early point in their caregiving, before the stress becomes too large.
2/27/09 <i>Input Forum</i>	Woodhaven Community Building Woodhaven, MI	Attendance was small at this session and discussion was held mostly with the senior director. Topics included outreach and marketing to increase attendance at senior centers, as well as reprogramming to fit the needs of the up and coming "Boomer" Generation. Many senior centers are revamping their newsletters and offering new and exciting programs to meet these needs. A popular senior center addition is the Nintendo Wii.
2/27/09 <i>Input Forum</i>	Flat Rock Towers Flat Rock, MI	This session was made up of a large group of residents in a senior high rise building. Surveys were passed around and discussion focused on transportation and medication/prescription needs. There was also much discussion and concern expressed on the DTV transition.

<p>3/2/09 Input Forum Collaborative</p>	<p>Summit on the Park Canton, MI</p>	<p>This Input Forum was arranged as a collaborative effort between Detroit Area Agency on Aging 1-A, Area Agency on Aging 1-B, and The Senior Alliance, Area Agency on Aging 1-C. Attendance was representative of all three planning &amp; service areas, and included a mix of professionals, caregivers, and clients aged 60+. Topics included Senior Centers and Evidence Based Disease Programming, or "Wellness Centers". Some commented on the elimination of Senior Center Staffing and the need to support local senior centers. Members from the Chinese-American Senior group from Canton Senior Center provided a lot of input and praised the availability of the targeted service.</p>
<p>6/8/09 Public Hearing</p>	<p>The Senior Alliance Wayne, MI</p>	<p>Held in conjunction with The Senior Alliance Advisory Council meeting, this hearing included guests from the "caregiving" realm. Professionals and caregivers provided oral and written testimony. Comments included pleasure to see the continuation of Caregiver &amp; Respite funding, and the wonderful support caregiver services provide.</p>
<p>6/11/09 Public Hearing</p>	<p>Romulus Senior Center Romulus, MI</p>	<p>Discussion focused on transportation and the need to fill service gaps at this public hearing. A representative from the transportation industry was present who was able to provide information on opportunities in the transportation industry, and presented resources available that would be conducive to the plan. Residents need rides that can cross municipal boundaries, and discussion ensued on how that could be accomplished on a larger scale aside from busses available to downriver communities and the Non-Emergency Medical program funded by TSA.</p>
<p>6/18/09 Public Hearing</p>	<p>Dozier Recreation Complex Inkster, MI</p>	

*Per resolution of Michigan Commission on Services to the Aging resolution passed June 17, 2005, include copies of written testimony received by the AAA as part of the MYP/AIP process.*

## **Available Resources and Partnerships**

### **Available Resources to Meet Needs Identified in PSA 1-C**

**Healthcare:** TSA will maintain care management and case coordination and support services as outlined in the Services section of this Multi Year Plan (MYP). During the first six months of the AIP, TSA will continue to implement the AoA funded Nursing Home Diversion (NHD) project centered on finding and serving seniors in danger of nursing home placement and spend-down to Medicaid. Another key component of NHD is delivering home and community based care that is person centered and self-directed. The NHD project is being done in partnership with the Michigan Office of Services to the Aging (OSA), which is facilitating the standards development and evaluation process needed to make the systems changes that will support self-directed care. The Information Center is a TSA sub-contractor for NHD.

TSA is also beginning a new partnership with the Veterans Administration (VA) through the Veterans Directed Home and Community Based Services (VDHCBS) program. In this program, the VA will identify and provide funding for veterans of all ages, to receive long term care in the community coordinated by TSA. It is anticipated that between 20 and 40 veterans could be served over the first eighteen months of the program. The VA has stated strong interest in continuing the VDHCBS program as funding allows. Building on this new relationship, TSA is facilitating ongoing partnerships between the aging and VA program network to better coordinate current services, e.g. transportation, homecare, chore, etc. This will help seniors who are veterans to access the existing services in both the aging and VA network; and help providers in both networks to work together to best use limited resources.

TSA will continue to assist seniors to understand and access their health care coverage through the operation of its Medicare Medicaid Assistance Program (MMAP), funded by the federal Center for Medicare & Medicaid Services (CMS). In the past year, MMAP has doubled the number of calls handled, assisting 3,050 clients and is on-track to increase services in the future. The top three MMAP issues are assisting seniors with: Medicare Supplemental Insurance – Medigap and Medicare Advantage; Medicare prescription drug plans; and Medicaid. An important new trend is more calls from uninsured or under insured people looking for help because they have lost their health insurance, have billing issues, or are about to retire and don't know what to do. Additionally, TSA will continue to participate on the BCBSM Senior Advisory Council in order to seek partnerships with Michigan's largest provider of Medicare supplemental insurance, and to have input into product development and rate setting.

**Transportation:** The Non-Emergency Medical Transportation pilot program was successful and is funded in the TSA 2010-2012 AIP/MYP. The MYP also contains specific program development and targeting efforts intended to increase access to transportation services in the 1-C PSA and to target minority individuals. Activities include working with TSA contract providers and local transit authorities, as well as

interaction with state and local groups who fund and plan regional services including, the Michigan Department of Transportation MDOT, and Southeast Michigan Council of Governments (SEMCOG). There is an additional goal to evaluate gaps in transportation services identified by those calling I & A, compared to the services delivered by TSA contract service providers. This information will be used to evaluate the need to re-direct existing TSA funds to provide more transportation services, and to guide advocacy and future partnerships efforts.

**Nutrition:** Currently, additional federal funds are being made available for both congregate and home delivered meals. Given the possibility of large cuts to state dollars, the level of state and local funding for meals and wait lists will be carefully monitored and any actions possible will be taken to address developing problems. The 2010-2012 Service Plan for Targeting includes action that will identify and address the reduction in the number of minority clients served in congregate meal programs in the 1-C PSA. Meals providers will be required by the TSA contract to provide shelf-stable and frozen meals and water to seniors who want them in case of emergency. Partnerships with a variety of agencies, outlined in Appendix E, will be continued in order to fully fund the Holiday Meals program with private resources.

**Social Interaction:** Senior Centers provide important opportunities for socialization and TSA continues to provide funding for staffing the centers. Implementation of person centered thinking and self-directed care in the NHD and VDHCBS program will result in the development and implementation of unique ways to meet the quality of life needs that often include the social interaction and maintenance of friends and family relationships that surfaced in the Key Informant survey.

**Chore Services:** The TSA Chore Services program is funded by Wayne County and administered by TSA through a partnership with the Wayne County Commissioners Office. The program currently covers the southern and western areas of the 1-C PSA. The program utilizes the TSA vendor network, and TSA ensures that audits and insurance coverage are in place for each agency, and that background checks are performed on individuals that will have direct contact with seniors. The program has been very successful and efficient, with administrative costs running between 7-10%. The program has also been very popular, as evidenced by a long wait-list. TSA plans future efforts to work with Wayne County to increase funding for the existing service area and to contact the chief elected officials in other municipalities to implement the program in those communities. This effort will begin in the target communities.

### **Partnerships**

The TSA Corporate Committee was created to assist with fundraising. The Corporate Committee meets bi-monthly and all members are asked to contribute to the work of the agency. Contributions are accepted in all forms including monetary, in-kind volunteer hours (such as attending a corporate committee meeting), organizational donations, gifts donated to fundraisers and the resources brought to the table by each individual.

The membership of the Corporate Committee currently includes individuals from AT&T , Critical Signal Technologies, Bovitz and Company CPA, Blue Cross Blue Shield of Michigan, Presbyterian Villages of Michigan and several other organizations whose aim is to serve the older adult population directly or in-directly. The Chairman of the Corporate Committee has a voting seat on the TSA Board of Directors.

Other notable TSA partnerships include:

- The TSA Title V Employment and Training Program exceeded its goals for placing older workers into permanent employment. Federal stimulus money is being used to add five more individuals to the program.
- TSA works closely with the area Michigan Works! One Stop Service Centers and will continue its Memorandum of Understanding with the Southeast Michigan Community Alliance Workforce Development Board. These efforts assist older adults to find work.
- TSA will continue its partnership with the American House Foundation, which has provided funds targeted toward assisting older adults with quality of life issues.

### **Millage**

Wayne County does not currently have a senior millage. Given the current budget situation it is imperative that a millage be obtained to support senior services going forward. Around the state, all the senior millage proposals passed in the April 2009, election. This is a strong indication, that in spite of the bad economy, a millage could be successful in Wayne County. TSA will fund a millage initiative during 2010 – 2012. It is anticipated that the millage initiative can be explored and a strategy devised in year one; the ballot proposal can be drafted in year two; and the campaign for and election for the senior millage would occur in year three.

## SERVICE DELIVERY PLAN

### A. SERVICE DELIVERY PLAN FOR TARGETING

Fiscal Years: 2010-2012

<b>Baseline Data</b> <i>Source:</i> Year-end report for FY '08 <i>Indicate the number served by group and the percentage of that group's 60+ population that the number represents.</i>		<b>African American</b>	<b>Native American/ Native Alaskan</b>	<b>Asian/ Pacific Islander</b>	<b>Hispanic</b>	<b>Low-income Minority</b>	<b>Low-income</b>
<b>Total 60+ Population</b>	<b>171,913</b>	<b>7,359</b>	<b>341</b>	<b>4,868</b>	<b>2,365</b>	<b>1,262</b>	<b>2,903</b>
	<b>Percentage</b>	<b>4.28%</b>	<b>0.2%</b>	<b>2.83%</b>	<b>1.38%</b>	<b>0.73%</b>	<b>1.69%</b>
Supportive Services	Number Served	1101	28	222	126		2259
	<b>Percentage</b>	<b>14.96%</b>	<b>8.21%</b>	<b>4.56%</b>	<b>5.33%</b>		<b>77.8%</b>
Congregate Nutrition	Number Served	39	6	29	1		160
	<b>Percentage</b>	<b>0.52%</b>	<b>1.76%</b>	<b>0.6%</b>	<b>0.04%</b>		<b>5.5%</b>
Home Delivered Meals	Number Served	689	5	17	68		928
	<b>Percentage</b>	<b>9.36%</b>	<b>1.47%</b>	<b>0.35%</b>	<b>2.88%</b>		<b>31.9%</b>

<b>Multi-Year Plan Year</b>	<b>Desired Outcome</b>	<b>Actions</b>
<b>FY 2010</b> October 1, 2009 – September 30, 2010	To serve target populations at levels equal to or greater than the percentage of each group relative to the 60+ population of the region. Action steps will be implemented to increase service capacity in target populations not currently within the desired outcome.	<ol style="list-style-type: none"> <li>1) <i>Identify and initiate partnerships with key organizations serving targeted populations.</i></li> <li>2) <i>Arrange a meeting with contracted nutrition provider and congregare meal sites to identify the cause of drop in clients served and low number of minority served.</i></li> <li>3) <i>Use contract negotiation process to ensure</i></li> </ol>

Multi-Year Plan Year	Desired Outcome	Actions
		<p><i>transportation and nutrition contractors are reaching out to targeted low- income/minority and rural communities and individuals.</i></p> <p>4) <i>Identify and update Community Focal Points.</i></p>
<p><b>FY 2011</b> October 1, 2010 – September 30, 2011</p>	<p>To serve target populations at levels equal to or greater than the percentage of each group relative to the 60+ population of the region. Action steps will be implemented to increase service capacity in target populations not currently within the desired outcome.</p>	<p>1) <i>Expand collaborative efforts with key organizations serving target populations.</i></p> <p>2) <i>Work with contracted nutrition provider and meal sites to market and reach out to targeted individuals.</i></p> <p>3) <i>Monitor transportation providers through quarterly reports to ensure access is being provided to low-income/minority and rural communities/individuals.</i></p> <p>4) <i>Review focal points for access in low-income/minority communities. If focal point qualifications are not met, identify the location in the community that could be acting in place of traditional focal point (churches, senior high-rises, etc.)</i></p>
<p><b>FY 2012</b> October 1, 2011 – September 30, 2012</p>	<p>To serve target populations at levels equal to or greater than the percentage of each group relative to the 60+ population of the region. Action steps will be implemented to increase service capacity in target populations not currently within the desired outcome.</p>	<p>1) <i>Expand collaborative efforts with key organizations serving target populations.</i></p> <p>2) <i>Work with contracted nutrition provider and meal sites to market and reach out to targeted individuals.</i></p> <p>3) <i>Monitor transportation providers through quarterly reports to ensure access is being provided to low-income/minority and rural communities/individuals.</i></p> <p>4) <i>Establish focal point review to expand past traditional “senior center” locations to capture needs in low-income/minority communities.</i></p>

**B. Access Services**

Care Management

Starting date **10/01/09** Ending date **9/30/10** Total federal dollars \$0

Total state dollars **\$545,467**

Geographic area to be served **PSA 1-C**

**Goal:** Continue to provide quality care management services throughout the entire PSA.

**Outcome:** Care management clients will receive comprehensive assessment and the desired level of assistance with coordination of services most appropriate to their needs and wishes.

Timeline: Ongoing FY 2010 - 2012

Activities:

1. Increase community awareness and utilization of services on an ongoing basis.
2. Maintain communication with participants and with the Wayne County Emergency Preparedness department to ensure that those participants who would need assistance in a declared emergency are on the Wayne County Emergency Preparedness list, if the participant wants to be included on the list.
3. Monitor the quality of service through activities that include but are not limited to:
  - a. Each participant is contacted a minimum of monthly to ensure satisfaction with services.
  - b. Surveys are mailed quarterly inquiring about satisfaction with both the in-home services and with the care managers.
  - c. Peer review is conducted on a semi-annual basis. Ten percent of records are reviewed. Results are used by management to determine training and development needs and are also shared with care managers.
  - d. Billing records are compared with plans of care to ensure that participants are receiving the services that were ordered.
  - e. Supervisory reviews are conducted randomly to ensure that all standards are being met.
4. Annually determine the number of clients who were placed in nursing homes.

Number of client pre-screenings	150	Planned 2010	150
Number of initial client assessments	2009 120	Planned 2010	120
Number of initial client care plans	2009 120	Planned 2010	120
Total number of clients	2009 300	Planned 2010	300
Staff to client ratio (Active and maintenance per			

Full time care manager) 2009 1:50 Planned 2010 1:50

Case Coordination and Support

Starting date **10/01/09** Ending date **9/30/10** Total of federal dollars **\$211,500** Total of state dollars **\$55,144**

Geographic area to be served **PSA 1C**

**Goal:** Continue to provide quality Case Coordination and Support Services throughout the entire PSA.

**Outcome:** Older adult clients who do not currently need a nursing facility level of service, but are at risk of needing that level of care will receive support to prevent or slow a further medical or functional decline.

Time Line: Ongoing FY 2010 – 2012

Activities:

1. Increase community awareness and utilization of services on an ongoing basis.
2. Maintain communication with participants and with the Wayne County Emergency Preparedness department to ensure that those participants who would need assistance in a declared emergency are on the Wayne County Emergency Preparedness list, if the participant wants to be included on the list.
3. Monitor the quality of service through activities that include but are not limited to:
  - a. Each participant is contacted a minimum of monthly to ensure satisfaction with services.
  - b. Surveys are mailed quarterly inquiring about satisfaction with both the in-home services and with the care managers.
  - c. Peer review is conducted on a semi-annual basis. Ten percent of records are reviewed. Results are used by management to determine training and development needs and are also shared with care managers.
  - d. Billing records are compared with plans of care to ensure that participants are receiving the services that were ordered.
  - e. Supervisory reviews are conducted randomly to ensure that all standards are being met.
4. Annually determine the number of clients who were placed in nursing homes. Fine tune CCS program protocols if needed based on client status information.

Number of client pre-screenings	150	Planned 2010	150
Number of initial client assessments	2009 120	Planned 2010	120
Number of initial client care plans	2009 120	Planned 2010	120
Total number of clients (carry over plus new)	2009	Planned 2010	300
Staff to client ratio (Active and maintenance per			

Full time care manager) 2009 1:50      Planned 2010 1:50

Information and Assistance Program

Starting date **10/01/09**      Ending date **09/30/10**      Total of federal dollars **\$160,500**

Total of state dollars **\$10,000**

Geographic area to be served **PSA 1C**

**Goal:** Continue to provide quality Information and Assistance Service to the entire PSA.

**Outcome:** Consumers will be better informed about programs and services available in the community and how to access them.

TimeLine: Ongoing FY 2010-2012

Activities:

1. Assess consumer needs and provide appropriate information and referrals in a nonjudgmental, culturally sensitive manner. Educate consumer to better understand options, when appropriate.
2. To maintain current information on TSA website, agency publications, and brochures. Publish quarterly newsletter to include agency program and resource development, community agencies, and general information of interest to older adults, caregivers, and adults with disabilities. Distribution of newsletter supports agency outreach efforts.
3. Staff training
4. Update resource information.
5. Participate in collaborative community groups, i.e., Council for Action on Aging, Circle of Care, Out-Wayne County Homeless Coalition, and Chronic Illness Coalition.
6. Participation in professional groups, i.e., Resource managers group, MI-AIRS Board.

Outreach

Starting date **10/01/09** Ending date **09/30/10** Total of federal dollars **\$39,500** Total of state dollars **\$7,228**

Geographic area to be served **PSA 1C**

**Goal:** Ensure all areas of the PSA receive information about the programs and services available through TSA and its vendors.

**Outcome:** Information about senior services will be disseminated in a wide variety of formats throughout PSA 1-C.

Timeline: Ongoing FY 2010 – 2012

Activities:

1. Utilize media resources, agency publications and community organizations to disseminate information
2. Participate in senior related events including health fairs, caregiver conferences, Triad programs aimed at preventing abuse and exploitation.
3. Utilize the new TSA Outreach Calendar to track and coordinate senior events that TSA is participating in and/or hosting.
4. Continue to report to the TSA Board of Directors monthly, the number and type of outreach events in which staff participate or host. Gain recommendations for outreach from TSA Board and Advisory Council members.

## Direct Service Waiver Request

In-home services, community services and nutrition services should be contracted out to community based service providers when at all possible. A “direct service” is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting. Other services, such as data collection, administration, etc. ARE NOT direct services, and DO NOT require a direct service waiver.

TSA Direct Service Waiver Requests

### **In-Home Services:**

- Chore
- Home Care Assistance
- Home Injury Control
- Homemaking
- Home Health Aide

### **Medication Management**

Starting date **10/01/09**    Ending date **09/30/10**    Total of federal dollars **\$17,709**

Geographic area to be served **PSA 1C**

**Goal:** To ensure that Medication Management services are available to CM clients in the PSA.

**Outcome:** Clients will be assisted by registered nurses in effectively using their medications as prescribed by their physicians.

Timeline: Ongoing FY 2010 - 2012

Activities:

1. Educate older adults in the importance of taking medications as prescribed and the potential health consequences of not following the prescribed medication regimen
2. Assist older adults with appropriately monitoring and managing their medications.
3. Communicate with physicians and/or caregivers regarding the participant's compliance with the medication regimen.
4. Upon discovery that a participant is seeing multiple doctors and/or utilizing multiple pharmacies, provide education to the participant regarding the importance of having all medications reviewed by one physician.
5. Educate the participant and/or caregiver regarding any applicable contraindications or other potential problems with the scheduled medications.
6. Regularly evaluate client behavior related to effective medication u

- Personal Care
- Personal Emergency Response System (PERS)
- Respite Care
- Friendly reassurance

**Community Services:**

- Adult Day Service
- Dementia Adult Day Care

**Disease Prevention/Health Promotion**

Starting date **10/01/09** Ending date **09/30/10** Total Federal Dollars **\$22,000**

Geographic area to be served **PSA1C**

**Goal:** Build the capacity of TSA to deliver Evidence Based Disease Prevention (EBDP) programs, ensuring coverage in all areas of the PSA and promoting program sustainability.

**Outcome:** EBDP programs will be made available to individuals whose needs are not met through contracted services with TSA.

Timeline: FY 2010

Activities:

1. Have four staff trained to be PATH Master Trainers
2. Order books and supplies necessary for the program
3. Arrange four workshops to complete Master Training

Timeline: Ongoing FY 2010 – 2012

Activities:

1. Market Workshops
2. Provide in-kind support (training and supplies) to contractors interested in starting up PATH.
3. Arrange workshops in the PSA as necessary to target unmet needs and underserved populations.
4. Evaluate programs for fidelity.

- Health Screening
- Assistance to Hearing Impaired and Deaf
- Home Repair
- Legal Assistance
- Long Term Care Ombudsman
- Senior Center Operations
- Senior Center Staffing
- Vision Services
- Prevention of Elder Abuse, Neglect, and Exploitation
- Counseling Services
- Specialized Respite Care
- Caregiver Supplemental Services
- Kinship Support Services

**Nutrition Services:**

- Congregate Meals
- Home Delivered Meals
- Nutrition Counseling
- Nutrition Education

## PROGRAM DEVELOPMENT

**STATE PLAN GOAL #1:** *Work to improve the health and nutrition of older adults.*

**TSA GOAL A:** To embed EBDP programs into systems at all levels of the aging network, ensuring coverage in the entire PSA and program sustainability.

**Objective A.1** The Senior Alliance will directly provide Evidence Based Disease Prevention EBDP programs.

**Time Line** FY 2010-2012

**Activities:** Year One

1. Have four staff trained to be PATH Master Trainers
2. Order books and supplies necessary for the program
3. Arrange four workshops to complete Master Training

**Activities:** All Years

1. Provide in-kind support (training & supplies) to contractors interested in providing PATH
2. Market workshops
3. Arrange workshops in the PSA as necessary to target unmet need and underserved populations
4. Evaluate programs for fidelity.

**Outcome** EBDP programs will be made available to low income and minority individuals whose needs are not met by EBDP programs contracted through the agency.

**Objective A.2** Implement EBDP programs in all 34 communities in PSA 1-C.

**Time Line** FY 2010-2012

**Activities:** Year One

1. Finalize contracts for EBDP programs to be provided throughout PSA 1-C.
2. Hold Evidence Based Disease Prevention/Health Promotion information sessions in conjunction with current providers
3. Partner with provider agencies and networks, i.e. Michigan Partners on the PATH, to collaborate and expand service provision

**Activities:** All Years

1. Directly provide EBDP programs to those communities/individuals whose needs are not met through contracted programs
2. Work with and provide information for Community Focal Points so that EBDP programs will be made available at each location.

**Outcome** Evidence Based Programs will be made available, allowing individuals to gain skills to maintain and improve their health; communities increase access to places that promote safe and healthy lifestyles.

**TSA GOAL B:** Increase access to food and promote availability of wholesome choices.

**Objective B.1** Increase awareness of the MiCAFE program to assist seniors with meeting their nutritional needs.

**Timeline** FY 2010 - 2012

**Activities:**

1. TSA will continue to collaborate with Elder Law of Michigan to support and promote the MiCAFE program which allows seniors to apply for a bridge card at their local senior center.

**Objective B.2** Increase access to fresh vegetables and fruits through Project Fresh program.

**Timeline** FY 2010 - 2012

**Activities:**

1. TSA will facilitate in the application process for eligible seniors to receive coupons for the purchase of fresh fruits and vegetables.

**Outcomes:** Seniors will have access to food subsidies and fresh products.

**STATE PLAN GOAL #2:** *Ensure that older adults have a choice in where they live through increased access to information and services*

**TSA GOAL A:** To advocate for an increase in transportation availability, accessibility, acceptability, affordability, and adaptability in the region.

**Objective A.1** The Senior Alliance will participate in efforts to address the unmet need of transportation services for older adults and persons with disabilities in PSA 1-C.

**Time Line** FY 2010 – 2012

**Activities**

1. Maintain involvement with SEMCOG planning efforts for transportation.
2. Obtain current information on MDOT initiatives
3. Stay up to date on national transportation trends, conferences, and initiatives, (i.e., National Center on Senior Transportation)

**Outcome** The Senior Alliance will maintain up to date knowledge and participate on state and local and regional transportation initiatives, in order to effectively advocate for increased specialized services and other transportation.

**Objective A.2** The Senior Alliance will target service funding towards those individuals with a need for consistent ongoing transportation, as well as low-income and minority individuals.

**Time Line** FY 2010 – 2012

**Activities**

1. The Senior Alliance will implement a feedback loop to find stable alternative transportation for those clients who are repeat users of the Non-Emergency Medical Transportation program.
2. Contractors must address targeting transportation to those in the greatest economic or social need.
3. The Senior Alliance will focus outreach efforts in those communities with the greatest social/economic need.
4. The Senior Alliance will continue the Non-Emergency Medical Transportation program.

**Outcome** Individuals with the greatest social/economic needs will gain access to other programs, increasing their ability to participate in all things aging.

**TSA GOAL B:** Increase awareness of aging services among seniors in minority, low income and rural communities.

**Objective B.1** Provide enhanced Outreach services to TSA identified target communities first, and then to other areas of the PSA.

**Timeline** FY 2010 – 2012

**Activities:** Year one

2. Convene senior centers and interested agency/organization directors in the target communities to assess Outreach needs and opportunities for improvement.
3. Develop a work plan to implement opportunities.

**Activities:** Year two

1. Implement work plan.
2. Conduct Key Informant survey to determine effectiveness of enhanced outreach in target communities.
3. Amend work plan based on survey data.

**Activities:** Year Three

1. Continue enhanced Outreach in target area to include translation of additional materials in Spanish and Arabic.
2. Continue to evaluate and fine-tune work plan.

3. Use enhanced outreach methods in other areas of the 1-C PSA.

**Outcome:** Seniors in target communities will demonstrate increased knowledge of programs and services available in the 1-C PSA, and agencies in all areas of the PSA will be provided enhanced outreach methods.

**TSA GOAL C:** Enhance long term care ombudsman services.

**Objective C.1:** Facilitate better communication and coordination between TSA and the long term care ombudsman program.

**Timeline** FY 2010

**Activities**

1. Negotiate contract agreement to co-locate the ombudsman vendor at TSA.
2. Develop ongoing relationships among ombudsman and TSA CM and CCS staff.
3. Conduct mutual staff education related to better serving the PSA 1-C nursing home population.
4. Increase referral for both waiver NFT services and NHD services for nursing home residents who wish to return home.
5. Evaluate collocation and determine future direction of TSA ombudsman program relationship.

**Outcome:** Residents of nursing homes in PSA 1-C will have better access to services that will enable them to return home, and TSA will have more involvement in ombudsman advocacy efforts for seniors and persons with disabilities.

**TSA GOAL D:** Provide the most effective support possible to caregivers by implementing the Tailored Caregiver Assessment and Referral (T-CARE) Evidence Based Program.

**Objective D.1:** Integrate T-CARE I&A protocols into TSA's standard I&A practices.

**Timeline** Ongoing FY 2010 – 2012

**Activities**

1. Participate in all T-CARE I&A training and implementation tools learned during that training.
2. Continue to expand I&A database to have more resources available to caregivers.

**Outcome:** TSA's I&A department will fully utilize T-CARE practices when working with family caregivers.

**Objective D.2:** Implement T-CARE Care Management Practices.

**Timeline** October 1, 2009 – September 30, 2010

**Activities**

1. Participate in T-CARE Care Management training.
2. Implement T-CARE practices with at least 10 families and follow at least 6 of those families for a period of 12 months.

**Outcome:** TSA will conduct an internal pilot/learning period for T-CARE during the T-CARE training and Demonstration project in FY 2010, with the expectation of expanding this project during FY 2011.

**Objective D.3:** Participate in OSA T-CARE Train the Trainer activities.

**Timeline** As available, by December 2009

**Activities**

1. TSA T-CARE Care Managers and other eligible staff will attend Train the Trainer activities and obtain certification to train others to implement T-CARE practices.

**Outcome:** Expansion of T-CARE practices to other TSA staff and to other organizations in PSA 1C.

**TSA GOAL E:** TSA will fully embrace and support Person Centered Thinking (PCT), and Self-Determination (SD), programs and practices.

**Objective E.1:** Continue to implement a comprehensive work plan that supports the nursing home diversion (NHD), project goals.

**Timeline** October 1, 2009 – March 31, 2010

**Activities:**

1. Implement agency wide practices that support PCT and SD
2. Target those at risk of nursing home placement, impoverishment, and Medicaid spend-down.
3. Re-engineer existing services infrastructure to support PCT and SD.
4. Direct the use of federal, state, and local funding sources to serve NHD eligible individuals and their caregivers.

**Outcome:** Older adults identified and served by the NHD project will receive person centered services and be offered the option to self-direct care.

**Objective E.2:** Continue to use NHD standards, practices and protocols in I&A, Care Management, and Case Coordination and Support services.

**Timeline** March 31, 2010 – September 30, 2012 and Ongoing

**Activities:**

1. Employ PCT and SD, giving older adults and their caregivers more affordable choices and greater control over the services they receive.
2. Help people spend their own resources more wisely.
3. Improve consumer access to services through a single entry point.
4. Allow flexibility in how federal Older Americans Act and state revenue funds are used so they may support a range of options for people at high risk of nursing home placement.

**Outcome:** Older adults are able to remain in the community supported by person centered care.

**TSA GOAL F:** Achieve TSA AIRS Accreditation

**Objective F.1** Develop and implement a work plan to achieve stated goal.

**Timeline** October 1, 2009 – October 1, 2011

**Activities:**

1. Review and implement AIRS Standard for Professional Information and Referral and Quality Indicators. Must be in place when application for accreditation is submitted.
2. Develop and build electronic resource database using AIRS Taxonomy meet AIRS Standards. (1 year to create, then ongoing to maintain)
3. Staff training and implementation
4. Submit AIRS accreditation application April, 2010. This is an 18-month process lead by the Alliance of Information & Referral Systems (AIRS). A site visit is completed by AIRS.

**Outcome:** TSA will provide information and assistance services that meet the national recognized standards of service.

**STATE PLAN GOAL #3:** *Protect older adults from abuse and exploitation.*

**TSA GOAL A:** Participate in the Wayne County Elder Abuse Advisory Council and coordinate related outreach activities.

**Objective A.1:** Use the larger resources of community collaboration to address Elder Abuse Prevention.

**Timeline** FY 2010 – 2012

**Activities**

1. Participate in the planning, coordinating, and vending at Senior Abuse Prevention fairs held in the fall of the year.
2. Support the violence against women initiative to expand law enforcement training projects focused on community collaboration in Oakland and Wayne counties.

3. Support Elder Law events that provide training for judges and law enforcement.
4. Work with the Council to address elder abuse issues in senior facilities and to create and disseminate legislative updates.

**Outcome:** Education on the prevention of elder abuse will be made available to seniors, law enforcement and judges, and strategies will be developed to provide protection in senior facilities.

**STATE PLAN GOAL #4:** *Improve effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners*

**TSA GOAL A:** To improve the advocacy ability of TSA contractors providing services in PSA 1-C.

**Objective A.1:** To have a working relationship with contracted service providers to keep them informed and knowledgeable on the aging network and trends.

**Time Line** FY 2010 – 2012

**Activities**

1. Have quarterly meetings with all contractors at TSA.
2. Have staff attend contractor events and meetings (as applicable).
3. Encourage collaborations with/between contractors to allow for efficient service provision
4. Maintain regular email updates on the agency, state, and federal aging trends.
5. Provide technical assistance as necessary.

**Outcome** Contractors will become an extension of TSA and gain the ability to advocate on behalf of older adults and programs as appropriate.

**TSA GOAL B:** To improve the quality of services contracted with the agency.

**Objective B.1:** Institute a TSA review process where fiscal and program staff review contractors together.

**Time Line** FY 2010 – 2012

**Activities**

1. Schedule fiscal and programmatic assessments together as feasible.
2. Arrange quarterly fiscal and programmatic review of contractor reports and units expended to ensure consistent reporting of service expended.
3. Keep Program/Finance Committee and Board of Directors up to date on the performance of contracted service providers.
4. Provide technical assistance as necessary.

**Outcome** Contractor assessment will be efficient and provide consistent expectations of the contractor.

**TSA GOAL C:** Build relationships with the 34 communities of PSA 1C and expand the knowledge and mission of TSA and the aging network.

**Objective C.1:** Address and expand the factors that identify Community Focal Points.

**Time Line** FY 2010 – 2012

**Activities**

1. Identify and update Community Focal Points.
2. Review focal points for access in low-income/minority communities. If focal point qualifications are not met, identify the location in the community that could be acting in place of traditional focal point (churches, senior high-rises, etc.)
3. Establish focal point review to expand past traditional “senior center” locations to capture needs in low-income/minority communities.

**Outcome** Expanded Community Focal Points, through their direct service provision, will be used as a resource for outreach, referrals, and targeting of services.

**TSA GOAL D:** Collaborate with AAA 1B, DAAA, and Valley Area Agency on Aging to expand services to the rapidly growing senior population.

**Objective D.1** Identify additional resources to develop a regional plan.

**Timeline** FY 2010

**Activities**

1. Identify Financial Support to:
  - a. Fund research into new product/service opportunities
  - b. Achieve financial/operational efficiencies
  - c. Enhance education/outreach including branding strategies

**Outcome:** The area agencies on aging in the region will have the funding to develop a regional plan to improve services, operations, and efficiencies.

## **Program Objectives Part II**

### Grants

TSA is participating in the Nursing Home Diversion NHD grant, and the Veterans Directed Home and Community Based Services (VDHCBS) initiative and will implement the Tailored Caregiver Assessment and Referral (TCare) program. The objectives and activities related to these grants are outline in detail above.

### Person Centered Thinking/Self Determination

TSA will implementing person centered thinking throughout the organization as outlined in the work plan for NHD. TSA is also working in partnership with OSA to develop and implement the standards and evaluation methods that support person centered thinking and self-determination.

### Building Capacity

- Medication Management is required for Care Management and Case Coordination and Support clients who need supervision to ensure that they are taking prescription medications as ordered and that they are not taking inappropriate medications. The Medication Management program serves CM and CCS clients in the entire 1-C PSA. An RFP for medication management has been issued and is available on theTSA website.
- Separate RFPs have been issued for Caregiver Education, Support and Training, and care giver conferences.
- TSA has issued RFPs for Evidence Based Disease Prevention/Health Promotion and will also offer the PATH program to areas of the 1-C PSA where there are no successful bidders.

## **ADVOCACY STRATEGY**

TSA's overall advocacy strategy for FY 2010 thru 2012 can be summarized in three areas.

### Collaboration and Coordination

In TSA's experience effective advocacy to increase or improve services is most usually achieved though working with others who have similar goals. The dire economic realities of the next few years in Michigan also require better coordination of existing services among agencies trying to serve a growing senior population with fewer resources. Key collaborations and partnerships are described throughout the MYP in more detail and include the following:

- In order to meet the long term care needs of the growing older adult population, TSA is working in partnership with OSA to implement Nursing

Home Diversion. NHD includes a new relationship with the Veterans Administration to serve veterans of all ages in need of long term care, and opens the way for efforts to better coordinate aging and veterans services throughout PSA 1-C.

- The transportation activities outlined in the MYP include a focus on working with existing state, regional and local agencies to advocate for increased funding for specialized services transportation and better coordination of existing transportation resources.
- TSA will work with its meals providers and community organizations to ensure that the nutrition needs of minority and low income seniors are targeted by increasing meal counts above 2008 levels in congregate meals provided to this population.
- TSA and the other area agencies on aging in the region have the same program development goal included in their 2010 AIP to collaborate and coordinate with one another to find mutual and regional efficiencies.

TSA will continue to participate with all Michigan's area agencies on aging to bring seniors to Lansing on Older Michiganians Day (OMD). This is a great opportunity for seniors in the 1-C PSA to talk to their local legislators about issues of concern and to provide specific recommendations for legislative actions based on the OMD platform.

### **Action**

TSA is undertaking advocacy through action: AIRS, NHD, VDHCB, Evidence Based Disease Prevention and TCARE. By implementing these initiatives, TSA, its provider network, veterans, seniors, persons with disabilities, and care givers will all benefit from involvement in proven ways to hold down costs for funders and participants, while increasing quality of care and life. These initiatives are also the future in obtaining public and private resources, as funding agencies want to know that what they support works. One exciting new possibility on the horizon is interest, by a local company providing senior health insurance, in partnering with TSA on EBDP programs.

Obtaining agency AIRS accreditation and working with OSA to become an ADRC are important new TSA efforts to better serve seniors and leverage funding from the federal AoA, CMS and private sources.

TSA will begin a new relationship with the long term care ombudsman program serving the 1-C PSA. By co-locating the Ombudsman with TSA, advocacy efforts for seniors residing in area nursing homes and those who want to return to the community can be improved and increased.

TSA has added a representative of the Community Living Services to its Advisory Council and will soon renew a dialogue with the local Center for Independent Living. These and other planned actions with disability advocates will help identify ways to improve services to persons with disabilities in the 1-C PSA.

TSA will continue to work with the Wayne County Executive to advocate the use of current and any new federal recovery dollars for senior services. TSA also proposes to fund and accomplish the county's first senior millage within the next three years. This will require a large, coordinated advocacy effort, but will hopefully result in significant returns for funding senior services in Wayne County.

### **Information**

Successful advocacy is most usually based on good information. The TSA Executive Director meets with every elected official in each of the 34 communities within the 1-C PSA, at least once every 2 years. He has also established an open door policy for officials from those communities to contact him at any time the need may arise to discuss issues and opportunities affecting seniors in the area. The executive director also meets with area legislators at least once a year and regularly shares with these same officials advocacy issues surfaced by OSA, and N4A, as well as the Advocacy Alerts provided by the Area Agencies on Aging Association of Michigan.

TSA is fortunate to have the chair of its advisory council and member of the board of directors involved with important new sources of data on the needs of seniors. The council chair sits on an advisory group to an effort led in this state by Elder Law of Michigan, Inc (ELM). ELM has joined the National Elder Economic Security Initiative™ launched by Wider Opportunities for Women in Washington, DC to create a new measure of income adequacy – the Elder Economic Security Standard Index, Elder Index™.

The Elder Index for Michigan was tabulated using the WOW - University of Massachusetts Boston Gerontology Institute (GI) national methodology. The Elder Index measures the living expenses for older adults in today's economy. The Elder Index helps answer key questions: What is an adequate income for older adults in Michigan to "age in place"? How do financial needs vary according to the life circumstances of elders - whether they are living alone or with a spouse or partner, rent or own their home, drive a car or use other transportation? How do living expenses change as health status and life circumstances change? What happens if elders need long-term care to remain at home? Very specific data for seniors in Wayne County has just become available and will be used by TSA throughout FY' 2010-2012 to advocate for policy that protects adequate income and services for seniors.

Additionally, the TSA advisory council chair is a partner in a new collaboration between Adult Well Being Services and Wayne State University Institute of Gerontology called Seniors Count! TSA planning staff will serve on the advisory committee as work goes forward to implement ongoing data collection and analysis of older adults in Southeast Michigan.

## VII. COMMUNITY FOCAL POINTS

The definition of “community” to be used for this multi-year plan is as follows:

***A community is an area of service that is comprised primarily of, but not limited to, the jurisdictional boundaries of a municipality. This area of service includes factors such as the location of municipal offices, supportive services, health care facilities, commercial and recreational centers, educational institutions and religious centers.***

TSA’s planning and service area is comprised of 34 municipalities, with a senior population of nearly 172,000 individuals (2000 census). Each community has a multi-functional senior center and/or viable senior service department to assist with accessing community resources. Many of the focal points receive TSA funds for Senior Center Staffing and a programmatic assessment is done annually to ensure contract compliance and obtain documentation of services provided. In addition, the agency receives current information on various programs, services and relevant issues through Senior Center Directors that serve on TSA Board of Directors.

The following criteria are used to designate Community Focal Points:

- 1) Ability of the site to meet the service needs of older persons including direct access to existing Information and Assistance and emergency services;
- 2) Service availability at least 25 hours a week;
- 3) Designated site must be barrier free/handicapped accessible;
- 4) Location should be readily accessible for seniors with easy access using public or private transportation;
- 5) Potential to accommodate additional services and/or on-site collaboration of services with other providers is strongly encouraged;
- 6) Outreach efforts to expand service utilization by all older persons, including low-income, minority, frail, isolated and disabled seniors living in the vicinity;
- 7) Ability to provide and/or make reasonable on-site accommodations for at least nine (9) of the following services:

- A. Chore Services
- B. Computer Classes
- C. Congregate Meals
- D. Driving Classes
- E. Education/Lifelong Learning
- F. Food Commodity Distribution
- G. Friendly Reassurance
- H. Health Screening/Fairs
- I. Home Delivered Meals
- J. Intergenerational Activities
- K. Legal Assistance
- L. Medicare/Medicaid Assistance
- M. Mobile Library
- N. Outreach (Home Visits)
- O. Physical Fitness/Exercise
- P. Support Groups
- Q. Tax Filing Assistance
- R. Transportation
- S. Travel Programs
- T. Vision Services
- U. Hearing Impaired Services
- V. Volunteer Opportunities

<b>Community Focal Point</b>	<b>Service Area and Senior Population</b>	<b>Services Provided</b>
Allen Park – Parks and Recreation 15800 White Street Allen Park, MI 48101 313.928.0770 <a href="http://www.cityofallenpark.org">www.cityofallenpark.org</a> Contact: Jennifer Hughes	City of Allen Park 7,245	<b>A, C, E, D, G, H, I, K, P, Q, R, S, T, U, V</b>
Brownstown Township 21311 Telegraph Road Brownstown Township, MI 48183 734.675.0920 <a href="http://www.brownstown-mi.org">www.brownstown-mi.org</a> Contact: Maxine Schofield	Brownstown Township 1,988	<b>A, B, C, E, G, H, I, K, L, M, N, O, Q, R, S, V</b>
Canton Senior Adult Program 46000 Summit Parkway Canton, MI 48188 734.394.5485 <a href="http://www.canton-mi.org">www.canton-mi.org</a> Contact: Michael Ager	Canton Township 6,469	<b>A, B, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V</b>
Dearborn Senior Center 15801 Michigan Avenue Dearborn, MI 48126 313.943.3412 <a href="http://www.cityofdearborn.org">www.cityofdearborn.org</a> Contact: Marsha Koet	City of Dearborn 18,391	<b>A, B, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V</b>
Berwyn Senior Center 26150 Richardson Dearborn Heights, MI 48127 313.791.3550 Contact: Diane Saunders	City of Dearborn Heights 13,515	<b>A, B, C, E, F, G, H, I, J, K, L, M, O, Q, R, S, T, U, V</b>
Eton Senior Center 4900 Pardee Avenue Dearborn Heights, MI 48125 313.277.7765 <a href="http://www.dhol.org">www.dhol.org</a> Contact: Jacqueline Warner	See above	<b>A, B, C, D, E, F, G, H, I, K, L, N, O, P, Q, R, S, T, U, V</b>

<b>Community Focal Point</b>	<b>Service Area and Senior Population</b>	<b>Services Provided</b>
Ecorse Senior Center 4072 W. Jefferson Ecorse, MI 48229 <a href="http://www.city-ecorse.org">www.city-ecorse.org</a> Contact: Ruth King	City of Ecorse 1,808	<b>B, C, F, H, I, O, Q, R, S</b>
Flat Rock Senior Center 1 Maguire Flat Rock, MI 48134 734.782.3488 <a href="http://www.flatrockmi.org">www.flatrockmi.org</a> Contact: Laurie Brown	City of Flat Rock 1,054	<b>A, D, E, F, G, H, J, L, M, N, O, P, Q, R, S, T, U, V</b>
Maplewood Senior Center 31735 Maplewood Blvd. Garden City, MI 48135 734.525.8848 <a href="http://www.gardencitymi.org">www.gardencitymi.org</a> Contact: Cheryl Stepanian	City of Garden City 5,162	<b>B, C, D, E, F, G, H, I, J, L, N, O, P, Q, S, T, U, V</b>
Gibraltar Community Center 29340 S. Gibraltar Road 734.671.1466 Contact: Gil Talbert	City of Gibraltar 593	<b>B, C, H, I, J, K, O, P, Q, R, S, V</b>
Grosse Ile Township Recreation Dept. 25215 West Rive Road Grosse Ile Twp., MI 48138 734.675.2364 Contact: Tim Rooney	Grosse Ile Township 1,897	<b>A, E, G, H, I, J, K, L, O, P, Q, R, S, V</b>
Huron Twp. Senior Center 28245 Mineral Spring Waltz, MI 48164 734.654.9281 Contact: Pam Carpenter	Huron Township 1,541	<b>A, C, E, F, G, H, I, J, L, O, P, R, S, V</b>
Inkster Senior Services 2000 Inkster Road Inkster, MI 48141 313.561.2382 Contact: Denise Champagne	City of Inkster 4,252	<b>C, D, F, H, I, K, L, N, Q, R, S, T, U, V</b>
Lincoln Park Senior Center 3250 Ferris Lincoln Park, MI 48146 313.386.1817 <a href="http://www.lincolnparkmi.net">www.lincolnparkmi.net</a> Contact: Dianne Laplant	City of Lincoln Park 6,965	<b>A, C, E, F, H, I, J, K, O, P, Q, R, S, T, U, V</b>

<b>Community Focal Point</b>	<b>Service Area and Senior Population</b>	<b>Services Provided</b>
Civic Park Senior Center 15218 Farmington Road Livonia, MI 48154 734.466.2555 <a href="http://www.ci.livonia.mi.us">www.ci.livonia.mi.us</a> Contact: Gay Ware	City of Livonia 21,325	<b>A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V</b>
Melvindale Senior Center 4300 S. Dearborn Melvindale, MI 48122 313.429.1089 <a href="http://www.melvindale.org">www.melvindale.org</a> Contact: Ryan Massolia	City of Melvindale 1,829	<b>A, B, C, D, E, F, H, I, J, K, L, M, O, P, Q, R, S, T, U, V</b>
Northville Senior Center 215 W. Cady Street Northville, MI 48167 248.349.4140 <a href="http://www.ci.northville.mi.us">www.ci.northville.mi.us</a> Contact: Sue Koivula	City of Northville/Northville Twp. 5,013	<b>A, B, D, E, F, G, H, J, K, L, O, P, Q, R, S, T, U, V</b>
Plymouth Community Council on Aging 201 South Main Street Plymouth, MI 48170 734.453.1234 ext. 236 <a href="http://www.ci.plymouth.mi.us">www.ci.plymouth.mi.us</a> Contact: Bobbie Pummill	City of Plymouth/Plymouth Township 6,341	<b>A, C, D, E, G, H, J, K, L, M, N, O, P, Q, R, S, T, U, V</b>
Redford Senior Department 12121 Hemmingway Redford Township, MI 48239 313.382.2788 <a href="http://www.redfordtwp.com">www.redfordtwp.com</a> Contact: Dorothy Morris	Redford Township 9,263	<b>A, C, D, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V</b>
Riverview Municipal Building 14100 Civic Park Drive Riverview, MI 48193 734.281.4219 <a href="http://www.cityofriverview.com">www.cityofriverview.com</a> Contact: Dorothy Withrow	City of Riverview 3,232	<b>A, C, H, I, K, L, O, Q, R, S, T, U</b>
River Rouge Senior Center 10625 W. Jefferson River Rouge, MI 48218 313.842.3360 Contact: Olive Roberts	City of River Rouge 1,403	<b>C, E, G, I, J, K, P, Q, R, T, U, V</b>

<b>Community Focal Point</b>	<b>Service Area and Senior Population</b>	<b>Services Provided</b>
Rockwood Community Center 32001 Fort Street Rockwood, MI 48173 Contact: Nova Domitc	City of Rockwood 451	<b>C, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V</b>
Romulus Senior Center 36525 Bibbins Romulus, MI 48174 734.962.6852 / <a href="http://www.romulusgov.com">www.romulusgov.com</a> Contact: Rose Swidan	City of Romulus 2,587	<b>A, B, C, E, F, G, H, I, J, K, L, M, N, O, Q, R, S, T, U, V</b>
Southgate Senior Center 14700 Reaume Parkway Southgate, MI 48195 734.258.3010 <a href="http://www.southgate-mi.org">www.southgate-mi.org</a> Contact: Norma Hendin	City of Southgate 6,133	<b>A, B, C, E, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V</b>
Sumpter Senior Center 23501 Sumpter Road Sumpter Township, MI 48111 734.461.9373 Contact: Denise Drouillard	Sumpter Township 1,261	<b>A, C, E, F, G, H, I, J, K, N, O, R, S, T, U, V</b>
William Ford Senior Center 3750 Troy Taylor, MI 48180 313.291.7740 <a href="http://www.cityoftaylor.com">www.cityoftaylor.com</a> Contact: Marsha Dotson	City of Taylor 9,862	<b>A, B, C, E, F, G, H, I, J, K, L, M, O, P, Q, R, S, T, U, V</b>
Trenton Senior Center 2700 Westfield Trenton, MI 48183 734.675.0063 Contact: Carol Garrison	City of Trenton 4,774	<b>B, E, H, J, K, L, O, P, Q, R, S, V</b>
September Days Senior Center 46425 Tyler Belleville, MI 48111 734.699.8918 <a href="http://www.vanburen-mi.org">www.vanburen-mi.org</a> Contact: Linda Combs	Van Buren Township/City of Belleville 3,043	<b>A, B, C, D, F, G, H, I, J, K, L, N, O, P, Q, R, S, T, U, V</b>
Wayne Senior Center 35000 Sims Wayne, MI 48184	City of Wayne	<b>B, D, E, G, H, I, K, L, O, Q, S, V</b>

<b>Community Focal Point</b>	<b>Service Area and Senior Population</b>	<b>Services Provided</b>
734.721.7460 Contact: Nancy Wojewski-Noel		
Westland Friendship Center 1119 N. Newburgh Rd. Westland, MI 48186 734.722.7628 Contact: Barbara Marcum	City of Westland 14,803	<b>A, B, C, D, G, H, I, K, L, M, O, Q, S, T, U, V</b>
Copeland Recreation Center 2306 4 <sup>th</sup> Street Wyandotte, MI 48192 734.324.7275 Contact: Alice Sidebottom	City of Wyandotte 5,380	<b>A, C, E, F, G, H, I, O, Q, R, S, V</b>
Woodhaven Senior Center 23101 Hall Road Woodhaven, MI 48183 734.675.4926 Contact: Amy Thomas	City of Woodhaven 1,288	<b>C, G, H, I, J, L, O, R, S, V</b>

VIII. APPENDICES

A. Membership of the Board of Directors

Appendix A provides information about the AAA Board of Directors. Please identify the total number of members, number of members age 60 and over, number of vacancies, and membership demographics and affiliation. This information should be accurate as of the date the Final MYP is submitted to OSA.

B. Membership of the Advisory Council

Appendix B provides information about the AAA Advisory Council membership. Please identify the total number of members, number of members age 60 and over, number of vacancies, and membership demographics and affiliation. This information should be accurate as of the date the Final MYP is submitted to OSA.

C. Current Providers Demographics

Appendix C provides demographics on the providers in the region.

D. Proposal Selection Criteria

Appendix D provides the criteria that will be used to select agencies that will receive contracts for service provision.

E. Planned Entrepreneurial Activities (if applicable)

Appendix E provides, for each year of the Multi-Year Plan, a list of the entrepreneurial/fund raising activities in which the agency proposes to engage. List the estimated amount(s) of revenue to be gained and identify the purpose for which the funds will be used.

**APPENDIX A**  
**BOARD OF DIRECTORS MEMBERSHIP**  
**Fiscal Years: 2010 – 2012**

	DEMOGRAPHICS						
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership		2			1	27	37
Age 60 or Over		1			1	7	13

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Ager, Michael	Canton Twp.	Resources & Facility Svcs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpenter, Pam	Huron Twp.	Huron Twp. Senior Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Champagne, Denise	Inkster	Inkster Senior Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combs, Linda	Van Buren Twp.	September Days Senior Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constan, Kim	Dearborn Hgts.	DH Parks & Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dallwig, Janet	Rockwood	Rockwood Housing Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DeGhetto, Ann	Plymouth Twp.	Supervisor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DeLano, Jennifer	Belleville	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dotson, Marsha	Taylor	Community Development & Senior Svcs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Droullard, Denise	Sumpter Twp.	Senior Coordinator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drysdale, Mark	Riverview	Special Projects Coordinator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Elder, Carole	Romulus	Senior Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garrison, Carol	Trenton	Westfield Activity Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hendin, Norma	Southgate	Southgate Senior Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Henningsen, Richard	Northville Twp.	Northville Twp. Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Higgs, Jerry	Wayne County	Wayne Cty. Office on Aging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hughes, Jennifer	Allen Park	Allen Park Supervisor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Holmes, William	Ecorse	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jankowski, Tom	Advisory Chair	WSU Institute of Gerontology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Linteau, Marguerite	Corporate Chair	Critical Signal Technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Loya, Margaret	Wyandotte	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marcum, Barbara	Westland	Friendship Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Massolia, Ryan	Melvindale	Melvindale Civic Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McKarge, Pat	Garden City	GC Parks & Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Morrison, Helen	Grosse Ile Twp.	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Necelis, Sherry	Northville	Northville Housing Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pawlukiewicz, Joan	Flat Rock	Flat Rock Recreation Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pedit, John	Redford Twp.	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pummill, Bobbie	Plymouth	Plymouth Council on Aging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roberts, Olive	River Rouge	River Rouge Senior Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schofield, Maxine	Brownstown	Brownstown Community Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talbert, Gil	Gibraltar	Gibraltar Senior Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Thomas, Amy	Woodhaven	Woodhaven Community Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ware, Gay	Livonia	Civic Park Senior Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Willson, Marilyn	Lincoln Park	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wojewski-Noel, Nancy	Wayne	Wayne Senior Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Woods, Anthony	Dearborn	Community Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**APPENDIX B**  
**ADVISORY COUNCIL MEMBERSHIP**  
**Fiscal Years 2010 – 2012**

	DEMOGRAPHICS						
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership		3				8	14
Age 60 or Over		2				3	8

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Bousha, Jacqueline	Northville	
Chappell, Michael	Canton Twp.	
Graham, David	Taylor	
Henningsen, Richard (TSA Board Chairman)	Northville Twp.	
Jankowski, Tom-Chairman	Canton	Wayne State University
Knight, Ethel		Social Security Administration
Lieberman, Ron	Canton	Canton Twp. Senior Services
Miller, Sharon		Madonna University
Neihengen, Dianne	Canton	Our Lady of Victory Catholic Parish
Shim, Rosemarie	Canton	Serenity Home Health Inc.

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Siavrakas, Joan		Wayne County Senior Services
Talab, Amne	Dearborn	ACCESS
Taverna, Elaine		Community Living Services
Williams, Nellie	Westland	

**APPENDIX C  
CURRENT PROVIDERS DEMOGRAPHICS**

**Fiscal Year 2010**

Cluster 1 providers	DEMOGRAPHICS							
	Asian /Pacific Island	African American	Arab /Chaldean	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	<b>Total</b>
Number of contractors <sup>1</sup>		5				1	8	28
Number of employees of contractors <sup>2</sup>	3	66			4	3	159	201

The above table should reflect contractors/staff that are funded by the AAA only.

The information gathered from this document will be used in the cultural competency work that is being conducted by OSA. Please contact your field representative for more information on the cultural competency work.

<sup>1</sup> These numbers should reflect either the demographics of the owner, such as a “female owned business” or, if a non-profit, 501C3, should be listed under the demographics that most describe the board of directors.

<sup>2</sup> Table above accurate for date **June 1, 2009**

**APPENDIX D**  
**PROPOSAL SELECTION CRITERIA**  
**Fiscal Years: 2010-2012**

Date criteria approved by AAA Board: March 26, 2009

**PROPOSAL REVIEW AND SELECTION PROCESS**

Adherence to Minimum Standards

Compliance with the provisions under the Older Americans Act and with OSA Operating and Service Standards will be required prior to the execution of a contract. Only proposals which are in compliance with these documents will be considered for contracting.

1. Review Criteria

Except as noted, the following criteria shall be given equal weight in the evaluation of proposals:

Unit Rate (or average unit cost)

The most cost effective means for providing acceptable levels of quality service.

Incumbency

- a. Contractor Performance
- b. Submission of timely and accurate program and fiscal reports
- c. Programmatic and fiscal assessment findings, including corrected compliance recommendations
- d. Client feedback

NOTE: The incumbency criterion would be applied in a manner to assure fair and equal treatment of all bidders.

Consideration of Clients' Rights, Needs, and Dignity

Access to service, respect for clients' rights, responsiveness to need, solicitation of feedback, provision of client-oriented service, etc.

Targeting

Outreach, including the provision, advertising and accessibility of service to those in greatest economic and social need and prioritization of service to those with most substantial unmet need.

Coordination/Networking/Non-Duplication

Assisting clients to access the service delivery network in ways which avoid unnecessary duplication of effort.

Ability to Generate Other Resources

Utilization of cash and in-kind non-federal resources to supplement TSA funds and ensure continuity and continuation of services.

Ability to Cover Additional Service Area

Under certain circumstances, bidders may be asked to provide service in areas other than originally proposed.

NOTE: The technical proposal-service specific criterion will be given equal weight to those listed above.

## Appendix E

### PLANNED ENTREPRENEURIAL ACTIVITIES

Fiscal Years: 2010 – 2012

Planned entrepreneurial activities for each year of the 2010- 2012 MYP are projected to increase the resource base by \$100,000 each program year and to raise awareness of TSA programs, services, and operations. Specific service programs targeted for support are: the Holiday Meals Program, The Information and Referral Program, Chore Services Program and un-restricted donations. Activities under consideration include:

1. The Holiday Card and “Pete the Fuzzy Peep” Program
2. The Senior Alliance Hot Dog Roast
3. The Senior Alliance Golf Classic
4. Seniority News, Senior Source Sponsorship, and Publication Ad Sales
5. Grant Writing
6. Contribution Collection Boxes
7. Annual Giving Program
8. Firefighters at intersections
9. Striking for Seniors Bowling Fundraiser

#### Description of Events

##### 1. The Holiday Card and “Pete the Fuzzy Peep” Program

The Senior Alliance sells Holiday Cards and Pete the Fuzzy Peep to raise funds to support the programs that TSA provides. These programs include, but are not limited to, The Holiday Meal on Wheels program, Information and Referral, Outreach, Care Management and many others. The projected income from this event is \$40 Thousand to \$45 Thousand each program year.

##### 2. The Senior Alliance Hot Dog Roast

This is an annual resource development event that was developed by volunteers and continues to be administered in conjunction with volunteers by staff to support the Holiday Meals on Wheels Program. The projected income for this event is \$3 Thousand to \$5 Thousand each program year.

##### 3. The Senior Alliance Golf Classic

To be conducted in late summer/early fall, The Senior Alliance Golf Classic will include 128 – 144 golfers (32- 36 foursomes) at approximately \$500 per foursome. Additional revenue will be generated through sponsorships and a raffle. The projected income for this event is \$40 Thousand to \$50 Thousand for each program year.

**4. Seniority News, Senior Source Sponsorship, and Publication Ad Sales**

Participation packages will be designed to encourage sponsorship of these high quality, high visibility Agency publications. Sale of advertisements will be sought for the Seniority News, the TSA quarterly publication owning a circulation of over 11,000 copies per issue. Advertisements will also be sought for the Senior Source, the “Yellow Pages” for older adults and caregivers services circulated to approximately 25,000 within western and southern Wayne County.

**5. Grant Writing**

Grant proposals from foundations and other funding sources will be sought to secure revenue for specific programs such as wellness, care giving, holiday meals, chore services, information and referral support and technology/improved efficiency needs. Partnerships with local organizations will also be sought to assist in promoting and funding The Senior Alliance.

**6. Contribution Collection Boxes**

Secure collection boxes will be placed with high traffic retail partners to generate program awareness and contributions throughout the communities we serve.

**7. Annual Giving Program**

The Senior Alliance will systematically solicit donations from targeted demographics within our subscriber base. Information regarding corporate matching contributions will also be researched and addressed to drive revenue

**8. Firefighters Taking Donations at Busy Intersections**

Teams of Firefighters will stand at busy intersections in their cities during the Easter and summer seasons taking donations for Holiday Meals. Any hours of service that they can provide will be a benefit to The Senior Alliance. Just a few hours of their time will make a huge impact in the community. The Belleville Firefighters recently gave just 4 short hours and raised an astounding \$948.44.

**9. Striking For Seniors Bowling Fundraiser**

This will be a night of bowling, food and fun in which 50% of ticket sales will go towards The Senior Alliance Meals on Wheels Program

**FY 2010 – 2012 Multi-Year Plan  
ASSURANCES & CERTIFICATIONS  
For Fiscal Year 2010**

The undersigned agency, designated by the Michigan Commission on Services to the Aging (CSA) to act as the Area Agency on Aging (AAA) within a given planning and service area (PSA), agrees to the following:

1. That the FY 2010-2012 Multi-Year Plan (MYP) includes an Annual Implementation Plan (AIP) covering the period October 1, 2009 through September 30, 2010.
2. To administer its AIP in accordance with the Older Americans Act (OAA), the Older Michiganians Act (OMA), federal and state rules, and policies of the CSA as set forth in publications and policy directives issued by the Michigan Office of Services to the Aging (OSA).
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from OSA.
4. That any proposed revisions to the AIP initiated by the AAA will be made in accordance with procedures established by OSA.
5. That funds received from OSA will only be used to administer and fund programs outlined in the AIP approved by the CSA.
6. That the AAA will undertake the duties and perform the project responsibilities described in the AIP in a manner that provides service to older persons in a consistent manner over the entire length of the AIP and to all parts of the PSA.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved AIP.
8. That all services provided under the AIP are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the CSA and issued by OSA, including Care Management.
9. That the AAA will comply with all conditions and terms contained in the Statement of Grant Award issued by OSA.
10. That the AAA may appeal actions taken by the CSA with regard to the AIP, or related matters, in accordance with procedures issued by OSA in compliance with the requirements of the Older Michiganians Act and Administrative Rules.

11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.
13. That the AAA will send copies of the AIP to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the AAA Governing Board and Advisory Council have reviewed and endorsed the AIP.

The undersigned hereby submit the FY 2010 AIP that describes the initiatives and activities which will be undertaken on behalf of older persons within the PSA. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

**FY 2010 – 2012 Multi-Year Plan**  
**ASSURANCE OF COMPLIANCE**  
**with**  
**TITLE VI of the CIVIL RIGHTS ACT of 1964**  
**For Fiscal Year 2010**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

FY 2010 – 2012 Multi-Year Plan  
ASSURANCE OF COMPLIANCE  
with the  
ELLIOT LARSEN CIVIL RIGHTS ACT

For Fiscal Year 2010

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT, PA 453 OF 1976 AND THE PERSONS WITH DISABILITIES CIVIL RIGHTS ACT, PA 220 OF 1976.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan and Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting herefrom, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.

MYP SIGNATURE PAGE  
OF THE FY 2010-2012 MULTI-YEAR PLAN  
AND  
FY 2010 ANNUAL IMPLEMENTATION PLAN FOR  
**The Senior Alliance, Area Agency on aging 1-C**

This Multi-Year Plan (MYP) covers fiscal years 2010, 2011, and 2012 and includes the FY 2010 Annual Implementation Plan (AIP) beginning October 1, 2009 and ending September 30, 2010.

This MYP becomes valid upon approval by the Michigan Commission on Services to the Aging (CSA) It may be conditionally approved subject to all General and/or Special Conditions established by the CSA.

This MYP Signature Page may substitute for required signatures on documents within the MYP if those documents are specifically referenced on this signature page.

The Signatories below acknowledge that they have reviewed the entire MYP including all budgets, assurances, and appendices and that they commit **The Senior Alliance, Area Agency on aging 1-C** to all provisions and requirements of the MYP.

Signature Section:

**The Senior Alliance, Area Agency on aging 1-C**

Name of Area Agency on Aging

<hr/>	
Signature - Chairperson, Board of Directors	Date
<u>Richard Henningsen</u>	
Typed Name	

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Signature – Area Agency on Aging Director	Date
<u>Robert Brown</u>	
Typed Name	

MULTI-YEAR DOCUMENTS REFERENCED BY THE SIGNATURE PAGE (Remove all that do not apply)

Budget Documents:

- FY 2010 Area Plan Grant Budget
- FY 2010 Direct Service Budget(s)
- Waiver for Direct Service Provision for: Care Management, Case Coordination & Support, Disease Prevention/Health Promotion, Information and Assistance, Medication Management, and Outreach.

Assurances:

- MYP Assurances and Certifications document
- MYP Assurance of Compliance with Title VI of the Civil Rights Act of 1964
- MYP Assurance of Compliance with the Elliot Larsen Civil Rights Act

**GLOSSARY OF ACRONYMS**

AAA	Area Agency on Aging
AAAAM	Area Agency on Aging Association of Michigan
AARP	American Association of Retired Persons
AD	Alzheimer's Disease
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AG	Attorney General
AIM	Aging in Michigan (OSA Publication)
AIP	Annual Implementation Plan
AIRS	Alliance of Information and Referral Systems
AIS	Aging Information System
ALF	Assisted Living Facility
4AM	Area Agencies on Aging Association of Michigan
AoA	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to the Midwest
ASA	American Society on Aging
CAP	Community Action Program
CBC	Citizens for Better Care
CM	Care Management
CMIS	Client Management Information System
CMS	Center for Medicare & Medicaid Services (formerly HCFA)
CNS	Corporation for National Service
COA	Commission on Aging/Council on Aging
CPHA	Community Public Health Agency
CR	Caregiver Respite (state)
CSA	Commission on Services to the Aging
DCH	Department of Community Health
DCIS/CIS	Department of Consumer and Industry Services

DHHS/HHS	U.S. Department of Health and Human Services
DHS	MI Dept. of Human Services (formerly the Family Independence Agency)
DMB	Department of Management and Budget
DoE	Department of Education
DoL	Department of Labor
DoT	Department of Transportation
DV	Domestic Violence
EBDP	Evidence Based Disease Prevention
EPIC	Elder Prescription Insurance Coverage
ELM	ElderLaw of Michigan
FGP	Foster Grandparent Program
FTC	Federal Trade Commission
FY	Fiscal Year
GAO	General Accounting Office
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MIChoice
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
IM	Information Memorandum
IoG	Institute of Gerontology
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care
MADSA	Michigan Adult Day Services Association
MATF	Merit Award Trust Fund (formerly known as "Tobacco Settlement")
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging

MICIS	MI Choice Information System
MIS	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens
NF	Nursing Facility
NHD	Nursing Home Diversion
NFA	Notification of Financial Assistance
NFCSP	National Family Caregiver Support Program
NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)
OSA	Office of Services to the Aging
OWL	Older Women's League
PA	Public Act
PATH	Personal Action Toward Health
PCT	Person Centered Thinking
PCP	Person Centered Planning

PI	Program Instruction
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request For Proposal
RSVP	Retired & Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SD	Self Determination
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SEAQRT	Senior Exploitation and Abuse Quick Response Team
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SPE	Single Point of Entry
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCARE	Tailored Caregiver Assessment and Referral
TCM	Targeted Case Management
TSA	The Senior Alliance
USDA	United States Department of Agriculture
VA	Veterans' Administration
VDHCBS	Veterans Directed Home & Community Based Services
WHCoA	White House Conference on Aging

**\*Revised 05/2009**