



## EXECUTIVE REPORT February 2016

### News/Updates

Happy New Year! It's hard to believe we're already into the 2<sup>nd</sup> quarter of our fiscal year. Over the break, you should have received the attached FY 2016 Corporate Goals. You will note that we've updated the Executive Report format to help ensure the Board of Directors and Advisory Council members can stay up to date on tactical activities designed to ensure our success in accomplishing our FY 2016 goals.

### Core - Organization/Development

*Goal: provide the highest level of innovation and service quality to support the agency mission, which is to enhance the lives of those we serve.*

### Financial/Regulatory Updates

We have an objective to be 100% compliant with Michigan Aging and Adult Services Agency (AASA) requirements. This year, our technical assistance and assessments will be performed by a new Field Representative from AASA. Her name is Cindy Albrecht, and she is new to the role of Field Representative, but not new to AASA. We held a meeting on February 2 so our leadership team could meet Cindy and share with her our strategic initiatives. Please join us in welcoming Cindy to her new role.

### Strategic Updates

#### **Prepaid Ambulatory Health Plan (PAHP, formerly called MI Choice) Program**

This year we have an annual goal to enroll 400 new people into the PAHP program this year. First quarter numbers came in around 47 people (50% below target of 100). Activity has picked up in the second quarter with January enrollments at 27, and we're on target to increase this even further in February. We've put in the following process improvements:

- Increasing enrollment assessments with expanded teams
- Dedicating a full time person to calling individuals on the wait list
- Ensuring a smooth transition between enrollment, and financial eligibility
- Doubling our scheduling communication efforts

Further, over the last two years, leadership at the AAA 1-B has been working closely with the Michigan Department of Health and Human Services (MDHHS), the MI Choice Waiver/PAHP fiduciary, to adjust the capitated rate bands to account for the health care needs of the most ill and costly individuals in the program. Our efforts resulted in MDHHS' development of a risk pool to help protect waiver agents who have a disproportionate number of participants with high acuity needs. More details on the risk pool and its impact will be presented in the March Executive Report.

#### **AASA Program**

To increase access to this program, which currently has 600 people on the wait list, we have a corporate objective to train Community Health Workers (CHWs) to support our AASA clinical

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team. CHWs are not traditional nurses and social workers; rather, they are trained para-professionals who can support our nurses and social workers and help expand their reach to help us serve more people. Implementation of the CHW model began in November 2015, and the goal is to expand our clinical capacity by 25% through the use of these support staff members. Under the model, nurses and social workers become more “office based” and CHWs work in the field collecting information and providing feedback. Stay tuned for more information on the metrics developed to measure the outcomes of using this model.

### **Culture - Talent**

*Goal: Cultivate a positive environment that actively engages employees, volunteers, and leadership to achieve its vision.*

### **Planning Updates**

Our corporate goal is to complete the FY 2017-2019 Strategic plan by September. An internal group of staff volunteers from various departments convened in January to begin the process. A workshop for the Board of Directors and Advisory Council is planned for Friday, March 4, 2016. We hope you can attend.

### **Talent and Engagement Updates**

The Chiefs met with a workforce engagement expert in January. The expert suggested a thorough review of the staff feedback and key actions we’ve put in place in the last 24 months to improve engagement in the two targeted areas: 1) processes are efficient; and 2) my job doesn’t cause my unreasonable stress. She believes we have enough data to support development of new tactical activities in 2016.

### **Training Updates**

We kicked off our Leadership Training for Excellence program on January 8. The objectives of the program are to:

- 1) To be an engaged and successful leader who: 1) understands the organization’s values/goals/objectives; 2) coaches and engages the team towards independence and success; 3) reinforces positive decision making; and 4) helps the organization achieve and grow its mission and vision; and
- 2) To create an atmosphere of engagement and growth at all levels of an organization

14 Team Leaders and Managers are part of our inaugural class. These individuals will participate in a five week training session developed around the Harvard Business Review training materials.

We have finalized a training curriculum for our Clinical Training for Excellence program. We anticipate posting a job position to support this effort this quarter. We currently have job openings for eight clinicians, and our goal is to put the new hires through the new training curriculum.

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### **Growth - Diversification**

*Goal: Lessen financial pressure to maintain core goals by establishing new and diverse programs.*

#### **Financial Updates**

We have a corporate objective to secure MI Health Link (MHL) contracts in FY 2016 and achieve (at minimum) a break even budget. At this point, all of our MHL contracts have been extended; however, the majority of our business activity is focused on four of the five contracts. These contracts will be reviewed with each of the healthplans quarterly. Top priority in FY 2016 is creating greater operating, administrative, and technical efficiencies in managing the contracts to help achieve a break even budget. All startup costs were absorbed in FY 2015, so provided the current volume continues, this should move us 60% of the way toward our corporate goal of break even.

#### **Regulatory Updates**

No updates this month on our goal to participate in the National Committee for Quality Assurance (NCQA) demonstration.

#### **Strategic Updates**

The Ad Hoc Strategic Diversification Committee meeting held on January 25 focused on two new product lines:

1. MI Health Link (a Business to Business product): Partnerships with five Health Care Plans focused on serving dual eligible long term care supports and services (LTSS) needs.
2. SameAddress (a Business to Consumer product): Targeted to private pay caregivers in southeast Michigan.

The AAA 1-B is currently investing in both products to help us diversify our revenue and support our future sustainability. The meeting summary is included in the Board of Directors meeting packet.

SameAddress was not successful in securing a \$1 million grant from the Thome Foundation to support its development. The team continues to strategize on other opportunities. The team completed a \$25,000 grant application to the Community Foundation of Southeast Michigan Ralph C. Wilson fund for outreach to caregivers who are battling cancer and/or are supporting older family members who have cancer and want to remain independent in the home.

### **212 Degree News**

- Congratulations to Lori Smith, who works in our Executive Services department, providing administrative support to our agency and scheduling support to our Chief Executive Officer. Here's what Lori's colleagues had to say about her efforts: *"Lori does an exemplary job with all tasks and goes above and beyond on a regular basis. She recently took on additional duties and has incorporated the extra work efficiently and without complaint. Lori provides*

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*efficient and friendly service to the many employees and clients of the AAA 1-B which helps to keep the agency running smoothly.*" Lori will receive ½ paid day off, recognition in our Annual Report, and be recognized at our Annual Community Meeting.

- Tina will be serving on the Regional Transit Authority (RTA) Citizens Advisory Council, Executive Committee again this year. The mission of the RTA is to manage and secure transportation resources that significantly enhance mobility options, to improve quality of life for the residents and to increase economic viability for the region. A major goal this year is to present the final Regional Transit Plan and identify a methodology (likely a millage) to support it. Stay tuned for more information on this from our advocacy team as the year unfolds.
- At the request of a Board member, attached are descriptions of key AAA 1-B programs, as well as a glossary of frequently used acronyms.

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## 2016 Corporate Goals

The Corporate Goals link directly to the 2016 strategic plan, and are presented below in order of priority: 1) Core objectives are most critical to our organizational success; 2) Culture objectives move the organization to achieve our vision; and 3) Growth objectives represent future sustainability of our organization.

<b>CORE - Organization/Development</b>	<b>CULTURE- Talent</b>	<b>GROWTH- Diversification</b>
<p><b>Goal: Provide the highest level of innovation and service quality to support the agency mission which is to enhance lives of those we serve.</b></p>	<p><b>Goal: Cultivate a positive environment that actively engages employees, volunteers, and leadership to achieve its vision.</b></p>	<p><b>Goal: Lessen financial pressure to maintain core goals by establishing new and diverse programs.</b></p>
<p><b><u>Financial Objective:</u></b></p> <p>Demonstrate fiscal accountability by implementing continuous improvement practices that maximize operational efficiencies and result in an operating surplus of 1% - 2% by 9/30/16.</p>	<p><b><u>Planning Objective:</u></b></p> <p>Develop the 2017 – 2019 Strategic Plan by 9/30/16.</p>	<p><b><u>Financial Objectives:</u></b></p> <p>By 9/30/16:</p> <ol style="list-style-type: none"> <li>1) Secure 2<sup>nd</sup> year MHL contracts that achieve at minimum a financial breakeven</li> <li>2) SameAddress will maximize revenues and minimize losses in 2016 by refining marketing message and ramping up advertising efforts; testing new products designed to package services to maximize consumption &amp; allow best possible pricing; implementing expansion efforts; aggressively pursuing grant money; and staying operationally efficient.</li> <li>3) Establish a corporate structure for SameAddress that supports social enterprise and future growth.</li> </ol>
<p><b><u>Regulatory Objectives:</u></b></p> <p>By 9/30/16:</p> <ol style="list-style-type: none"> <li>1) Reconcile FY 2014 and 2015 PAHP within 2% margin of error</li> </ol>	<p><b><u>Talent &amp; Engagement Objectives:</u></b></p> <p>By 9/30/16:</p> <ol style="list-style-type: none"> <li>1) Implement various tools that help managers hire the right people for the job</li> </ol>	<p><b><u>Regulatory Objective:</u></b></p> <p>To support expansion into Medicare markets, participate in NCQA national demonstration for LTSS services by 9/30/16</p>

<p>2) Improve or maintain Department of Health &amp; Human Services PAHP Clinical Quality scores at 3.26 or higher –substantial compliance and Administrative Quality Scores at (3.5 or higher - substantial compliance)</p> <p>3) Achieve 100% compliance with Aging &amp; Adult Services Agency (AASA) programmatic and financial requirements</p>	<p>2) Develop strategies to avoid gaps in coverage and reduction in service by ensuring new hires are in place within 45 days of job postings by 3/31/16</p> <p>3) Support staff retention through the development of a “Total Rewards” strategy, that promotes monthly the benefits of employment with AAA 1-B</p> <p>4) Implement strategies that increase employee engagement levels:</p> <p>a) Operating efficiency from 35% to 44%</p> <p>b) Job stress reduction from 28% to 35%</p>	
<p><b><u>Strategic Objectives:</u></b></p> <p>By 9/30/16:</p> <p>1) Enroll 400 new participants in the PAHP program</p> <p>2) Secure \$100,000 to expand Myride2 mobility services</p> <p>3) Implement Community Health Workers to support clinical staff</p> <p>4) Implement clinical electronic care plan and clinical pathway of care to prevent hospitalizations and support dementia planning</p> <p>5) Update the agency’s website to: 1) provide an intuitive navigation experience for end-users; 2) support the agency’s social media strategy; 3) enhance search engine optimization (SEO); and 4) improve the responsiveness of website on mobile devices,</p>	<p><b><u>Training Objectives:</u></b></p> <p>By 2/1/16:</p> <p>Develop the Training Center for Excellence program that:</p> <p>1) Strengthens clinical orientation, training, and coaching</p> <p>2) Strengthens orientation, training, and coaching for agency leaders</p>	<p><b><u>Strategic Objectives:</u></b></p> <p>By 9/30/16:</p> <p>1) Engage the Board of Directors Strategic Diversification Committee to help guide the B to B and B to C diversification strategy</p> <p>2) Establish a strategy to grow and expand SameAddress through the use of strategic partnerships</p>

The Area Agency on Aging 1-B is the focal point for the following special assistance programs:

- Community Care Management (aka Supports Coordination) - A program designed to help frail older adults to continue living independently by assessing their needs and arranging supportive services in the home. A personalized care plan is developed by the social worker/nurse team based on the entire range of needs identified. Once approved by the older adult, the care plan is implemented by the team utilizing the Purchase of Service source of funds, as needed, to bring appropriate services into the participant's home setting.
- Community Living Program - A program for older adults who are concerned about their ability to live independently in their homes. The program provides support in planning how to maximize resources to meet personal goals and remain in the community. Through person-centered-planning and self-determination, older adults are given more affordable choices and greater control over the services they receive.
- Eldercare Fundraising - An annual activity undertaken by the AAA 1-B to request corporations, local businesses, civic organizations, and private citizens to make a charitable contribution to help support programs of the agency, with an emphasis on Holiday Meals on Wheels.
- Information and Assistance (I&A) Resource Center - Staffed by certified Resource Specialists, the Resource Center provides access to over 2,000 organizations and over 5,000 resources to support caregivers, older adults and adults with disabilities, across the six county region served by the AAA 1-B. Certified resource specialists provide in-depth information on many services including but not limited to housing options, transportation, prescription coverage, government funded home- and community-based programs, respite, homemaker services and personal care.
- Medicare Medicaid Assistance Program (MMAP) - The program began as a partnership venture between AAA 1-B and the American Association of Retired Persons (AARP). The program has become a permanent part of AAA 1-B assistance for older adults. Volunteers, trained by the AAA 1-B Access and Benefits Supervisor, are deployed to senior centers, hospitals, and other settings to serve as "Medicare Counselors." The counselors assist older adults to better understand and utilize their Medicare benefits.
- [www.myhomecareguide.com](http://www.myhomecareguide.com) - a site dedicated to helping seniors, family caregivers, and people with chronic illness or disabilities find quality, in-home care. Through this service, users can: find out which companies offer care in their area by searching by zip code and type of care needed; make more informed decisions by reading ratings and reviews; and search for articles on caregiving, aging, and chronic conditions.
- myride2 - a one-call, one-click mobility service dedicated to helping seniors remain mobile for life. This innovative service provides access to transportation and driver

safety information via a toll-free, multi-lingual phone line (855-697-4332) or website ([www.myride2.com](http://www.myride2.com)). Mobility Specialists help determine which type of transportation options are best, and either directly connect callers or schedule the ride with only one call. Individuals can also search for a provider, request a ride, or find safe driving information using the links provided. Initial service areas are Macomb and Oakland counties, with plans for expansion in the future.

- Prepaid Ambulatory Health Plan (PAHP), previously MI Choice Home- and Community-Based Medicaid Waiver (MI Choice) program - A comprehensive, community-based, in-home services program for persons age 60+, or 18+ and disabled, who are medically eligible for nursing home placement. The MI Choice program includes screening, assessment, care management, and the direct purchase of services, provided by an AAA 1-B nurse and social worker care management team. See Section VI for more information.
- The PAHP/MI Choice program offers a Nursing Facility Transition Service (NFTS) that helps provide options for eligible nursing facility residents to transition from a nursing facility back to the community. The NFTS includes support and coordination with a care manager (also known as supports coordinator) to assist in identifying the individual's strengths and support needs as well as planning for an individual's future in the community. All planning is done based on person-centered planning principles, and the individual directs the planning for the move and selects other friends or family members to be involved in the transition.
- The Veteran Directed Home- and Community-Based Services (VDHCBS) program is a long-term care option for Veterans who are eligible for long-term care, regardless of age. AAA 1-B provides assessments, and ongoing community support and monitoring as requested/needed, plus connection to community services as desired by the Veteran. Self-Determination (SD) is offered as a program choice, along with traditional providers of services, to allow participants more choices about who provides their care.
- SameAddress is a social enterprise program that offers a unique blend of information, technology and in-home services that help seniors who can afford to pay the full cost of services remain in their home longer and more safely, ultimately saving money and greatly reducing the strain on their caregivers. Profits from SameAddress will be directed to subsidize services for low income seniors on wait lists or with other unmet needs. Core SameAddress service elements include information and planning services; safety assessments and services; and daily living support services.
- Care Transitions is a hospital readmission reduction service. High risk Medicare fee for service patients are offered the evidence-based Care Transitions Intervention<sup>®</sup> Transitions Coaching developed by Dr. Eric Coleman for a 30-day period post discharge. AAA 1-B Transition Coaches visit the patient in the hospital and soon after discharge in their home (or skilled nursing facility), coaching them to be actively involved in actions that promote recovery, including personal care physician follow-

up, medication discrepancy resolution, and monitoring condition warning signs. Care Transition services are funded by private health care organizations.

- MI Health Link (integrated care) - In 2015, the Michigan Department of Health and Human Services (MDHHS) initiated a 3 year demonstration project to combine all of the health benefits available to individuals who have both Medicare and Medicaid health insurance, often referred to as “dual eligibles.” Consumers have the option to choose between several private managed care health insurance organizations (MCOs) who are responsible for providing and coordinating their care for benefits that include physician and hospital services; prescription drugs; behavioral and substance abuse services; and long term care services. Pilot programs are currently in operation in Western Michigan, the Upper Peninsula, Wayne County, and Macomb County. The AAA 1-B and its provider network are working with select MCOs in Macomb County during the demonstration period.

## GLOSSARY OF ACRONYMS AND ABBREVIATIONS

AAA.....	Area Agency on Aging
AAA 1-B.....	Area Agency on Aging 1-B
AAAAM or 4AM.....	Area Agency on Aging Association of Michigan
AANP.....	Adult Abuse and Neglect Prevention
AARP.....	American Association of Retired Persons
AASA.....	Aging and Adult Services Agency ( <i>formerly OSA</i> )
ACA.....	Affordable Care Act
ACL.....	Administration for Community Living ( <i>formerly AoA</i> )
ACO.....	Accountable Care Organization
AD.....	Alzheimer’s Disease
ADA.....	Americans with Disabilities Act
ADC.....	Adult Day Care
ADS.....	Adult Day Service
ADL.....	Activities of Daily Living
ADRC.....	Aging and Disability Resource Collaboration
ADSSP.....	Alzheimer’s Disease Supportive Services Program
AFC.....	Adult Foster Care
AHH.....	Adult Home Help
AIP.....	Annual Implementation Plan
AIRS.....	Alliance of Information and Referral Systems
AL.....	Assisted Living
ALF.....	Assisted Living Facility
AoA.....	Administration on Aging ( <i>now ACL</i> )
APS.....	Adult Protective Services
AQAR.....	Administrative Quality Assurance Review
ARRA.....	American Recovery and Reinvestment Act
ASA.....	American Society on Aging
ASM.....	Aging Services of Michigan
CAA.....	Community Action Agency ( <i>Originated under the Economic Opportunity Act of 1964</i> )
CARF.....	Commission on Accreditation of Rehabilitation Facilities
CBA.....	Community and Business Advancement ( <i>formerly Network Development</i> )
CCC.....	Creating Confident Caregivers
CCL.....	Coordinated Community Living
CCM.....	Community Care Management
CCTP.....	Community-Based Care Transitions Program
CDBG.....	Community Development Block Grants
CFL.....	Communities for a Lifetime
CFR.....	Code of Federal Regulation
CHP.....	Community Health Plan
CIL.....	Center for Independent Living
CLC.....	Community Living Consultant
CLP.....	Community Living Program
CLPS.....	Community Living Program Services

CLS .....	Community Living Services
CM.....	Care Manager/Management
CMH .....	Community Mental Health
CMHC.....	Community Mental Health Centers
CMS .....	Centers for Medicare & Medicaid Services
COA .....	Commission on Aging / Council on Aging
CQAR.....	Clinical Quality Assurance Review
CSA.....	Commission on Services to the Aging
CSS.....	Community Support Services
CT .....	Care Transitions
DCH .....	Michigan Department of Community Health ( <i>now MDHHS</i> )
DCW.....	Direct Care Worker
DHHS .....	U.S. Department of Health and Human Services
DHEW .....	Department of Health, Education and Welfare
DHS.....	Michigan Department of Human Services ( <i>now MDHHS</i> )
DNM .....	Disability Network of Michigan
DSP.....	Direct Service Purchase
EDSI.....	Educational Data Systems, Inc.
EBDP.....	Evidence-Based Disease Prevention
504 .....	Section of Rehabilitation Act of 1973
FFS .....	Fee for Service
FI .....	Fiscal Intermediary
FY.....	Fiscal Year
HB .....	House Bill ( <i>state</i> )
HIS .....	Harmony Information System: the AAA 1-B client information and direct service purchase database program
HCBS .....	Home and Community-Based Waiver Services – Federal and Medicaid
HDM .....	Home Delivered Meals
HHA.....	Home Health Agency
HHS.....	U.S. Department of Health and Human Services
HIPAA.....	Health Insurance Portability and Accountability Act
HMO.....	Health Maintenance Organization
HMoW .....	Holiday Meals on Wheels
HR .....	House Resolution ( <i>federal</i> )
HUD .....	Housing and Urban Development
I&A .....	Information and Assistance
I&R .....	Information and Referral
IADL .....	Independent Activities of Daily Living
IC.....	Integrated Care
ICDE.....	Integrated Care Dual Eligible
ICO.....	Integrated Care Organization
IFF.....	Michigan Intrastate Funding Formula
ISP .....	In-Home Service Program
LCAO.....	Leadership Council of Aging Organizations
LGBT.....	Lesbian, Gay, Bisexual, and Transgender
LOC.....	Level of Care

LTC ..... Long Term Care  
 LTCSS..... Long Term Care Supports and Services  
 MA..... Medicaid  
 MALA..... Michigan Assisted Living Association  
 MANASP ..... Michigan Association of Nutrition and Service Providers  
 MASC ..... Michigan Association of Senior Centers or  
    Michigan Association of Service Coordinators  
 MC..... Medicare  
 MCO ..... Managed Care Organization  
 MDCH..... Michigan Department of Community Health (*now MDHHS*)  
 MDHHS ..... Michigan Department of Health and Human Services (*formerly DHS and MDCH*)  
 MDRC..... Michigan Disability Rights Coalition  
 MH..... Mental Health  
 MHL..... MI Health Link  
 MI Choice (*also see PAHP*)..... MI Choice Home- and Community-Based Medicaid Waiver  
 MICIS ..... MI Choice Information System  
 MIPPA ..... Medicare Improvements for Patients & Providers Act for Beneficiaries  
 MMAP..... Michigan Medicare/Medicaid Assistance Program  
 MORC ..... Macomb-Oakland Regional Center, Inc.  
 MOA ..... Memorandum of Agreement  
 MOB ..... Matter of Balance  
 MOU ..... Memorandum of Understanding  
 MoW..... Meals on Wheels  
 MQCCC..... Michigan Quality Community Care Council  
 MSA ..... Medical Services Administration (*Medicaid – Title XIX*)  
 MSAC ..... Michigan Senior Advocates Council  
 MSHDA ..... Michigan State Housing Development Authority  
 MYP ..... Multi-Year Plan  
 N4A ..... National Association of Area Agencies on Aging  
 NANASP..... National Association of Nutrition and Service Providers  
 NAPIS..... National Aging Program Information System  
 NASUAD ..... National Association of States United for Aging and Disabilities  
 NCoA..... National Council on Aging  
 NCSC ..... National Council of Senior Citizens  
 ND ..... Network Development (*now Community and Business Advancement*)  
 NFCSP ..... National Family Caregiver Support Program  
 NFT ..... Nursing Facility Transition  
 NIA ..... National Institute on Aging  
 NISC..... National Institute of Senior Citizens  
 NSIP ..... Nutrition Services Incentive Program  
 OAA..... Older Americans Act  
 OMA ..... Older Michigianians Act  
 OMB ..... Office Management and Budget (*Federal*)  
 OMD..... Older Michigianians Day  
 OSA..... Office of Services to the Aging (*now AASA*)  
 PA ..... Public Act

PACE.....Program of All-Inclusive Care for the Elderly  
 PAHP *(also see MI Choice)*..... Prepaid Ambulatory Health Plan  
 PATH..... Personal Action Toward Health  
 PCP..... Person-Centered Planning  
 PCT..... Person-Centered Training or Person-Centered Thinking  
 PERS..... Personal Emergency Response Systems  
 PHI.....Protected Health Information  
 PSA.....Planning and Service Area  
 QA..... Quality Assurance  
 QoL..... Quality of Life  
 RFP.....Request for Proposal  
 RPDA..... Research, Policy Development, and Advocacy  
 RRR.....Rapid Response Respite  
 RSVP..... Retired Senior Volunteer Program  
 SAC..... State Advisory Council on Aging  
 SB..... Senate Bill *(state)*  
 SC..... Supports Coordinator  
 SD.....Self-Determination  
 SEMCOG..... Southeast Michigan Council of Governments  
 SGA.....Statement of Grant Award  
 SHIP..... State Health Insurance Assistance Program  
 SNF..... Skilled Nursing Facility  
 SSA..... Social Security Administration  
 SSI.....Supplemental Security Income  
 SUA..... State Unit on Aging  
 TCARE.....Tailored Caregiver Assessment and Referral  
 VA..... U.S. Veterans' Administration  
 VDHCBs..... Veteran's Directed Home- and Community-Based Services  
 WHCoA..... White House Conference on Aging