



Advocacy • Action • Answers on Aging

FY 2018 Annual Implementation Plan

DRAFT

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To be included in the final FY 2018 Plan
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Advisory Council Membership
Current Provider Demographics
Cash-in-Lieu of Commodity Payments Agreement
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*complete set of budget documents will be provided in final, approved AIP.

INTRODUCTION

The FY2018 Annual Implementation Plan is based upon the FY2017-2019 Multi Year Plan (MYP) approved by the Michigan Commission on Services to the Aging in September, 2016. This report provides a brief overview of the MYP, plans for delivering Access Services in FY 2018 and progress achieved toward MYP Program Development objectives. The full MYP may be found on the [aaa1b.com](http://www.aaa1b.org/wp-content/uploads/2011/05/FY-2017-2019-MYP.pdf) website, at <http://www.aaa1b.org/wp-content/uploads/2011/05/FY-2017-2019-MYP.pdf>

COUNTY AND LOCAL GOVERNMENT REVIEW

In April, the AAA 1-B contacts each Region 1-B county Board of Commissioners (BOC) to determine their July meeting date and deadlines for submission of materials.

The AAA 1-B Advisory Council and Board of Directors approve the Annual Implementation Plan (AIP) during their June meetings. Upon Board approval, the AAA 1-B mails a copy of the AIP and a draft resolution to the chairperson of each county BOC, with a letter requesting approval by July 31. A copy of the materials is also emailed to each of the BOC's clerk/administrative assistant who is asked to ensure approval of the AIP is placed on the July meeting agenda.

A county commissioner serving as the designated Board member of AAA 1-B and the AAA 1-B staff member attends each BOC's July meeting to answer any questions and encourage approval of the AIP. In the past all six county boards of commissioners have approved the plans. No action by a BOC is considered approval. The AAA 1-B notifies AASA by August 3 of the status of county level approval of the AIP.

FY2017-2019 MULTI-YEAR PLAN HIGHLIGHTS

1. Provide a brief history of the area agency and respective PSA that provides a context for the MYP.

The AAA 1-B is a non-profit organization that is responsible for planning and coordinating a network services to more than 32% of the state's adults who are older and/or disabled*. More than 660,000 persons age 60 and older and adults with disabilities residing in Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties. Our mission is to enhance the lives of older adults and adults with disabilities. We are dedicated to: 1) advocating on issues of concern; 2) allocating federal and state funds for social and nutrition services, 3) ensuring access to a network of long term care services, 4) developing new older adult and independent living services, 5) coordinating activities with other public and private organizations, and 6) assessing needs of older adults and adults with disabilities and linking them with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, and cultural/minority elders and adults with disabilities.

Over the past several years, AAA 1-B has experienced significant state and federal funding reductions while managing an increase in over 116,000 older adults, a 21% growth from 2010. (2010 census) We have also experienced a nearly 50% increase in the number of older adults living at 150% of poverty. Despite these hard facts, we have worked with our provider network to prioritize services, stretch dollars, create efficiencies, identify other sources of revenue, and keep our administrative costs at less than 5% to ensure our growing older adult population continues to have access to vital services. We provided leadership to the Silver Key Coalition, which resulted in significant increases in state funding to support our highest priority services: in-home care (aka Community Living Program Services) and home delivered meals.

*2010 US Census and SEMCOG 2040 Regional Forecast

2. Provide a summary of the area agency's service population evaluation from the Scope of Services section.

AAA 1-B will continue to provide quality services despite the growth of the older adult population by improving administrative and delivery efficiencies and skill sets, developing targeted programs to serve special populations, and working with providers to leverage existing funding to secure partnerships and other sources of revenue.

3. Provide a summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

The Multi-Year Plan (MYP) proposes to support either financially or through program development efforts, the following array of home and community based/long term care social services:

Adult Day Health Service	Assistive Devices & Technology
Care Management	Case Coordination & Support
Chore	Community Living Program Services
Congregate Meals	Elder Abuse Prevention
Evidence Based Disease Prevention	Grandparents Raising Grandchildren
Hearing Impaired & Deaf Services	Home Delivered Meals
Home Injury Control	Information & Assistance
Legal Assistance	Long Term Care Ombudsman
Medication Management	Public Education
Resource Advocacy	Transportation
Vision Services	Volunteer Caregiver

The five service categories which focus on priorities including reducing in-home service wait lists and receive the most funding are: Home Delivered Meals, Congregate Meals, Community Living Program (in-home) Services, Adult Day Health Services and Care Management. Funded services which touch the most number of lives are: Information and Assistance, Resource Advocacy Home Delivered Meals, and Long Term Care Ombudsman and Advocacy.

4. Provide highlights of planned Program Development Objectives.

This plan includes program development objectives designed to strengthen and increase capacity of existing agency assets. We plan to:

- 1) Increase delivery of health and wellness programs to members of the community at large and through referrals from hospitals and health care providers.
- 2) Increase outreach to the Hispanic/Latina population to learn about types of assistance the senior cohort may need, and how we may adjust our offerings to meet these needs.
- 3) Expand awareness of and services to Lesbian, Gay, Bisexual and Transgender (LGBT) older adult population.
- 4) Provide advocacy leadership within the region and state on public policy issues that impact old adults, adults with disabilities, and caregivers.
- 5) Develop a Training Center for Excellence to provide skills training to professionals who work with older adults.
- 6) Develop additional programming for caregivers, to improve their confidence and skills.
- 7) Continue emphasizing objectives related to increasing efficiencies and effectiveness of aging services, such as strategies focused on waitlist reduction, service response time, funding diversification, and tracking and analysis of outcomes for all funded services.

5. Provide a description of planned special projects and partnerships.

AAA 1-B is involved in a variety of regional and local human service or aging-focused collaboratives that work to close the service gaps for those in need of assistance. Partnerships will help keep our Older Americans Act programs sufficiently funded to meet their growing demand. Over the next three years, we will strengthen these programs and partnerships: Service coordination work with American House Senior Living Communities, care transitions services with Detroit Medical Center's Huron Valley Hospital, network management and supports coordination with MI Health Link's integrated care organizations, and our investment in the private-pay market of home care services, SameAddress. Regional and state wide partnerships help to ensure the successful growth in areas of unmet needs, such as our Regional Elder Mobility Alliance to address transportation and mobility issues, and SAGE of Metro Detroit to raise awareness and understanding of the often isolated LGBT older adult. We are forming a variety of new partnerships to help expand our programs and skills in new arenas, such as mental health, physicians groups, and health plans.

6. Provide a description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any

relevant certifications or accreditations the area agency has received or is pursuing.

We will continue to work with community partners, such as our Resource Advocates, to expand the reach of the Community Living Program; develop uniform outcomes for all AASA-funded services; and identify which funded services provide the most economic value relative to dollars invested. We will also work with the provider network to identify service delivery techniques to minimize waitlists and provide services within a 24-72 hour response period.

AAA 1-B recognizes the value of achieving relevant accreditations as we expand in the health care space:

- 1) AAA 1-B was the first Area Agency on Aging in the nation to achieve recognition through CARF, Commission on Accreditation of Rehabilitation Facilities, a designation which demonstrates our expertise as we market our services to the health care system.
- 2) In 2016 the AAA 1-B achieved AIRS Accreditation which assessed the ability of our Information & Assistance Service to demonstrate full compliance with the AIRS Standards for Professional Information and Referral. It is the primary quality assurance mechanism for affirming I&R excellence, and we are the first AAA in the state to achieve this agency wide accreditation.
- 3) We are participating at the invitation of NCQA in a Learning Collaborative to help them review and revise their Care Management certification standards to be a better fit with community based organizations such as AAAs. Once the standards are complete we will consider going through the accreditation process this summer, as an alternative to CARF. This accreditation is widely recognized by health care providers and organizations that wish to provide Medicare funded services.
- 4) In mid-2016, AAA 1-B will apply for accreditation of its Diabetes Self Management Training program by the American Association of Diabetes Educators. Accreditation is a requisite component of the DSMT to obtain Medicare reimbursement. We are doing this as part of a statewide AAA initiative to ensure all agencies have the ability to bill Medicare for this service.

7. Provide a description of how the area agency's strategy for developing non-formula resources (including utilization of volunteers) will support implementation of the MYP and help address the increased service demand.

AAA 1-B will:

- 1) Secure grants or other external resources to support the myride2 mobility management program and expansion of wellness training programs.
- 2) Explore public/private partnerships for programs, specifically congregate meals, Chore and Home Injury Control.
- 3) Work with the provider network to help them maximize and diversify funding,

including coordination of grant writing workshops, sharing best practices for improving voluntary cost-share collection.

4) Expand our breadth of services delivered to the MI Health Link demonstration project in Macomb County, to include wellness training programs and additional long term supports and services. Expand delivery of our services to new geographic areas should expansion of the demonstration take place.

5) Continued advocacy and support of the development and/or expansion of local senior and alternative transportation millages.

8. Provide highlights of strategic planning activities.

Achieving our objectives over the next three years will require the dedication of the AAA 1-B staff, Board of Directors, Advisory Council, Aging Network service providers and consumers working collaboratively together. Our Fiscal Year 2017-2019 Strategic Plan aligns closely with the objectives described in this plan. Progress on MYP activities will be monitored quarterly and reported regularly to the agency's Board of Directors, Advisory Council, state office on aging and through annual updates provided to the public in the subsequent year's Area Plan.

The strategic planning process, which began in January, 2016, included focus group meetings among key stakeholders: consumers, Board members, AAA 1-B staff, and service providers. In addition, a web-based survey was distributed to stakeholders, including consumers, asking for comment on AAA 1-B funding and service priorities for the current and next three years. We received 284 responses, with aging services providers comprising the largest segment of respondents.

2018 AIP HIGHLIGHTS

Please describe what, if anything, the area agency is planning that is new for FY 2018 or that is significantly different from the established FY 2017-2019 MYP. The following list describes the changes or updates to the previously-submitted FY2017-2019 Multi-Year Plan.

1. Provision of vision services has been discontinued in the 2017 fiscal year and will not be funded in FY18. In prior years, the service had been rarely utilized. Requests for assistance with vision matters are now handled by the Information & Assistance resource specialists, who refer callers to 47 vision-related providers in its Resource Center database.

2. The Community Living Program Services regional service definition has been redesigned, removing transportation, adult day care, and medication management serviced from the definition. AAA 1-B will seek approval of this revision from AASA and the state Commission on Aging. Transportation, adult day care and other forms of

respite, and medication management will continue to be offered, funded as separate services within the AIP.

3. The care transitions program partnership with DMC/Huron Valley Hospital has ended due to a low volume of patient referrals to the program.

4. AAA 1-B has received accreditation from the American Association of Diabetes Educators for its diabetes self-management program, Take Charge of Diabetes. Accreditation allows the program to be included as a Medicare Part B benefit, and the agency is currently in discussions with private Medicare health plans to offer the program to plan members. The program includes a multi-week diabetes self-management workshop curriculum and before/during/after-workshop consultation with a registered dietitian.

PUBLIC INPUT AND HEARINGS ON THE AIP

<u>Date</u>	<u>Location</u>	<u>Time</u>	<u>Barrier Free</u>	<u># of Attendees</u>
5/10/2017	AAA 1-B, Southfield	9:00 AM	YES	TBD

A public hearing will be held on May 10, 2017 at the AAA 1-B Southfield Office. People have the option of participating by phone or in-person.

Notice of the public hearing will be placed in the newspaper, distributed via email to the service provider and advocacy network, and posted on the AAA 1-B website, Facebook page and Twitter account.

An overview and highlights of the plan will be provided by the AAA 1-B CEO and the Director of Community and Business Advancement. All attendees will be provided with an opportunity to give feedback; other interested parties may provide feedback within a specified time period.

REGIONAL SERVICE DEFINITIONS

If the area agency is proposing to fund a new (not previously approved in this multi-year plan, Service Program, then information about the proposed service category must be included in this section.

AAA 1-B plans to request approval of a new regional service definition to deliver case coordination and support services. This definition document will be provided at April Advisory Council and Board Meetings in hard copy.

ACCESS SERVICES

Care Management

Objective: The philosophy of the AAA 1-B is to reach as many older adults in need as possible.

As of March 30, 2017 the AAA 1-B had a waitlist of over 1400 individuals requesting access and in-home services. To maximize available resources, the AAA 1-B will reallocate funding for the Care Management service which requires a Medicaid Waiver level of supports coordination in order to direct resources to Case Coordination and Support which provides comprehensive levels of service with less costly supports coordination requirements. Individuals currently receiving Community Care Management services will be transitioned into the Community Living Program In-Home, the most comprehensive tier of service. As a result of the Community Living Program service request prioritization, individuals with the greatest need, such as those previously served in Community Care Management will be identified at the point of intake and will be triaged to receive services with minimal to no wait.

Expected Outcome: AAA 1-B will be able to provide requested access and in-home services to a greater number of older adults most at risk in the planning and service area.

	Current Year (2017)	Planned Next Year (2018)
Number of client pre-screenings	1800	0
Number of initial client assessments	20	0
Number of initial client care plans	10	0
Total number of clients (carry over plus new)	10	0
Staff to client ratio (Active and maintenance per Full time care manager)	1:40	0

Case Coordination and Support

Objective 1: Prioritize requests for services to ensure the most functionally, economically, and socially at-risk older adults in the AAA 1-B planning and service area receive Case Coordination and Support with minimal to no wait.

Expected Outcome: The AAA 1-B will use a service request prioritization system based upon AASA Operating Standards for Service Programs guidance to reach the most vulnerable older adults in our service region. Many of whom are waiting for services through the Mi-Choice waiver program. Through Case Coordination and Support and service provision, we expect to prevent or delay premature institutionalization.

Objective 2: Utilize a Care Team approach to increase the number of lives touched by Case Coordination and Support and the Community Living Program regional service definition.

Expected Outcome: Licensed Registered Nurse and Social Work professionals will perform clinical tasks with non-clinical task support from Community Health Workers who by training and experience are able to effectively determine the needs of older adults and provide linkage to available resources. Increase lives touched by Case Coordination and Support by 10% in FY 18. This approach will also improve access for both program participants and contracted vendors.

Objective 3: Secure additional revenue to support the Community Living Program regional service definition to increase the number of lives touched.

Expected Outcome: In partnership with planning and service area counties, AAA 1-B will secure 8-10% of annual funding available to support access and in-home services from sources other than state and federal resources .

Information and Assistance

Objective: Increase access to Information and Assistance services using non-traditional methods including walk-in, website, email and fax inquiries.

Expected Outcome: Increase non-telephonic Information and Assistance provided by 10%.

Outreach

Objective 1: Promote evidence based programs through earned media, social media, community events and presentations to increase awareness of the programs.

Expected Outcome: Increased participation in evidence based programs by older adults and family caregivers.

Objective 2: Educate health care providers about agency programs and services.

Expected Outcome: Increase in the number of referrals to the agency's information and assistance service from health care providers.

The ADRCSEM will not be promoted as a separate entity within the six county region served by the AAA 1-B and the Ann Arbor Center for Independent Living, Blue Water Center for Independent Living and the Disability Network Oakland Macomb. However the four organizations are committed to continuing to collaborate to further improve and enhance the lives of older adults and adults with disabilities in our six county service region.

PROGRESS TOWARD APPROVED PROGRAM DEVELOPMENT OBJECTIVES

A. Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.

1. Increase utilization of services by Hispanic/Latino older adults. Progress: Agreement between Area Agency on Aging 1-B and Centro La Familia Multicultural was made to co-host a focus group of Hispanic individuals in Spring/Summer 2017.

B. Ensure that an array of community-based long-term services and supports that promote independence and choice are available to older adults.

1. Assist providers in diversifying and maximizing state and federal funding. Progress: Area Agency on Aging 1-B created a corporate donor program titled Silver Key Circle. Organizations are asked to join the Circle by making a donation to support the Community Living Program, which provides supports coordination and in-home services that enable individuals to remain living in their home of choice. The Silver Key Circle is intended to provide the corporate sector an opportunity to help reduce the Community Living Program's growing wait list. Promotional collateral has been developed and staff is in discussion with approximately 15 organizations since the program's inception in March, 2017. This effort has received minimal effort; no organizations have joined to date.

2. Increase access to dialysis services for older adults. No progress to report.

3. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved ones. Progress: The program, Powerful Tools for Caregivers launched in FY2017, with 60 individuals having completed the program. This program is designed for informal caregivers of older adults who have general caregiving needs; opposed to the Creating Confident Caregiver program which is designed for caregivers of older adults who suffer from a form of dementia. The second program, Respite Education and Support Tools, R.E.S.T. also launched in FY2017. This program is designed for individuals who either volunteer as caregivers or who provide caregiving services as an employee of an in-home services organization. Organizations that currently provide services with AAA 1-B funding are the first wave of targeted organizations. To date, 45 individuals have completed the R.E.S.T program and 7 R.E.S.T leaders have been trained.

C. Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.

1. Expand wellness programming throughout region 1-B, particularly to the private pay market. Progress: Seven individuals have been trained to deliver Powerful Tools for Caregivers and two individuals have been trained to deliver the Chronic Pain Self Management program.

D. Support elder rights through advocacy, information, training, and services.

1. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management. Progress: The AAA 1-B has produced a series of Issue Briefs for Region 1-B counties with significant Community Living Program wait lists, for distribution to elected officials and funding sources. The briefs describe the characteristics and needs of the wait list populations for each county. An analysis of the cost to serve individuals on in-home service wait lists at the beginning of FY 2017 was prepared for the Silver Key Coalition to support their advocacy request. An analysis of service requests from callers of the AAA 1-B Resource Center was provided to identify the services most frequently requested, and their underlying needs.

2. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services. Progress: The AAA 1-B developed the 2017 – 2018 Legislative Advocacy Platform in collaboration with the Advisory Council, which is used to guide public policy advocacy and priorities. Monthly issues of The Advocate were published, and Board positions were taken on two legislative proposals. Testimony was provided in support for in-home service funding increases before the House and Senate Appropriations Subcommittee for the Department of Health and Human Services. The AAA 1-B was active in educating members of Congress and advocates about the enhancements to Medicare benefits achieved through passage of the Affordable Care Act, and in advocating that these benefits be preserved during any repeal and replacement proposals.

E. Develop and enhance public/private partnerships to better serve older adults.

1. Increase awareness and improve services for LGBT older adults and caregivers in the 1-B region and beyond. Progress: One AAA 1-B staff person has been named as a mentor by SAGE to work with other AAAs in the state who wish to develop LGBT-friendly practices. Also, the Rainbow Guide, a compilation of organizations who have identified as LGBT-friendly, has been completed and is available to the community. Finally, the staff person who serves on the SAGE board of directors has left the employ of AAA 1-B. Since the appointment was made to the individual, not to the agency, AAA 1-B involvement on the SAGE board has ended.

2. Track and analyze uniform outcomes for funded services in collaboration with the aging network. Progress: The AAA 1-B was active in countering the Trump Administration allegations that the Meals on Wheels program should be targeted for funding cuts through the elimination of the Community Development Block Grant, by providing interviews and data to media outlets on the positive outcomes of the program. An outcome study of the Adult Day Service program is planned for later in the fiscal year.

F. Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.

1. Develop a Training Center for Excellence for staff and professionals. Progress: The Training Center for Excellence has been created. The agenda for the recent Management Training module delivered to staff included Leadership Competencies, Managing in a Virtual Environment, and case studies, "The Chronic Complainer" and "Thriving in Ambiguity."

2. Engage in the development, testing, implementation, evaluation, and institution of new programs, program innovations, and operations that improve the efficiency and effectiveness of aging programs. Progress: Research documenting the positive outcomes of bundled services for the SameAddress Michigan Health Endowment Fund grant was conducted to demonstrate that the service bundles are evidence based. Targeted areas are care transitions, dementia/memory care, home safety, and diabetes management.

G. Communities for a Lifetime – More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a Community for a Lifetime.

1. Increase number of municipalities in PSA who are recognized as Community for a Lifetime (CFL). Progress: No progress to report.

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