STATE PLAN FOR SERVICES TO MICHIGAN'S OLDER ADULTS

FISCAL YEARS 2008-2010

FY 2009 Amendments

STATE OF MICHIGAN

JENNIFER M. GRANHOLM, GOVERNOR

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JULY 2008

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No one shall be excluded from participation in any service or activity because of race, age, sex, national origin or disability in compliance with Title VII of the Civil Rights Act of 1964.

STATE PLAN FOR SERVICES TO MICHIGAN'S OLDER ADULTS

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VERIFICATION OF INTENT

The FY 2009 Amendments to the approved 2008-2010 State Plan for Services to Michigan's Older Adults is hereby submitted on behalf of the State of Michigan. The amended plan has been developed in accordance with all federal statutory and regulatory requirements.

The Michigan Office of Services to the Aging (OSA) has been given the authority to develop and administer the State Plan in accordance with all requirements of the Older Americans Act (OAA), and is primarily responsible for the coordination of all State activities related to the purposes of the Act. These responsibilities include, but are not limited to, the development of comprehensive and coordinated systems for the delivery of health and social services, and to serve as the effective and visible advocate for older adults in the State of Michigan.

The amended State Plan is hereby approved by a designee of the Governor and constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.

Signed:

_____ _____

Sharon L. Gire, Director
Michigan Office of Services to the Aging

Date

_____ _____

Jerutha Kennedy, Chair
Michigan Commission on Services to the Aging

Date

MISSION

To promote independence and enhance the dignity of Michigan's older adults and their families.

VISION

The Michigan Office of Services to the Aging (OSA) is the focal point of our statewide aging network providing leadership, innovation, advocacy, and supportive services on behalf of Michigan's older adults and caregivers.

CORE VALUES

- Integrity: We say what we will do, and do what we say we will.
- Excellence: We get the job done, in a way in which both we and older adults take pride.
- Inclusion: We reach out to all older adults and employees in making the important decisions that affect all of our lives.
- Teamwork: We must all work together to reach our fullest potential.
- Compassion: We empathize with those in need and do all that we can to help.
- Advocacy: We make sure the needs and concerns of older adults and their families are heard and understood.

MICHIGAN OFFICE OF SERVICES TO THE AGING
STATE PLAN GOALS

GOAL I: Work to improve the health and nutrition of older adults.

GOAL II: Ensure that older adults have a choice in where they live through increased access to information and services.

GOAL III: Protect older adults from abuse and exploitation.

GOAL IV: Improve the effectiveness, efficiency, and quality of services provided through the Michigan aging network and its partners.

INTRODUCTION

The Michigan Commission on Services to the Aging (CSA) and Office of Services to the Aging (OSA) are pleased to present the Fiscal Year (FY) 2009 Amendments to the 2008-2010 State Plan for Services to Michigan's Older Adults. The proposed amendments do not reflect a deviation from the approved goals and priorities submitted as part of the current state plan, but rather our efforts to refine and modify activities that move us closer to the realization of those goals through utilization of Continuous Quality Improvement tools and strategies.

As background, this State Plan is required for federal funding under the Older Americans Act (OAA) and provides a blueprint for helping make the State of Michigan a great place in which to grow old – a place where older adults can live life on their own terms with dignity and sense of purpose. Inside you will find interesting information on current aging initiatives and programs; how financial resources are allocated throughout the state; how programs are targeted to those in greatest need; and assurances required by the federal government in order to receive funding.

OSA is the state unit responsible for developing and administering this State Plan on behalf of the State of Michigan. As an autonomous agency in the Department of Community Health (MDCH), OSA oversees Michigan's "aging network" – a partnership that has existed for some 30 years between the State of Michigan (OSA), 16 regional area agencies on aging (AAAs) and more than 1,200 local community-based agencies that offer older adult and family caregiver services. The success of Michigan's service delivery system in enhancing life quality for older adults is attributed to this partnership that has nurtured, over time, an environment for being responsive to consumer needs using high quality and cost effective approaches.

Members of the CSA and its State Advisory Council on Aging (SAC) are important voices in aging network operations at the state level, and as such, actively participated in the State Plan development process. The 15-member Commission is appointed by the Governor to work with OSA on state aging policy. Among its duties, the CSA appoints the SAC to advise and give recommendations on aging issues.

OFFICE OF SERVICES TO THE AGING

Sharon L. Gire, Director
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Terri Simon
Carol Stangel
Sally Steiner
Lauren Swanson
Julia Thomas
Drew Walker
Scott Wamsley

COMMISSION ON SERVICES TO THE AGING

The **C**ommission on **S**ervices to the **A**ging (CSA) is a 15-member bipartisan body created under authority of the Older Michiganians Act (OMA) and appointed by the Governor. Commissioners serve as visible and effective advocates for Michigan's older adults. The CSA advises the Governor, Legislature and OSA on matters relating to policies and programs for older adults. The CSA also approves funds for services administered under the federal OAA and the OMA.

Jerutha Kennedy, Chairperson, Detroit

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Cheryl J. Bollinger, Mason
Mary P. Gardner, Ph.D., Lansing
Rose Gill, Wilson
Kathleen L. Johnston-Calati- Lansing
Chun-Keung Leung, Bloomfield Hills
Donald Newport, Greenbush
Anthony P. Pawelski, Pinconning
Thomas G. Rau, Brighton
Amne M. Talab, Dearborn
Ramesh Verma, Noiv
William Walters, IV, Brown City
Janice A.B. Wilson, Fraser
James C. Wright, Springfield

STATE ADVISORY COUNCIL ON AGING

The **S**tate **A**dvisory **C**ouncil on **A**ging **(SAC),** appointed by the CSA, studies aging issues and recommends policy to the CSA. Applications for membership are accepted by OSA and the CSA on an annual basis.

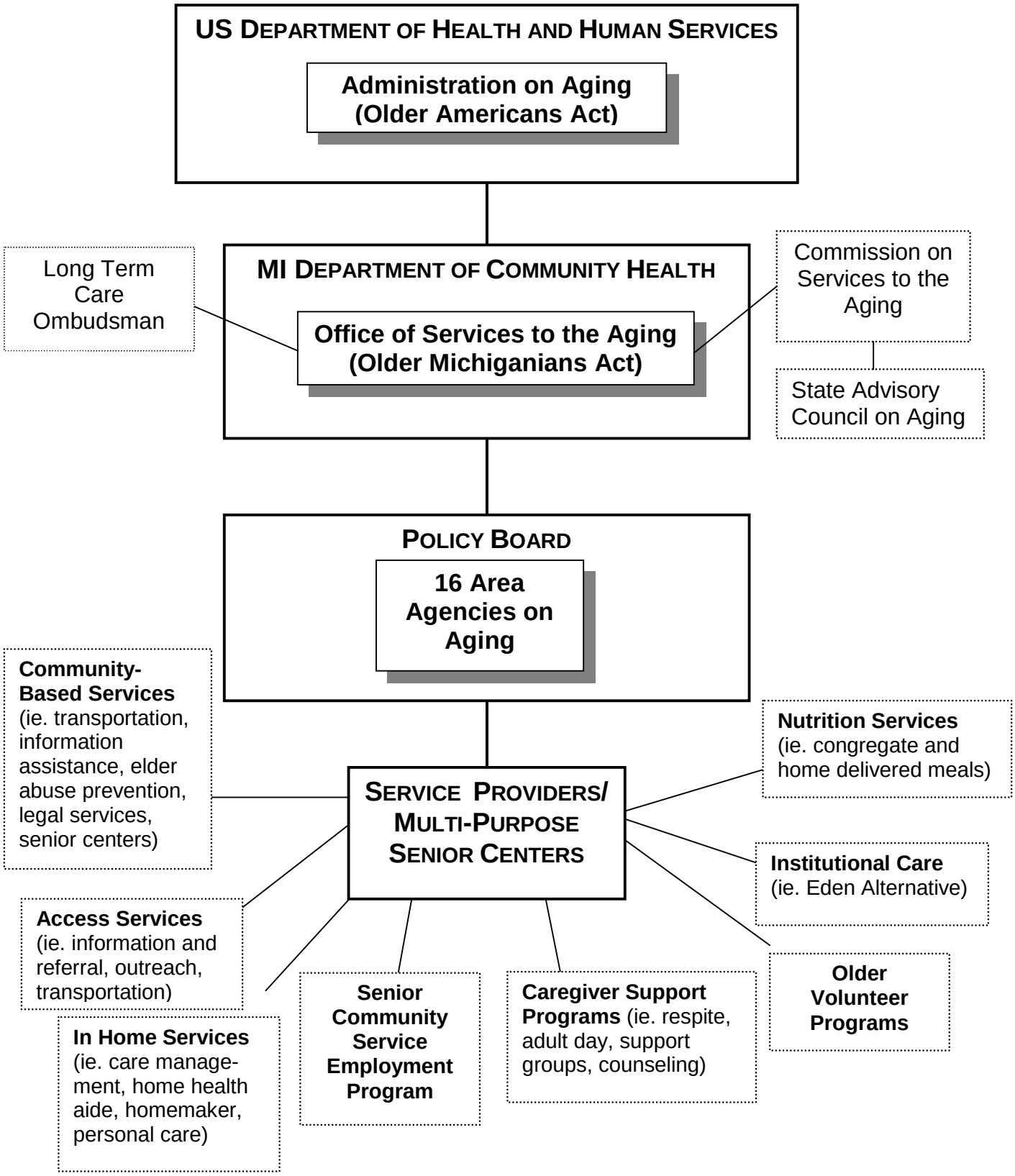
William H. Walters, IV, Chair, Brown City

Kellie Boyd, Brownstone
Marci Cameron, Saline
Vincente Castellanos, Freeland
Lawrence Chadzynski, Okemos
David Ellens, Holland
Dorree Ann Espiritu, M.D., Bloomfield Hills
Hope Figgis, Traverse City
Nadine Fish, St. Joseph
Eleanore Flowers, Jones
Linda Geml, Kalamazoo
Lynn Grim, Farwell
Carrie Harnish, Detroit
Lois Hitchcock, Southfield
Viola Johnson, Battle Creek
Diane Kempen, Kalamazoo
Fred Leuck, Lapeer
Harold Mast, Kentwood
Pamela McKenna, Gwinn
Charles Oritiz, Jackson
Cynthia Paul, Lansing
John Pedit, Redford
Gene Pisha, Dearborn
Gail Ringelberg, Grand Haven
Henry Shaft, Saginaw
Michael J. Sheehan, Cedar
Clyde Sheltron, West Branch
Irene Smith, Dearborn
Alice Snyder, Grayling
Dean Sullivan, Quincy
Louise Thomas, Kentwood
Terry Vear, Hillsdale
Tomasa Velasquez, Charlotte
Cheryl Waites, Detroit
Edna Walker, Detroit
Nancy Waters, Muskegon Hts.
Susan G. Wideman, Marquette
Roger Williams, Grand Rapids
Paul Wingate, Comins
Ginny Wood-Bailey, Chelsea
Karen Young, Otisville

Ex Officio: Regina Allen, Social Security Administration
Judy Karandjeff, Michigan Women's Commission

THE AGING NETWORK

A FEDERAL, STATE, AND LOCAL PARTNERSHIP



PUBLIC INPUT

The CSA is strongly committed to listening, understanding and advocating for the needs of Michigan's older adults. During FY 2008, the Commission continued to provide opportunities for older adults, caregivers, area agencies on aging (AAAs), service providers, and the general public to share their concerns and ideas for how the services should be prioritized and provided in the state.

Three public hearings were conducted prior to submission of the FY 2009 Amendments to the approved 2008-2010 State Plan. The locations of the public hearings were Sterling Heights, Lansing, and Grand Haven. A fourth public hearing will take place in Gaylord following the regularly scheduled meeting of the Commission in October. A total of 22 citizens attended the public hearings with 10 providing testimony. OSA accepted written testimony from three individuals and/or organizations. The opportunity to provide input was also available to the public via the OSA website, www.michigan.gov/miseniors.

A summary of important issues and trends identified through the public hearing process follows. Individual summaries of comments received during the three public hearings already held in 2008 can be found in Appendix A. The public input received has been considered in the development of the proposed FY 2009 amendments to the approved State Plan.

ADEQUATE FUNDING

Many expressed that funding for aging services has not kept pace with the growing numbers and needs of older adults. As a result, waiting lists across Michigan exist and many older adults receive service based on availability as opposed to need. Advocacy was encouraged to increase funding for more in-home and community-based services. Support was also provided for implementation of the Project 2020 initiative.

SELF-DETERMINATION/SINGLE ENTRY POINT SYSTEMS

There was general consensus that any public policy for older adults be driven by an individual's need, particularly in the delivery of Long Term Care (LTC) services. A "money follows the person" approach and options to direct one's own services are in keeping with this philosophy. Initiatives such as the Nursing Home Diversion Program (NHD), which included person-centered thinking and flexible service options, received significant support. However, caution was urged in the continuing development of single point of entries (SPEs) given benefits had yet to reach LTC consumers.

TRANSPORTATION

Transportation continues to be defined as essential to living independently in the community. A lack of reliable transportation often contributes to a decline in health, increased isolation, less medical care, and poor nutrition. This is especially true for older adults living in rural areas. More resources are needed to support a variety of transportation programs for older adults especially with rising fuel costs.

HEATLH CARE

Rising health care costs, increased out-of-pocket medical expenses, and issues with insurance/health care providers were noted as a growing concern. Expansion of innovative managed health care programs such as P.A.C.E. was encouraged. Changes in how funding is distributed for the Medicare/Medicaid Assistance Program (MMAP) was urged so that more professional staff could be hired given the complexities associated with implementation of Medicare Part D.

CAREGIVER SUPPORT

Increased support for caregivers, including older caregivers caring for children that are dependant and/or disabled, continued to be stressed at each of the hearings. Respite continues as the most important service for caregivers and should be expanded to include more options for self-directed respite, extended care, and adult day services. The ability to meet the unique needs of individual older adults and those with dementia was also stressed.

SPECIAL NEEDS OF OLDER ADULTS WITH DISABILITIES

The Americans with Disabilities Act provides protection and access for those with disabilities in the United States. Ramps that provide access to buildings must be kept in good repair and condition. Older adults with hearing impairments should be afforded interpreter services as part of care management and case coordination/support services. Interpreter services should also be available as part of organized social activities designed to reduce the isolation experienced by many older adults with hearing impairments.

VOLUNTEERS

Volunteer programs are important for older adults to contribute back to their communities, stay active, and be happy. More emphasis must be given to develop opportunities that attract the “Baby Boomers” as volunteers. The importance of volunteers to the aging network was also stressed as a critical aspect of service delivery. Rising gas cost was raised as a real threat to the ability of volunteers to provide critical services such as home-delivered meals.

HOUSING

Older adults cannot have a real choice in where they live without an adequate supply and variety of housing options. Resources are needed for developing more affordable assisted living options. Concern was also expressed regarding the rising number of older adults who have become homeless as a result of bad credit, substance abuse and lack of community support systems. More flexibility with Housing Urban Development (HUD) subsidized housing guidelines was encouraged.

LEGAL ASSISTANCE

The importance of legal assistance for older adults was noted especially in the areas of fraud and financial exploitation. Problems associated with quick claim title deeds and the vulnerability of older adults in situations where adult children borrow against the parents' home equity were also noted.

PROPOSED 2009 APPROPRIATIONS

Appropriated Line-Items Title	Proposed Budget Appropriation
Commission (Per Diem)	10,500
OSA Administration	5,366,400
Community Services	35,444,200
Nutrition Services	37,922,500
Retired and Senior Volunteer Program	790,200
Foster Grandparent Program	2,813,500
Senior Companion Program	2,021,200
Employment Assistance	3,213,300
Respite Care	6,800,000
Gross Appropriation	$94,381,800
Total Federal Revenues:	53,414,800
Title III	39,245,500
Title VII	689,300
Nutrition Services Incentive Program (NSIP)	6,901,000
U.S. Dept. of Agriculture	500,000
Title V	3,361,100
Title XIX	1,467,900
MMAP, Inc.	1,250,000
Total State Revenues:	40,815,000
Abandoned Property Funds (State Respite)	1,800,000
Healthy Michigan Funds	167,000
Merit Award Trust Fund	5,000,000
General Fund/General Purpose	33,848,000
Miscellaneous Private Revenues	152,000
Gross Revenues	$94,381,800

Note: For information on the funding breakdown (based on the statewide funding formula) per AAA for a variety of service categories, please refer to Appendix B.

ALLOCATION OF RESOURCES

GREATEST ECONOMIC OR SOCIAL NEED

(Required under Section 305(a)(2)(E) of the OAA)

In the provision of services funded under this State Plan, preference will be given to those older adults with greatest economic or social need, with particular attention to low-income minority individuals and older adults residing in rural areas.

"Greatest economic need" refers to the need resulting from an income level at or below the poverty threshold established by the federal government each year. The poverty level for 2007 is defined as $10,210 for a single individual and $13,690 for a family of two.

"Greatest social need" refers to the need caused by non-economic factors such as physical and mental disabilities, language barriers, and cultural, social or geographical isolation that restricts an individual's ability to perform normal daily tasks or threatens one's capacity to live independently.

Methods for giving preference to those with greatest economic/social need shall include:

- Application of weighting factors for low-income, minority and rural older adults in the distribution of funds to each of 16 Planning and Service Areas (PSAs).

- Assuring that AAAs target contracts for social services and nutrition in areas with high concentrations of older adults having the greatest economic/social need.

- Assuring that AAAs award OAA service contracts or subcontracts to minority-owned and operated organizations, at least in proportion to the number of minority persons of all ages residing within the PSA.

- Assuring AAAs target services for persons with physical and mental disabilities through earmarking state funds for in-home services and home delivered meals for the frail elderly.

- Assuring that AAAs spend at least 105% of the amount spent in fiscal year 2000 under the OAA for services to older adults in rural areas.

- Requiring all contractors under area plans to assure that services are provided to low-income and minority older adults in proportion to their relative needs as determined by regional surveys; insure that services to these groups are not reduced. As part of the area plan development process, all AAAs are required to conduct comprehensive surveys of need within the PSA, and to utilize demographic data in targeting services.

TARGETING SUMMARY

This chart represents a comparison of older adults in greatest economic and social need served in Michigan for FY 2006 (latest statistics available). Note: see page 17 for definitions.

Chart 1
FY 2007 Older Adults Served in Greatest Social and Economic Need

	Michigan 60+ Population[1]	% of Michigan 60+ Population	60+ Total Served in NAPIS 2007	% of Total NAPIS Service Population[2]
Total Population 60+	1,596,162		129,992[3]	
White	1,400,703	88%	100,169	85%
African American	160,741	10%	15,562	13%
Hispanic	18,653	1.2%	1,566	1.3%
Asian/Pacific Islander	12,298	0.8%	871	0.7%
American Indian/Alaskan	4,658	0.3%	659	0.6%
Low-income	96,116	8%	28,311	29%
Rural	427,733	27%	60,526	48%

[1] Source: 2000 U.S. Census
[2] Source: Totals are for registered services. Percentages are based on counts of clients with known race/ethnicity, poverty status, and rural status. Totals do not include non-registered clients due to duplication in the aggregate reporting of non-registered services.
[3] Client race/ethnicity data is based on registered clients with reported race and/or ethnicity. Of 129,992 registered clients in 2007, a total of 118,253 provided race/ethnicity information.

Section 1.01 RURAL SERVICES

A total of 7.5% of service funds received by OSA are allocated based on geographic distribution to target additional resources to PSAs with large populations of older adults in rural geographic areas. OSA maintains a web-based aging information system (NAPIS) to retrieve and analyze data regarding services provided to older adults and their caregivers. To determine rural expenditures, OSA uses the rurality designation by zip code from the U.S. Census Bureau and applies those percentages to the actual number of people served in each zip code in Michigan.

Based on FY 2007 federal and state service expenditures, the cost of providing services, including access to those services for older adults, is reflected in Chart 2 on page 18. It is estimated that costs of providing these services will remain approximately the same for each fiscal year to which the plan applies.

Chart 2 FY 2007 Federal and State Final Expenditures by Cost for Rural Clients		
Service Category[4]	**Total Federal and State Expenditures**	**Total Federal and State Expenditures for Rural Clients**
Home Delivered Meals	$24,056,076	$9,568,329
Respite Care (all types)	$7,743,090	$3,202,589
Congregate Meals	$10,337,281	$5,608,486
Care Management	$7,307,471	$4,555,307
Homemaker	$4,342,866	$3,032,343
Personal Care	$3,433,975	$1,790,450
Case Coordination & Support	$1,044,421	$526,528
Caregiver Counseling	$939,558	$335,194
Outreach	$984,276	$89,229
Information & Referral	$976,646	$53,652
Legal Assistance	$707,618	$30,723
Senior Center Staffing	$560,077	$3,165
Chore Service	$522,201	$184,145
Transportation	$410,218	$66,405
Disease Prevention/Health Promotion	$347,555	$56,168
Medication Management	$253,178	$112,335
Other Services (Non-Caregiver)	$342,881	$0
Caregiver Supplemental (all types)	$204,120	$184,206
Elder Abuse Prevention	$194,704	$0
Assisted Transportation	$143,052	$106,785
Health Screening	$132,688	$107,136
Counseling (Non-Caregiver)	$34,146	$22,195
Home Injury Control	$165,116	$0
Vision Services	$78,204	$0
Asst to Hearing Impaired	$97,946	$0
Per Emergency Response	$76,510	$71,990
Home Repair	$50,628	$4,200
Home Health Aide	$21,345	$21,345
Friendly Reassurance	$11,974	$11,241
Totals	**$65,520,221**	**$29,744,144**

[4]Source: National Aging Profile Information System (NAPIS). Services and expenditures included in this analysis are those for which client rural status is reported.

INTRASTATE FUNDING FORMULA

(Required under Section 307(a)(3)(A) of the OAA)

The intrastate funding formula was reviewed pursuant to OAA requirements and no changes have been made from the previous planning cycle. Michigan is divided into 16 PSAs, and each is served by an AAA. OAA funds are allocated using the following weighted formula:

State Weighted Formula Percentage for PSA =	# aged 60 and over in PSA +	# aged 60 and over at or below 150% of poverty +	# aged 60 and over nonwhite in PSA + .5 x level in PSA	
	# of people aged 60 and over in state +	# aged 60 and over at or below 150% of poverty in state +	# aged 60 and over nonwhite in state + .5 x in state	

The 2000 Census will be used to calculate funding available to each PSA. Each PSA's percentage of the state's weighted population is calculated by adding:

- the number of persons aged 60+,
- the number of persons aged 60+ with incomes at or below 150% of the poverty level, and
- one-half the actual number of older adults identified as a minority

The sum of these factors is then divided by the state's total weighted population after a base, determined by the number of square miles, is subtracted.

Formula Factor Importance

Factor	Weight	x	Population	=	Weighted Population	% of Funds Distributed by Factor
60+	1.00	x	1,596,162	=	1,596,162	81.49
Low-income	1.00	x	264,800	=	264,800	13.52
Minority	.50	x	195,459	=	97,730	4.99
TOTAL				=	1,958,692	100.00

Funding for each PSA has two components: administrative funds and service category funds.

Administrative funds = federal + state administrative funds
Service categories = Titles III-B, III-C1, III-C2, III-D, III-E, St-HDM, St-A/C, St-SCS

92.5% of total funding is distributed based on the state's weighted formula percentage; 7.5% is distributed based on the percentage of state's geographical area.

Geographic Base

Prior to applying the formula factors, 7.5% of state and federal service funds are subtracted from the service total and distributed to each PSA according to its share of the total square miles in the state.

Service Category Funds for PSA	=	PSAs State Weighted Formula Percentage	x	92.5% of Service Category Funds	+	% of State Geog. Area (square miles)	x	7.5% of Service Category Funds

Chart 3
2000 Weighted and Geographic Formulas

Area Agency On Aging By Region	Population 100% 60+	Population 150% of Poverty	Population 50% of Minority	Weighted Funding Formula	AAA Square Miles	Geographic Formula
1A	147,806	42.530	53,250	12.44%	154	0.27%
1B	419,023	51,594	13,805	24.73%	3,922	6.90%
1C	171,279	22,322	5,771	10.18%	460	0.81%
2	52,260	8,342	957	3.09%	2,058	3.62%
3A	35,255	5,040	1,252	2.12%	562	0.99%
3B	33,728	6,147	1,275	2.10%	1,266	2.23%
3C	18,733	3,265	267	1.14%	1.012	1.78%
4	52,334	10,510	2,622	3.34%	1,683	2.96%
5	90,643	14,120	5,782	5.64%	1,836	3.23%
6	59,807	8,088	2,174	3.58%	1,711	3.01%
7	128,011	23,665	3,315	7.91%	6,605	11.62%
8	140,233	23,965	3,745	8.57%	6,008	10.57%
9	59,753	11,575	330	3.66%	6,816	11.99%
10	55,833	9,300	372	3.34%	4,724	8.31%
11	67,470	14,215	906	4.22%	16,411	28.87%
14	64,994	10,122	1,907	3.93%	1,614	2.84%
Total	1,596,162	264,800	97,730	100.00%	56,842	100.00%

AREA AGENCIES ON AGING & GEOGRAPHIC AREAS SERVED

Region 1-A	DETROIT AREA AGENCY ON AGING, 313.446.4444, serving cities of Detroit, the Grosse Pointes, Hamtramck, Harper Woods, Highland Park
Region 1-B	AREA AGENCY ON AGING 1-B, 248.357.2255, serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties
Region 1-C	THE SENIOR ALLIANCE, INC., 734.722.2830, serving all of Wayne County, excluding areas served by Region 1-A
Region 2	REGION 2 AREA AGENCY ON AGING, 517.592.1974, serving Hillsdale, Jackson, Lenawee Counties
Region 3-A	REGION 3-A AREA AGENCY ON AGING, 269.373.5147, serving Kalamazoo County
Region 3-B	REGION 3-B AREA AGENCY ON AGING, 269.966.2450, serving Barry, Calhoun Counties
Region 3-C	BRANCH/ST. JOSEPH AREA AGENCY ON AGING III-C, 517.278.2538, serving Branch, St. Joseph Counties
Region 4	REGION IV AREA AGENCY ON AGING, INC., 269.983.0177, serving Berrien, Cass, Van Buren Counties
Region 5	VALLEY AREA AGENCY ON AGING, 810.239.7671, serving Genesee, Lapeer, Shiawassee Counties
Region 6	TRI-COUNTY OFFICE ON AGING, 517.887.1440, serving Clinton, Eaton, Ingham Counties
Region 7	REGION VII AREA AGENCY ON AGING, 989.893.4506, serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties
Region 8	AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC., 616.456.5664, serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newago, Osceola Counties
Region 9	REGION IX AREA AGENCY ON AGING, 989.356.3474, serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon Counties
Region 10	AREA AGENCY ON AGING OF NORTHWEST MI, INC., 231.947.8920, serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties
Region 11	UP AREA AGENCY ON AGING, 906.786.4701, serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties
Region 14	SENIOR RESOURCES, 231.739.5858, serving Muskegon, Oceana, Ottawa Counties

STATE PLAN GOALS, OBJECTIVES, AND PERFORMANCE MEASUREMENTS
FY 2009 Amendments

GOAL I.

WORK TO IMPROVE THE HEALTH AND NUTRITION OF OLDER ADULTS

OBJECTIVE I-A. NUTRITION SERVICES

Adequate nutrition is critical to healthy functioning and quality of life. Nutrition programs work to improve the nutritional intake of older adults and decrease social isolation.

The need for nutrition services exists because many older adults are susceptible to poor nutrition for a number of reasons: they lack the resources to purchase a variety of healthy foods - including fresh fruits and vegetables; poor health, frailty or disability may limit the ability to prepare meals; and some may lack transportation or community services needed to go out of the home to shop. In addition, older adults with limitations can be prohibited in the preparation of healthy meals, which can negatively contribute to chronic conditions due to diets that are high in fat, sodium, etc. Research suggests that older adults with strong social networks have prolonged mental and physical health. The opportunity to socialize and share meals has been proven to increase the nutritional status of many older adults.

To provide meals that do not impact the health of older adults in a negative way, the state minimum service standards for nutrition were modified in 2006 to align with the revised Recommended Dietary Allowance (RDA) daily requirements. During FY 2008-2010, OSA will work with AAAs to ensure compliance of all congregate and home-delivered meal providers with the revised standards that govern meal preparation and content.

It has been well documented that adequate nutrition and exercise serve to maintain muscle mass, agility, and decrease weight gain and incidence of Type II diabetes[5]. Nutrition and exercise work together in a positive relationship to enhance health through the increase in lean muscle and decrease of fat formation.

Senior Project FRESH is Michigan's program under the United States Department of Agriculture (USDA), Senior Farmers Market Nutrition Program. It provides coupons for Michigan-grown fruits and vegetables to individuals who are at least 60 years old and who meet income guidelines of 185% of poverty.

[5] Evans, WJ, 1995; Evans, WJ and Cyr-Campbell, D, 1997; Evans, WJ, 1998; Evans, WJ, 2004; Fielding, RA, 1995; Hunter, GR, 204; Ryan, AS, 2000; Singh, MA, 1998.

Older adults may redeem coupons at farmers markets and roadside stands from June 1 through October 31. The project benefits both Michigan's older adults and farmers.

Senior Project FRESH expanded from three counties in 2004 to 45 counties in 2007. Expansion was due to the collaborative efforts of OSA and the Michigan State University Extension which raised local funds for the project. In 2007, approximately 8,500 older adults were provided with a minimum of $20 worth of coupons.

For FY 2009, OSA will continue to work to improve the provision of high quality, nutritious meals to older adults through the congregate and home-delivered meal programs, develop a plan to increase utilization of congregate meal sites, and expand Senior Project FRESH.

GOAL I-A. OBJECTIVE: NUTRITION SERVICES LOGIC MODEL						
Nutrition Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Ensure compliance with OSA food safety and nutrition standards.	OSA field representatives will assess the AAAs regarding monitoring of nutrition providers, congregate meal sites and HDM processes.	OSA field staff will have records reflecting that AAAs have menu plans signed by Registered Dieticians (RD). These will be available upon request. Completed compliance assessment checklists for nutrition providers. Completed assessment of congregate meal sites.	AAA RDs will certify that menus meet the 1/3 RDA for every meal. Nutrition providers will be visited by AAAs at least once per year and assessed for compliance. Congregate meal sites will be visited periodically throughout the year by AAAs and be assessed for compliance and quality.	100% of all nutrition providers will be compliant with federal and state standards.		

GOAL I-A. OBJECTIVE: NUTRITION SERVICES LOGIC MODEL						
Nutrition Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA will conduct a system analysis of the congregate meal program.	OSA will hold sessions with AAA's and service providers to conduct a system analysis of the congregate meal program. These stakeholders will participate in determining the components, data collection and evaluation of a congregate meal system analysis.	A gap analysis of the current congregate meal program. Proposed activities to increase utilization of congregate meals and sites. A proposed pilot project to conduct activities mentioned above.	AAAs have planning data to increase utilization of meal sites.	A gap analysis will be completed by 09/30/2008.		
OSA will develop a strategic plan for expansion of Senior Project FRESH (SPF).	Determine appropriate counties for expansion of SPF based on: ➢ Household income ➢ Older adult population ➢ Urban/rural distribution ➢ Racial/ethnic diversity	List of counties served by SPF with past utilization data. List of targeted counties for expansion.	Increase in number of counties where SPF is available.	Strategic plan is developed and implemented before the 2009 season.		

OBJECTIVE I-B. HEALTH PROMOTION

While Michigan ranks 27th overall in health rankings[6], older adults face significant health risks in several key areas. Michigan has a growing problem with diabetes as 18% of adults over the age of 60 have been diagnosed with diabetes. As a state, Michigan has the 9th highest rate of diabetes in those aged 65-74 and the 2nd highest rate of diabetes for those aged 75 and over.[7] Not surprising given the state's diabetic incidence, Michigan also ranks 6th in terms of obesity.

Michigan also has a high rate of asthma and ranks 7th out of 50 states. Our state also has a higher rate of cardiovascular death, ranking 21st out of the 50 states[5].

With these problems, it is imperative to help older adults by providing programs to support chronic disease management and promote educating older adults on positive lifestyle changes that include better chronic disease management, good nutrition and physical fitness.

Researchers have found that exercise by older adults, even in their mid-nineties, can greatly increase overall muscle strength as well as bone density. Exercise can also improve an older adult's balance and ability to walk, resulting in maximum independence and a decreased incidence of falls. Falls greatly increase expensive hospital emergency room usage, premature disability, and risk for nursing home admission and death. OSA recognizes that physical activity programs for older adults are an essential partner to healthy aging. It also recognizes the need to significantly expand the number of activity programs offered. Health promotion and disease prevention programs designed to meet the needs of older Michiganians can lead to improved behaviors and can help older adults manage chronic disease more effectively.

Throughout FY 2008-2010, OSA will continue its emphasis on the importance of leading healthy lifestyles. Information will be made available about good health, nutrition and exercise. To assist older adults in reaching their health goals, OSA will partner with the aging network to expand the number of evidence-based health promotion programs available to older adults in the state, as well as, provide information on the importance of physical activity. Given the importance of vaccinations, particularly influenza and pneumonia, OSA will also coordinate with the Department of Community Health and aging network to make communities and individuals more aware of the need for vaccinations for older adults.

[6] United Health Foundation – 2006 www.unitedhealthfoundation.org/ahr2006/findings.html
[7] Kaiser Family Foundation – 2002 www.statehealthfacts.org

GOAL 1-B. OBJECTIVE: HEALTH PROMOTION LOGIC MODEL						
Health Promotion						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Expand, embed and integrate wellness programs into the aging network.	Promote the continuing development and sustainability of MI Partners on the PATH.	More aging network partners begin offering Evidence Based Disease Prevention (EBDP) programs. EBDP programs are recognizable. There is a local or regional partnership created to sustain the EBDP programs.	More counties begin offering EBDP programs. EBDP programs are integrated into older adult venues. Coalitions and regional groups are formed and developed.	At least 50 counties offer EBDP programs. At least one senior center, one congregate meal site and one other site offer EBDP programs in targeted counties. All 83 counties are served by a local or regional group/coalition.		
Outreach	Coordinate and promote activities to encourage older Michiganians to make appropriate choices related to: ➢ Nutrition ➢ Physical exercise ➢ Smoking ➢ Fall prevention	Mapping of initiatives and target audiences.	Health and wellness activities are available to all older adults.	Listing of wellness activities by region. Listing of wellness activities in the Active Options database.		

GOAL 1-B. OBJECTIVE: HEALTH PROMOTION LOGIC MODEL						
Health Promotion						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Develop technical assistance for Area Implementation Plan (AIP) health and wellness program objectives.	Monitor AIP program objective progress.	Provide technical assistance and resources.	AAAs use the technical assistance and resources to carry our AIP program objectives.	Program objectives for health and wellness are met.		

OBJECTIVE I-C. MENTAL HEALTH AND DEMENTIA SERVICES

The 2006 State Advisory Council Report on Mental Health Issues of Older Adults identified challenges and opportunities for OSA and the aging network to address the mental, as well as, physical health needs of older adults and caregivers. During FY 2006, OSA began efforts to replicate an evidence-based practice referral program known as Healthy IDEAS by the National Council on Aging within OSA's care management program. The Healthy IDEAS model combines four evidence-based practices to train care managers to identify, assess and offer in-home self-directed interventions for older adults living at home and served by care managers. Behavior activation has shown to improve mood and activity level in mild to moderately depressed older adults.

The OAA, Section 311(a)(22) identifies "individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and their families" as a target population for support services. The Michigan Dementia Coalition in its "Michigan Dementia Plan: Reducing the Burden of Dementia in Michigan," published August 2003, estimates that 200,000 Michigan residents have some form of dementia. Family members care for about 75% of people with dementia at home. Two factors contribute to the importance of family caregivers for people with dementia. First, the loss of cognitive abilities is often gradual and family members usually adjust to the person's care needs over several years. Second, cognitive losses typically meet nursing home level of care only in later or advanced stages of dementia, unless physical factors contribute. With the growing aging population, the number of people with dementia will rise, straining both family and formal resources. The trajectory of care for people with dementia can be unusually long and stressful for family caregivers. The health and skills of family caregivers are pivotal for persons with dementia.

At the November 19, 2006 public hearing on caregiving, the CSA received comments from several individuals supporting dementia care services, such as respite, caregivers support groups, improved training for direct care workers and outreach. Dementia care and caregiver issues were raised at all seven public hearings held around the state, with many of the comments echoing these points. To support individuals with dementia and their families, Michigan has used a collaborative approach to develop innovative and family-centered programs since the first funding from the Administration on Aging for Alzheimer's Disease Demonstration Grants (ADDGS) in 1992.

For FY 2008-2010, OSA will continue efforts to replicate the Healthy IDEAS program and work collaboratively with MDCH to support the development and implementation of innovative programs that support older adults with dementia and their families.

GOAL 1-C. OBJECTIVE: MENTAL HEALTH AND DEMENTIA SERVICES LOGIC MODEL						
Mental Health and Dementia Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA will participate in efforts to fund mental health and dementia programs and services.	Collaborate with stakeholders and partners around writing proposals for mental health and dementia as grants become available.	Grant applications	Increased funding for mental health and dementia services.	Grant funds acquired. For example: ADDGS; SAMHSA, and Savvy Caregiver, by 09/30/2010.		
Obtain baseline information on Healthy IDEAS implementation.	Survey AAAs trained in Healthy IDEAS.	Survey results	Percentage of trained AAA care managers who incorporated H.I. practices.	Survey complete by 12/30/2008.		
Provide mental dementia informational outreach, education, and opportunities for collaboration with aging network.	Development of mental health page for OSAs website.	Information is on OSAs website.	Live by 08/30/2008.	Mental Health /Dementia page live by 08/30/2008.		
	Arrange for mental health (MH) and dementia information to be presented to aging network.	MH & dementia staff participates in aging network venues.	Presentations given.	Aging forums, e.g., MASC and MDSA annual conference, include at least one presentation on mental health and dementia issues by 2010.		
	Arrange for aging network participation in MH and dementia activities.	Aging network participation in MH and dementia venues.	Presentations given.	Annual MH conference have at least one presentation on aging by 09/30/2009.		

OBJECTIVE I-D. OLDER VOLUNTEER SERVICES

The older volunteer programs, Foster Grandparent Program (FGP), Senior Companion Program (SCP) and the Retired and Senior Volunteer Program (RSVP) are integral components of OSA efforts to promote active lifestyles and good health among older adults in Michigan. In his 1991 book, “The Healing Power of Doing Good: The Health and Spiritual Benefits of Helping Others,” Allan Luks concluded from his own research on altruism that “helping contributes to the maintenance of good health, and it can diminish the effect of diseases and disorders, serious and minor, psychological and physical.” However, many older persons lack the financial resources, transportation and community knowledge they need to volunteer on a regular basis. This is especially true for low-income older adults.

At the same time, many communities in need of the energy, time and talents of our older adults lack the infrastructure and resources required to address the special needs of the older volunteer. During the FY 2008-2010, OSA will continue to collaborate with the Federal Corporation for National and Community Service to provide grants to community-based public and private non-profit organizations to operate FGP, SCP and RSVP projects in accordance with federal and state regulations as a means of expanding service capacity within local communities and the aging network.

GOAL I-D. OBJECTIVE: OLDER VOLUNTEER SERVICES LOGIC MODEL						
Older Volunteer Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Build system capacity to use volunteers.	Provide training resources. Provide data management system. Provide program oversight.	More volunteers are recruited into the program. More opportunities are developed for community volunteers. Volunteers assist the community in meaningful service.	The data system successfully tracks volunteers. Volunteers feel they are providing service that helps the community. Volunteers feel valued.	Volunteer survey		
Promote community integration for older adults.	Provide volunteer activities in a variety of settings outside the home. Develop volunteer service activities that promote community integration and social connection.	Number of volunteer hours and tasks based in the community.	Volunteers have choice about volunteer settings. Volunteers have made good friends through their volunteer activities. Volunteers meet people at their volunteer sites.	Volunteer survey		
Provide stimulating activities.	Develop volunteer opportunities that are meaningful. Develop volunteer opportunities that use volunteer skills.	Number of opportunities in types of settings.	Volunteers enjoy their volunteer activities. Volunteers believe assignments are fun. Volunteers feel they are using their skills.	Volunteer survey		

ENSURE THAT OLDER ADULTS HAVE A CHOICE IN WHERE THEY LIVE THROUGH INCREASED ACCESS TO INFORMATION AND SERVICES

GOAL II.

OBJECTIVE II-A. LONG TERM CARE REFORM

Long term care (LTC) is a broad term which covers a wide array of services and supports that can include everything from minor home modifications to help someone live independently, in-home health care, adult day care centers, assisted living facilities, continuing care retirement communities, or nursing homes (NH). LTC is the kind of help one might need with daily activities such as bathing, dressing, feeding, or getting around. As the older population continues to grow and life expectancies increase, it can be anticipated the need for LTC services will also grow. Information and services available through Michigan's aging network can help individuals prepare for their LTC needs.

OSA has been involved in a number of activities to promote aging-in-place. Factors influencing successful aging-in-place include: fall prevention and home injury control, healthy lifestyle and good medical and medication monitoring, home modification and home retention, visitability, livable and elder-friendly communities.

LTC reform efforts in Michigan are coordinated through the Office of Long Term Care Supports and Services (OLTCSS) within the Michigan Department of Community Health (MDCH). The OLTCSS administers the Aging and Disability Resource Center (ADRC) grant awarded by the Administration on Aging, a Cash and Counseling Grant from the Robert Wood Johnson Foundation, and the Systems Transformation Grant awarded by the Center for Medicare and Medicaid Services (CMS). OSA works closely with the OLTCSS and is committed to efforts that allow older adults and those with disabilities to receive an array of LTC services in the setting of their choice and to the basic principles inherent to the development of the Aging and Disability Resource Center. The State Long Term Care Ombudsman serves as a member of the Long Term Care Supports and Services Advisory Commission (LTCSS), while the OSA director represents the aging network as an ex-officio member.

Four demonstration sites were selected as Single Point of Entry (SPE) demonstration projects, referred to as "Long Term Care Connections." The service regions served by the SPE encompass eight of Michigan's PSAs and include the AAAs as partners. OSA represents the needs of the older adult population as members of workgroups established to implement the SPEs and guide LTC reform efforts in the state.

In October 2007, OSA was also selected as one of 12 state units on aging nationwide to be awarded a $500,000 grant from the Administration on Aging for development of a Nursing Home Diversion Program (NHD). The 18-month grant (9-30-07 to 3-30-09)

helps Michigan build on current long term care efforts and re-engineer how Older American Act funded services are provided by:

- targeting those at risk of nursing home placement, impoverishment, and Medicaid spend-down;
- employing person-centered thinking (PCT) and self determination (SD), giving consumers more affordable choices and greater control over the services they receive;
- helping people spend their own resources more wisely;
- improving consumer access to aging services through a single entry point; and
- allowing flexibility in how OAA and state revenue funds are used so they may support a range of options for people at high risk of nursing home placement.

Three area agencies on aging – each having a different and unique long term care model were selected to work with OSA in carrying out the program goals and objectives. The agencies include the Area Agency on Aging 1-B, Tri-County Office on Aging, and the Area Agency on Aging of Western Michigan. In addition, the Upper Peninsula Area Agency on Aging will serve as a mentor, providing peer support on person centered planning and self determination. The Michigan Disability Rights Coalition (MDRC) and the OLTCSS are also key project collaborators. For FY 09, OSA will continue to work towards accomplishing the goals established in the NHD grant work plan.

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Identify data sources and refine protocols to determine non-Medicaid eligible older adults who are functionally, cognitively, socially and financially at risk of nursing home placement.	Convene workgroups to identify risk factor indicators and adopt indicators from a model of financial risk**.**	Tool is available to capture targeting criteria of population at risk of NH placement and/or Medicaid spend-down is identified for implementation of NHD.	NHD Targeting form is developed by 03/31/2008.			
	Decide characteristics of population at risk of NH placement; ➢ At risk of NH placement. ➢ At risk for Medicaid spend-down.	Data is available to identify characteristics and needs of potential NHD participants.	Data on potential NHD population is available by 09/30/2008.			
	Analyze Care Management (CM)/CCS data of partner AAAs.					
	Identify data source to analyze at-risk factors for NH placement and Medicaid spend-down					
	Analyze data					

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Provide data source, characteristics and numbers to the workgroups and partner AAAs. Develop indicators to measure for targeting.	Aging network has standardized criteria by which potential NHD participants can be identified and tracked.	Standardized criteria are developed for identifying/tracking potential NHD participants is developed by 03/31/2009.			
Develop training and outreach materials to support the implementation of PCT approach, inclusive of culture change, within the aging network.	Convene workgroup to identify best practices for PCT, inclusive of culture change. Identify resources for education, training and outreach. Develop training plan for: ➢ I & A staff ➢ CM staff ➢ AAA leadership ➢ OSA/State staff	Best practices for PCT, inclusive of culture change are available for use by aging network. Outreach materials for educating older adults and caregivers on PCT and self-directed care are available. Training plan based on best practices in PCT, including culture change, is available for key aging network stakeholders.	Best practices for PCT, inclusive of culture change are developed by 03/31/2008. Outreach materials are developed by 04/30/2008. Training plan for key aging network stakeholders in PCT/culture change is developed by 09/30/2008.			

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Train OSA and aging network staff on PCT model. Evaluate training conducted and organizational impact.	OSA and key stakeholder groups in aging network are trained on PCT. OSA and key stakeholder groups in aging network exhibit PCP appropriate behaviors. Consumers feel their needs and preferences are understood and accepted by staff.	Training sessions for key aging network stakeholders are held by 12/31/2008. Results of pre/post tests conducted during training sessions indicated learning. Survey conducted by 03/31/2009 to determine satisfaction of consumers with PCT protocol.			
Review and modify OSA minimum standards, CM protocols to support the availability of flexible service options in the Michigan aging network.	Convene workgroup to conduct system analysis for identification of barriers to flexible service options in current OSA minimum standards, CM protocols, and reporting requirements. Design waivers to OSA-established minimum service	Barriers to PCT and flexible service options, including SD, for older adults and caregivers served by the aging network are identified. AAA NHD partners have flexibility to	Barriers to PCT and flexible service options are identified by 03/31/2009. Waivers are granted to AAA NDH partners to			

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	and operating standards to AAA NHD partners.	institute PCT and flexible service options for NHD demonstration activities.	institute PCT and flexible service options for NDH demonstration activities by 06/30/2008.			
	Review and modify current standards, policy and practice to enable the AAAs to institute PCT and flexible service options for their older adult consumers.	Revised standards, policy and practices are developed to support PCT and flexible service options.				
	Identify key areas in the CM/CCS to retool program protocols to support: ➢ Single entry point processes ➢ PCT ➢ Flexible Service Options, including SD	Revised CM/CSS protocols are developed to support PCT and flexible service options.	CM/CSS protocols are revised to support PCT and flexible service options by 03/31/2009.			
	Create new standards for selection and utilization of fiduciary agents,	Standards for selection and utilization of fiduciary agents for SD are	Standards for utilization of fiduciary agents are developed by 03/31/2009.			

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	and development of individualized budgets for consumers choosing SD.	developed.				
	Amend current AAA plans to redirect OAA Title III and other state sources of support to allow PCT and SD options.	Area plan processes allow and support PCT and flexible service options, including SD.	AAA NHD partners AIPs are reviewed for availability of flexible service options, including SD by 09/30/2008.			
	Evaluate revised standards, policies, practices and CM/CSS protocols to determine impact of flexible service options including self-determination on: ➢ AAA management ➢ CM/CSS staff ➢ I & A staff ➢ Older adults/ care-givers	Data is available to guide decision-making and continued program implementation statewide. Data is available to determine level of consumer satisfaction with PCT and flexible service options.	Surveys are conducted with key aging network stakeholders by 03/31/2009. Surveys are conducted with key aging network stakeholders by 03/31/2009.			
	Utilize evaluation data to revise OSA standards, policies, practices and CM/CSS protocols	Standards, policy, practices, and CM/CSS protocols are	All AAA MYP/AIPs are reviewed for availability of flexible service options, including			

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	for statewide implementation of PCT and flexible service options by 06/30/2010.	revised to reflect evaluation data received in support of PCT and flexible service options.	SD by 09/30/2010.			
Re-engineer information and financial reporting systems to support SD care options and track non-Medicaid eligible older adults at risk of NH placement.	Incorporate indicators in screening tool used to assess risk factor indicators.	Data on NHD participants is available for analysis and tracking.	Data elements for identifying and tracking NHD participants are identified by 07/31/2008.			
	Track use of indicators by partner AAAs through existing and modified information systems.	Characteristics of potential and served NHD participants are available to support evaluation and implantation of grant activities.	Characteristics of NHD participants are available by 09/30/2008.			
	Analyze data collected from AAA NHD partners for evaluation of systems change and impact of program services for older adults and caregivers.	Data is available to inform decision-making for IT and reporting systems modification in support of NHD and flexible service options.	NHD participant data and service information from AAA partners is collected and analyzed by 09/30/2008.			

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Convene work group to identify and modify IT and financial reporting systems to support NHD targeting and flexible service options.	Information and financial reporting data elements requiring modification to support NDH monitoring and flexible service options are identified.	Information and financial reporting data elements requiring modifications are identified by 12/31/2008.			
	Utilize established processes for developing and enhancing IT applications and financial reporting systems to accommodate tracking of NHD participants and financial reporting of flexible service options, including SD.	AIS applications support the tracking and data analysis of NHD participants and services. OSA financial reporting systems support the provision of flexible service options, including SD.	AIS and financial reporting system enhancements to support NHD and flexible service options are deployed statewide by 03/31/2009.			
	Train staff on use of data elements developed in association with NHD targeting, PCT and flexible service options.	AAAs and aging network staff are trained to use new and modified AIS and financial reporting systems in support of NHD and flexible	AAAs and aging network staff are trained to use enhanced AIS and financial reporting systems by 06/30/2009.			

GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL						
LTC Reform Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Assist AAAs in the development of Quality Management processes and procedures to monitor the use of information systems to ensure data quality.	service options. Quality Management processes and procedures are utilized by AAAs to monitor data collection and quality.	AAAs will receive training and assistance to support the use of Quality Management processes to ensure data quality by 09/30/2010.			

OBJECTIVE II-B. INFORMATION AND ASSISTANCE (I & A)

The growth of the older adult population has increased the demand for information by both older adults and their caregivers. Today, older Americans face a complicated array of choices and decisions about a variety of issues, such as health care, housing, financial management, nutrition, and LTC. With so many overlapping federal and state programs and their different requirements, older adults and their caregivers often need help to know what services are available and whether they qualify. Alliance Information and Referral Systems (AIRS) certified I & A specialists are trained to ask appropriate questions related to needs and make referrals based on consumer needs and requests.

For FY 2008-2010, OSA will work to ensure consistent, reliable, information and assistance is available to older adults and their families through I & A programs that are supported through the Michigan aging network. In addition, OSA will conduct a system analysis of the I & A intake processes of our AAA NHD partners to draft revised I & A minimum standards that incorporate a person-centered framework for providing services to older adults and caregivers.

GOAL II-B. OBJECTIVE: INFORMATION AND ASSISTANCE SERVICES LOGIC MODEL						
Information & Assistance (I & A) Services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Ensure compliance to OSA standards to ensure that consistent, reliable I & A services are provided statewide.	Monitor compliance to OSA minimum standards for I & A.	Consistent, reliable I & A services are provided to older adults and caregivers statewide.	Compliance assessments conducted by OSA field representatives reflect compliance to OSA minimum standards for I & A.			
Revise I & A standards for information and assistance to reflect a person-centered approach to service delivery.	Conduct system analysis of I & A processes within AAA NHD partner agencies in support of program implementation. Propose modifications to I & A standards to reflect PCT. Evaluate impact of draft I & A protocols for PCT within AAA NHD partner agencies. Analyze data to recommend changes for implementation of revised I & A standards statewide.	Opportunities for improvement of I & A systems and processes are identified. Draft I & A standards reflecting PCT are available for testing by AAA NHD partners Data from consumer and aging stakeholder surveys regarding I & A is available for decision-making. Recommendations are available to guide re-engineering of I & A services in aging network.	Systems analysis is conducted for each NHD partner AAA by 03/31/2008. Draft I & A standards are available by 04/30/2008. Aging network stakeholders and consumers are surveyed to determine impact of proposed I & A standards on services provided. Revised I & A standards are available for statewide implementation by 09/30/2009.			

OBJECTIVE II-C. CULTURAL COMPETENCY AND TARGETED OUTREACH

Currently, older adults who identify as a minority comprise over 16% of all older Americans. However, by 2030, minority older adults will increase 217% as compared to 81% for the older Caucasian population. In 2005, OSA held public forums around the state to gain input on the concerns of Michigan's older adults and their caregivers. One theme that arose from the forums was the importance and recognition of diversity in serving Michigan's older adults and their families. In addition, OSA is mandated by the OAA of 1965, as amended, to target services to those in greatest social and economic need.

As a result, OSA has developed a cultural competence strategic plan aimed at accounting for and appreciating the diversity among people working in and served by the aging network. This plan offers positive steps toward developing competent ways of responding to the diversity in our public service work. OSA is taking the lead in addressing cultural competence in our own work environment, and in promoting and providing leadership to those agencies in the aging network in pursuing their own diversity practices.

For FY 2008-2010, OSA will work collaboratively with its partners to develop and deploy the OSA Cultural Competency Strategic Plan. During FY 2009, these activities will focus on establishing a framework to embed cultural competence within all aspects of OSA and the development of statewide population profiles for the seven cultural groups identified in the plan.

GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL						
Cultural Competency and Targeted Outreach						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Establish a framework for embedding cultural competence into all aspects of OSA.	Develop OSA guiding principles that include person-centeredness; a customer-focus; inclusiveness; and anti-tokenism. Principles should encourage challenging assumptions.	Guiding principles are available and posted in a key office location.	OSA commitment to cultural competence is communicated to staff.	Following an orientation on cultural competence guiding principles, staff will report their understanding as 100%.		
	Incorporate cultural competence language into OSA vision and mission statements.	Vision and mission statements are modified to reflect cultural competence language.	OSA vision and mission reflect commitment to cultural competence.	Vision and mission statements are modified by 09/30/2008.		
	Convene small groups of OSA staff to define guiding principles and their relationship to expected staff behavior.	Expected behavior related to cultural competence guiding principles is defined by staff and approved by management.	All OSA staff demonstrates an understanding of cultural competence guiding principles	By 09/30/2008, expectations of staff behavior are defined in relation to cultural competence guiding principles.		
	Develop staff performance objective that defines knowledge and behavior regarding “difference”- for management and staff.	Staff performance objective is developed.	Cultural competence will be evident in staff’s performance evaluation.	100% of OSA staff’s performance evaluations will include an objective that demonstrates an understanding of guiding principles as they relate to a person’s job.		

GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL						
Cultural Competency and Targeted Outreach						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	OSA management will review existing internal policies and procedures against guiding principles; modifications will be made as needed. Conduct multi-cultural celebrations.	All internal OSA-generated policies and procedures will be reviewed for compliance with cultural competence guiding principles There will be at least one annual cultural competence celebration.	OSA-generated policies and procedures reflect guiding principles for cultural competence. OSA staff has opportunities to learn about and celebrate "difference."	By 09/30/2008, all OSA policies and procedures will be reviewed for compliance with cultural competence guiding principles. Events that include diversity themes will be made available to staff.		
Address and provide cultural competence education and awareness to OSA staff and external aging network partners.	Provide annual cultural competence education to OSA staff and then to the aging network. Conduct in-service training for OSA staff on guiding principles. Develop cultural competency toolkit for aging network partners, providers and caregivers. Identify and interview stakeholders.	A self-awareness tool will be developed and deployed among OSA staff. OSA staff are educated on guiding principles Input of stakeholders is obtained for focus work group.	OSA staff awareness will be assessed. All OSA staff is aware of the guiding principles and how they relate to behavior. OSA staff understands what is expected of them in relation to guiding principles for cultural competency. Stakeholders understand OSA's cultural competence initiative and the	Pre/post training surveys are conducted by 09/30/2007. By 02/28/2009, an in-service training will be conducted for OSA staff on guiding principles. Interview stakeholders by 09/30/2009.		

GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL						
Cultural Competency and Targeted Outreach						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
			need for their help in developing a toolkit.			
	Conduct a focus group of the stakeholders.	Needs of various cultural groups are identified through the stakeholders.	Stakeholders provide input on the toolkit elements.	Focus group meeting to be conducted by 11/15/2009.		
	Conduct a focus group of OSA staff by division	Obtain a snapshot of the needs of OSA staff while serving diverse populations.	OSA staff share the challenges they face while serving the diverse population.	To be conducted by 06/30/2009.		
		To share the elements identified by the stakeholders with OSA staff.	To obtain the input of OSA staff about the elements of the tool kit.			
	Conduct aging network focus group (AAAs and other service providers).	Obtain any additional elements needed for the toolkit.	Input from AAAs and service providers regarding toolkit elements.	To be conducted by 08/31/2009.		
	Inform cultural competency internal committee about the toolkit elements as given by OSA staff and stakeholders.	Toolkit elements are identified.	OSA management approves the toolkit elements.	Sign off by 09/30/2009.		

GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL						
Cultural Competency and Targeted Outreach						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Final toolkit is developed.	Toolkit is available to OSA staff, management, and aging network partners.	OSA staff and external partners start using the toolkit.	Toolkit will be developed by 12/31/2009. Toolkit disseminated to all partners by 01/31/2010. Survey the users of toolkit by 07/31/2010.		
Communicate and market activities to address the diverse characteristics of Michigan's older adults.	Design marketing materials, print materials, posters, educational programs to reflect diversity and inclusion. Develop partnerships with the consumer, family and cultural communities, in order to design culturally appropriate services.	Culturally diverse marketing materials are available.	Older adults from diverse backgrounds are aware of OAA funded programs to support their needs for LTC, legal services, employment, health, wellness and nutrition.	Culturally diverse marketing materials are available by 09/30/2010.		
Recruit and retain a diverse workforce.	Research Civil Service policies and processes to determine cultural and linguistic sensitivity related to hiring. Identify Civil Service procedures to prevent, identify, and	Policies, processes, and laws are identified. Information on policies and processes to identify	OSA strives for a diverse workforce within the legal bounds of equal employment opportunity. Established policies and procedures are used to prevent,	Legal requirements related to hiring in a culturally sensitive way are presented to OSA management. by 09/30/2010. 100% of complaints will be addressed through established		

GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL						
Cultural Competency and Targeted Outreach						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	manage cross-cultural conflict.	procedures to prevent, identify and manage cross-cultural conflict is available.	identify and manage cross-cultural conflict.	Civil Service policies and procedures.		
Provide information on the diverse characteristics of Michigan's older adults to raise awareness and conduct strategic planning.	Collect information on older adults who are African American; Latino; American Indian; Asian American; Arab American; those with disabilities; and those in the lesbian, gay, bisexual, transgender (LGBT) community. Add cultural competence as a topic of interest on OSA website.	Statewide "snapshots" containing information on demographic characteristics, cultural nuance, economic and health status, and caregiving are made available for each of the seven populations. Information on OSAs cultural competence plan and each of seven demographic groups, to be made available on website.	"Snapshots" are a new tool for understanding seven older adult populations to improve planning and service delivery. OSA website is a new informational resource for the aging network on cultural competence.	Statewide "snapshots" of five cultural groups will be available 09/30/2008. Statewide "snapshots" of two remaining groups will be available 06/30/2009. Cultural competence resources will be available on website by 09/30/2008.		

OBJECTIVE II-D. CULTURE CHANGE

Of those older adults who live in LTC settings, many prefer small supportive living environments. As a result, OSA is promoting and supporting the three successful pilots of "Green Houses™" in Redford, Detroit and the Upper Peninsula. When older adults live in smaller LTC settings like "Green Houses™," they are able to participate and make decisions about their day-to-day living activities.

A fundamental change from traditional LTC, Green House™ focuses on the growth and continued life of those needing LTC services. Green Houses™ are small residences, thereby reducing the number of people living together, which changes staffing patterns and how staff and residents interact. Activities in a Green House™ revolve around regular daily functions, but residents still receive skilled level of care services. Autonomy, dignity, and choice are the backbone of the Green House™ - a place where older adults can receive assistance and support with LTC needs, without that assistance and care becoming the focus of their existence. During FY 2009, OSA will continue efforts to collaborate with aging network partners and other state departments to remove barriers that block development of more Green Houses™.

GOAL II-D. OBJECTIVE: CULTURE CHANGE LOGIC MODEL						
Greenhouse						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
A statewide Green House™ collaborative will be formed by OSA.	Representatives from current Michigan Green Houses™ and those beginning the process for building them will be invited to an organizational meeting. This group will first review the barriers to building Green Houses™.	Meetings are held and action steps listed after each meeting.	Barriers are reduced, which increases the opportunity for building Green Houses™.	The number of barriers are reduced by 2010.		
A state department Green House™ workgroup will be formed by OSA.	Representatives from key department/bureaus and divisions will be invited to separate meetings to review the barriers to building Green House™.	Meetings are held and action steps listed to reduce barriers.	Action steps are implemented into state policies and information is shared with the statewide Green House™ collaborative.	The number of barriers that are reduced by 2010.		
The Green House™ collaborative welcomes the state department representatives to their meetings as regular participants.	The collaborative meets quarterly to give support and monitor progress.	Action steps are listed.	Further changes are recommended to increase the number of Green House™.	The number of Green House™ planned or built by 2010 increases.		

OBJECTIVE II-E. HOUSING

Affordable and other supportive housing options are critical to the success of any LTC reform efforts given the majority of persons aged 60 and older prefer to stay in their own homes and avoid nursing home settings. Needs related to the availability of housing for older adults range from maintenance and modifications for safety, to the development of affordable housing that provides supportive services.

Many older adults choose to leave their homes, in large part, due to too much upkeep required. Home modification and repair includes adaptations to homes that can make it easier and safer to carry out activities such as bathing, cooking, and climbing stairs, and alterations to the physical structure of the home to improve its overall safety and condition. Home modification and repair can help prevent accidents such as falls. Typical housing problems related to aging and disabilities include:

- Difficulty getting in and out of the shower
- Slipping in the tub or shower
- Difficulty turning faucet handles/doorknobs
- Lack of rails for outside stairs
- Lack of wheel chair access to homes
- Inadequate heating, air conditioning or ventilation

Throughout FY 2008-10, OSA will continue to assist consumers in finding assistance for housing needs through resources available on their website at www.michigan.gov/miseniors or by calling OSA directly.

GOAL II-E. OBJECTIVE: HOUSING LOGIC MODEL						
Housing						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Educate consumers, partners and private entities about housing for older adults and persons with disabilities.	Research housing trends and collect data. Interact with MSHDA and OLTCSS and provide input on best practices related to housing for older adults. Manage the housing data on the OSA website and disseminate information on: ➢ Affordable home repair and modification ➢ Assisted living via website and presentations ➢ Provide tools to locate suitable housing ➢ Housing and service coordination ➢ Housing design for safety and access for adults with disabilities ➢ Provide I & A on housing via e-mail response	The needs of older adults are represented on state-based housing related workgroups. Baseline data is collected related information given to older adults and caregivers on housing.	New housing developments that OAA collaborates on will incorporate successful aging in place and universal design concepts. Baseline data on number of inquiries on housing for older adults is available.	Best practices in housing for older adults will be identified in two or more MSHDA affordable senior housing projects by 09/30/2009. Base data on number of inquiries on housing for older adults is gathered by 09/30/2008.		

OBJECTIVE II-F. LIVABLE COMMUNITIES

Traditional neighborhoods with affordable housing, close accessibility to groceries, shopping, pharmacies, health care, churches, social supports, job, volunteer, and recreational opportunities have been eroding or disappearing over the last several decades. These conditions can lead to basic needs not being met by all ages. In the OSA State Plan hearings, such issues as accessible transportation and health care, affordable housing, and supportive community services were all mentioned as priorities for seniors in their communities. The aging of our population further compounds the loss of neighborhood amenities; there will be a 41% increase in the number of residents aged 65 over the next 15 years in Michigan. That will mean 500,000 additional people aged 65 and over by the year 2020.

In response to these major challenges, as well as the coming age wave of baby boomers, three national models in community assessment have emerged. These assessments are designed to help improve community livability and successful aging in place for older adults, boomers and family members. The three national models to help communities become more elder-friendly include: the Livable Communities Model, National Aging in Place Initiative, and the Advantage Program.

Since FY 2006, OSA has been collaborating with the Michigan Vital Aging Think Tank and MSU Extension to facilitate and provide technical assistance to pilot projects implementing the Michigan Community for a Lifetime (CFL)– Elder Friendly Community assessment field-testing. The assessment will help Michigan communities who need assistance to establish a community assets baseline, set priorities and strengthen livability.

For FY 2008-2010, OSA will work with a wide range of stakeholders to provide and facilitate access to information and technical assistance that supports more livable communities and advances best practices implementation strategies across the state.

GOAL II-F. OBJECTIVE: LIVABLE COMMUNITIES LOGIC MODEL						
Livable Communities						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Develop and promote best practices in livable communities and naturally occurring retirement communities and neighborhoods.	Manage the CFL data on the OSA website and disseminate information on: ➢ Continued research and best practice information based on success from different community improvement processes at the local, regional and state level ➢ Resources in community assessment and development ➢ Tools to use in community assessment and planning improvements ➢ Technical assistance requests by communities on best practices for CFL processes ➢ Assist with related training events that feature CFL aging related issues	Baseline data is collected related information given to CFL assessment models and best practices.	Baseline data on number of inquiries on CFL models and best practices is available.	Baseline data on number of inquiries from communities on CFL models and best practices is available by 09/30/2008.		
	Gather data on the number of communities submitting applications for recognition of CFL assessment or improvement.	Baseline data is collected on number of communities seeking recognition of CFL assessment of improvement.	Communities are recognized for their efforts in assessing their communities for elder-friendly attributes.	100% of all communities submitting applications for recognition of CFL assessment will be recognized.		

OBJECTIVE II-G. LONG TERM CARE STAFFING

Within Michigan's growing aging population and adults with disabilities there is a need for care dependent upon direct care workers (DCWs). Research shows that Michigan must add 40,000 DCWs to our current 100,000 direct care workforce by 2010 in order to meet these needs. DCWs are the first-line care professionals who truly know the older adults' desires and provide the majority of their day-to-day supports and services based upon the older adults' personal choices. Michigan's direct care workforce recruitment, training and retention efforts are imperative to building and sustaining a well-trained, direct care workforce. Supporting and maintaining our direct care work force is critical to ensuring that older adults and adults with disabilities will receive the quality services they need to live in the setting of their choice. This is why OSA and Michigan's LTC advocates, consumers, educators, providers, researchers, and government representatives are collaborating to address this critical issue.

For FY 2008-2010, OSA will continue to support the work of the Michigan Direct Care Workforce Initiative to establish and sustain a well-trained direct care workforce employed across the full spectrum of LTC settings.

GOAL II-G. LONG TERM CARE STAFFING LOGIC MODEL						
Long Term Care Staffing						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Support the work of the Michigan Direct Care Workforce Initiative (MDCWI) to implement its strategic plan to establish and sustain a well-trained direct care workforce employed across the full spectrum of LTC settings.	Expand membership of the MDCWI to include more LTC providers. Assist community-based organizations and state agencies in securing resources to develop new programs and to improve the recruitment, training, and retention of DCWs. Establish linkage with LTC Commission Workforce Workgroup to promote the adoption of proposed changes to the Certified Nursing Assistant (CAN) training and administration. ➢ Presentations to other stakeholder groups ➢ Letter of support to key legislators ➢ Individual meetings with LTC association.	Expanded membership of the MDCWI. Grant applications written with OSA assistance. Resources received and initiatives funded. Number of presentations made. Number of meetings conducted.	Number and type of LTC settings participating in the MDCWI. Organizations are successful at obtaining resources and funding for MDCWI related initiatives. CNA desired training and administration changes are adopted.	Each type of LTC setting has at least one representative on the MDCWI. Number of grants received. CNA desired training and administration changes are passed and adopted by 09/30/2010.	Number of LTC providers currently on MDCWI.	

GOAL II-G. LONG TERM CARE STAFFING LOGIC MODEL						
Long Term Care Staffing						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Collaborate with LTC stakeholders including the Office of Long Term Care Support and Services (OLTCSS) and MDCWI to develop strategies for recruiting, training, sustaining and expanding a well-trained LTC workforce employed across the full spectrum of LTC settings.	Participate with state LTC stakeholders to develop specific strategies to implement projects.	Input is provided to the OLTCSS and MDCWI.	Input is accepted by the OLTCSS and MDCWI.	Input is incorporated into the OLTCSS and MDCWI strategies by 2008.		
	Assist community-based organization and LTC stakeholders to secure resources.	OSA provides concepts and ideas for projects.	OSA input is included in organizations' funding proposals.	Number of grants OSA provides input and writes letters of support 2010.		
Participate on the LTCSS Commission Workforce Workgroup to promote direct care workforce issues including the adoption of proposed changes to the CNA training and administration.	Gain initial support for the CNA training and administration recommendations for developing legislation.	OSA provides initial input via letter of support to the LTCSS Commission.	OSA's letter of support is submitted to the LTCSS Commission.	Letter sent by 04/30/2008.		
	Hold individual meetings with LTC stakeholders to gain support letters.	Letters of support are requested of Area on Aging Association of Michigan (AAAAM).	Letters of support gathered from the aging network.	Letters sent by AAAAM by 05/31/2008.		
	Participate with LTC stakeholders to develop key concepts to be incorporated into legislation.	OSA provides ideas for key concepts of the legislation.	OSAs ideas are included in the legislation.	Legislative changes are passed and adopted by 09/30/2010.		

GOAL II-G. LONG TERM CARE STAFFING LOGIC MODEL						
Long Term Care Staffing						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
To Collaborate with stakeholders to improve the direct care workforce data system.	OSA makes recommendations via the LTCSS Commission Workforce Workgroup to improve the States DCW data collection.	OSA provides input with the LTCSS Commission Workforce Workgroup regarding the data collectors.	OSA's input is included in the suggestions made to the data collectors.	Data indicators are changed and implemented by 2010.		
Partner with MDCH, Medicaid, Michigan Public Health Institute (MPHI), and LTC stakeholders to implement technical assistance and grant pilot projects.	Continue to provide input with MPHI, MI Quality Community Care Council (MQCCC), MDCH, and Medicaid on implementing the Direct Service Resource Center Technical Assistance project to support the recruitment, training and retention of home help workers.	OSA collaborates with the LTC stakeholders to complete report(s) including the use of the home management skills curricula developed by Community Services Network of Michigan (CSN), OSA, MSU and MSU Extension.	The report is submitted to CMS.	The report is accepted by CMS by 2008.		
	Provide input to Community Services Network of Michigan (CSN) for the continued sustainability of the home management skills curricula.	OSA receives updates for the home management curricula from CSN, which are placed onto the OSA website and tracked for analysis.	The number of times the curricula are downloaded.	The first report is generated by 12/31/2008.		

OBJECTIVE II-H. CAREGIVER SUPPORT

It is estimated that more than 60 percent of today's adult population either is or expects to be a family caregiver. Caregivers such as spouses and adult children provide the overwhelming majority of homecare services in this country. Approximately one million of Michigan's citizens provide one billion hours of unpaid care annually to ill and disabled adults in the state with an approximate economic value of this unpaid care estimated at $9,046 billion per year. Michigan is the eighth largest state, numbering over 990,000, in terms of the estimated number of caregivers providing care for loved ones[8].

The 2000 amendments to the OAA provided for services for caregivers through the National Family Caregivers Support Program (NFCSP). In Michigan, this support is supplemented with state funding through the state respite fund and Merit Trust Fund. Services provided through the aging network allow caregivers the opportunity to work, take a break, and take time for themselves and relief from the duties of caregiving. Studies show that when caregivers receive these services, they are more satisfied with their caregiving duties and the length of time they can be effective caregivers is increased.

The OAA charges OSA with developing the NFCSP on a statewide basis. During FY 2009, OSA will also promote best practices related to the provision of caregiver supports including implementation of the Tailored Caregiver Assessment Model (T-Care). Federal funds available through Title III-E – NFCSP – will be combined with state respite and tobacco settlement funding to address the needs of caregivers as a separate target population and as early as possible in the caregiving process. All funds available for the NFCSP and state supported respite will be allocated to Michigan's 16 AAAs through the approved intrastate funding formula. AAAs will allocate these funds within the established parameters of the NFCSP and will have incorporated a full range of caregiving services and activities during the multi-year and annual plan process. A portion of the resources allocated by formula for the NFCSP will also support services for grandparents raising grandchildren and other older relative caregivers. In addition, caregivers of loved ones with dementia will continue to be a priority for increased outreach and respite services.

[8] National Family Caregivers Association & Family Caregiver Alliance (2006). Prevalence, Hours and Economic Value of Family Caregiving, Updated State-by-State Analysis of 2004 National Estimates by Peter S. Arno, PhD. Kensington, MD: NFCA & San Francisco, CA: FCA.

GOAL II-H. OBJECTIVE: CAREGIVER SUPPORT LOGIC MODEL						
Caregiver Support						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Ensure that caregivers, including kinship caregivers, throughout the state have access to all five categories of NFCSP services.	Review AAA AIPs to determine areas that lack availability of all five categories of NFCSP services for ➢ Caregivers of older adults ➢ Kinship caregivers ➢ Caregivers of people with dementia	Baseline data on the availability of NFCSP services statewide is collected and analyzed.	Number of AAAs that provide all five national caregiver support services.	Baseline data is collected and analyzed by 09/30/2008. Strategies are developed to expand availability of NFCSP services by 09/30/2009. 100% of all AAAs make the five NFCSP services available in the PSA by 2010.		
Promote best practices related to the provision of caregiver supports.	Facilitate the use of comprehensive assessment for caregivers experiencing high levels of stress, to identify their needs and preferences in using supports or services: ➢ Promote the piloting and use of T-Care to the aging and LTC network ➢ Assist in the provision of training on the T-Care.	Information on T-Care research results, T-Care Train-the-Trainer Program and future training curriculum on T-Care for caregivers is disseminated. Existing T-Care pilot projects continue using the model. Existing T-Care pilots identify staff willing to become T-Care trainers.	One follow up T-Care training /planning meeting for Michigan occurs. Percentage of T-Care pilot organizations that plan to continue T-Care use. Number of staff in pilot projects identified to be T-Care trainers.	A training/planning meeting on T-Care results and future implementation is convened by 09/30/2009. At least 67% of MI T-Care pilot sites plan to continue T-Care in FY '10 by 09/30/2009. At least two staff willing to take a T-Care Train-the-Trainer training are		

GOAL II-H. OBJECTIVE: CAREGIVER SUPPORT LOGIC MODEL						
Caregiver Support						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
				identified from the existing pilot projects by 09/30/2009.		
		Michigan has increased capacity to train new staff and organizations in T-Care implementation.	Number of persons in Michigan who complete a T-Care train-the-trainer program.	At least two staff complete T-Care train-the-trainer program by 09/30/2010.		
			New organizations express an interest in receiving T-Care or other Evidence Based Caregiver Assessment training	Number of organizations that express an interest in receiving T-Care or other Evidence Based Caregiver Assessment training by 09/30/2010.		
	Develop best practices information and disseminate information regarding caregiver issues on the OSA website:	Information on best practices and resources for caregivers is available on the website.	Caregivers and service providers have access to best practices and other resource information.	Information on best practices and resources for caregivers is available on the website by 09/30/2008.		
	➢ Educate and training resources to family, informal caregivers, consumers and	Additional resources for caregivers are made available by linking caregivers to related website	Caregivers and service providers have access to additional resource information on caregiving.	Links to related websites for caregivers are established by 09/30/2008.		

GOAL II-H. OBJECTIVE: CAREGIVER SUPPORT LOGIC MODEL						
Caregiver Support						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	professional organizations. ➢ Build a "Caregivers County" fact sheet. ➢ Michigan caregiver demographic and service statistics. ➢ Establish links to other websites that support caregivers. ➢ Respond to e-mail inquiries for assistance from caregivers.	links through the OSA website. "Caregivers Count" fact sheet is available. Baseline data is collected related to information given to caregivers.	Information on Michigan caregivers is available. Baseline data on number of inquiries for caregiver assistance is available.	"Caregivers County" fact sheet is developed by 09/30/2008. Baseline data on requests for caregiver assistance is available by 09/30/2008.		

OBJECTIVE II-I. MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP)

Medicare and Medicaid are complicated health benefit programs with complex coverage rules and features, and appeal processes. Through a network of over 1,000 volunteers, the Medicare/Medicaid Assistance Program (MMAP) provides free, accurate and objective health benefit counseling, and information and assistance to ensure that beneficiaries have access to all benefits available to them and to help beneficiaries make informed health care decisions. Informed health care decision-making helps beneficiaries avoid high or unexpected health care costs, and save money by reducing out-of-pocket expenses.

OSA operates its state health insurance counseling program through a contract with an independent non-profit organization, MMAP, Inc. MMAP is administered by MMAP, Inc. on a state level and provides contracts to AAAs to serve older adults in all 16 PSAs. Trained MMAP counselors provide free counseling and assistance via telephone and face-to-face sessions to Medicare beneficiaries on a wide range of Medicare, Medicaid, and Medigap matters, including, Medicare Advantage health plan options, LTC insurance, claims and billing problem resolution, information and referral on public benefit programs, and other health insurance benefit information. In addition, information is also provided through public education presentations and media activities. A toll-free, geo-routed phone number is available to ensure that older adults have access to their Medicare and Medicaid benefits.

Michigan has been awarded a Long Term Care Partnership Expansion grant by the Center for Health Care Strategies, Inc., with funding provided by the Robert Wood Johnson Foundation. The grant provides for a one-year planning and development phase beginning June 1, 2007, and a one-year follow-up phase to track and report results. The purpose of the grant is to support the goal of developing a LTC partnership insurance coverage option for Michigan citizens.

OSA also partners with the OLTCSS on a statewide LTC awareness campaign called Own Your Future. This initiative involves a public awareness effort to educate people aged 45-65 on the importance of pre-planning for their LTC needs. MMAP is a key partner in this effort to help Michigan citizens prepare financially to meet future LTC needs. MMAP will reach middle-aged people to educate them about LTC planning through a partnership with OSA and CMS on the Own Your Future campaign.

For FY 2008-2010, OSA will work with MMAP, Inc. to ensure that Medicare and Medicaid beneficiaries have access to benefits counseling and assistance, Medicare Part D enrollment assistance and information on planning for LTC.

GOAL II-I OBJECTIVE: MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) LOGIC MODEL						
Medicare/Medicaid Assistance Program (MMAP)						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA will direct and provide guidance to MMAP, Inc. to build capacity to meet and/or exceed CMS performance measures.	Conduct gap analysis with MMAP, Inc. and the Board related to the CMS performance measures. Will generate a prioritized list related to CMS measures.	Plan to address the MMAP, Inc. gaps related to the CMS performance measures: ➢ Prioritized list of the nine CMS performance measures to be addressed by MMAP, Inc./OSA.	Meet and/or exceed CMS performance measures.	Plan developed by 05/31/2008.		
	Identify CMS compliance components with benchmarks.	Baseline data identified and analyzed related to the nine prioritized CMS performance measures: ➢ Gap analysis completed with identified tactics to bridge gaps.	Meet and/or exceed CMS performance measures: ➢ Tactics will successfully address gaps.	Baseline data identified and analyzed by 05/01/2008. Work plan developed to deploy tactics affects by 10/01/2008. Tactics impacts: ➢ % increase /improvement of delineated CMS performance measures. ➢ First snapshot by 11/30/2008. ➢ Second snapshot by 05/31/2009.		

GOAL II-I OBJECTIVE: MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) LOGIC MODEL						
Medicare/Medicaid Assistance Program (MMAP)						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA will provide oversight in the following areas of MMAP, Inc. in order to ensure quality administration of a statewide program: ➢ Program operations. ➢ Financial accountability. ➢ Data entry and collection. ➢ Quality improvement.	OSA will generate minimum operational standards and service definitions for MMAP, Inc.	Minimum standards and service definitions are available		Assessment tools are developed by 12/31/2009. Operating standards and service definitions developed, approved and published by 12/31/2009.		
	Develop tools to monitor compliance with OSAs operational standards.	Assessment tools that measures /documents compliance to MMAP standards are available.	MMAP, Inc. and MMAP sub-contractors are aware of performance and compliance expectations.	Assessment tools are developed by 12/31/2009.		
	Monitor MMAP, Inc. compliance with OSAs operational standards.	A system for monitoring MMAP, Inc. and MMAP sub-contractors is developed.	Compliance with the minimum standards and service definitions is measured.	MMAP, Inc. is monitored for compliance to MMAP operating standards and service definitions by 01/03/2010.		
	Based on CMS requirements, OSA will develop benchmarks for MMAP, Inc. to complete on an annual basis.	A system for monitoring MMAP, Inc. compliance with CMS requirements using new operating standards and service definitions.	Compliance with CMS requirements.	System developed by 01/03/2010.		

OBJECTIVE II-J. OLDER ADULT MOBILITY AND TRANSPORTATION

Testimony provided during the public hearings conducted in preparation for development of the FY 2008-2010 State Plan clearly identified mobility as being essential for older adults to remain independent. The growing number and increased life expectancy for older adults will only increase the demand for more transportation options in future years. OSA has been an active partner at the state level to increase awareness, coordination and advocacy for the transportation needs of older adults. OSA works with the Michigan Department of Transportation's (MDOT) Senior Mobility Workgroup which looks at many aspects of older adult transportation issues, such as field of view, highway safety engineering, public transportation and related topics. OSA also serves on the Governor's Traffic Safety Advisory Council (GTSAC) working with representatives from the Governor's Office, Department of State, MDOT's Office of Highway Safety Planning, MDCH, Department of Education, State Police, Michigan Association of Chiefs of Police, Michigan Sheriff's Association, and the Road Commission Association.

During 2006, OSA conducted a survey of AAAs about the barriers facing provision of transportation services to older adults in Michigan. As a result, AAAs were instructed to address improved coordination with transportation providers in their respective PSAs through Sections 5310, 5316, and 5317 Federal Transportation Administration Grant programs as a program development objective in the 2008 AIPs. OSA also contracted with United Cerebral Palsy of Michigan to conduct a study to determine the range of transportation options available to older adults. This information was compiled and published in a report entitled "Michigan's Senior Transportation Network, An Analysis of Transportation Services for Older Adults in Michigan."

For FY 2008-2010, OSA will continue its commitment to increase transportation options for older adults by disseminating and encouraging use of the Administration on Aging (AoA) Transportation Toolkit and supporting the work of AAAs in developing local transportation coalitions.

GOAL II-J. OBJECTIVE: OLDER ADULT MOBILITY AND TRANSPORTATION LOGIC MODEL						
Older Adult Mobility and Transportation						
Objective	**Activity**	**Output**	**Outcome Measurement**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA will support the work of AAAs in developing and coordinating local coalitions to manage transportation resources for older adults and people with disabilities.	Monitor to ensure AAA participation in local efforts to create or expand locally developed, coordinated public-human service transportation to be key components of future MDOT managed federal transportation service grants.	All AAAs demonstrate participation in the development of public-human service transportation plans in the PSA.	The needs of older adults are represented in efforts to create local public-human service transportation plans.	AAA Program Outcome Assessments.	100% of AAAs demonstrate compliance to participate in efforts to create public-human service transportation plans in the PSA, by 09/30/2010.	
	Assist AAAs in developing PSA-wide inventory of existing transportation resources.	An inventory of existing transportation resources is available in each PSA.	Older adults and caregivers have knowledge of transportation resources available in the PSA.	Number of transportation inventories available.	100% of AAAs have an inventory of transportation resources for the PSA, by 09/30/2009.	
	Utilize AoA toolkit to assist participating AAAs in conducting a gap analysis on transportation resources in their PSA.	Gap analysis is conducted with participating AAAs and transportation coalitions.	Transportation resources, needs and barriers are identified in selected PSAs.	Number of gap analyses completed.	A transportation gap analysis is conducted for a minimum of two PSAs by 09/30/2009.	
	Identify best practices for transportation services in Michigan.	Best practices for transportation services in Michigan are identified.	Information on transportation best practices in Michigan is available.	A best practice library is compiled by 01/01/2008.		

GOAL II-J. OBJECTIVE: OLDER ADULT MOBILITY AND TRANSPORTATION LOGIC MODEL						
Older Adult Mobility and Transportation						
Objective	**Activity**	**Output**	**Outcome Measurement**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Modify AoA toolkit to include Michigan specific best practices for the development and coordination of transportation services.	A Michigan-specific toolkit for transportation resources and coordination is available.	AAAs and service providers have access to resources to assist in coordinating transportation resources.	A Michigan-specific toolkit for transportation is available by 09/30/2009.		
	Manage information regarding transportation resources and best practices on OSA website.	Information on transportation resources and best practices is available on the OSA website.	Consumers and service providers have easy access to information on transportation resources. Consumers and service providers have easy access to information on transportation.	Information on transportation resources and best practices is available on the OSA website by 09/30/2009.		

OBJECTIVE II-K. MICHIGAN OLDER ADULT SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (MOASCSEP)

For many older adults economic security, like health, is of vital concern and the two are often linked. Moreover, older adults may have fewer options to maintain or improve their standard of living, especially those living on low or fixed incomes. According to the 2000 U.S. Census, nearly 100,000 older adults in Michigan live at or below the federal poverty level. Additionally, there are 339,905 older adults aged 65 and over living at about 200% or less of poverty who are unable to qualify for federal/state-based support programs. For these older adults and those living on fixed incomes, employment opportunities and access to public health/LTC information and services are crucial. Effective services and informed decisions regarding retirement, health/LTC, and employment can benefit both older adults and the State of Michigan. Access to these services and information also means greater economic freedom for older adults.

Title V of the OAA affords State Units on Aging (SUA) the opportunity to apply for funds to support older adults with the desire to retain or learn new skills, supplement their income, and remain active in the workforce as time allows. The MOASCSEP affords older adults 55 years of age and older the opportunity to receive training and supportive services as necessary in preparation for obtaining unsubsidized employment. The purpose of the program is to foster individual economic self-sufficiency and increase the number of individuals who may enjoy the benefits of unsubsidized employment in both the public and private sectors. With Goal III of the OSA State Plan promoting financial independence and safeguarding the economic security of older adults, the MOASCSEP program will provide older adults with necessary assistance. Additionally, in order to remain as viable in the community as possible, research has shown that older adults who remain active and live in the community have a better chance of remaining in their home as long as possible. With OSA's mission being one of advocacy on behalf of older adults, OSA is very supportive of providing them with as many options as possible to remain engaged in the community.

For FY 2008-2010, OSA will work with MOASCSEP grantees and other partners to build capacity throughout the state for older adults to find meaningful employment.

GOAL II-K. OBJECTIVE: MICHIGAN OLDER ADULT SENIOR COMMUNITY SERVICE EMPLOYMENT (MOASCSEP) LOGIC MODEL						
Michigan Older Adult Senior Community Service Employment						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Build capacity in community agencies to assist older adults in finding meaningful unsubsidized employment.	Provide resources to sub-grantees to support MOASCSEP activities. Assess MOASCSEP sub-grantees for compliance to federal and state regulations according to established procedures and time frames.	Title V sub-grantees will have expended 100% of their Title V allocation. Older workers are provided subsidized community service placements and training. Title V sub-grantees will meet or exceed the core performance goals established as part of their annual funding agreement.	Sub-grantees have the resources they need to support training and community service for older workers. Older workers receive the support and assistance they need to find unsubsidized employment. Older adults who participate in the program will find employment. Older workers who find employment will retain their jobs for six months. Participants are satisfied with their training and employment. Host agencies are satisfied with hosting older workers.	100% of Title V sub-grantees will report 100% expenditure of their annual Title V allocation. Number of older workers participating in program will meet or exceed 162% of funded positions. Number of community service hours provide will meet or exceed 84% of planned service hours. 25% of Title V enrollees will find unsubsidized employment. 68% of older workers placed in unsubsidized employment will remain employed six months after termination from Title V program.		

GOAL II-K. OBJECTIVE: MICHIGAN OLDER ADULT SENIOR COMMUNITY SERVICE EMPLOYMENT (MOASCSEP) LOGIC MODEL						
Michigan Older Adult Senior Community Service Employment						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
				The average earnings of older workers placed in subsidized employment will meet or exceed $6,803. 80% of older workers report satisfaction with training and employment experience. 80% of host agencies report satisfaction with hosting a Title V enrollee.		
Increase targeted outreach, activities to increase male participation in Title V.	Provide resources to support sub-grantee targeted outreach to potential training sites for assignment of male enrollees. Provide resources to support sub-grantee targeted outreach efforts towards employers.	Title V sub-grantees will develop links with organizations which will increase male participation rate.	Increase in the numbers of males participating in the program.	The number of males enrolled in Title V will increase by 10%. The number of male Title V enrollees that find unsubsidized employment will increase by 10%.		

GOAL II-K. OBJECTIVE: MICHIGAN OLDER ADULT SENIOR COMMUNITY SERVICE EMPLOYMENT (MOASCSEP) LOGIC MODEL						
Michigan Older Adult Senior Community Service Employment						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Increase the number of employers who enter into On-The-Job-Experience (OJE) agreements with Title V sub-grantees with particular emphasis on health care systems.	Convene a workgroup of stakeholders and partners to develop a plan for increased outreach to employers who are potential OJE sites. Conduct a gap analysis to identify desired participation, trends and barriers to participation. Develop a plan with strategies to remove barriers and increase opportunities.	Host agencies will be provided access to community service by Title V enrollees. Workgroup is convened. Gap analysis is conducted. Report is developed.	Older workers have access to more employers for OJE. Older workers have access to more employment and training opportunities within health care systems.	An outreach plan is developed by 06/30/2008. Increase the number of health care systems that have signed OJE agreements with Title V sub-grantees. Increase the number of older workers that find unsubsidized employment in health care systems.		

OBJECTIVE II-L. EMERGENCY PREPAREDNESS

Older adults who are frail or disabled can be extremely vulnerable during a disaster or emergency. An event that interrupts in-home or community-based supportive services, such as home delivered meals or care management services, places older adults living at home independently in jeopardy of emergency hospitalization and/or nursing home placement. Older adults in nursing facilities can be at extreme risk if care providers are unable to come to work due to environmental or health emergencies. This was evident during and after Hurricane Katrina; many older adults were without assistance or care and many died as a result.

It is clear that emergency preparedness planning at all levels: individual, institutional, local, state, regional, and national, must consider the needs of at-risk older adults and their caregivers who may require additional planning to maintain without interruption or re-start critical supportive services.

For FY 2008-2010, OSA will take the lead to ensure that all older adults in Michigan are covered by emergency preparedness plans and have access to best practice information regarding emergency preparedness and management.

GOAL II-L. OBJECTIVE: EMERGENCY PREPAREDNESS LOGIC MODEL						
Emergency Preparedness						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriates)**	**Performance**
Provide assistance to AAAs in the development of emergency preparedness and management plan for older adults in each PSA.	Convene a workgroup comprised of OSA, AAAs, and other stakeholders to identify key components of an emergency preparedness and management plan to serve older adults in each PSA.	Key components of an emergency preparedness and management plan for older adults are available.	AAAs have an understanding of the key components to developing an emergency preparedness and management plan for older adults in Michigan.	Key components are identified by 09/2008.		
	Develop strategies for ensuring that AAAs are prepared to assist older adults in the PSA during emergencies.	Strategies are available to provide assurance that all AAAs have a continuity of operations plan to assist older adults during emergencies.	All AAAs have identified needs and formulated a continuity of operations plan for emergencies.	Strategies to ensure that AAAs have a continuity of operations plan are developed by 09/2008.		
	Identify best practices related to emergency preparedness and management for older adults.	Best practices information for emergency preparedness and management related to older adults are available.	AAAs, service providers and emergency management personnel have access to best practice information related to older adults for planning purposes.	Best practices information is available to AAAs and aging network partners by 03/2009.		

GOAL II-L. OBJECTIVE: EMERGENCY PREPAREDNESS LOGIC MODEL						
Emergency Preparedness						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriates)**	**Performance**
	Provide TA to the aging network in developing emergency preparedness plans. Develop minimum service standards to identify and prepare for emergency needs of at-risk clients in AAA care management and home delivered meal programs.	Baseline data on number of TA requests received and responded to is available. Minimum service standards to identify at-risk CM and Home Delivered Meal (HDM) clients are available for use by AAAs.	TA is provided to AAAs, service providers and emergency management personnel upon request. AAAs, service providers and emergency management personnel can better identify and account for at-risk older adults.	Baseline data is available on requests for TA and OSA response. Minimum service standards are developed by 09/2009.		
Develop a comprehensive state emergency management plan to support OSA and the aging network in the event of emergencies.	Convene a workgroup to identify key components of state emergency plan: ➢ Pandemic ➢ Operations continuity ➢ All hazard communications ➢ Identification and care of frail older adults.	Key components are identified.	Comprehensive state agency emergency preparedness plan is available to guide OSA operations in the event of man-made or natural disaster.	State agency emergency preparedness plan is available by 9/30/10.		

GOAL II-L. OBJECTIVE: EMERGENCY PREPAREDNESS LOGIC MODEL						
Emergency Preparedness						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriates)**	**Performance**
	Involve OSA experts and other stakeholders in the establishing processes to address key components. Obtain TA from emergency preparedness experts to develop plan.	Processes are identified that address key components of the plan. Best practices information is included in state agency emergency preparedness plan.				
Promote the use of best practice information and resources on emergency preparedness and management by individuals, caregivers and network service providers.	Develop best practices information and disseminate information regarding emergency preparedness and management for individuals, caregivers and network service providers on the OSA website: ➢ Education and training resources are developed. ➢ Establish links to other websites that assist with	Information on best practices and resources for emergency preparedness and management is available on the website. Additional resources on emergency preparedness and management are made available by linking older adults to related website links through the OSA website.	Older adults, caregivers and network services providers have access to best practices and other resource information. Older adults, caregivers and network service providers have access to additional resource information on emergency preparedness and management.	Information on best practices and resources for caregivers is available on the website by 09/2009. Links to related websites are established by 09/2009.		

GOAL II-L. OBJECTIVE: EMERGENCY PREPAREDNESS LOGIC MODEL						
Emergency Preparedness						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriates)**	**Performance**
	emergency planning and management. ➢ Respond to email inquiries for assistance.	Baseline data is collected related to information requests regarding emergency preparedness and management.	Baseline data on number of inquiries for emergency preparedness and management is available.	Baseline data on number of inquiries for emergency preparedness and management assistance is available by 09/2010.		

PROTECT OLDER ADULTS FROM ABUSE AND EXPLOITATION

GOAL III.

OBJECTIVE III-A. STATE LONG TERM CARE OMBUDSMAN

The LTC Ombudsman Program is established in and required by both the OAA (1978) and the OMA (1987). The program was created to help address the quality of care and quality of life experienced by residents who reside in licensed LTC facilities such as nursing homes, homes for the aged, and adult foster care facilities and is required to provide complaint resolution services, education and information about LTC, and services to protect the health, safety, welfare and rights of LTC facility residents. Ombudsmen work with residents, families and appropriate state and federal agencies for complaint remedy. Family members are also helped with issues such as resident's rights, financial concerns, guardianship, and nursing home placements. The Michigan LTC Ombudsman Program operates a statewide toll-free telephone line, available to residents and concerned relatives or friends. The single toll-free number is geo-routed to the appropriate local Ombudsman office to expedite consumer access to their local Ombudsman program.

The State LTC Ombudsman also reviews and comments on policy and legislative changes. By doing so, the State LTC Ombudsman voices the needs and wishes of LTC consumers to policymakers to work toward systemic changes helpful to our friends and family members living in LTC facilities.

Any entity applying for designation as a local LTC ombudsman must comply with minimum standards set forth by the CSA. These standards protect vulnerable older adult residents in LTC facilities by ensuring that organizations providing local ombudsman services are free from conflict of interest; have personnel with the skills and training needed to resolve problems on behalf of residents; and operate in compliance with program instructions as required by federal and state authorizing legislation. Discussion of this requirement may be found in Operating Standards for Service Programs, Standard C-11.

For FY 2008-2010, the State Long Term Care Ombudsman will continue work to expand the capacity of the LTC Ombudsman program to provide direct assistance to residents residing in licensed LTC facilities and advocate at the state level to ensure residents have access to high quality LTC services.

GOAL III-A. OBJECTIVE: STATE LONG TERM CARE OMBUDSMAN LOGIC MODEL						
State LTC Ombudsman						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Inform consumers about the role of the LTC Ombudsman	Develop LTC Ombudsman home page button on the OSA website: ➢ Review current materials on website annually. ➢ Publish new resources to be made available to consumers. Translate LTC Ombudsman publications in Spanish and Arabic. Conduct community education sessions on the role of LTC Ombudsman and related topics.	Current information is available regarding the LTC Ombudsman Program on the OSA website.	Information on LTC Ombudsman Program is available to LTC consumers and families, including those who speak Arabic and Spanish.	Data is collected on the number of hits to OSA website regarding the LTC Ombudsman Program. Baseline data collected by 09/30/2008. Three LTC Ombudsman documents will be translated in Spanish and Arabic each year of the three-year state plan. A minimum of two community education sessions will be conducted each year of the three-year state plan.		
Improve the nursing home resident's experience in the even of closures.	Collaborate with the State Nursing Home Closure Team to share information about potential closures.	Information regarding poor performing nursing homes is available.	Local LTC Ombudsman have adequate time to respond in the event of a nursing home closure.	Information is available to LTC Ombudsman at least 30 days prior to a nursing home closure.		

GOAL III-A. OBJECTIVE: STATE LONG TERM CARE OMBUDSMAN LOGIC MODEL						
State LTC Ombudsman						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Re-draft Nursing Home Closure Protocols to incorporate best practice information. Implement best practices in the event that a nursing home is closed.	Revised protocols regarding nursing home closures are available. Nursing home closures are conducted using the new protocols.	LTC Ombudsman have access to information and tools to improve the nursing home resident's experience in the event of closure. Nursing home residents have a more positive experience with nursing home closure.	Revised best practices information regarding nursing home closures is available by 09/30/2008. State LTC Ombudsman report indicates new protocols are used in nursing home closures.		
Develop and implement a standardized training program for LTC Ombudsman staff.	Hire qualified state level LTC Ombudsman staff to develop training program. Establish competency criteria for LTC Ombudsman. Develop standardized training materials for new LTC Ombudsman. Develop standardized training materials for	State LTC Ombudsman staff is hired. Competency criteria for LTC Ombudsman are available. Standardized training materials for LTC Ombudsman are available. Standardized training materials for volunteer LTC	Adequate staff resources are available to develop training program. LTC Ombudsman staff understands the information and skills needed to perform role.	Competency criteria are available by09/30/2008. Standardized training materials for new LTC Ombudsman are developed by 09/30/2008. Standardized training materials for volunteer LTC		

GOAL III-A. OBJECTIVE: STATE LONG TERM CARE OMBUDSMAN LOGIC MODEL						
State LTC Ombudsman						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	new volunteer LTC Ombudsmen.	Ombudsman are available.		Ombudsman are developed by 09/30/2008.		
	Retrain existing LTC Ombudsmen.	Number of existing LTC Ombudsman trained.	Paid and volunteer LTC Ombudsman staff has the knowledge and skills necessary to perform their required responsibilities.	Percentage of current LTC Ombudsmen staff is retrained by 09/30/2008.	100%	
	Train new paid and volunteer LTC Ombudsmen.	Number of new and volunteer LTC Ombudsmen trained.		Percentage of new and volunteer LTC Ombudsman staff trained by 09/30/2008.	100%	
	Evaluate effectiveness of standardized training program.	Number of LTC Ombudsman staff that meet competency criteria.		Percentage of paid and volunteer LTC Ombudsman staff that demonstrate competency six months from training.		
LTC Ombudsmen will work with consumers to investigate and close complaint cases in licensed LTC settings.	LTC Ombudsmen utilize established protocols and procedures to investigate and close complaint cases. Data is entered in Ombudsmanager data system.	Number of complaint cases investigated and closed by local LTC Ombudsmen.	Complaints of LTC consumers in licensed facilities are addressed.	A minimum of 1, 700 complaint cases are investigated and closed by 09/30/2008.		

GOAL III-A. OBJECTIVE: STATE LONG TERM CARE OMBUDSMAN LOGIC MODEL						
State LTC Ombudsman						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	Performance reports are generated by the State LTC Ombudsman and shared with local ombudsman programs.					
Certificate of Need (CON) standards will be adopted and used for licensed LTC settings.	State LTC Ombudsman participates on standards advisory committee to revise standards and requirements for CON.	Revised standards and requirements are available.	Nursing facilities will comply with revised standards to receive higher ratings. Highly rated nursing facilities will be allowed to expand.	Revised standards are adopted for implementation by 06/02/2008. Increase by 10% each year the number of nursing facilities allowed to expand for high ratings.		
Provide information and support to local LTC Ombudsman in facilitation of Nursing Facility Transition Initiative (NFTI) referral for LTC consumers.	Provide information to LTC consumers in licensed facilities on NFTI program. Assist local LTC Ombudsmen in making referrals of LTC consumers who wish to change settings. Advocate with NFTI partners when needed to facilitate desired change.	Number of LTC consumers referred to NFTI programs.	LTC consumers are able to live in the setting of their choice.	A minimum of 100 LTC consumers will be referred to NFTI programs each year of the three-year plan.		

OBJECTIVE III-B. ELDER JUSTICE/ABUSE

Federal funds for programs intended to prevent abuse, neglect, and exploitation are provided to AAAs that, in turn, contract with local entities. These programs provide public education, outreach and referral services. Additionally, OSA supports elder abuse prevention programs through the Senior Exploitation and Abuse Quick Response Team (SEAQRT), legal services, state and local abuse training, technical assistance to local prevention teams and support of the Legal Hotline for Michigan older adults.

OSA's website, www.michigan.gov/miseniors, serves as an ongoing vehicle for receiving comments, concerns and questions from older adults and/or interested others. OSA staff serves as presenters on elder rights topics at educational forums and community events throughout the state. Evaluations are distributed asking for input as to the usefulness of the information provided and other topics of future interest. Staff is in close contact with AAAs, review area plans for unmet needs, and attend meetings of legal services providers and other forums pertaining to elder rights.

In 2007 OSA released the final report of the Governor's Task Force on Elder Abuse. Legislation based on Task Force recommendations has been introduced. Six bills have passed the House and are awaiting action in the Senate, while several bills are pending action by committee. The bills cover various aspects of elder abuse: financial protections, protection of rights, and prohibiting abuse. The package extends needed protections for vulnerable adults at home and in residential facilities. Some bills create barriers to deter potential abusers. OSA has worked closely with the Governor's office to improve Michigan's statutes on elder abuse. Should any of these bills expire during the current session, they can be introduced next session.

OSA will continue to work collaboratively with MDCH, MSU, PHI and the Adult Abuse and Neglect Prevention (AANP) Advisory Committee to promote use of the AANP Curricula and Specialized Trainers in LTC settings developed in conjunction with the Background Checks Pilot Program funded by CMS. OSA will serve on the PHI Advisory Committee and will join with these partners to release the Michigan AANP findings in 2008-2009.

For FY 2008-2010, OSA will continue to coordinate Title VII activities with other programs responsible for elder abuse at the state level through ongoing referral, the education of direct care workers about elder abuse and collaborative efforts on issues of mutual concern as they arise.

GOAL III-B. OBJECTIVE: ELDER JUSTICE ABUSE LOGIC MODEL						
Elder Abuse						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA will conduct a system analysis of AoA funded elder abuse services in Michigan to achieve efficiency and effectiveness.	Determine what AoA funded elder abuse services are currently being provided by aging network.	Survey data	Aging network stakeholders develop a shared understanding of planned use of AoA/OSA elder abuse funds.	Survey data published by 9/30/2009.		
	Review AIP by 9/30/2008.	AIP Elder Abuse Baseline Report.	OSA develops baseline for programs review.	Baseline report published 9/30/2008.		
	Review AAA contracts with elder abuse contractors by 12/31/08.	Contract review report.	OSA develops understanding of AAA elder abuse expectations and goals.	Contract review complete 1/31/2009.		
	Develop a survey for AAAs: ➢ What has been done. ➢ What could be done. ➢ What needs to be done. ➢ Vision for elder rights	AAA Survey	OSA identifies potential strategies for strengthening elder abuse/rights services, including new service definition, standards, AIP program development goals, etc.	Survey published 5/31/2009.		
	Align data with AoA expectations and directives: ➢ Document AoA / OAA expectations and directions	Data report: ➢ status of AOA elder abuse services in Michigan	Increased understanding of AoA elder abuse program requirements and expectations	Michigan EATF services report published 9/30/2009.		

	➢ Identify needs and preferences to define common direction ➢ Analyze survey data/contract review with model approaches survey to determine compliance ➢ Incorporate model approaches survey data with service data/preferences Develop a strategic plan to improve legal services efficiencies and effectiveness.	Strategic plan developed.	Consensus on plan is obtained from stakeholders	Strategic plan sent out for comment by 12/31/2009, Consensus MOU 03/31/2010.		
Complete the grant management requirements for the AANP training program by 08/31/2008.	Submit all reports by 08/31/2008. Finalize sustainability plan and begin implementing it: ➢ Provide AANP findings at LTC associations' annual meetings. ➢ Place Facilitator Instruction Modules on the	Reports are reviewed. Sustainability plan is finalized with AANP team: ➢ Presentations are developed. ➢ The FIMS modules are placed on the web. ➢ Schedule meetings and	Reports are submitted. Components of the plan are implemented: ➢ Presentations are provided by 10/2008 ➢ The FIMS modules are downloaded by the public. ➢ A plan is	Confirmation by MDCH and CMS via e-mail is received. Number of activities completed: ➢ The number of presentations given. ➢ The number of downloads are reported. ➢ The number of trainings held and the number of		

	OSA website. ➢ Work with MDCWI and other LTC advocates and employers to promote the use of the AANP trainings. ➢ Articles are submitted to journals in collaboration with MSU and curricula authors.	present concepts. ➢ Article(s) are drafted.	confirmed ➢ Article(s) are submitted to aging and elder abuse journals.	direct access staff that continue to be trained. ➢ The number of articles published.		
Oversee the contractors BEAM and MSU in the wrap-up of the AANP.	Hold regular wrap-up teleconferences with AANP and CMS through 05/31/2008. Review all final reports and documents prepared by BEAM and MSU. Review financial report(s) prepared by BEAM and MSU.	Provide oversight and input to the contractors regarding the wrap-up and regional meetings. Reports are finalized by 05/31/20008. Financial reports are finalized by 08/31/2008.	Number of wrap-up teleconference calls and regional meetings completed by 05/31/2008. OSA submits reports to CMS by 05/31/2008. Financial reports are submitted to CMS by 8/31/2008.	Summary of wrap-up meetings held 04/21, 04/28, 05/02/, and 05/29/2008. CMS accepts the final report by 08/31/2008. CMS accepts the final financial reports(s) by 09/31/2008.		
AANP has a sustainability plan.	Collaborate with AANP partners including MPHI, BEAM and MSU through the transition of the program to MPHI.	Transition process and sustainability plan are finalized by MPHI by 05/14/2008.	OSA approves sustainability plan with MPHI, BEAM, and MSU by 05/31/2008.	MPHI receives input from OSA regarding the sustainability plan by 05/31/2008.		

OBJECTIVE III-C. LEGAL ASSISTANCE

As required by the OAA, an OSA staff member serves as the legal services developer to provide State leadership in developing legal assistance programs for older adults. The legal services developer works with AAAs to improve the delivery of legal services that help older adults secure and maintain benefits and rights. OSA also works with private sector agencies, including the Legal Hotline for Michigan Seniors and the Elder Law Section of the State Bar of Michigan, to ensure the availability of services for the protection of benefits and rights. As a priority service, AAAs are required to expend 5% of their Title III-B allocation on the provision of legal services statewide. Funds for these activities are protected through the OSA maintenance of effort policy and practice. Expenditures are monitored annually through the area plan budget review process.

With the new AoA requirement that competitive funding for legal hotlines be pursued through the SUA, Michigan will apply for grant funding for the hotline currently operated by Elder Law of Michigan, the nation's oldest legal hotline for older adults. If funded, the development of local-level elder rights coordination committees, which will culminate in a state-level summit to discuss and develop an elder rights plan for Michigan, will be planned and implemented.

For FY 2008-2010 OSA, will work with the AAAs to improve the delivery of legal services through the collection of accurate data, reporting and analysis. During FY 2009, special emphasis will be given to increasing access to legal services through the Model Approaches to Statewide Legal Assistance Systems grant (LHMS).

GOAL III-C. OBJECTIVE: LEGAL ASSISTANCE LOGIC MODEL						
Legal services						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Deploy a web-based information system to collect data on OAA funded legal services to older adults in Michigan.	Train users on Legal Services Information (LSI) system by 09/30/2008.	Training evaluations.	Legal services data submitted complies with OSA data entry and data importer requirements.	Trained by 09/30/2008, trainee sign-in sheets and evaluations.		
	Monitor software utilization quarterly beginning with third quarter FY 2008 (ending 6/30/2008).	Data reports.	Legal contractors submit data via LSI.	LSI report indicating 100% provider usage by 10/31/2008.		
	Convene user group to provide feedback on system issues. 08/2008.	Meeting notes.	Data is useful to OSA staff in analyzing OAA funded legal services for older adults in Michigan.	Meeting minutes/notes from services group meeting convened by 08/31/2008.		
	Provide TA to users including AAAs.	TA logs, system specifications and application training materials.	Providers and AAAs contacting OSA for TA when needed.	LSI training materials posted on OSA website by 10/01/2008.		
	Develop OSA quarterly report by 6/30/2008; AAA report by 12/2008 and advanced reporting by 09/30/2008.	Reports.	Data is used to monitor and plan legal services for older adults in Michigan.	Complete quarterly report with data from all regions prepared by 01/31/2009.		
Increase access to legal services for Michigan's most vulnerable older adults through the	Develop and manage the LHMS Grant with ELM.	Grant agreement and reports.	Grant agreement is completed and approved within established timeframes.	HLMS agreement and work plan approved by 05/31/2008 for grant year 2 (6/1/2008 – 05/31/2009).		

Model Approaches to Statewide Legal Assistance Systems (LHMS Grant).	Serve on Elder Rights Summit leadership to plan and implement the 05/27/2008 Elder Rights Summit.	Elder Rights Summit evaluations and meeting notes.	LHMS meets and/or exceeds grant work plan and performance requirements.	Elder Rights Summit held on 05/27/2008, meeting materials and evaluations. Elder Rights Coalition formed by 09/30/2008.		
	Provide leadership to state and local Elder Rights Coalition through the Elder Rights Wiki.	Elder Rights Wiki.	Participation by at least 50 users in the Elder Rights Coalition Wiki.	Elder Rights Wiki utilized by at least 50 users by 05/31/2009.		
	Conduct the Michigan Senior Citizens Legal Needs Survey by 01/31/2008.	Senior Citizens Legal Needs Survey analysis.	Meet or exceed AoA grant requirements as defined by AoA.	Survey report of findings unveiled at the 05/27/2008 Elder Rights Summit		
	Modify Title 111-B service delivery standards to promote outcomes-based services.	OSA service standards for legal services.	Shared understanding of legal service program expectations.	New legal services standard published 05/31/2010.		
	Craft an integrated service delivery plan by 05/31/2010.	Legal services delivery plan.	Aging and legal services networks develop a shared vision for increasing access to legal services for Michigan's vulnerable older adults.	Consensus through legal services delivery plan by 05/31/2010.		

OBJECTIVE III-D. GUARDIANSHIP

A guardian is a person appointed by a probate court and given power and responsibility to make decisions about the care of another individual. It is important that professional guardians be trained and held accountable to standards of practice and ethical behavior. It is also important that families be provided information that can prevent the need for guardianship and that they also be educated about their role should they become guardian for a family member.

For FY 2008-2010, OSA will support efforts to educate family members about guardianships and alternatives to guardianship. In addition, OSA will work collaboratively at the state level to promote the adoption of the National Guardianship Association (NGA) register for professional guardians and the “Ethics and Standards of Practice” for professional guardians in Michigan.

GOAL III-D. OBJECTIVE: GUARDIANSHIP LOGIC MODEL						
Guardianship						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Lead state level efforts to educate professional guardians on guardianship, conservatorship and alternatives.	Co-Chair planning and organization of bi-annual training conferences for professional guardians with Michigan Guardianship Association (MGA).	Training and education opportunities exist for professional guardians.	Learning objectives established for conferences are achieved.	Conference evaluations support evidence of achieved learning objectives.		
	Identify priority issues and practices to be communicated at conferences.	Information on priority issues related to guardianship is presented.				
	Develop pre/post tests for conference participants.	Professional guardians are more knowledgeable about guardianship related issues.	Conference attendees demonstrate increased knowledge of priority issues presented at conferences.	Pre/post tests of conference attendees suggest increased knowledge of priority issues. Analyze annual conference results by 06/30/2008 Analyze fall conference results by 11/30/2008.		

Provide vehicles to build the skills of family guardians related to guardianship, conservatorship and alternatives.	Collaborate with MGA to identify ways to expand distribution of training DVD to family guardians.	Distribution plan is developed and implemented.	Family guardians receive education on issues related to guardianship, conservatorship and alternatives.	Number of family guardians that receive DVD by 12/31/2008.		
	Develop survey instrument to test key areas of knowledge related to DVD.	Tool is available to test knowledge of family guardians.	Tool is instrumental in assessing the value of DVD in educating guardians about their roles and responsibilities.	Survey tool is developed by 09/30/2008.		
	Recruit pilot courts to test survey with family guardians receiving the DVD. ➢ Identify courts to participate in the survey. ➢ Invite the courts to participate.	The purpose and the significance of the DVD survey is explained to the courts. In collaboration with MGA, select a representative sample to complete the survey. Survey is tested in selected pilot courts.	Four courts are successfully recruited to pilot surveys with family guardians, Courts understand the purpose of the surveys and how it helps guardians provide quality services.	By 08/31/2008 four courts are identified and invited by 09/30/08. Analysis of survey data reflects increased knowledge of family guardians.		
	Obtain the survey results from the courts.	Survey results provide information about the benefits of the DVD.	OSA receives the results of the survey.	Obtain results by 04/30/2009.		
	Analyze data received from pilot surveys.	The data results are available.	The results are made available to MGA Board and OSA staff.	Results are made available by 06/30/2009.		

Advocate for legislation improving the practice of guardianship in Michigan.	Promote Elder Abuse Task Force (EATF) legislation related to guardianship with MGA and membership.	Support for guardianship legislation is rendered by MGA.	Support for legislation improving guardianships in Michigan is available.	MGA supports EATF legislation related to guardianship by 12/31/2008.		
	Present information on EATF guardianship related legislation to Probate Judges Association and membership.	Information on EATF guardianship related legislation is available.	Probate judges receive information on EATF guardianship related legislation.	Information is provided by 06/30/2008.		
	Educate Elder Law and Advocacy Section of the State Bar on EATF guardianship related legislation. ➢ Develop informational materials ➢ Make presentation	Information on EATF guardianship related legislation is available.	Elder Law and Advocacy Section of State Bar receive information on EATF guardianship related legislation.	Packet of information is available by 12/31/2008.		

OBJECTIVE III-E. BLUE CROSS/BLUE SHIELD OF MICHIGAN (BCBSM) INSURANCE RATES

BCBSM has a unique mandate by law to ensure access to health insurance for every Michigan citizen. The BCBSM enabling act, PA 350, also recognizes the special needs of older adults related to health insurance costs, and it allows BCBSM to provide a subsidy to the "other than group" Medicare supplemental insurance rates, which is intended to keep rates lower. The law also requires BCBSM to consult with the OSA and with senior citizens' organizations in the state to ascertain the interests of older adults regarding the provision of Medicare supplemental coverage. OSA provides advocacy on these issues on behalf of the approximately 218,000 older adults who buy "other than group" Medicare supplemental insurance from BCBSM.

For FY 2008-2010, OSA will continue efforts to support and promote that Blue Cross /Blue Shield insurance rates remain affordable for older adults in Michigan.

GOAL III-E. OBJECTIVE: BLUE CROSS/BLUE SHIELD OF MICHIGAN (BCBSM) INSURANCE RATES LOGIC MODEL						
BCBSM						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Support and promote that BCBSM insurance rates remain affordable for older adults in Michigan.	Develop position papers related to insurance rates for older adults. Represent the concerns of older adults on BCBSM Advisory Council. Monitor BCBSM health insurance rates for constituent groups and advocate ensuring that rates for older adults are not disproportionate when compared with other population segments. Advocate with state elected officials for the preservation of Public Act 350's senior subsidy rate, review and approval process standing of the Attorney in contested rate cases, and prohibition of age rating and medical underwriting for BCBSM's "other than group" Medicare Supplement Insurance Line.	Position papers. Meeting notes. Rate reports. Communication with elected officials.	Insurance rates remain affordable for older adults. Older adults continue to be covered by medical insurance.	Number of older adults accessing insurance through BCBSM remains constant.		

IMPROVE THE EFFECTIVENESS, EFFICIENCY AND QUALITY OF SERVICES PROVIDED THROUGH THE MICHIGAN AGING NETWORK AND ITS PARTNERS

GOAL IV.

OBJECTIVE IV-A. PLANNING AND EVALUATION

The OAA mandates that the SUA plan for the needs of older adults and evaluate the services provided to them. OSA is committed to ensuring the highest quality of services is provided and improving the effectiveness of the aging network in meeting the needs of older adults and their caregivers. During 2005, OSA began an intensive strategic planning process for the purpose of carrying out its statutory requirements and ensuring the aging network plays a leadership role in providing for the needs of a growing older population and helping Michigan become a great place for older adults to live. To guide this process, OSA employs Continuous Quality Improvement (CQI) principles and utilizes CQI tools to plan, implement and improve administrative and operational processes by which our work is completed.

As part of the strategic planning process, each of the organizational divisions within the office identified mission and vision statements. Key products and primary customers were also delineated as part of the planning process. To ensure that staff resources are directed appropriately, all OSA activities and functions were categorized as core, contractual, value-added or hot, and Key Quality Characteristic (KQC) grids were completed for each major OSA function. Upon completion of the KQC grids, the OSA management team identified the “dashboard” or priority activities, which serves as the foundation of the proposed FY 2008-2010 State Plan.

State plan strategies and indicators will be reported on annually and as specified by the OAA and OMA. Highlights and accomplishments will be reported each fiscal year as part of the OSA Annual Report prepared for the Governor and Michigan State Legislature.

For FY 2008-2010, OSA will continue to integrate CQI principles into all OSA core and contractual functions. Process Action Teams (PATs) will be created as needed to address issues and processes that cross OSA organizational lines and staff will be trained as needed to utilize CQI tools and approaches. In addition, internal and external policies and procedures will be processed-mapped and re-engineered as needed to improve the effectiveness and efficiency of the office and aging network. The OSA Quality Council, comprised of OSA management team members, will continue to meet quarterly to review reports, monitor progress and guide direction on established indicators. Strategies will be adjusted as indicated through implementation of the PDSA (Plan, Do, Study, Act) cycle.

GOAL IV-A. OBJECTIVE: PLANNING AND EVALUATION LOGIC MODEL						
Planning and Evaluation						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Improve delivery of services to older adults and their families by systematically reviewing and modifying processes (CQI).	Identify activities and strategies that contribute to effectiveness and efficiency in what we do to have a positive impact.	CQI process maps.	Improve staff understanding of OSA policies and procedures.	Staff surveys.		
	Develop instruments to measure progress toward accomplishment of state plan objectives.	Instruments	Improved service delivery.	Stakeholder surveys.		
	Participate in work groups with internal and external state stakeholders to accomplish strategic plan goals and to reflect on progress made.	Work group notes.	Increased compliance with processes and procedures.			
	Utilize CQI tools and strategies to re-engineer internal OSA policies and procedures.		Strategic goal setting for improvement.			
	Identify specific processes and procedures including AAA	Process and data review.	Improved oversight and accountability for staff.			

GOAL IV-A. OBJECTIVE: PLANNING AND EVALUATION LOGIC MODEL						
Planning and Evaluation						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	oversight and monitoring, area plan development, facilitation of CSA meetings and grant/contracts management to be addressed with reformulated processes. OSA quality council meets quarterly to review progress in strategic/state plan goals.	 Review and implementation of changes in strategic plans.	Staff feels they have clear direction. Staff reports a sense of accomplishment in progress towards goals.			
Increase utilization of data in decision making	Use Aging Information Systems (AIS) data for overall system improvement and service utilization. Review, acquire, develop, and use state and national indicators to assess progress of aging network services statewide.	AIS data reports State Databook of Indicators	OSA strategically uses indicators to map progress towards goals. OSA is able to compare progress against established targets.	State indicators. State Databook is available by 09/30/2010.		

OBJECTIVE IV-B. AGING ADVOCACY AND LEGISLATIVE

OSA is charged with serving as a "visible and effective advocate for aging and older persons," as stated in the OMA (PA 180 of 1981, revised). The OAA gives SUAs the task to "serve as an effective and visible advocate for older adults by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals."

For FY 2008-2010, OSA will continue efforts to educate and represent aging perspectives in state and federal legislative initiatives.

GOAL IV-B. OBJECTIVE: AGING ADVOCACY AND LEGISLATIVE LOGIC MODEL						
Advocacy						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA ensures the Senior Advisory Council (SAC) fulfills the charge of the Commission on Services to the Aging (CSA).	CSA convenes the SAC to obtain input on programs and policies for older adults: ➢ OSA conducts a structured discussion with the CSA to identify key issues of concern for Michigan's older adults. ➢ The CSA votes to identify the SAC charge. ➢ OSA facilitates the identification of key issues related to the assigned charge and develops a deployment plan. ➢ OSA coordinates presentations/ materials to educate SAC on key issues. ➢ Transmit report to CSA, Legislators, stakeholders and consumers.	The priority focus, meeting notes, recommendations and actions steps are contained in the SAC report	The CSA adopts the report and recommendations. OSA provides feedback/updates to SAC on prior recommendations.	The SAC will update the CSA annually on its work related to the charge. The CSA will adopt the SAC report by 05/30/2009 and recommendations within 60 days of transmittal.		

GOAL IV-B. OBJECTIVE: AGING ADVOCACY AND LEGISLATIVE LOGIC MODEL						
Advocacy						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
OSA is recognized as an expert on issues impacting older adults by Legislators and staff.	Track legislative issues and priorities related to aging. Attend public hearings and other meetings conducted by the state legislature.	Legislative updates of current issues are provided to management.	OSA involvement is reported weekly to the Governor's Legislative Affairs staff and shared with OSA management.	OSA will be identified as lead for at least five pieces of legislation by 09/30/2010.		
OSA provides leadership to the aging network on key legislative issues	OSA conducts ongoing scan on state legislative issues ➢ Crafts an impact analysis on these legislative issues. ➢ Informs OSA staff, DCH staff, the executive office Legislative Liaisons, other relevant state departments, legislators, and the aging network on these state and federal Legislative initiatives and their impact. Coordinate analysis on legislative bills assigned to OSA as the lead agency.	Legislative summaries. Legislative analysis.	The aging network, the Governor's office, other state departments, and Legislators recognize OSA an important source of information about the legislative impact on older adults	Legislative summaries / impact analysis will be completed within the timeframe established by the Governor's office. A legislative update will be provided to the OSA staff, state departments, executive office, legislators and the aging network within one month of assignment to OSA.		

GOAL IV-B. OBJECTIVE: AGING ADVOCACY AND LEGISLATIVE LOGIC MODEL						
Advocacy						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Provide leadership to OSA management on legislative and advocacy issues and activities.	Convene the Legislative Process Action Team (PAT) on an "as needed" basis to discuss legislation and advocacy issues.	OSA will discuss and decide on legislative and advocacy actions.	Action steps taken, meeting notes of discussion.	Actions taken through 09/30/2010.		

OBJECTIVE IV-C. TECHNOLOGY AND DATA ANALYSIS

Aging network agencies are dependent upon OSA's Aging Information System (AIS) to provide comprehensive reporting on clients and services supported by the federal and state aging funds at the state, AAA, service provider, and client level. The AIS is a private, secure Internet-based website and is currently comprised of 12 software applications that support the data management and reporting needs of 900 system users at 128 agencies across the state.

AIS electronic data systems meet a variety of federal and state program reporting requirements. For the bulk of services, these systems will be used to fulfill OSA's commitment under the State Plan to "make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports."

Electronic data systems are essential to OSA and the aging network because the comprehensiveness and complexity of required federal reports is such that manual or paper-based reporting is no longer possible. Additionally, in the case of the senior nutrition program, AIS reporting is used to secure nearly $7 million for the home delivered and congregate meal programs.

For FY 2008-2010, OSA will work to improve the collection and reporting of data for the Michigan aging network, ensure that sensitive data is secure and develop protocols to maintain capacity of the AIS in the event of a disaster.

GOAL IV-C. OBJECTIVE: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL						
Technology and Data Analysis						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
Improve the collection and reporting of data related to the provision of MiCAFE services.	Develop Unified Benefits Application (UBA) software. Train users on UBA. Provide TA.	Software deploye.d Training evaluations. TA logs.	Software operates in accordance with financial specification requirements. UBA data is timely and accurate. Users report satisfaction with software.	MiCAFE data collected. Data review.		
Improve the collection and reporting of data related to the provision of legal services.	Train users on Legal Services Information System. Monitor software utilization. Convene user groups to provide feedback on system issues. Provide TA. Develop reports.	Training evaluations. Meeting notes. TA logs. Reports.	Legal services data is timely and accurate. Users understand and use system. Users report satisfaction with software. LSI data is used to review service provision and future planning.			
Improve accuracy and efficiency of financial reporting submitted to OSA by the aging network and	Convene a Technical Assistance Group (TAG) to identify data needs, system functionality,	System specifications.	Financial data from aging network and grantees is timely and accurate.			

GOAL IV-C. OBJECTIVE: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL						
Technology and Data Analysis						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
grantees.	policies and procedures. Convene TAG to review and test software during development. Train users on financial reporting system. Monitor software utilization. Convene user groups to provide feedback on system issues. Provide TA. Develop reports.	 Meeting notes. Training evaluations. Meeting notes. TA logs. Reports.	 Users understand and use system. Users report satisfaction with software. System data is used to review service provision and future planning.			
To maintain critical Aging Information System (AIS) capacity in the event of a man-made or natural disaster.	Update the AIS Disaster Recovery Plan, including the addition of policies and procedures for the appropriate sharing of client information to aid network agencies in the recovery effort following an emergency.	AIS disaster recovery plan.	Plan performs well during drills.	Report on plan functionality during drill.		

GOAL IV-C. OBJECTIVE: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL						
Technology and Data Analysis						
Objective	**Activity**	**Output**	**Outcome Measure**	**Indicator**	**Baseline/Threshold (if appropriate)**	**Performance**
	OSA tests the AIS Disaster Recovery Plan in accordance with OSA's Security Review Policy requirements. Integrate the AIS Disaster Recovery Plan with the OSA emergency management plan and process.	Test notes. Disaster plan.	Data integrity is maintained regardless of threats to the system.			

PUBLIC HEARING ON SENIOR ISSUES

March 21, 2008
Evangelical Homes – Sterling Heights

Commissioners in attendance:	Jerutha Kennedy, Cheryl Bollinger, Mary Gardner, Chun-Keung Leung, Donald Newport, Ramesh Verma, William Walters IV, and James Wright
OSA Staff:	Sharon Gire, Bonnie Graham, Cindy Albrecht
Attendance:	4 (1 older adult)
Number providing testimony:	4

1. Jim McGuire, Director of Research and Planning, Area Agency on Aging (AAA) 1-B

Mr. McGuire presented testimony for Ms. Tina Abbate Marzolf, Chief Executive Officer for AAA 1-B and on behalf of the 430,000 older adults residing in the 1-B Planning and Service Area (PSA).

Testimony was provided in support of the Nursing Home Diversion Program (NHD) being piloted in Macomb County. Appreciation was expressed to OSA for its leadership in securing the opportunity to modernize OAA and State funding mechanisms and the development of self-directed care options for non-Medicaid eligible older adults at-risk of nursing home placement. It is hoped that lessons learned from this pilot program can be used to transform the current LTC system in preparation for the upcoming baby boomers and allow for the availability of the program in all counties served by AAA 1-B.

Testimony was also provided as to the extensive waiting lists that currently exist for home and community-based services within AAA 1-B. Efforts must be made to convince the legislature of the value and importance of supporting OSA-funded services, many of which have relied on stagnant funding for more than 8 to 10 years. Funding is needed if OSA-funded services are to be seen as a critical LTC resource for individuals trying to avoid Medicaid costly institutionalization and spend-down.

The results of AAA 1-B Participation Satisfaction Survey were also provided as testimony to reaffirm the agency's commitment to customer service and quality. Overall, the survey revealed the aging network is doing a very good job of providing support to individuals in the community and that without the support provided, many of these individuals would face institutionalization.

It was also noted that AAA 1-B participants served by the care management program were satisfied with the overall quality of the program and direct care staff. Introduction of the person-centered planning process has also had a positive impact.

2. Mr. Dalip Thuicral, Older Adult

Mr. Thuicral spoke to the problems associated with the analog hearing aids provided through the Medicaid program stating the hearing aids only amplify, not refine, sounds. This is of little value to the many older adults dependant on the Medicaid hearing aids. Mr. Thuicral encouraged the Commission to work with Medicaid to provide digital hearing aids to Medicaid beneficiaries even though these devices are more expensive. In the long run, Medicaid would not waste money by providing benefits that are of little value to recipients.

3. Ms. Dee Perrino, Service Coordinator for Lakeside Towers Apartments

Ms. Perrino spoke to her work in the aging field for the past 11 years citing it as the most rewarding job of her life. She also voiced appreciation for the work of AAA 1-B and the support of that agency in the community. Ms. Perrino expressed the need for more affordable assisted living for older adults noting that recent freezes on government spending have not helped to improve this view. She also discussed her role as a service coordinator and encouraged the Commission to consider creating similar roles in the community through the use of vouchers.

4. Angela Willis, Director, Macomb County Department for Senior Citizens

Ms. Willis spoke to the growing numbers of older adults that are homeless citing the statistic that 11% of those 55 years of age and older are homeless for a variety of reasons including bad credit, substance abuse and lack of a community support system. She ask that efforts be made to work with Housing and Urban Development (HUD) to establish “bad credit” exceptions for older adults so that subsidized housing opportunities become more available for older adults with bad credit.

Ms. Willis also spoke to the problems associated with quick claim title deeds and situations where older adults can become at-risk when adult children are included on the deed, but misuse the assets associated with home equity leaving the older person poor and vulnerable to lose their home. She noted this issue will be addressed in June at a Senior Legal Forum in Macomb County. In addition, Ms. Willis stressed the importance of legal services for older adults, especially in the area fraud, abuse and swindles. This is complicated by the fact that many older adults will not prosecute family members regardless of the crime.

Finally, Ms. Willis encouraged the Commission to consider the needs of a very special group of caregivers – those very old caregivers of adult children with disabilities. In many, cases both parent and child are eligible for OAA/State aging services and both are vulnerable in many ways.

PUBLIC HEARING ON SENIOR ISSUES

April 18, 2008
Office of Services to the Aging – Lansing, Michigan

Commissioners in attendance:	Jerutha Kennedy, Cheryl Bollinger, Mary Gardner, Chun-Keung Leung, William Walters IV, Amne Talab, Janice Wilson, and James Wright
OSA Staff:	Sharon Gire, Bonnie Graham
Attendance:	Six (Three older adults)
Number providing testimony:	Seven, including three written submissions

1. Michael J. Simowski, Executive Director, Center for Senior Independence of the Henry Ford Health System

Mr. Simowski discussed the challenges associated with the increasing number of older adults, especially those over the age of 85. The need to control health care costs while maintaining quality is critical in an environment where numbers increase and health care resources are diminishing. One solution to this is the development of the PACE (Programs for All-Inclusive Care for the Elderly) program. The concept of PACE is that of a continuum of care that spans from community to hospital to long term care, directed and supported by a multi-disciplinary team. The program is a managed care capitated model funded by Medicare and Medicaid. The Center for Senior Independence of the Henry Ford Health System was the first PACE site in Michigan. It serves to enhance the quality of life for 230 frail, older adults in Detroit. All participants must meet LTC Level of Care and Medicaid eligibility. The location of the program offers a day health center, activity rooms, clinic, therapy facilities and office space. Mr. Simowski acknowledged the tremendous support of the Henry Ford Health System of the PACE program, and expressed appreciation for the efforts of MDCH to expand capacity within the Detroit program, as well as, statewide. He encouraged the Commission to also support the development of other PACE programs in the state as a part of the plan to provide high quality, cost effective care.

Mr. Simowski also spoke to the complexity and difficulties associated with Medicare Part D, affecting both older adults and the providers who serve them.

2 Janet Clark, Executive Director, Retired and Senior Volunteer Program of Ingham, Eaton and Clinton Counties

Ms. Clark expressed appreciation to the Commission and Office of Services to the Aging for their support during the recent sponsorship change of the Lansing area Foster

Grandparent and Senior Companion Programs. She also spoke regarding the changing face of volunteering, given many older adults are working longer. As a result, we must develop volunteer opportunities that fit the needs of the "younger" aging population and encourage the involvement baby boomers. She encouraged OSA to use more volunteers in the programs/services for older adults in the state. Ms. Clark also addressed the importance of respite for caregivers and encouraged the development of more community-based respite programs such as the Capitol Area Interfaith Respite program sponsored by her organization. OSA should encourage AAAs to fund more of these respite programs in their communities.

3. Nancy Weber, Tri-County Office on Aging

Ms. Weber is the contract manager for Tri-County Office on Aging, which serves as the AAA for PSA 6. She thanked the Commission for their commitment to hosting CSA meeting at locations around the state and local participation in activities for older adults in the tri-county area. She also acknowledged the continued support from OSA staff. Ms. Weber spoke to the need for more community-based services for frail older adults and encouraged more support for initiatives like "Money Follows the Person," so that older adults do not need to go to nursing homes to receive the care they need. She stressed the importance of volunteers in providing services to older adults and, while cost efficient, reminded those in attendance that volunteers are not free. Ms. Weber also stated that she is concerned about the continuing disparity between funding for public health and mental health, citing the importance of both in the community.

4. Anna Brown, Older Adult

Ms. Brown indicated that she serves as a member of the Tri-County Office on Aging Advisory Council and encouraged the Commission to read the book, "*Igniting a Revolution to Reinvent America,*" by Bob Nevally, AARP CEO. This book discusses the impact of baby boomers on issues such as health care.

5. Linda Booth, President, Deaf and Hearing Impaired Services, Inc.

Ms. Booth submitted written testimony citing the increased need for sign language interpreting services in the medical setting, stating that many home health care services refuse to provide a sign language interpreter even though the Americans with Disabilities Act clearly mandates this service. Ms. Booth provided several examples of situations where individuals with deafness were refused services or otherwise negatively impacted in health care settings because an interpreter was not provided. Advocacy efforts are crucial to making these entities comply with the law. Resources must also be made available for case coordination services with interpreters at no cost to the individual, so hearing impaired individuals also have a choice to remain in their homes as opposed to nursing homes and adult foster care.

Ms. Booth also stated the deaf population has often gone without services due to their economic situation, the language barrier and disabling condition(s) that exist. This population has a tendency to isolate because of their hearing loss. As a result, it is also critical that opportunities for socialization and group programs are available. The need for hearing screenings was cited so that individuals with hearing loss can be identified and treated. Ms. Booth also described the services provided by her organization.

6. Gerald Bishop, Older Adult

Mr. Bishop submitted written testimony citing his concerns about the condition of handicap accessible ramps at public buildings. Many of these ramps have a step at their endpoints and door thresholds that make wheelchair access both difficult and dangerous even when being pushed by a caregiver. Mud, ice and snow at the beginning points of the ramp add to the danger and individuals parking in handicap parking spots often block access to the ramp for others. Mr. Bishop also noted he assumed full-time caregiving responsibility for his wife so she could return home from a nursing home. He asked for assistance with identifying how she might be re-admitted to the nursing home on a temporary basis while he was hospitalized for his personal health issues/needs and if Medicare/Medicaid would assist with the cost of this temporary care. Mr. Bishop expressed gratitude for the assistance he and his wife receive from the local commission on aging.

7. Eileen Wullschleger, Older Adult

Ms. Willschleger submitted written testimony describing in detail her difficulties with trying to being added to the Michigan Pesticide Notification Registry, which requires a doctor's certificate documenting a diagnosis warranting the registry. As a result of her actions, her physician at the U of M Health System ended his patient/doctor relationship with Ms. Wullschleger. Her testimony continued with the lack of satisfaction that she received from DCH both within the Quality of Care section at U of M and Department of Community Health. She also made numerous contacts with the Governor and state/federal elected officials. Copies of her letter were provided to each member of the Commission.

PUBLIC HEARING ON SENIOR ISSUES

May 16, 2008
Grand Haven Community Center

Commissioners in attendance:	Cheryl Bollinger, Mary Gardner, Chun-Keung Leung, William Walters IV, Janice Wilson, and James Wright
OSA Staff:	Bonnie Graham, Cindy Albrecht
Attendance:	Twelve (Six older adults)
Number providing testimony:	Seven

1 Kristy Smith, Director, Jackson County Department on Aging

Ms. Smith cited the need for a review of how funding for the Medicare/Medicaid Assistance Program (MMAP) is distributed given the addition of how Medicare Part D has added complexity to the program. As a result, volunteers are more limited in what assistance they can provide and how more professional staff is needed to adequately serve beneficiaries. In addition, Ms. Smith suggested that funds for congregate and home delivered meals be pooled so that more flexibility is possible to meet the growing demand for homebound meals. She also stated the importance of the congregate meal program in meeting the socialization needs of older adults. For many, the meal is not the reason they attend, given the food provided is significantly different than what they would eat on their own. What is important are the activities provided around the meal.

2. Bob Cochrane, Executive Director, Cass County Council on Aging and Vice Chairperson of Michigan Association of Directors of Services to the Aging

Mr. Cochrane spoke to the issue of flat funding for aging services, which does not go well with a growing aging population. He encouraged the Commission to do everything they could to advocate for more funds. Mr. Cochrane also expressed pleasure with the scheduled Older Michiganians' Day as a resurrection of the former Senior Power Day for advocacy. He also expressed support for initiatives such as person-centered planning and "Money Follows the Person," so that older adults have resources and opportunities to stay in their own homes rather than nursing homes. Older adults and caregivers should decide what services they want and then be provided the funding to purchase those services. He expressed concern about the development of the single points of entry stating these entities represent an artificial system with very few changes resulting at the services end of the LTC system. Mr. Cochrane also urged the Commission to support the elimination of funding barriers for expansion of the Medicaid HCBS-ED Waiver Program. Older adults in need of LTC can easily go to a nursing home. However, everyone who wishes to remain at home must "get in line." This makes the most expensive LTC option the most available.

3. Gail Ringelberg, Director of Grand Haven Senior Activity Program

Ms. Ringelberg spoke to the issue of isolation as a major concern for older adults in her county. Ottawa County does not have county-wide transportation, and as a result, many older adults do not have opportunities to participate in social activities and community life. She also spoke to the impact of rising gas prices and on the availability of volunteer drivers who can no longer afford to take people shopping or to doctors' appointments. Eventually, a lack of volunteers will affect other aging services as well. Ms. Ringelberg also addressed the economic impact of the federal tax stimulus package on Michigan. This incentive will cost Michigan millions of dollars as a result of stating many additional older adults filing income tax returns that will also make them eligible for Homestead Property Tax Credits.

4. Margaret Bart, Older Adult

Ms. Bart saw newspaper coverage recognizing several communities that were honored for being "Communities for a Lifetime." She sought clarification on the criteria used for selecting those communities. Ms. Bart also addressed the need for transportation, noting that she had recently moved to a housing cooperative in Spring Lake where transportation is available, and is a huge advantage for those who do not drive. She also spoke to Ms. Ringelberg's comments regarding the impact of transportation costs on volunteers as she was a home delivered meal volunteer for 21 years.

5. Pam Curtis, Region 14 Area Agency on Aging, Senior Resources

Ms. Curtis highlighted several initiatives in the Region 14 Planning and Service Area that are innovative and exciting. They include the Tanglewood Project, which will house the new PACE program, congregate nutrition program and 211 Call Center in one location. She also discussed the new Project 2020 initiative that will divert Medicaid funding to support OAA programs that help older adults in need of LTC to remain at home. The three components of the initiative include: person-centered access to information, evidenced-based health promotion programs and nursing home diversion. She encouraged the Commission's involvement in advocacy efforts to support this initiative.

Ms. Curtis also urged the Commission to advocate for the proposed 5.17% increase in federal funding allocated to the Administration on Aging.

6. Marjorie Larson, Older Adult

Ms. Larson spoke to the issue of seniors and health care citing the difficulty she has experienced with obtaining a mammogram that her doctor recommends yearly, but her insurance, Blue Cross/Blue Shield Medicare Plus, will only pay once every three years. Ms. Larson also stated the same difficulties exist as her insurance will not cover a with prescription drug ordered by her doctor when a generic drug is available. She asked

the Commission why insurance companies give people such grief over care that is needed. She indicated that she does not abuse the “system”, so why does the “system” abuse her?

7. Anonymous Older Adult

An older gentleman stated that many older adults need help with their utility costs, including water and gas. He also encouraged the Commission to support the development of more assisted living housing options.

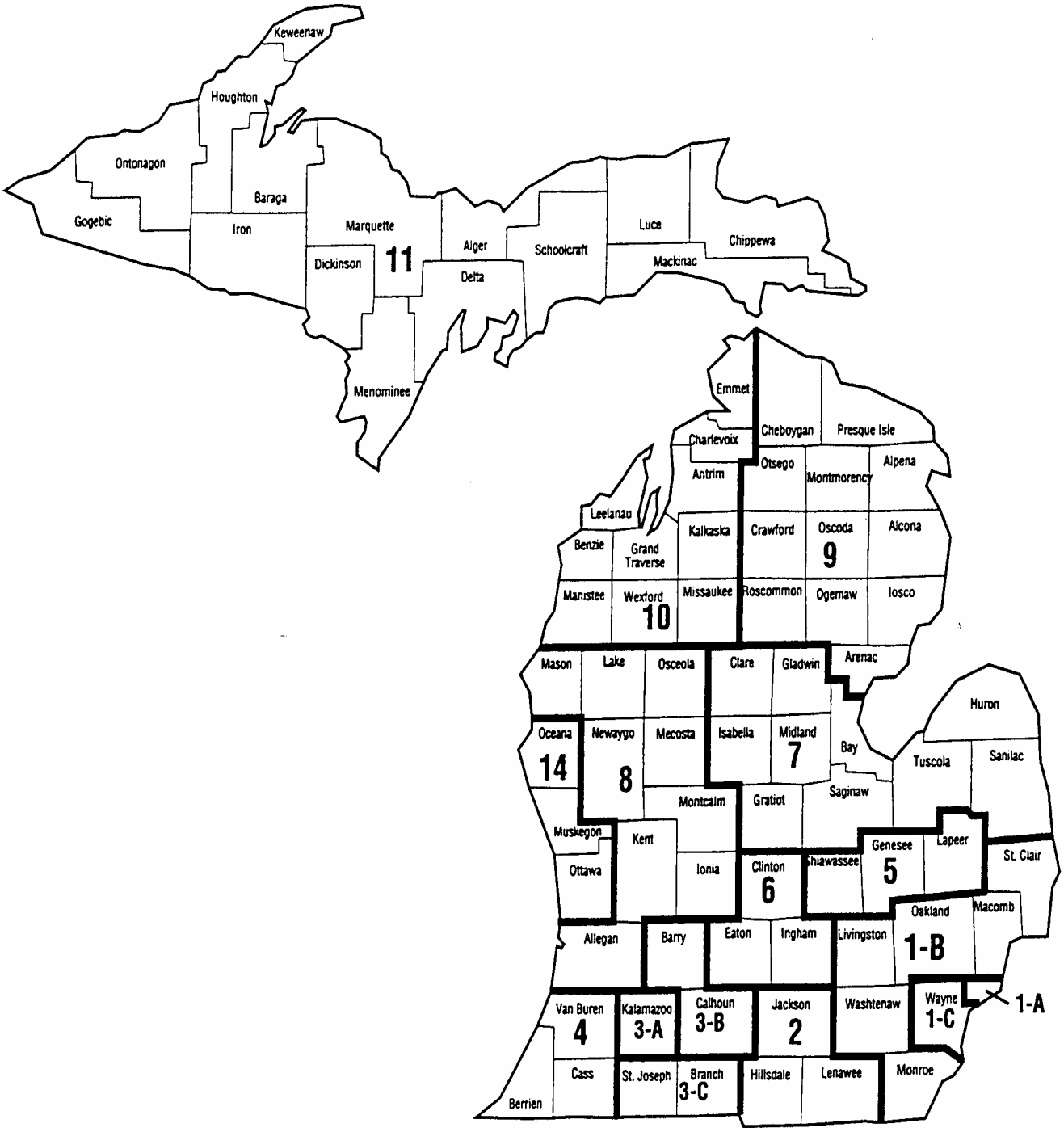
OFFICE OF SERVICES TO THE AGING
AREA AGENCY SERVICE ALLOTMENTS
FOR THE PERIOD 10/1/2007-9/30/2008

Area Agency	Intra-State Formula	Geographic Base	Supportive Services	Congregate Meals	Home Del'd Meals	Caregiver Support (III/E)	Preventive Health	Eld Abuse Prevention	St-Access Services	St-In Home Services	St-Cong Meals	St-Home Del'd Meals	St-Alt Care	St-Respite Care	Merit Award (TRC)	St-Nurse Hm Ombs	St-NHO Formula
1A	0.1245	0.0027	1,095,216	1,279,275	603,913	507,198	81,206	19,380	103,644	341,538	48,742	1,221,226	410,164	157,041	470,112	52,855	0.1207
1B	0.2473	0.0690	2,220,787	2,594,007	1,224,564	1,028,454	164,663	39,297	210,160	692,542	98,834	2,476,300	831,696	292,741	953,255	73,035	0.1716
1C	0.1018	0.0081	899,721	1,050,926	496,115	416,664	66,711	15,921	85,144	280,574	40,041	1,003,239	336,950	133,472	386,198	38,661	0.0849
02	0.0309	0.0362	297,122	347,056	163,836	137,598	22,030	5,258	28,118	92,656	13,223	331,308	111,274	60,821	127,537	18,480	0.0340
3A	0.0212	0.0099	193,216	225,688	106,541	89,479	14,326	3,419	18,285	60,254	8,599	215,447	72,360	48,294	82,936	9,001	0.0185
3B	0.0210	0.0223	200,289	233,949	110,441	92,754	14,851	3,544	18,954	62,459	8,914	223,333	75,009	49,147	85,972	12,332	0.0269
3C	0.0114	0.0178	112,783	131,737	62,189	52,230	8,362	1,996	10,673	35,171	5,019	125,759	42,238	38,597	48,411	8,883	0.0182
04	0.0334	0.0296	314,377	367,210	173,350	145,589	23,310	5,563	29,751	98,037	13,991	350,547	117,736	62,902	134,944	18,004	0.0328
05	0.0564	0.0323	518,273	605,373	285,781	240,014	38,428	9,171	49,046	161,621	23,065	577,903	194,096	87,484	222,464	22,405	0.0439
06	0.0358	0.0301	335,808	392,243	185,168	155,514	24,899	5,942	31,779	104,720	14,945	374,445	125,762	65,485	144,143	18,678	0.0345
07	0.0791	0.1162	777,350	907,990	428,639	359,994	57,638	13,755	73,563	242,413	34,595	866,788	291,122	118,718	333,671	40,524	0.0896
08	0.0857	0.1057	827,832	966,955	456,475	383,372	61,381	14,649	78,340	258,156	36,842	923,078	310,027	124,804	355,340	42,110	0.0936
09	0.0366	0.1199	406,772	475,133	224,298	188,378	30,161	7,198	38,494	126,850	18,103	453,573	152,338	74,041	174,604	24,863	0.0501
10	0.0334	0.0831	352,469	411,704	194,355	163,230	26,134	6,237	33,355	109,916	15,686	393,023	132,002	67,494	151,295	22,088	0.0431
11	0.0422	0.2887	576,136	672,960	317,687	266,811	42,718	10,195	54,522	179,665	25,640	642,423	215,766	94,460	247,302	42,546	0.0947
14	0.0393	0.0284	365,333	426,730	201,448	169,187	27,088	6,465	34,573	113,927	16,259	407,366	136,819	69,045	156,816	22,009	0.0429
TOTALS	1.0000	1.0000	9,493,484	11,088,936	5,234,802	4,396,466	703,905	167,989	898,400	2,960,500	422,500	10,585,759	3,555,359	1,544,547	4,075,000	466,475	1.0000
FY-2008 Allotments			11,259,607	13,013,283	6,143,237	5,159,418	703,905	167,989	898,400	2,960,500	422,500	10,983,100	3,703,400	1,544,547	4,075,000	478,000	
Less:																	
State Admin			574,120	663,538	313,239	263,075	0	0	0	0	0	0	0	0	0	0	
AAA Admin			1,079,407	1,260,809	595,196	499,877	0	0	0	0	0	397,341	148,041	0	0	0	
LTC Ombs			112,596	0	0	0	0	0	0	0	0	0	0	0	0	11,525	
Demonstration Project			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sub-total			9,493,484	11,088,936	5,234,802	4,396,466	703,905	167,989	898,400	2,960,500	422,500	10,585,759	3,555,359	1,544,547	4,075,000	466,475	
7.5% Geo. Base			712,011	831,670	392,610	329,735	52,793	12,599	67,380	222,038	31,688	793,932	266,652	85,841	305,625	0	
Other Bases			0	0	0	0	0	0	0	0	0	0	0	400,000	0	70,000	
Balance for formula			8,781,473	10,257,266	4,842,192	4,066,731	651,112	155,390	831,020	2,738,463	390,813	9,791,827	3,288,707	1,058,706	3,769,375	396,475	
FY-2008 Allotment Balances			0	0	0	0	0	0	0	0	0	0	0	0	0	0	

NOTES:

(1) All service allotments, except St-OMB, are determined in accordance with the Intra-state Funding Formula.
St-OMB service allotments are determined in accordance with the LTC Formula using a $5,000 base.

(2) For St-Respite Care funds, each AAA shall receive a minimum of $25,000, or a proportionate part of that amount if sufficient money is not available with all remaining money, if any, distributed according to the Intra-state funding formula.

(3) Tobacco Respite Care funds, each selected waiver agencies gets $100,000 except Macomb-Oakland will get $100,000+$25,000=$125,000 and rest of the balance will be distributed to each AAA based on formula.

Michigan Aging Network
Planning and Service Areas