

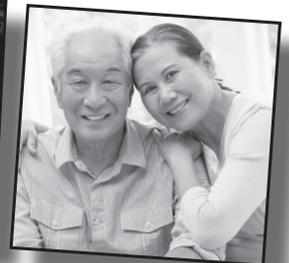
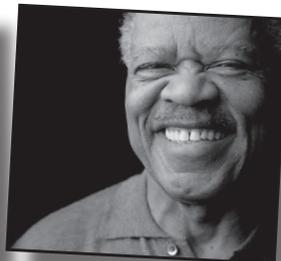
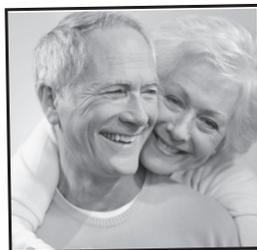


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Office of Services to the Aging

2012 Annual Report

January 2013





Program data presented in this report is preliminary, compiled through December 2012. Final data will be submitted to the federal Administration on Aging by February 2013, and federal certification is expected in March 2013.

The Michigan Office of Services to the Aging is an equal opportunity employer and program provider. This report, required by state law, is printed with federal funds by authority of the Older Americans Act of 1965, as amended.

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2012 Annual Report

State of Michigan

Rick Snyder, Governor

Michigan Office of Services to the Aging

Kari Sederburg, Director

300 E. Michigan Ave., 3rd Floor

Lansing, MI 48933

January 2013





STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

RICK SNYDER
GOVERNOR

KARI SEDERBURG
DIRECTOR

January 2013

Dear Governor Snyder, members of the Michigan Legislature, and friends:

As the state's leader on aging issues for more than 40 years, the Michigan Office of Services to the Aging provides leadership, resources and support for older adults throughout Michigan.

The "2012 Annual Report" highlights the progress made by Michigan's aging network as it works to serve and promote the independence of Michigan's older adults and their families. This past fiscal year was an exciting time for advocacy, public policy, and information gathering. Here are a few of the highlights:

- Newly available 2010 census data documented that Michigan is now home to 1.9 million older adults. An unprecedented one-in-five state residents are now age 60 years and older. Moreover, at more than 180,000 strong, those age 85 and older now represent the fastest growing segment of the state's population.
- A needs assessment of older adults was conducted for the first time in 25 years, providing new benchmarks for serving Michigan's older adult population.
- Landmark elder abuse prevention legislation was passed. These new laws encourage the reporting of elder abuse, and strengthen penalties for those convicted of crimes.
- The Aging and Disability Resource Collaboration was expanded to cover 53 counties. This program will streamline access to long-term supports and services and provide information on all aspects of life related to aging or living with a disability. It will be launched statewide in 2014.
- Core programs that help older people remain independent in their homes and communities remained strong, reliable, and cost effective. Congregate and home-delivered meals, in-home services, older worker programs, senior volunteer programs, evidence-based disease prevention initiatives, care management, and caregiver programs – to name a few – all produced impressive results.

Moving forward, 2013 is sure to be another productive year, in part because of the increased funding for aging programs proposed by Governor Snyder and approved by the Michigan legislature – the first increase since 2005. On behalf of Michigan's aging network, I wholeheartedly thank our state leaders for their continued support.

I remain extremely proud of what the aging network accomplished in 2012 and look forward to working in collaboration with our partners to help older adults maintain their quality of life and independence in our great state.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kari Sederburg".

Kari Sederburg, Director

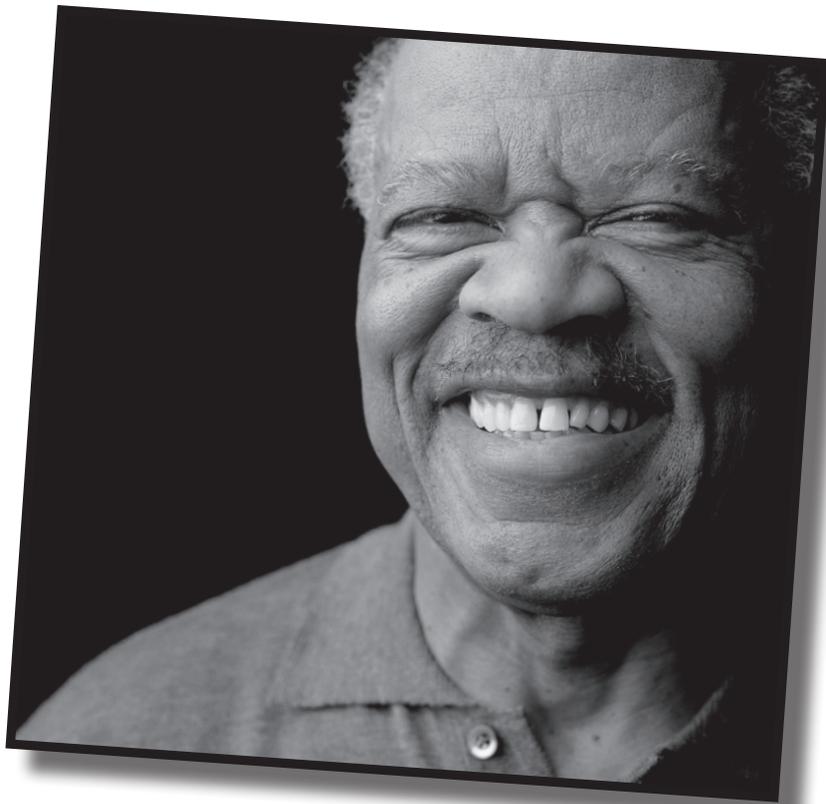
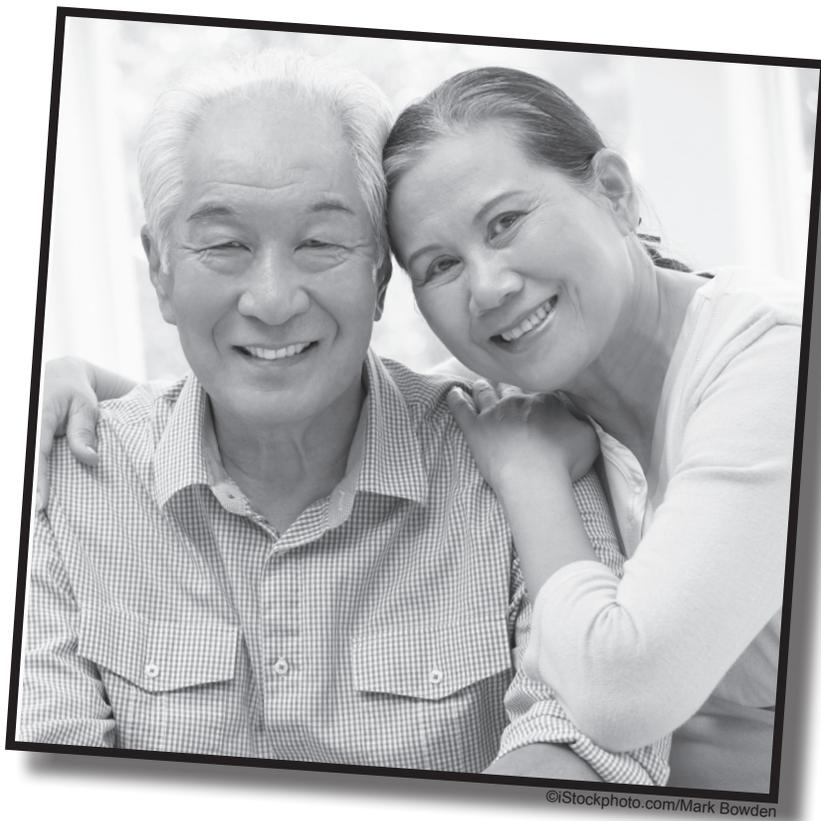


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2012 Annual Report

Preface

The Office of Services to the Aging (OSA) is the state office dedicated to older adults. In its unique role within state government, OSA serves as:

- An informed leader, advocate, and expert on aging;
- An information source for older adults and their families, partners, friends, neighbors, and the general public;
- An effective steward of federal and state taxpayer dollars; and
- A leader in promoting effective, efficient, quality services and supports through Michigan's aging network and its partners.

While OSA provides leadership on aging at the state level, serving Michigan's older adult population is a collaborative process. Working in partnership with Michigan's 16 area agencies on aging and more than 1,300 local service providers, a wide-variety of programs are available for older adults, especially those facing the challenge of maintaining their independence as they age. This partnership, known as the aging network, is built on the premise that older adults are valued members of society who should have opportunities to continue to grow, thrive, and contribute to their communities throughout their lives.

OSA manages \$92.8 million in federal and state (non-Medicaid) funding for community-based programs that are relied on by older adults in every corner of the state. Among the programs available are meals and nutrition education, evidence-based disease prevention, legal services, care management, in-home services, elder rights and safety initiatives, and volunteer programs, just to name a few.

The 2012 annual report presents activities and accomplishments based on the four goals outlined below. Each goal is contained in OSA's state plan, a document required as a condition of federal funding.

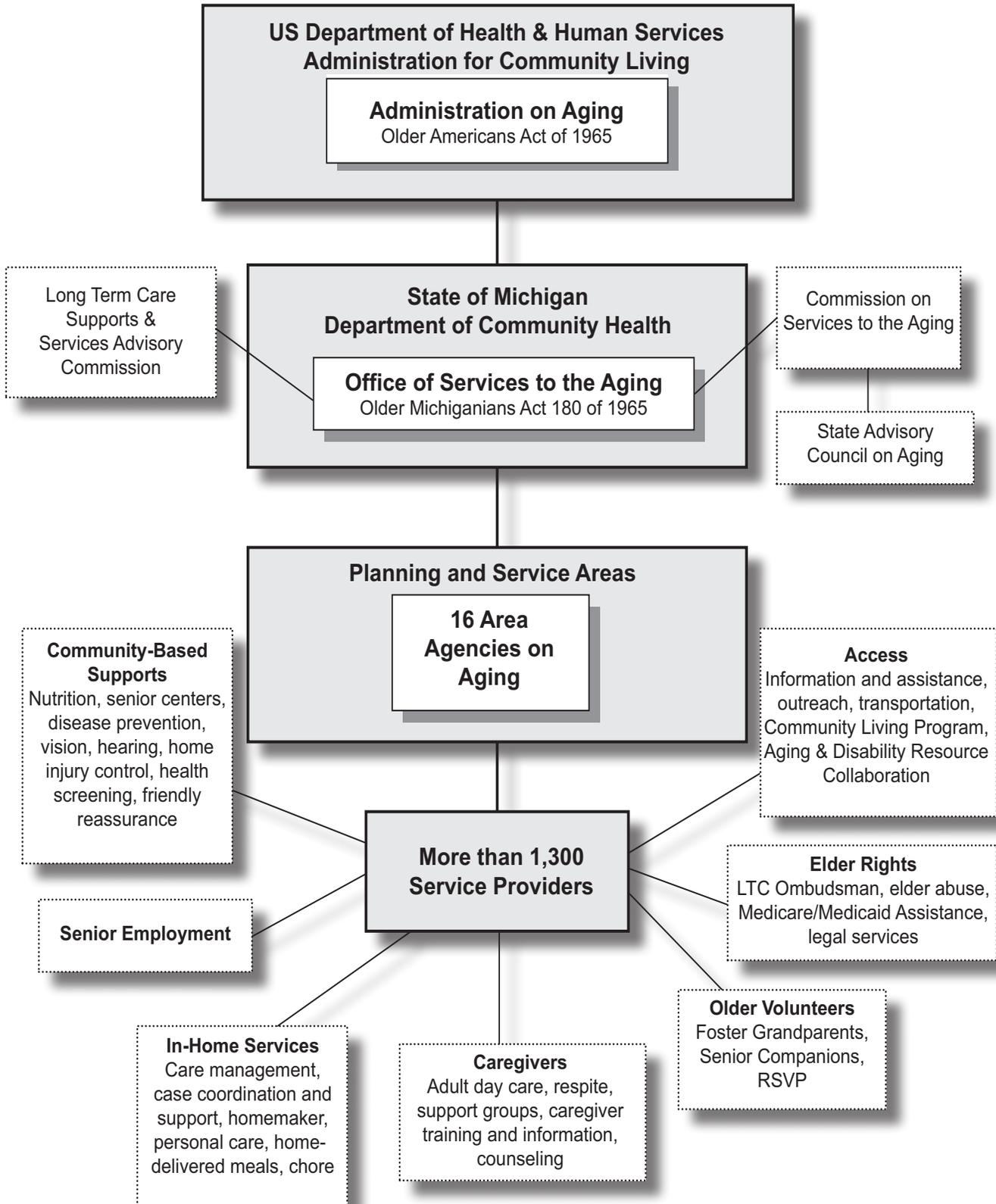
State Plan Goals – Fiscal Years 2011-2013

A strategic direction for community-based services for older Michigan citizens

- 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.** Promote elder rights, quality of life, and economic security, and protect older adults from abuse, neglect and exploitation
- Goal IV.** Improve the effectiveness, efficiency, and quality of services provided through the Michigan aging network and its partners

The Aging Network

A Federal-State-Local Partnership



Michigan's Older Adults

Profile

This profile describes characteristics of Michigan's older adult population based on the most current information available as of January 2013. Most data is presented for the age 60 and older age group from the 2010 census. Note that more recent 2011 (estimated) data was used when available, and some census data was only available for those age 65 and older at this time.

POPULATION AND GROWTH

Between 2000 and 2010, demographic factors between the baby boom generation and increased longevity were apparent.

- The population of individuals age 60 and older consists of 1,930,341 people, or 19.5 percent of the total state population. There are 334,179 more residents age 60 and older today than in 2000, an increase of 20 percent.
- There are 182,322 persons between age 85 and 95, and 1,729 who are age 100 and older. The age 85 and older age bracket has grown by 35 percent in the past 10 years and now represents nearly 10 percent of individuals age 60 and older.
- The number of self-identified veterans age 65 and older decreased by 4.9 percent from 332,493 in 2000 to 306,607 in 2010.

Statewide Population	2000	2010	Change 2000 to 2010	
			Number	Percent
60 years and older	1,596,162	1,930,341	334,179	20.9%
65 years and older	1,219,018	1,361,530	142,512	11.7%
75 years and older	576,138	636,821	60,683	10.5%
85 years and older	141,492	191,881	50,389	35.6%
100 years and older	1,535	1,729	194	12.6%

2000 Data: American Fact Finder, 2000 Census Summary File 1, Table PCT012
 2010 Data: American Fact Finder, 2010 Census Summary File 1, Table PCT12

GENDER

Between 2000 and 2010, there were some changes in the ratio of age 60 and older men to women.

- The majority of Michigan's age 60 and older population is female – 1,067,897 or 55.3 percent and 862,444 or 44.7 percent are males. In 2000, there were 2.4 percent more females and 2 percent fewer males.

ETHNICITY AND RACE

The racial and ethnic makeup of the age 60 and older population has remained relatively steady.

- More than 13 percent of the state's population age 60 and older identify as something other than of white European ancestry.
- African Americans represent the largest of such groups at 10 percent of the state's population age 60 and older.
- The second largest group is comprised of Hispanics, which represent 1.2 percent of the age 60 and older population.
- American Indians and Alaska Natives comprise 0.3 percent of the age 60 and older population, while 0.8 percent identifies as being two or more races.

Ethnicity or Race for Population Age 60 and Older	Change 2000 to 2010					
	2000	% of Population	2010	% of Population	Number	Percent
White alone	1,400,703	87.8%	1,675,109	86.8%	274,406	19.6%
Hispanic or Latino	18,653	1.2%	30,319	1.6%	11,666	62.5%
American Indian and Alaska Native	4,658	0.3%	7,627	0.4%	2,969	63.7%
Asian	12,103	0.8%	25,280	1.3%	13,177	108.9%
Black/African American	160,741	10.1%	199,887	10.4%	39,146	24.4%
Native Hawaiian/Other Pacific Islander	195	0.0%	279	0.0%	84	43.1%
Some other race	5,260	0.3%	7,870	0.4%	2,610	49.6%
Two or more races	12,502	0.8%	14,289	0.7%	1,787	14.3%
Minority population	195,459		255,232		59,773	30.6%
Age 60 and older population	1,596,162		1,930,341		334,179	20.9%
Percent of population	12.2%		13.2%			

2000 Data: American Fact Finder, 2000 Census Summary File 1, Table P012
 2010 Data: American Fact Finder, 2010 Census Summary File 1, Table PCT12

DISABILITY

In 2011, the overall percentage (prevalence rate) of people with a disability age 65 and older is estimated to be 37 percent.

	Age 65 to 74		Age 75 and Older		Total		Total
	Male	Female	Male	Female	Male	Female	
Hearing	14%	6%	27%	20%	19%	13%	16%
Vision	3%	4%	7%	11%	5%	7%	6%
Ambulatory difficulty	13%	18%	27%	36%	19%	27%	23%
Cognitive difficulty	6%	5%	13%	16%	9%	10%	9%
Self-Care difficulty	4%	5%	10%	15%	7%	10%	8%
Independent living difficulty	7%	9%	18%	30%	12%	20%	16%
With a disability	27%	25%	48%	52%	35%	38%	37%

2011 Data: American Fact Finder, 2009-2011 American Community Survey 3-Year Estimates, Table S1810

EDUCATION

- In 2000, the number of those age 65 and older with less than a 9th grade education was 169,153 or 14 percent. In 2010, this number had fallen to 114,764 or 9 percent.
- In 2000, the number of those age 65 and older with a high school diploma was 430,062 or 35 percent. In 2010, this number had risen to 508,490 or 39 percent.
- In 2000, the number of those age 65 and older with a bachelor's degree was 85,529 or 7 percent. In 2010, this number had risen to 118,811 or 9 percent.

Educational Attainment for Age 65 and Older				
	2000		2010	
		%		%
Less than 9th grade	169,153	14%	114,764	9%
9th to 12th grade, no diploma	259,138	21%	186,691	14%
High school graduate (includes equivalency)	430,062	35%	508,490	39%
Some college, no degree	180,450	15%	231,463	18%
Associate degree	26,558	2%	51,398	4%
Bachelor's degree	85,529	7%	118,811	9%
Graduate or professional degree	68,342	6%	105,375	8%
Total Population	1,219,232		1,316,992	

2000 Data: American Fact Finder, 2000 Census Summary File 3, Table QT-P20
2010a: American Fact Finder, 2006-2010 American Community Survey Selected Population Tables, Table S1501



EMPLOYMENT

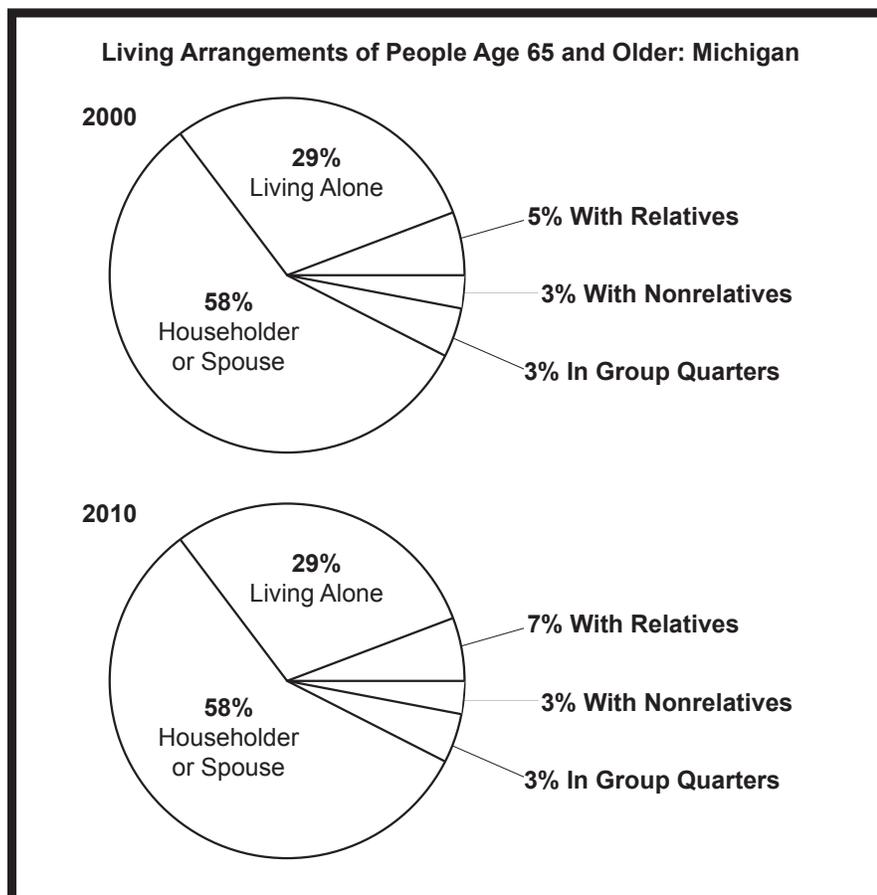
The percent of the age 60 and older population that is employed has risen in all categories, except for those age 75 and older.

Employment Status of Age 60 and Older		
	Percentage of population employed	
	2000	2011
60 to 61 years	48.1%	49.7%
62 to 64 years	34.2%	36.2%
65 to 69 years	20.0%	22.4%
70 to 74 years	11.6%	12.2%
75 and older	4.7%	4.2%
Total	17.6%	20.4%

2000 Data: American Fact Finder, 2000 Census Summary File 3, Table PCT035
 2011 Data: American Fact Finder, 2007-2011 American Community Survey Selected Population Tables, Table B23001

LIVING ARRANGEMENTS

The percentages of those living alone, with their partners, or with non-relatives have remained constant between 2000 and 2010.



State Plan Goal #1 – Health and Nutrition

Work to Improve the Health and Nutrition of Older Adults

EVIDENCE-BASED DISEASE PREVENTION (EBDP) PROGRAMS

The EBDP programs are available to older adults who are affected by chronic diseases and conditions such as arthritis, diabetes, heart disease, and other disabilities. EBDP workshops teach participants to take control of their health by learning to maintain a healthy lifestyle through increased self-efficacy and self-management behaviors.

Workshops are available in many different settings, such as community centers, residential housing, senior centers, physician's offices and hospitals. Some are conducted by peer groups which provide support, socialization and reinforcement of positive health behavior changes.

In fiscal year 2012, federal grants (in part) supported completion of 267 EBDP workshops attended by 3,066 people. Of those attendees, 2,130 completed 4 of 6 sessions (70 percent completion rate).

Workshop offerings:

- 2 Chronic Pain Self-Management
- 53 Diabetes Self-Management (Diabetes PATH)
- 211 Chronic Disease Self-Management (PATH)
- 1 Spanish Version (Tomando)

Twenty-five people were trained and certified as master trainers on chronic pain self-management as well.

NUTRITION

Elderly Nutrition Program – Adequate nutrition is critical to health, functioning, and quality of life, and is an important component of home and community-based services for older adults.

The Elderly Nutrition Program provides for congregate and home-delivered meals. Meals and other nutrition services are provided in a variety of group settings, such as senior centers, faith-based settings, and schools, as well as in the homes of homebound older adults.

In addition to nutritious meals, the program offers other benefits, including opportunities for social interaction which helps to decrease feelings of isolation. The program also provides a vital link to other supportive services available in local communities. While there is no means test for program participation, services are targeted to older adults with the greatest economic and social need.

A total of 10,261,176 meals were served to 108,663 participants in fiscal year 2012.

Home-delivered Meals 48,285 people received 7,704,324 meals		Congregate Meals 60,378 people received 2,556,852 meals	
Participant Profile		Participant Profile	
69%	Age 75 and older	52%	Age 75 and older
65%	Female	65%	Female
51%	Lived alone	36%	Lived alone
38%	Resided in rural areas	57%	Resided in rural areas
35%	Low-income	27%	Low-income
26%	Minority by race and/or ethnicity	11%	Minority by race and/or ethnicity

Senior Project FRESH/Market FRESH – This innovative, seasonal nutrition program was made available again to older adults in the summer of 2012. The program provides qualified older people with coupons to be used as cash to purchase fresh, locally-grown produce from authorized Michigan farmers’ markets and roadside stands.

People age 60 and older with a total household income of \$20,147 or less for an individual, or \$27,214 for a couple, are eligible to apply. In addition, those receiving Supplemental Nutrition Assistance Program benefits, commodities, or other federal food assistance are eligible.

- 21,365 older adults participated in the program
- 380 markets representing more than 2,008 farmers participated in 82 Michigan counties
- 275,686 coupons were distributed (worth \$2 each), a 10 percent increase from 2011

OLDER ADULT VOLUNTEERS

Whether they serve every day or a few times a year, older adult volunteers make an impact on issues they care about. Volunteers often work to help other older adults live independently in their homes, tutor and mentor at-risk youth, and help local organizations with day-to-day tasks. At this time of growing social need, volunteer service is vital to many communities and organizations, which have come to rely on them to fill the gaps.

While communities greatly benefit from volunteers’ skills and experience, older adult volunteers gain something important in return – improved health. More than two decades of health research points to significant mental and health benefits of volunteering. This includes lower mortality rates, increased strength and energy, lower rates of depression, and greater functional ability.

Three valuable volunteer programs continue as a priority for older adults in Michigan who desire this kind of civic engagement – Foster Grandparent, Senior Companion, and Retired and Senior Volunteer Programs (RSVP).

A total of 11,749 older adults participated in the following in fiscal year 2012:

- 1,092 Foster Grandparents served 1,651 different settings within 369 public and private non-profit organizations. An estimated 5,460 children and youth with special needs benefitted from the service provided by these volunteers.
- 623 Senior Companions served 1,455 different settings within 204 public and private non-profit organizations. An estimated 3,115 adults with special needs benefitted from the service provided by these volunteers.
- 10,034 RSVP volunteers provided service to 1,887 public and private non-profit organizations. This contribution equals 1,166,709 hours of service to local communities.

Senior Citizens of the Year 2012 – Marie Taylor of Jackson and Johann Friedrick Ingold of Sault Ste. Marie were honored as 2012 Senior Citizens of the Year at a special ceremony during Older Michigianians Day held at the State Capitol.

At age 97, Ms. Taylor was recognized for her work as a patient advocate in Vista Gran Villa Health Center’s “No One Dies Alone” program, providing comfort to those in their final days who are without family or friends.

Mr. Ingold, age 85, was recognized for a lifetime of volunteer leadership on a wide-range of community projects benefitting Michigan’s Eastern Upper Peninsula residents.

Each year OSA, the Commission on Services to the Aging, and Consumers Energy honor two outstanding older adults for their exemplary volunteer work in the areas of service and leadership.



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State Plan Goal #2 – Choice and Access

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

MICHIGAN AGING & DISABILITY RESOURCE COLLABORATION

The Michigan Aging & Disability Resource Collaboration (ADRC) program will streamline access to long-term supports and services in the state and provide information on all aspects of life related to aging or living with a disability. In fiscal year 2012, ADRCs expanded to 10 local collaborations covering 53 counties.

Work at the state level is centering on helping local partnerships build their capacity to become “fully-functioning” ADRCs by 2014. Significant progress has been made in the following areas:

- Program standards and definitions
- Resource databases and reporting
- Communications strategies, including the ADRC website
- Training on culture change and person-centered planning
- Quality indicators to measure benefits to program participants

When the program is fully-functioning statewide in 2014, the ADRC will be the best place for older adults, people with a disability, their families, friends, caregivers, and providers to get information about long-term supports and services.

CAREGIVER SUPPORT SERVICES

Family caregivers are a mainstay of home and community-based long-term supports and services, providing 80 percent of assistance to family members and loved ones.

Research has found that while caregivers are helping others with such tasks as bathing, banking, shopping, food preparation and medical care, they often neglect their own needs. Studies also show that when caregivers are supported in their roles, they are better able to provide care for longer periods of time, feel less stress, and derive more personal satisfaction from this work.

Programs are available through the aging network to help caregivers strike that essential balance between their own personal needs and the needs of those for whom they care for. Some programs, like adult day services and respite, also promote meaningful activities for the care receiver.

Caregiver Support Services	
6,407 caregivers were supported by 694,401 hours of service in adult day services, respite care, counseling services, and supplemental care	
Caregiver Profile	
70%	Female
47%	Younger than age 65
32%	Daughters or daughters-in-law
30%	Spouses
28%	Low-income
24%	Minority by race and/or ethnicity

Family Caregivers of Persons with Dementia – Creating Confident Caregivers™ is an evidence-based program providing support to families caring for a person with dementia who is living at home. The person-centered framework of the program, along with its ability to help caregivers manage their situation, has made this initiative extremely valuable to all levels of Michigan’s aging network.

Area agencies on aging and their community partners provided more than 300 six-week programs to 2,315 caregivers of persons with dementia.

- 2,134 participants (92 percent) attended 4 or more sessions
- 1,841 (80 percent) were female
- 871 (38 percent) were spouse caregivers
- 1,384 (60 percent) were age 60 and older
- 1,855 (80 percent) lived in rural areas
- 1,139 (49 percent) were adult children

The program benefited 2,315 persons with dementia.

- 1,227 (53 percent) were female
- 2,166 (93 percent) were age 60 and older

Under a federal grant, a new format of the Savvy Caregiver Program was developed and targeted specifically to veterans and their family members. Interestingly, it was found that veterans were less likely to attend the program designed for their needs, opting instead to attend the original evidence-based Savvy Caregiver Program.

Tailored Caregiver Assessment and Referral (TCARE®) – To help reduce caregivers’ burdens, which may lead to stress and depression, OSA continued its engagement in the TCARE® program. TCARE® an evidence-based program that assesses caregivers and links them to optimal service choices they may most consistently use.

Twelve new people completed the TCARE® Intensive Assessor program in fiscal year 2012, and many organizations throughout the state continue to use TCARE® to benefit caregivers who are identified as being at high risk.

COMMUNITIES FOR A LIFETIME

These local initiatives help people “age in place” at home or in the setting of their choice. Best practices are promoted in livable communities, naturally occurring communities, neighborhoods, and villages to help Michigan communities prepare for, attract, and retain older residents and their families.

Manistique and Traverse City were added to the growing list of Michigan communities receiving “Community for a Lifetime” recognition by the state.

COMMUNITY-BASED SERVICES

These services constitute the core of aging network programs, helping people remain in their homes and communities as they age. These services complement existing medical and health care systems, help to prevent hospital readmissions, provide transportation to doctor’s appointments, and support some of life’s most basic functions. These include providing assistance with bathing or food preparation, among other things.

In fiscal year 2012, 55,296 older adults received 508,461 hours/units of community services.

Service Type	Clients	Units
Assistance to the Hearing Impaired	610	3,259
Counseling	256	2,083
Crisis Service Energy Assistance	385	345
Disease Prevention/Health Promotion	8,795	48,809
Elder Abuse Prevention	11,171	8,374
Friendly Reassurance	216	30,656
Health Screening	1,048	1,106
Home Injury Control	935	3,231
Home Repair	32	65
Information & Assistance	NA	146,434
Legal Assistance	7,217	27,272
Medicare/Medicaid Assistance Program (MMAAP)	1,956	4,295
Medication Management	1,354	7,920
Nutrition Education	426	426
Outreach	NA	76,851
Personal Emergency Response	951	3,094
Senior Center Staffing	11,817	25,883
Transportation	4,511	110,424
Vision Services	1,834	2,485
Wellness Center Support	1,782	5,449
Total	55,296	508,461



HOUSING

As an information resource for older adults, caregivers, and others on housing-related issues, OSA continually stays abreast of state and national housing initiatives and best practices.

Information and assistance, technical assistance, and training were provided on home repair, home safety, universal design, senior villages, livable communities, foreclosure prevention, and locating senior housing options. OSA also served on a collaborative task force with the Michigan State Housing Development Authority to support the development of a more affordable model of assisted living projects with accessible services for older adults.

IN-HOME SERVICES

These services assist individuals who have functional, physical, or mental characteristics that limit their ability to care for themselves. Often informal supports, such as family or friends, are insufficient or unavailable to care for these individuals.

Targeting criteria for in-home services is based on social, functional, and economic characteristics.

In-home Services	
19,322 older adults received 678,072 units/hours of care including care management, case coordination and support, chore, homemaker, home health aide, personal care programs	
Participant Profile	
69%	Age 75 and older
71%	Female
55%	Lived alone
59%	Resided in rural areas
29%	Low-income
12%	Minority by race and/or ethnicity

State Plan Goal #3 – Elder Rights and Economic Security

Promote elder rights, quality of life, and economic security, and protect older adults from abuse, neglect, and exploitation

ELDER ABUSE, NEGLECT, AND EXPLOITATION

Elder abuse continues to impact older and vulnerable Michigan adults. OSA estimates that at least 90,000 older adults are victimized each year, with many unable or unwilling to report their abuse to authorities.

Preventing abuse, neglect and exploitation remains a primary goal of OSA. Significant progress was made this year on state policy and awareness of this issue:

- 11 new elder abuse laws passed in 2012, increasing Michigan's ability to combat abuse in all forms
- OSA participated in efforts to develop an elder abuse model investigative protocol
- OSA provided leadership for the Department of Justice Office on a Violence Against Women grant (Calhoun County), and provided expertise in similar grant projects secured by other communities in Michigan

LEGAL ASSISTANCE

This assistance is a priority service in the Older Americans Act, designed to ensure that older adults have access to needed services and the ability to address barriers to living in the least restrictive setting of their choosing.

Legal assistance includes advice and counsel, direct representation, and legal education services.

- The legal network provided more than 45,000 hours of service to 10,100 individuals
- More than 10,000 individuals participated in the legal network's 213 community presentations on topics such as understanding legal rights, advance planning, consumer issues, and housing
- 5,017 individuals were served through the Legal Hotline for Michigan Seniors, Michigan's free legal advice and referral program for older adults and their caregivers
- The Legal Hotline connected 1,574 individuals with the Michigan Benefits Enrollment and Outreach Center, and 506 individuals with the Pension Rights Project

MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP)

MMAP is Michigan's State Health Insurance and Assistance Program, offering free, confidential health benefits counseling and assistance to people with Medicare and Medicaid.

- More than 3,500 individuals were enrolled in the Medicare Part D low-income subsidy program for a total consumer savings of \$14 million
- Medicare Savings Program enrollments saved 4,000 individuals nearly \$6 million
- 51,550 individuals received direct MMAP counseling services
- MMAP team members provided 61,758 counseling hours
- 14,225 younger Medicare beneficiaries (under age 65) received services
- 71 new volunteers joined the MMAP team, bringing the total number of volunteers to 297

MMAP received national recognition for:

- The availability of in-person counseling locations throughout the state
- The program's high percentage of substantial, personal direct client counseling
- The ethnic diversity of its team members, which mirrors the diversity of Michigan's beneficiaries

September marked the end to the four-year Medicare Improvement for Patients and Providers Act (MIPPA) grants. Over this time, MMAP team members and partners enrolled 14,443 individuals in the Low Income Subsidy and Medicare Savings Programs. This resulted in savings of \$40 million in health care expenses. While MIPPA ended, MMAP will continue to assist beneficiaries with enrollment in these two valuable programs.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

This program provides part-time employment opportunities for low-income older persons age 55 and older who wish to retain, learn, or upgrade job skills.

Training assignments are made to non-profit community agencies, with the eventual goal of transitioning older workers to unsubsidized employment. Ten community-based organizations were funded to administer the program. These grantees had a 36.9 percent unsubsidized employment placement rate, exceeding the US Department of Labor's performance target for Michigan of 24.9 percent.

Senior Community Service Employment Profile of 491 Participants	
77%	Female
55%	Age 60 and older
42%	Provided community service to the older adult community
37%	Obtained unsubsidized employment

STATE LONG TERM CARE OMBUDSMAN

The State Long Term Care Ombudsman provides advocacy and information to individuals in need of long-term supports and services, particularly those living in nursing homes, homes for the aged, and adult foster care homes.

The ombudsman also provides training, oversight, and management of the local ombudsman programs statewide.

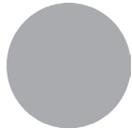
- Long-term care consultations were held with 2,755 individuals and 803 facility staff
- 252 community education sessions were held
- 95 percent of complaints were made against nursing facilities and 5 percent were made against adult foster care homes or homes for the aged
- 1,761 complaint cases involving 3,175 complaint issues were completed and closed

Top 5 complainants (of 1,761 complaints made):

- 619 (35 percent) self-reported by residents
- 475 (27 percent) initiated by ombudsman
- 391 (22 percent) reported by friends or relatives
- 99 (6 percent) anonymously reported
- 98 (5 percent) reported by facility staff

Top 10 complaint issues:

- Involuntary discharge/eviction from a facility (283 complaints)
- Failure to respond to requests for help (269)
- Lack of dignity/staff treatment of residents (245)
- Requests for less restrictive settings (191)
- Medication administration/mistakes (127)
- Inadequate care plans (98)
- Guardianship, conservatorship, powers of attorney, wills (98)
- Symptoms, including pain, not managed (78)
- Assistive devices (55)
- Decertification/closures (53)



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State Plan Goal #4 – Efficiency and Quality

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

AREA AGENCY ON AGING OVERSIGHT

OSA provided financial and program oversight of all 16 area agencies on aging in these ways:

- Area plans were thoroughly reviewed, and then submitted to the Commission on Services to the Aging for approval
- Formal performance assessments were conducted
- Financial, program and audit reports were reviewed
- On-site monitoring of area agency on aging governance was conducted
- Technical assistance was provided as needed

NEEDS ASSESSMENT

A needs assessment was conducted in fiscal year 2012, representing a year-long data collection effort between OSA, volunteers across the state, and more than 5,000 Michigan residents. This assessment – the first in more than 25 years – surveyed the needs of people age 60 and over, and those 60 and under with disabilities. Lesbian, gay, bisexual and transgendered residents over the age of 50, and those under 50 with disabilities were also surveyed.

This needs assessment will benefit the state by helping the aging network better understand and predict more accurately the services that will be required in the coming years. It will also be valuable in evaluating trends over time.

In the coming months, OSA will work alongside Michigan's aging and disability communities to examine the assessment findings, develop recommendations, and make adjustments to current policies and programs.

TECHNOLOGY

OSA developed its internet-based Aging Information System (AIS) to create secure information systems that support informed decision-making and effective service delivery. The AIS allows for comprehensive reporting on participants and services at the state, area agency on aging, and local levels.

A comprehensive profile of participants and services helps program planners ensure that services are participant-driven and provide maximum flexibility. This supports OSA's focus on keeping older adults and caregivers healthier longer, and maintaining a coordinated network of service options that support independence and allow individuals to receive services in the setting of their choice.

- In fiscal year 2012, the 17 AIS software applications and associated websites supported the data collection and reporting needs of more than 1,300 users at 280 agencies across Michigan.

Michigan Office of Services to the Aging 2012 Budget Appropriation

Line Item	Appropriation
OSA Administration	6,683,100
Community Services	35,314,400
Nutrition Services	36,687,000
Retired and Senior Volunteer Program	627,300
Foster Grandparent Program	2,233,600
Senior Companion Program	1,604,400
Employment Assistance	3,792,500
Respite Care	5,868,700
Appropriation Total	\$92,811,000
Total Federal Revenues	58,584,100
Title III – Older Americans Act	43,552,900
Title VII – Older Americans Act	709,400
Nutrition Services Incentive Program – DHHS	7,260,400
Title V – DoL	3,952,800
Title XIX – Medicaid	3,108,600
Total State Restricted Revenues:	5,868,700
Abandoned Property Funds (Respite)	1,400,000
Merit Award Funds	4,468,700
Miscellaneous Private Revenues	677,500
General Fund/General Purpose	27,680,700
Revenue Total	\$92,811,000

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