

**DRAFT**



# **STATE PLAN FOR SERVICES TO MICHIGAN'S OLDER ADULTS**

FISCAL YEARS 2008-2010

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**STATE OF MICHIGAN**

JENNIFER M. GRANHOLM, GOVERNOR

**COMMISSION ON SERVICES TO THE AGING**

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JULY 2007

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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 ON SERVICES TO MICHIGAN'S OLDER CITIZENS

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## Table of Contents

Verification of Intent .....	2
OSA Mission.....	5
State Plan Goals.....	6
Introduction.....	7
Personnel.....	8
Aging Network Diagram.....	10
Public Input.....	11
Proposed 2008 Appropriation.....	15
Profile of Michigan's Older Citizens.....	16
Allocation of Resources.....	19
American Indian Elders.....	20
Targeting Summary.....	21
Intrastate Funding Formula.....	24
Area Agencies on Aging.....	26
Area Plan Development, Implementation and Monitoring.....	27
Direct Service Waivers and Grievances.....	32
Fiscal Year 2008-2010 Goals, Objectives and Performance Measurements.....	33
State Plan Assurances.....	99
Appendix A: State Plan Public Hearing Summaries	
Appendix B: Area Agencies on Aging Allocation Worksheet	
Appendix C: Planning and Service Area Map	
Appendix D: FY 2008 Annual Implementation Plan Instructions	
FY 2008 Annual Implementation Plan Approval Criteria	

# VERIFICATION OF INTENT

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The State Plan for Services to Michigan’s Older Adults is hereby submitted on behalf of the State of Michigan for the three-year period beginning October 1, 2007 through September 30, 2010. The plan includes all assurances, provisions, information requirements, goals and strategies for accomplishing them, and intrastate funding formula requirements per AoA-PI-07-01.

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.

This State Plan for Services to Michigan’s Older Adults has been developed in accordance with all federal statutory and regulatory requirements. It 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

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

## VISION

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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

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- 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

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- 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

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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) 2008-2010 State Plan for Services to Michigan's Older Adults.

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

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Sharon L. Gire, Director  
Peggy J. Brey, Deputy Director

Bonnie Graham, Director, Quality Operations Division  
Cherie Mollison, Director, Program and Partnership Development Division  
Sarah Slocum, State Long Term Care Ombudsman  
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Cindy Albrecht  
Shirley Bentsen  
Eric Berke  
Steve Betterly  
Janis Bowlin  
Emma Buycks  
Priscilla Cheever  
Jane Church  
David Dekker  
Dan Doezema  
Cathy Dufresne  
Carol Dye  
Bradley Geller  
Pamela Hall  
Sherri King

Chris Korloch  
Dee Lamb  
Hema Malavia  
Lynne McCollum  
Laura McMurtry  
Wendi Middleton  
Patricia Moore  
Neelam Puri  
Terri Simon  
Carol Stangel  
Sally Steiner  
Lauren Swanson  
Julia Thomas  
Drew Walker  
Scott Wamsley

## COMMISSION ON SERVICES TO THE AGING

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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

Owen F. Bieber, Byron Center  
Cheryl J. Bollinger, Mason  
Mary P. Gardner, Ph.D., Lansing  
Rose Gill, Wilson  
Chun-Keung Leung, Bloomfield Hills  
Albert M. Lewis, Grand Rapids  
Donald Newport, Greenbush

Anthony P. Pawelski, Pinconning  
Thomas G. Rau, Brighton  
Amne M. Talab, Dearborn  
Ramesh Verma, Novi  
William Walters, IV, Brown City  
Janice A.B. Wilson, Fraser  
James C. Wright, Springfield

## STATE ADVISORY COUNCIL ON AGING

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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**

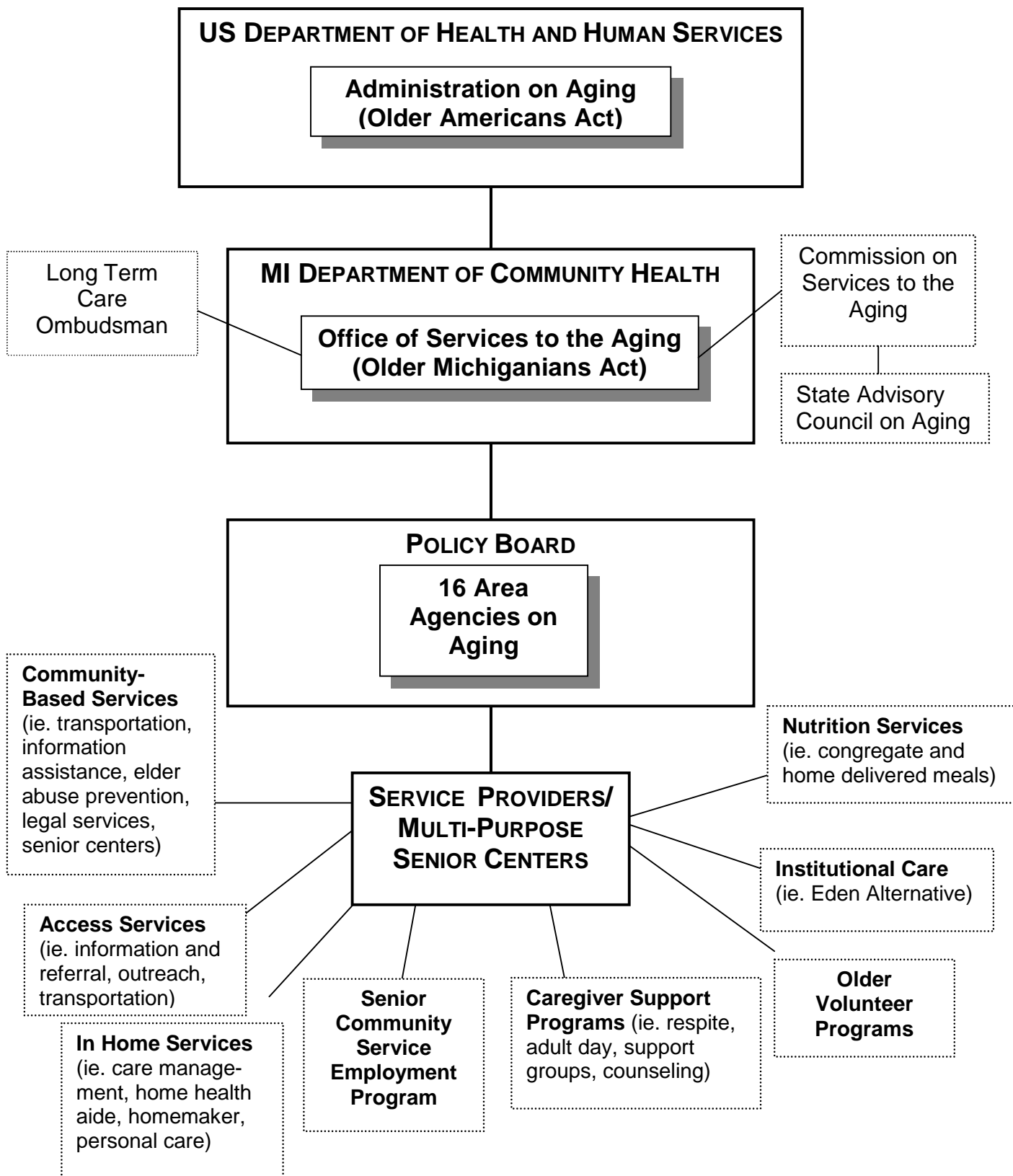
Gerald A. Betters, Powers  
Vincente Castellanos, Freeland  
Lawrence Chadzynski, Okemos  
Roxanne Chang, Plymouth  
June Clark, Detroit  
David Ellens, Holland  
Doree Ann Espiritu, M.D., Bloomfield Hills  
Barbara Farris, Lawton  
Hope Figgis, Traverse City  
Eleanore Flowers, Jones  
Linda Geml, Kalamazoo  
Lynn Grim, Farwell  
David Hill, Auburn  
Lois Hitchcock, Southfield  
Viola Johnson, Battle Creek  
Fred Leuck, Lapeer  
Diane Levande, Ph.D., E. Lansing  
Harold Mast, Kentwood

Pamela McKenna, Gwinn  
Charles Oritiz, Jackson  
Cynthia Paul, Lansing  
John Pedit, Redford  
Gene Pisha, Dearborn  
Tene-Sandra Ramsey, Detroit  
Gail Ringelberg, Grand Haven  
Richard Schmuckal, Suttons Bay  
Michael J. Sheehan, Cedar  
Clyde Sheltroun, West Branch  
Irene Smith, Dearborn  
Alice Snyder, Grayling  
Dean Sullivan, Quincy  
Louise Thomas, Kentwood  
Terry Vear, Hillsdale  
Tomasa Velasquez, Charlotte  
Catherine Wells, Ph.D., Detroit  
Roger Williams, Grand Rapids  
Ginny Wood-Bailey, Chelsea

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

# THE AGING NETWORK

## A FEDERAL, STATE, AND LOCAL PARTNERSHIP



## **PUBLIC INPUT**

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The CSA is strongly committed to listening, understanding and advocating for the needs of Michigan's older adults. Significant efforts were made during FY 2006 and FY 2007 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.

During FY 2006, the CSA held seven public hearings to solicit input for identification of State Plan priorities. The locations of the public hearings were Mt. Pleasant, Lansing, Dearborn, Detroit, Kalamazoo, Flint, and St. Ignace. A total of 318 people attended the public hearings with 110 providing testimony. In FY 2007, the CSA hosted two additional public hearings in Clinton Township and Lansing. A total of 28 people attended these hearings with 18 providing testimony. OSA accepted written testimony from six individuals and/or organizations. The opportunity to provide input was also available to the public via the OSA website, [www.michigan.gov/miseniors](http://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 nine public hearings conducted in 2006 and 2007 can be found in Appendix A. The public input received has been considered in the development of the proposed FY 2008-2010 State Plan.

### **INFORMATION**

The foremost overarching issue was the need for information to help people identify services available in their community; to learn more about options available to address their specific concerns; and to learn how to access programs to assist them. Accurate, updated information is one vehicle through which older adults, families and caregivers are empowered to make informed choices about the type and level of care needed. For long term care (LTC) services, many believed this issue would best be addressed through establishing "Single Points of Entry" (SPE) at the community level.

### **TRAINING AND EDUCATION**

The need for training and/or education of older consumers, medical professionals, and service providers surfaced at every venue. The need to educate caregivers, both paid and unpaid, was also a priority. Further, it was felt that educating consumers on preventing or managing chronic illness would go a long way toward keeping older adults healthy.

## **PARTNERSHIPS**

Partnerships between the public and private sectors must continue to be forged and strengthened, with regard to health care, employment of older workers, and forming livable communities that support an aging society.

## **DIVERSITY**

OSA shares a value voiced over and over again during the public hearing process – that of being sensitive to “difference” – difference as a result of race, ethnicity, culture, physical, and mental ability, sexual orientation, spiritual practice, etc. There are both opportunities and challenges in accounting for differences in shaping how programs are designed, planned for, delivered, and received in our communities.

## **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. Participants stressed that improved access to LTC services is only good if there are services available to offer those in greatest need. At the same time, services must be delivered in the most cost-effective manner possible to stretch the existing limited resources.

## **SELF-DETERMINATION**

There was general consensus that any public policy for older adults be driven by an individual’s need, particularly in the delivery of LTC services. A “money follows the person” approach and options to direct one’s own services are in keeping with this philosophy. Systems, and those working within them, must be flexible to accommodate a person’s preferences, needs, circumstances, background, and other resources available to them when providing needed help.

## **TRANSPORTATION**

Transportation is essential to living independently in the community and 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. There is also great concern with recent reductions in specialized transportation programs through the Michigan Department of Transportation (MDOT).

## **PREVENTION AND WELLNESS**

Disease prevention and health promotion are keys to successful aging. Information needs to be available about good health, nutrition and exercise. Older adults need to know that they can make changes now that will improve the way they feel and ensure quality of life. In addition, replication of evidence-based disease prevention programs should be a priority with a focus on the use of multi-purpose senior centers as a vehicle for expansion.

## **CAREGIVER SUPPORT**

Increased support for caregivers is a critical component of ensuring that older adults have a choice in where they live. Caregivers must have access to accurate information when they need it and support groups are essential for the sharing of information, as well as respite and companionship. Legal assistance was also identified as an important caregiver service especially for kinship caregivers. 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. Services that address the special needs of grandparents and other older relatives raising dependent children must be an important part of any caregiver strategy.

## **LONG TERM CARE NURSING FACILITIES**

Residents of LTC nursing facilities must be protected through advocacy-based monitoring and the allocation of sufficient resources to allow consistent monitoring. Facilities that provide poor quality care must be improved through incentives and other culture change efforts. Adequate notice, time and preparation must be given when LTC facilities are closed to ensure the well-being of residents.

## **OLDER ADULT VOLUNTEER PROGRAMS**

Volunteer programs are important for older adults to contribute back to their communities, stay active, and be happy. The stipend provided through the Foster Grandparent and Senior Companion Programs is critical to low-income volunteers who rely on it for food, prescriptions and utilities. At the same time, many older adults would not be able to serve without assistance with transportation. The expansion of older volunteer programs is a cost-effective way to increase services to older adults and children with special needs.

## **ELDER ABUSE**

Elder abuse, neglect and financial exploitation remain a major concern in Michigan and efforts must continue to raise awareness statewide. The state system designed to protect vulnerable older adults is strained as the number of adult protective service cases grows and staff resources continue to decrease. Prosecution of those who financially exploit older adults is also important.

## **HOUSING**

Older adults cannot have a real choice in where they live without an adequate supply and variety of housing options. While research suggests that older adults prefer to remain in their own homes, physical impairments and a lack of financial resources often present barriers to this preference. Resources are needed for home repair and modification services, as well as, more affordable assisted living options and barrier-free housing. Equally important are compliance efforts regarding housing regulations, assisted living, manufactured homes, and home repair providers.

## PROPOSED 2008 OSA APPROPRIATIONS

Appropriated Line-Items Title	Proposed Budget Appropriation
Commission (Per Diem)	10,500
OSA Administration	5,347,500
Community Services	35,204,200
Nutrition Services	37,708,500
Retired and Senior Volunteer Program	790,200
Foster Grandparent Program	2,813,500
Senior Companion Program	2,021,200
Employment Assistance	2,818,300
Respite Care	6,800,000
Gross Appropriation	\$93,513,900
Total Federal Revenues:	52,830,000
Title III	39,058,300
Title IV	687,800
Nutrition Services Incentive Program (NSIP)	6,901,000
U.S. Dept. of Agriculture	500,000
Title V	2,965,700
Title XIX	1,467,200
MMAP, Inc.	1,250,000
Total State Revenues:	40,683,900
Abandoned Property Funds (State Respite)	1,800,000
Miscellaneous Private Revenues	105,000
Merit Award Trust Fund	5,000,000
General Fund/General Purpose	33,778,900
Gross Revenues	\$93,513,900

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.

# **PROFILE OF MICHIGAN'S OLDER ADULTS**

Source: 2000 Census (most recent statistics available)

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## **POPULATION GROWTH**

The population of individuals aged 60 and over consists of 1,596,162 people, or 16.1% of the total state population. The number of individuals within this age group has grown by 6% between 1990 and 2000. There are 142,460 persons aged 85 and older. This age bracket has grown by 33% in the past ten years, and as of 2000 represents nearly 9% of individuals over the age of 60.

In the year 2025, there will be an estimated 1.8 million older adults in Michigan aged 60 and older. The elderly population will exceed 18% of the total population, equaling nearly one in five persons. The 65 and over population is expected to grow by nearly 71% between 2000 and 2030.

## **GEOGRAPHIC DIFFERENCES**

All but ten of the 83 counties in Michigan had a minimum increase of 20% in the 85 years of age and older segment of the population between 1990 and 2000. Counties such as Roscommon, in the northern Lower Peninsula, and Keweenaw and Ontonagon in the Upper Peninsula, had between an 82% and 94% increase in individuals aged 85 and over in this ten year period. Leelanau, Benzie, and Otsego Counties in the northern Lower Peninsula experienced significant growth in the 60 and over population, with increases of 42%, 32% and 29% respectively, between 1990 and 2000. Similarly, a 39% increase in the aged 60 and over is found in Livingston County. Livingston County, however, has the lowest percentage of people aged 85 and over at .8%. Washtenaw County, also in southeast Michigan, is home to the state's smallest population of individuals aged 60 and over at 11%. Region 1-A serving the City of Detroit, the Grosse Pointes, Hamtramck, Harper Woods and Highland Park experienced the most significant decline in the aged 60 and over population by 22.8%; the aged 85 and older population also declined by 9.7%.

## **RURILITY**

A total of 427,733 of Michigan's 60 and over population reside in a rural area according to the 2000 U.S. Census. This equates to 27% of the 60 and over population in the state.

## **GENDER**

The majority of Michigan's population aged 60 and older is female. The 2000 U.S. Census reflects 914,235 or 57.3% females and 681,927 or 42.7% males, equating to 75 males for every 100 females aged 60 and older.

## **MINORITY GROUPS**

Over 12% of the state's population aged 60 and over identified as a minority in the 2000 Census. African Americans represent the largest minority group at 10% of the state's population aged 60 and over. The second largest minority population is comprised of Asians, which represents .8% of the 60 and over population. American Indians and Alaska Natives comprise .3% of the state's older population, while .8% identified as being two or more races. Nearly 1.2% of Michigan's older population identified themselves as Hispanic or Latino. Region 1-A AAA in southeast Michigan has the largest percentage, or 72% of people over age 60, who identify as a minority. Counties in the Upper Peninsula and northern Lower Peninsula generally have low percentages of minority older adults aged 60 and over.

## **POVERTY STATUS**

The 2000 Census suggests that nearly 8% of individuals aged 65 and over in Michigan fall within poverty status; 9% of those aged 75 and over fall within this range. Older adults aged 65 and over living in poverty are concentrated in southeast Michigan (16.8%) where the majority of older adults reside, as well as in the rural Upper Peninsula (10%) that has a small percentage of the state's aging population. This should not diminish the high percentage of poverty found in other counties throughout the state; more than 10% of individuals aged 75 and over in 34 of Michigan's 83 counties have income below the federal poverty level. Women aged 65 and older are more than twice as likely to live in poverty as their male counterparts.

## **DISABILITY STATUS**

Approximately 42% of the state's population aged 65 and over reported having a disability in the 2000 U.S. Census. A slightly higher percentage of women reported a disability (43%) as compared to males (40%). Nearly 29% reported a physical disability (e.g., walking, climbing stairs, lifting), 20% reported a "go-outside-of-home" disability (e.g., going outside the home to shop or visit a doctor's office, etc.), and 14% reported a sensory disability (blindness, deafness, or hearing or vision impairment). Other disabilities include mental disabilities (10%) and self care disabilities (9%). Nearly one-quarter of those aged 65 and over reported having two or more disabilities.

## **EDUCATION**

Two-thirds of Michigan adults aged 65 and over were high school graduates in 2000. This percentage was nearly identical for males and females. A smaller percentage (15%) of those aged 65 and over reported having a bachelor's degree or higher. Nearly 21% of males have a bachelor's degree or higher compared to 11% of females.

## **EMPLOYMENT**

Nearly 18% of adults aged 60 and over are employed. A greater percentage of males in this age group are employed (23%) compared to females (13%). The percentage of employed older adults drops from a high of 40% for those aged 60-64 to 16% for those 65-74. Approximately 5% of Michigan adults aged 75 and over are employed.

## **VETERAN STATUS**

Approximately one-quarter (24%) of Michigan's 1 million veterans were aged 65 and over.

## **HOUSEHOLDS**

Sixty-three percent of individuals aged 65 and over live in family households. The next largest, yet notably smaller (29%), category is individuals aged 65 and over who live alone. Some 3.8% or 46,025 of individuals above the age of 65 live in nursing homes, a figure lower than the national average of 4.2%.

## **CAREGIVING**

National statistics suggest nearly one out of every four households is involved in providing care to a person aged 50 and older. If true, there are approximately 946,415 households in Michigan providing 1,027 million hours of unpaid care annually to ill and disabled adults with an approximate economic value of over \$9 billion per year. A total of 70,044 grandparents live in households where they are responsible for the care of their grandchildren.

# ALLOCATION OF RESOURCES

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## **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.

## AMERICAN INDIAN ELDERS

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OSA is committed to ensuring that all aging programs and benefits provided by the State of Michigan are available to American Indian Elders. During FY 2004, OSA, in cooperation with the Inter-Tribal Council of Michigan, conducted a structured discussion process with representatives from the 12 federally-recognized American Indian Tribes and off-reservation organizations for the purpose of identifying and prioritizing issues affecting the delivery of services to American Indian Elders in Michigan.

As a result, the Aging Network and the American Indian Forum was established in FY 2005 to provide a platform for building relationships between individuals and organizations that represent American Indians and the aging network to enhance, promote and strengthen services to American Indian Elders. The functions of the forum include:

- Identify needs of American Indian Elders in the State of Michigan
- Recognize the unique American Indian culture and provide services in a sensitive and respectful environment
- Serve as a resource for the OSA Network
- Provide a platform for exchange of information
- Improve communication between state agencies and tribes, organizations and individuals
- Contribute as a resource for policy-making decisions that may impact American Indian Elders
- Provide strategies to reduce culture barriers with access to services

The Forum meets three times a year to discuss barriers and strategies for improving communication and cooperation among traditional aging network service providers, the AAAs, American Indian Tribes and off-reservation agencies and organizations. Priority issues identified to be addressed include: education, relationships and trust, cultural competence, outreach and access to services, funding and services (transportation and grandparents raising grandchildren).

In addition to the Forum, site visits have been conducted to several American Indian Tribes and off-reservation organizations. An e-mail group list also has been established at OSA to inform tribal and off-reservation American Indian representatives of information pertaining to funding opportunities, training events, job postings and network advocacy issues. In addition, a representative of the American Indian community also participated in the development of the OSA Cultural Competence Strategic Plan, and the needs of elders will be addressed in the deployment of that plan.

## 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.

<b>Chart 1 Older Adults Served in Greatest Social and Economic Need</b>				
	<b>Michigan Population</b>	<b>% of Michigan 60+ Population</b>	<b>60+ Total Served in 2005</b>	<b>% of Total NAPIS Service Population<sup>1</sup></b>
Total Population 60+	1,596,162	100%	144,841	100%
Non-minority	1,400,703	88%	108,216	86%
African American	160,741	10%	14,621	12%
Hispanic	18,653	1.2%	1,618	1.3%
Asian/Pacific Islander	12,298	0.8%	1,025	0.8%
American Indian/Alaskan	4,658	0.3%	703	0.6%
Low-income (Age 65+)	96,116	8%	29,350	29%
Rural	427,733	27%	64,319	46%

<sup>1</sup> Source: National Aging Profile Information System (NAPIS). Includes clients in registered OAA Title III-reportable services in 2006. OSA served an additional 266,356 in non-registered services in 2006. These totals are not included in the table above due to client duplication in the aggregate reporting of non-registered services. Service-level percentages in the table above are based on counts of clients with known race/ethnicity status, poverty status, and rural status.

## RURAL SERVICES

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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 2006 federal and state service expenditures, the cost of providing services, including access to those services for older adults, is reflected in the Chart 2 on page 21. 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 2006 Federal and State Final Expenditures by Cost for Rural Clients**

<b>Service Category<sup>2</sup></b>	<b>Total Federal and State Expenditures</b>	<b>Total Federal and State Expenditures for Rural Clients</b>
Home Delivered Meals	\$24,071,229	\$8,486,059
Respite Care (all types)	\$10,549,174	\$4,607,635
Congregate Meals	\$10,111,792	\$5,382,156
Care Management	\$7,293,483	\$3,844,567
Homemaker	\$4,105,548	\$2,822,728
Personal Care	\$3,582,915	\$1,817,802
Case Coordination & Support	\$1,231,228	\$609,716
Caregiver Counseling (all types)	\$1,065,783	\$400,632
Outreach	\$1,062,847	\$2,562
Information & Referral	\$796,711	\$17,072
Legal Assistance	\$663,033	\$52,791
Senior Center Staffing	\$635,323	\$126,512
Chore Service	\$489,194	\$170,189
Transportation	\$485,396	\$125,732
Disease Prevention/Health Promotion	\$234,365	\$21,933
Medication Management	\$209,001	\$136,943
Other Services (Non-Caregiver)	\$206,897	\$22,976
Caregiver Supplemental (all types)	\$178,477	\$155,387
Elder Abuse Prevention	\$163,565	\$5,198
Assisted Transportation	\$139,708	\$122,608
Health Screening	\$135,184	\$84,447
Counseling (Non-Caregiver)	\$123,073	\$8,694
Home Injury Control	\$122,182	\$0
Vision Services	\$93,269	\$0
Asst to Hearing Impaired	\$67,666	\$0
Per Emergency Response	\$63,254	\$63,254
Home Repair	\$41,693	\$1,974
Home Health Aide	\$19,404	\$19,404
Friendly Reassurance	\$13,591	\$11,398
<b>Totals</b>	<b>\$67,954,985</b>	<b>\$29,120,370</b>

<sup>2</sup>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	=	# 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
Percentage for 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	x 7.5% of Service Category Funds (square miles)
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**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%
02	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%
04	52,334	10,510	2,622	3.34%	1,683	2.96%
05	90,643	14,120	5,782	5.64%	1,836	3.23%
06	59,807	8,088	2,174	3.58%	1,711	3.01%
07	128,011	23,665	3,315	7.91%	6,605	11.62%
08	140,233	23,965	3,745	8.57%	6,008	10.57%
09	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

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- 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, 517.467.2204, 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

## AREA PLAN DEVELOPMENT, IMPLEMENTATION AND MONITORING

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The Older Americans Act (OAA), Section 304(1)(E) and Section 304(2)(A) directs that in order to participate in grants for programs under the Act, states must establish Planning and Service Areas (PSA) and designate an area agency on aging (AAA) for each respective PSA. Federal regulations governing grants for state and community programs on aging further require the State Unit on Aging (SUA) to develop policies governing all aspects of programs operated under the OAA. These policies must address the manner in which the SUA will monitor the performance of all programs and activities for quality and effectiveness. These policies must be developed in consultation with appropriate partners of the aging network.

In Michigan, 16 PSAs have been established according to criteria established and approved by the Commission on Services to the Aging (CSA). An AAA has also been established to plan, coordinate and monitor services to older adults in the PSA according to federal and state provisions of the OAA and Older Michigianians Act (OMA).

OSA (Michigan's SUA) establishes the format and instructions to be used by AAAs in the development of area plans. Multi-year plans (MYP) are developed for a 3-year period, with annual implementation plan (AIP) updates developed for each fiscal year covered by the plan. The format and instructions require a statement of need for the PSA based on research, demographics and input from older adults, service providers and local units of government. In addition, each AAA must determine the extent to which public and private programs and resources, including volunteers and programs/services of voluntary organizations have the capacity to meet the stated needs. Each area plan is also required to have a service delivery plan that responds to the statement of need and contains priorities, strategies for service provision and expected benefits to older adults in need. The area plan grant budget demonstrates how resources will be utilized to implement the plan. Other plan components are designed to address program requirements from the OAA, the OMA, and other pertinent policies. Each plan must be presented for public review and comment before submission to OSA. Area plans submitted to OSA are reviewed against approval criteria adopted by the CSA. A copy of the FY 2008 AIP instructions and approval criteria is attached as Appendix D of the State Plan. Per AoA-PI-07-01 (State Plan Instructions), the FY 2008 AIP submitted by AAA 1-B and the Valley AAA (Region V) have been attached as examples in Appendix E.

The OAA requires that the SUA establish certain provisions to ensure that priority services are available statewide. As such, OSA has established minimum requirements to provide in-home, access, and legal services statewide with the Operating Standards for Area Agencies on Aging, C-9 Fiscal Management.

## IN-HOME SERVICES

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Operating Standard for Area Agencies on Aging, C-9 Fiscal Management, requires that a minimum of 10% of Title III-B funds allocated to a PSA must support the provision of in-home services for older adults. OSA Operating Standards for Service Programs define the following services as in-home and establish minimum standards for provision:

Chore – Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence.

Home Care Assistance – Provision of in-home assistance with activities of daily living and routine household tasks to maintain an adequate living environment for older adults with functional limitations. Home care assistance does not include skilled nursing services.

Home Injury Control – Providing adaptations to the home environment of an older adult in order to prevent or minimize the occurrence of injuries. Home injury control does not include any structural or restorative home repair, chore or homemaker activities.

Homemaking – Performance of routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Homemaking does not include the provision of chore or personal care tasks.

Home Delivered Meals – The provision of nutritious meals to homebound older adults.

Home Health Aide – Performance of health-oriented services prescribed for an individual by a physician which may include: assistance with activities of daily living, assisting with a prescribed exercise regimen, supervising the individual's adherence to prescribed medication and/or special diets, changing non-sterile dressing, taking blood pressure, and other health monitoring activities.

Medication Management – Direct assistance to care management clients in managing the use of both prescription and over-the-counter medication.

Personal Care – Provision of in-home assistance with activities of daily living for an individual, including assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation.

Personal Emergency Response System – A service system utilizing electronic devices designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a communication connection system.

**Respite Care** – Provision of companionship, supervision and/or assistance with activities of daily living for persons with mental or physical disabilities and frail older adults in the absence of the primary caregiver(s). Respite care may be provided at locations other than the client's residence.

**Friendly Reassurance** – Making regular contact, through either telephone or in-home visits, with homebound older adults to assure their well-being and safety, and to provide companionship and social interaction.

Regional-specific in-home service definitions may be included if submitted in writing and approved by OSA and the CSA as part of the AIP process for definitions that deviates from OSA Service Standards.

## ACCESS SERVICES

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Operating Standard for Area Agencies on Aging, C-9, Fiscal Management, requires that a minimum of 10% of Title III-B funds allocated to a PSA must support the provision of access services for older adults. State funds allocated also support access services for older adults in addition to the 10% Title III-B requirement. Access services are defined as:

Information and Assistance – Information and referral programs that assist older adults in finding and working with appropriate human service providers to meet their needs.

Outreach – Agency and programmatic efforts to identify and contact isolated older adults and/or older adults in the greatest social and economic need who may have service needs, as well as, assist them in gaining access to appropriate services.

Care Management/Case Coordination and Support – The provision of a comprehensive assessment of persons aged 60 and over who are in need of a nursing facility level of care due to the presence of functional limitations with a complementing role of brokering existing community services and enhancing informal support systems.

Disaster Advocacy and Outreach Program – Activities undertaken to assist older adults after the President or Governor declares an event either as a “disaster” or a “state of emergency.”

Transportation – A centrally organized service for transportation of older adults to and from community facilities in order to receive support services, reduce isolation, and otherwise promote independent living.

OSA has determined that access services, including, outreach, information & assistance, and case management/case coordination and support services are directly related to AAA functions and may be provided directly by AAAs in Michigan. Regarding case management services, the following agencies are already providing case management services under the State program, and OSA specifies that such agencies be allowed to continue to provide case management services.

Detroit Area Agency on Aging  
The Senior Alliance, Inc.  
Region 3-A Area Agency on Aging  
Branch/St. Joseph Area Agency on Aging  
Valley Area Agency on Aging  
Region VII Area Agency on Aging  
Area Agency on Aging of Northwest MI  
UP Area Agency on Aging  
Senior Resources

Area Agency on Aging 1-B  
Region 2 Area Agency on Aging  
Region 3-B Area Agency on Aging  
Region IV Area Agency on Aging  
Tri-County Office on Aging  
Area Agency on Aging of Western MI  
Northeast Michigan Community Service  
Agency

## LEGAL SERVICES

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Operating Standard for Area Agencies on Aging, C-9, Fiscal Management, requires that a minimum of 5% of Title III-B funds allocated to a PSA must support the provision of legal assistance services for older adults. Legal assistance is defined as the provision of legal advice and representation by an attorney (including counseling and other appropriate assistance by a paralegal or law student under the provision of an attorney), and counseling or representation by a non-lawyer where permitted by law. 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.

# **DIRECT SERVICE WAIVER AND GRIEVANCE PROCEDURES**

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## **Direct Service Waivers**

Although OSA acknowledges the inherent role of the AAAs to provide access services throughout the PSA, it is anticipated that implementation of the area plan will be primarily accomplished through contracts with a network of service provider agencies. AAAs are only permitted to directly provide in-home and community-based services when OSA determines it is necessary to assure an adequate supply of such services, where such services are directly related to an AAA function, or where services can be provided more economically. An AAA must meet established criteria and request a waiver to directly provide service as a component of the MYP. The plan must contain adequate justification for the request, including a written narrative and specific budget details. The CSA must approve each situation of direct provision of service.

## **Grievances**

OSA affords an opportunity for a public hearing upon request, in accordance with published procedures, to an AAA submitting a plan under this Title, to any provider of (or applicant to provide) services; issues guidelines applicable to grievance procedures required by Section 306(a)(10); and affords an opportunity for a public hearing, upon request, by a AAA, a provider of (or applicant to provide) services, or by any recipient of services under this Title regarding any waiver request, including those under Section 316.

OSA will grant a hearing to an AAA when the area plan/amendment is disapproved or when the AAA designation is withdrawn, and to any applicant who has been denied designation as a PSA. OSA will grant a hearing to any service provider whose application is denied or whose sub-grant or contract is terminated or not renewed. AAAs also require all contractors to have a grievance procedure in place to address complaints from individual recipients of services under the contract. A process is also in place to address waiver requests under Section 316 to promote innovation in service delivery. An AAA may submit, in writing, a regional-specific service definition that deviates from OSA Service Standards.

Monitoring of area plan implementation is accomplished through review and evaluation of NAPIS data, conduct of one formal program outcome assessment and one formal compliance assessment by OSA field staff each fiscal year, and regular on-site monitoring of AAA governing board.

# **FY 2008-2010 GOALS, OBJECTIVES, AND PERFORMANCE MEASUREMENTS**

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## **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 the transportation or community services needed to go out of the home to shop. In addition, older adults with limitations, can prohibit the preparation of healthy meals. This can contribute to chronic conditions negatively due to diets that are high in fat, sodium, etc. Research suggests that older adults with strong social networks contribute to 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<sup>3</sup>. 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.

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<sup>3</sup> 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 19 counties in 2005. Expansion was due to the collaborative efforts of OSA and the Michigan State University Extension which raised local funds for the project. There were 1260 households served in 2004. In 2005, approximately 4000 older adult households were provided with coupons, representing a 300% increase.

For FY 2008-2010, 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 and to expand Senior Project FRESH.

<b>GOAL I-A. OBJECTIVE: NUTRITION SERVICES LOGIC MODEL</b>				
<b>Nutrition Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Ensure food safety and nutritional standards.	Develop/monitor food handling standards.	Food safety standards	No outbreaks of food-borne illness at meal sites.	AAA Compliance Assessment
	Develop/monitor nutritional standards.	Food nutritional standards	All meals meet or exceed nutritional guidelines.	AAA Compliance Assessment
Provide food that meets consumers nutritional needs and preferences.	Determine characteristics of primary audience. ➤ Determine/monitor nutrition status ➤ Determine diverse needs ➤ Determine preferences	Profile of congregate meal consumers	Scores on older adult nutritional assessment improve.  Older adults are aware of the linkage between good nutrition and health status.	Needs assessment
	Review meal plans. ➤ Develop culturally appropriate meal plans ➤ Develop medically appropriate meal plans	Culturally and medically appropriate meal plans based on consumer profiles	Consumers are satisfied with meal plans.  Consumers have needs met for medically appropriate meals.  Consumers have preferences met for culturally appropriate meals.	Consumer survey
	Implement new meal plans ➤ Monitor meal site attendance	Number of meals served  Number of unduplicated consumers	Attendance at meal site increases from baseline.  Number of meals served increases from baseline.	Consumer survey  Consumers report liking new meal plans.
Develop strategic plan for expansion of Senior Project FRESH (SPF).	Determine appropriate counties for expansion of SPF based on: ➤ Average income ➤ Older adult population ➤ Urban/rural distribution ➤ Racial/ethnic diversity	List of counties served by SPF  List of targeted counties for expansion	Increase in number of counties where SPF is available.  Consumers are satisfied with program and plan to use in the future.	Consumer survey

<b>GOAL I-A. OBJECTIVE: NUTRITION SERVICES LOGIC MODEL</b>				
<b>Nutrition Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	Target counties with best characteristics for success.  Develop marketing plan for SPF.  Determine current awareness of SPF in counties.  Determine best way to market programs.  Evaluate how older adults use the market coupons.	Number of coupons used by county  Unduplicated number of users (if monitored)		

## **OBJECTIVE I-B. HEALTH PROMOTION**

While Michigan ranks 27<sup>th</sup> overall in health rankings<sup>4</sup>, 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 9<sup>th</sup> highest rate of diabetes in those aged 65-74 and the 2nd highest rate of diabetes for those aged 75 and over.<sup>5</sup> Not surprising given the state's diabetic incidence, Michigan also ranks 6<sup>th</sup> in terms of obesity.

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

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 Michigianians 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.

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<sup>4</sup> United Health Foundation – 2006 [www.unitedhealthfoundation.org/ahr2006/findings.html](http://www.unitedhealthfoundation.org/ahr2006/findings.html)

<sup>5</sup> Kaiser Family Foundation – 2002 [www.statehealthfacts.org](http://www.statehealthfacts.org)

**GOAL 1-B. OBJECTIVE: HEALTH PROMOTION LOGIC MODEL**

<b>Health Promotion</b>				
<b>Objective</b>	<b>Activity</b>	<b>Process Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Strategic planning for building system capacity	<p>Create a statewide physical activity and wellness committee to oversee health and wellness events.</p> <p>Promote the development of an infrastructure to support offering the Stanford Chronic Disease Self-Management Program throughout the state (PATH).</p> <p>Conduct a needs assessment of health and wellness information needs (optional).</p>	<p>Health and Wellness Committee is formed.</p> <p>Needs assessment questions are determined.</p>	<p>Physical activity and wellness committee establishes shared priorities.</p> <p>Needs assessment of health and wellness information is conducted and information is used to refine strategic plan.</p>	Strategic Plan priorities
Outreach	<p>Be an active member on statewide chronic disease coalitions.</p> <p>Coordinate and promote activities to encourage older Michigianians to make appropriate choices related to:</p> <ul style="list-style-type: none"> <li>➤ Nutrition</li> <li>➤ Physical exercise</li> <li>➤ Smoking</li> <li>➤ Fall prevention</li> </ul>	<p>Description of activities and coalitions responsible for promotions</p> <p>Mapping of initiatives and target audiences</p>	Health and wellness activities are available to all older adults.	Listing of wellness activities by region
Education	Develop a health and wellness information dissemination strategy	Number of evidence-based health education programs offered	Increase the number of evidence-based health programs from baseline.	Listing of health programs

**GOAL 1-B. OBJECTIVE: HEALTH PROMOTION LOGIC MODEL**

<b>Health Promotion</b>				
<b>Objective</b>	<b>Activity</b>	<b>Process Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	<p>Develop technical assistance plan for selected health and wellness training.</p> <ul style="list-style-type: none"> <li>➤ Enhanced fitness</li> <li>➤ Stanford Chronic Disease Self-Management</li> <li>➤ A Matter of Balance</li> </ul> <p>Support the development of health and wellness training plans in AAA.</p> <p>Implement strategies for dissemination of health and wellness information via the web, aging network, and mailings.</p>	<p>Number of adults participating in evidence-based health programs</p> <p>Number of sites offering evidence-based health education programs</p> <p>Number of AAAs having a training plan for evidence-based health education programming</p>	<p>Increase number of participants from baseline.</p> <p>Increase number of sites offering evidence-based programming.</p> <p>Increase in number of AAAs developing a training plan.</p> <p>Increase in number of opportunities for education:</p> <ul style="list-style-type: none"> <li>➤ Number of web hits</li> <li>➤ Number of mailings</li> <li>➤ Number of presentations</li> </ul>	<p>Number of participants by program</p>

## **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 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**

<b>Mental Health and Dementia Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Build system capacity to plan for the mental health needs of older adults.	<p>Participate on the MDCH Advisory Council on Mental Health.</p> <p>Participate on the MDCH Mental Health Recovery Council.</p> <p>Collaborate with groups representing mental health issues planning conferences.</p>	<p>Identify major mental health issues that impact older adults.</p> <p>Identify priority mental health areas to be addressed by partners.</p> <p>Identify activities to effect positive change in priority areas.</p>	<p>MDCH Advisory Council on Mental Health members are more aware of mental health issues impacting older adults.</p> <p>Plans are developed to address the issue.</p>	Stakeholder survey
Build system capacity to fund mental health education, outreach and advocacy.	<p>Collaborate with stakeholders and partners around writing proposals for mental health as grants become available.</p> <p>Collaborate with stakeholders and partners to include mental health activities in health and wellness, care management and caregiver programs.</p> <p>Advocate with foundations to prioritize and fund mental health initiatives with older adults.</p>	Grant applications	Increased funding for mental health related services is achieved.	Grant funds acquired
Provide mental health education.	Promote and educate AAA care management staff regarding "Healthy IDEAS".	<p>Number of people trained</p> <p>Number of AAAs represented</p>	AAAs use "Healthy IDEAS" in care management assessment process.	Care management quarterly reports
Provide mental health informational outreach.	Development of mental health page for michigan.gov/miseniors	Number of hits on web page	Adults can access information related to the mental health needs and resources related to older	Consumer feedback

**GOAL 1-C. OBJECTIVE: MENTAL HEALTH AND DEMENTIA SERVICES LOGIC MODEL**

<b>Mental Health and Dementia Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Provide mental health advocacy.	Promote mental health across the state.	Number and type of events where OSA staff are represented	OSA is a recognized partner and leader in information related to mental health and older adults.	Number of events where OSA is cited as co-lead organizer at the events.
<p>Increase the aging network's capacity to serve people with dementia and their caregivers across the service spectrum.</p> <p>Promote greater participation in dementia activities by aging network, e.g., the Dementia Coalition, dementia education and the Physician Dementia Education, Academic Detailing Project.</p>	<p>Work in partnership with Michigan Public Health Institute (MPHI), Michigan Department of Corrections, MDCH to increase dementia capacity.</p> <p>Represent OSA at state level program/policy venues, e.g., Alzheimer's Disease Demonstration Grants to States (ADDGS), Michigan Dementia Coalition, caregiver group, etc.</p> <p>Share information, materials, resources and funding opportunities in dementia care with the AAA directors/staff.</p> <p>Update the adult day care program list annually for the Michigan Dementia Coalition and others.</p>	<p>Meeting notes</p> <p>Collaborative plans and activities addressing dementia</p>	<p>AAAs to address dementia in area plans and program requirements.</p> <p>AAAs to develop and adopt shared approaches and best practices.</p> <p>Representatives from AAAs participate in local and statewide dementia coalitions and workgroups.</p>	<p>AAA plans</p> <p>Best practices</p> <p>Workgroup and coalition membership</p>
Build system capacity to fund dementia programming, education, outreach and advocacy.	<p>Provide regular information on grants to aging network.</p> <p>Scan the environment for</p>	<p>Aging services apply for funding for dementia related activities.</p>	<p>OSA and aging network partners will successfully acquire grant funds for priority activities.</p>	<p>Grant funds</p>

**GOAL 1-C. OBJECTIVE: MENTAL HEALTH AND DEMENTIA SERVICES LOGIC MODEL**

<b>Mental Health and Dementia Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	dementia grant opportunities which could be developed collaboratively with stakeholders.			
Provide dementia education and outreach	<p>Follow-up with AAA planners on dementia, Alzheimer's Association, other organizations to develop outreach and education plans.</p> <p>Obtain the commitment and participation of relevant AAAs for detailing visits to physician groups for the next two years.</p>	Planning notes	<p>The majority of AAAs will participate in academic training.</p> <p>Participation in physician education initiative will increase and most physicians will have access to training.</p>	<p>Training logs</p> <p>Post training evaluations</p>

## **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**

<b>Older Volunteer Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Build volunteer system capacity to use volunteers.	<p>Provide training resources.</p> <p>Provide data management system.</p> <p>Provide program oversight.</p>	<p>More volunteers are recruited into the program.</p> <p>More opportunities are developed for community volunteers.</p> <p>Volunteers assist the community in meaningful service.</p>	<p>The data system successfully tracks volunteers.</p> <p>Volunteers feel they are providing service that helps the community.</p> <p>Volunteers feel valued.</p>	Volunteer survey
Promote community integration for older adults.	<p>Provide volunteer activities in a variety of settings outside the home.</p> <p>Develop volunteer service activities that promote community integration and social connection.</p>	Number of volunteer hours and tasks based in the community	<p>Volunteers have choice about volunteer settings.</p> <p>Volunteers have made good friends through their volunteer activities.</p> <p>Volunteers meet people at their volunteer sites.</p>	Volunteer survey
Provide stimulating activities.	<p>Develop volunteer opportunities that are meaningful.</p> <p>Develop volunteer opportunities that use volunteer skills.</p>	Number of opportunities in types of settings	<p>Volunteers enjoy their volunteer activities.</p> <p>Volunteers believe volunteer assignments are fun.</p> <p>Volunteers feel they are using their skills.</p>	Volunteer survey

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

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### **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. 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 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. 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, while the OSA director represents the aging network as an ex-officio member.

In June 2006, four demonstration sites were selected as Single Point of Entry (SPE) demonstration projects. The service regions served by the SPE encompass eight of Michigan's PSAs and include the AAAs as partners. The establishment of LTC SPEs, referred to as "Long Term Care Connections," was a key recommendation presented to the Governor and the Legislature in the final report of the Medicaid LTC Task Force, issued in June 2005. For FY 2008-2010, OSA will continue to represent the needs of the older adult population as members of workgroups established to implement the SPEs and guide LTC reform efforts in the state.

**GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL**

<b>LTC Reform Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Use Person-Centered Planning (PCP) approach with consumers.	<p>Convene and participate in workgroups around PCP process.</p> <p>Identify resources for education and training.</p> <p>Develop best practices.</p> <p>Develop training plan.</p> <p>Train OSA and aging network staff in PCP model.</p> <p>Monitor compliance with PCP standards.</p>	<p>Study resources</p> <p>Identify practices that can be integrated into aging network.</p> <p>Recommend best practices.</p> <p>List of resources</p> <p>List of training dates</p> <p>List of training attendees</p> <p>List of PCP standards</p>	<p>OSA and aging network staff exhibit PCP appropriate behaviors.</p> <p>Consumers feel their needs and preferences are understood and accepted by staff.</p>	<p>Staff survey</p> <p>Consumer survey</p>
Support consumer directed care options.	<p>Participate in workgroups related to consumer-directed care.</p> <p>Determine need and preference for consumer-directed care in the LTC population.</p> <p>Identify financial and programmatic reporting issues to be modified for consumer-directed care.</p> <p>Identify information resources related to consumer-directed care.</p> <p>Identify best practices for consumer-directed care.</p>	<p>Meeting notes</p> <p>Identification of consumer need for self-directed care</p> <p>Identified issues</p> <p>Training resources</p> <p>Consumer-directed care resources</p>	<p>Number of AAAs offering a self-directed care option.</p> <p>Development of consumer-directed standards.</p> <p>Recognition of issues that need to be addressed by policy change and system reform.</p> <p>Review of AIPs for identification of self-directed care availability.</p>	<p>Listing of AAAs offering self directed care.</p> <p>Self direction standards</p>

**GOAL II-A. OBJECTIVE: LONG TERM CARE REFORM SERVICES LOGIC MODEL**

<b>LTC Reform Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	<p>Development of consumer training and support for consumer-directed care.</p> <p>Identification of workforce development issues for self-directed care.</p>	<p>Best practice guidelines</p>	<p>Consumers are provided with information on consumer-directed care.</p> <p>Consumers use the information to make decisions.</p> <p>Development of specialized workforce</p>	<p>Consumer survey</p>

**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 assist AAAs in program development activities to build capacity within multi-purpose senior centers to provide access services as community focal points.

**GOAL II-B. OBJECTIVE: INFORMATION AND ASSISTANCE SERVICES LOGIC MODEL**

<b>Information &amp; Assistance (I &amp; A) Services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
I&A standards	Review current I&A standards to ensure compliance with AIRS standards.  Revise standards as needed.	New I&A standards	Consumers are given appropriate information related to their needs.  Number of agencies that have AIRS certified I&A  Standard	Aging network survey  Consumer survey
Consistent, reliable, information and assistance that meet OSA standards is provided statewide	Monitor compliance to standards.  Assist AAAs in developing capacity of multi-purpose senior centers to provide access services as a community focal point.		Consumers find information useful.  Consumers are able to connect with needed resources.	Consumer survey  AAA program development monitoring guides.
Best practices for information and assistance systems are developed and disseminated.	Identify and track I&A system components.  Track resources used to provide I&A.  Track I&A training.  Compute costs of system components.	Resources used  Time expended  Resources allocated  Costs generated	I&A system components can be evaluated.  Evaluation results are used for future planning and decision-making.  System capacity is improved.	I&A reporting  Aging network survey
Development of resource databases	Standards are AIRS compatible.  Resources for all services are included in the database; expanded from OAA related resources.	Resource listings	Consumers receive comprehensive I&A.  Consumers receive information to connect with needed care resources.	Consumer survey

### **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 of 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, over the past year OSA worked to develop 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.

**GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL**

<b>Cultural Competency and Targeted Outreach</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
<p>Institute guiding principles that strive for OSA staff to be culturally competent</p>	<p>Develop OSA guiding principles that include: being person-centered; customer-focused; inclusive; anti-tokenism; and encourages challenging assumptions.</p>	<p>Vision and Mission statements and guiding principles</p>	<p>All OSA staff will demonstrate an understanding of the guiding principles related to cultural competence.</p>	<p>Post orientation to the guiding principles staff will report their understanding as 100%.</p>
	<p>Incorporate cultural competence language into OSA's vision and mission statements.</p>	<p>Vision and Mission statements and guiding principles</p>		<p>Management will have in 100% of staff's performance evaluation their understanding and demonstration of the principles.</p>
	<p>OSA staff will demonstrate and promote cultural competence.</p>	<p>OSA will conduct multi-cultural celebrations during employee appreciation week.</p>	<p>There will be at least annual cultural competence celebrations that are inclusive.</p>	<p>By Fall of 2007 there will be a compendium of events that include diversity themes which will be made available to staff and will guide the timing for the celebration events.</p>
	<p>Ensure and design office policies and procedures in alliance with the guiding principles and values.</p>	<p>OSA management will review current policies and procedures and position descriptions and match against the guiding principles. Modifications will occur based on the gaps.</p>	<p>All OSA-generated policies and procedures and position descriptions (PDs) will be reviewed on an annual basis for compliance with OSAs guiding principles related to cultural competence.</p>	<p>By Fall of 2007 the first celebration event will take place.</p> <p>By December 2007, OSA Management will have reviewed all OSA policies and procedures and PDs for compliance with the cultural competence guiding principles.</p>
		<p>There will be a designated</p>	<p>Conflict issues will be</p>	<p>100% of complaints will be referred to the medication</p>

**GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL**

<b>Cultural Competency and Targeted Outreach</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	Ensure internal and external processes manage conflict and are culturally and linguistically sensitive and capable of preventing, identifying and handling cross-cultural conflicts.	facilitator to assist in mediating these conflicts.	positively resolved.	process.
Address and provide cultural competence education and awareness to OSA staff and external aging network partners. The intent is to offer an opportunity for personal growth, work growth, and institutional growth.	Provide annual cultural competence education to OSA staff and then to the aging network.	A self-awareness tool will be developed and deployed among OSA staff.	OSA staff awareness will be assessed.	Staff survey
	Implement curriculum.	Curriculum will be developed. Toolkit will be developed and in-service provided to OSA staff.	OSA staff and external partners report increased sensitivity to diverse cultural traditions and practices.	Consumer survey
	Ongoing education and training in culturally and linguistically appropriate service for all staff.	Provide curriculum and toolkit for aging network partners, providers and caregivers.	PCP is conducted with sensitivity to cultural differences.	
		Training evaluations	Individuals served by OAA funded programs feel their cultural values are respected.	
		Cultural competence will be documented in the employee's performance evaluation.	Personal growth in cultural competence will be evident in the staff's performance evaluation.	Annual performance evaluation
Communicate and market activities to address the diverse characteristics of	Design marketing materials, print materials, posters, educational	Culturally diverse marketing materials	Older adults from diverse backgrounds are aware of OAA funded programs to	Consumers survey

**GOAL II-C. OBJECTIVE: CULTURAL COMPETENCY AND TARGETED OUTREACH LOGIC MODEL**

<b>Cultural Competency and Targeted Outreach</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Michigan's older adults.	<p>programs to reflect diversity and inclusion.</p> <p>Develop partnerships with the consumer, family and cultural communities, in order to design culturally appropriate services.</p>		<p>support their needs for LTC, legal services, employment, health, wellness and nutrition.</p>	
Recruit and retain a diverse workforce.	<p>Develop in-house human resource practices for diverse workforce recruitment and retention for OSA.</p> <p>Implement strategies to recruit, retain and promote diverse staff and leadership at all levels of the organization, within demographic characteristics of the service area.</p>	Human resource policies and practices	<p>Persons from diverse backgrounds are recruited for OSA and aging network positions.</p> <p>OSA and aging network staff feel they are treated with respect and value.</p>	<p>Staff represent the cultural diversity found in the Michigan population.</p> <p>Staff survey</p>
Provide information to OSA staff, aging network partners, the legislature, and community organizations on the diverse characteristics of Michigan's older adults to raise awareness and conduct strategic planning.	<p>Collect and report facts related to religious preference, demographics, culture, and socio-economic status for Michigan's older adults. Encourage the use of this data in strategic planning within OSA and in the aging network.</p>	OSA databook	<p>OSA databook is used to plan and implement OAA funded programming.</p> <p>OSA databook is used to develop grant proposals to fund future projects.</p>	<p>OSA state plans</p> <p>OSA proposals</p>

## **OBJECTIVE II-D. CULTURE CHANGE**

Of those older adults who live in long term care 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.

**GOAL II-D. OBJECTIVE: CULTURE CHANGE LOGIC MODEL**

<b>Greenhouse</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Green House initiatives throughout the state	Meet with collaborative groups.  Work with community stakeholders to remove barriers to the development of Green Houses around Michigan.	Meeting notes  Description of barriers  Description of activities to overcome barriers	Green House initiatives increase in Michigan.	Listing of Green House initiatives

## **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

For FY 2007-09, OSA will continue to assist consumers in finding assistance for housing needs through resources available on their website at [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors) or by calling the OSA directly.

**GOAL II-E. OBJECTIVE: HOUSING LOGIC MODEL**

<b>Housing</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Educate consumers, partners and private entities about housing for special needs populations.	<p>Research housing trends and collect data.</p> <p>Interact with private and public housing experts.</p> <p>Map resources disseminate information on:</p> <ul style="list-style-type: none"> <li>➤ Affordable home repair and modification</li> <li>➤ Rehabilitation and development of assisted living and independent living settings</li> <li>➤ Housing and service coordination</li> <li>➤ Housing design for safety and access for adults with disabilities.</li> </ul>	<p>Current information on senior housing and related services will be available on the OSA website.</p> <p>Information on best practices for private and public housing developments.</p>	<p>Consumers report finding affordable housing through resources provided by OSA.</p> <p>Information provided to consumers through email is used to locate housing resources.</p> <p>New housing developments that OSA collaborates on will include successful aging in place and related best practice features.</p>	Consumer survey

## **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 – 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**

<b>Livable Communities</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Develop and promote best practices in livable communities and naturally occurring retirement communities and neighborhoods.	Continue researching and gathering best practice information on livable communities and senior residential living arrangements that support successful aging in place.	A "Resources for Successful Aging-in-Place" best practice section on OSA website with links that incorporates	Communities will be recognized for their efforts in assessing their communities for elder-friendly attributes.	Community assessment results
	Build best practice information based on success from different community improvement processes used in regional, state, and national models.	resource listings of national and state models of optimal senior living arrangements, residential layouts and integrated care communities	OSA customers increase their use of best practice methods to establish and/or improve senior living arrangements, communities and neighborhoods that support more successful aging in place.	Survey of those requesting and using best practice materials to determine how resources are used
	Provide resources in community assessment and development.	Listing of best practices	Communities will use the community assessment process in order to plan improvements for elder-friendly community features.	
	Provide technical assistance to communities on best practices for livable communities' process.	Number of calls concerning best practices		
	Assist with related training events that feature these aging related issues.	Listing of trainings related to livable communities		
	Provide tools to use in community assessment and planning improvements.			

## **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**

<b>Long Term Care Staffing</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Support the work of the Michigan Direct Care Workforce Initiative (MDCWI) to establish and sustain a well-trained direct care workforce employed across the full spectrum of LTC settings.	Promote and implement statewide a centralized DCW recruitment, training, and retention model based upon "best practice" models in collaboration with the MDCWI and other LTC stakeholders.	Recruitment models  Training models  Retention models  Number of employers/providers that have implemented programs aimed at retention	Development of a MDCWI Strategic Plan    AANP trained participants will recognize elder abuse and neglect.  Number of abuse cases reported rises during this period of time do to increased knowledge of what abuse is.	MDCWI Strategic Plan is developed and implemented.  DCW satisfaction survey
	Provide the Adult Abuse and Neglect Prevention Training (AANP) for LTC direct access staff in collaboration with BEAM, MSU, MDCH, and CMS.	Curricula developed  Number of trainers trained  Number of LTC direct access staff trained	DCWs will report satisfaction with their training.	
	Assist community-based organizations and state agencies in securing resources to develop new programs and to improve the recruitment, training, and retention of DCWs.	Grant/funding applications  Resource supports provided initiatives funded  Number of instances of assistance	Organizations are successful at obtaining resources and funding for training improvements related to DCW retention.	
	Continue to work with the MI Quality Community Care Council, MDCH, Medicaid, and Paraprofessional Healthcare Institute in the			

**GOAL II-G. LONG TERM CARE STAFFING LOGIC MODEL**

<b>Long Term Care Staffing</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	follow-up from the CMS – National Direct Care Resource Center technical assistance grant for improving training and opportunities for home help workers.			
In collaboration with the MDCWI, BEAM, and South Central Michigan Works!, OSA continues to provide oversight for the Regional Skills Alliance grant on Michigan’s Direct Care Workforce Readiness Training Program and consider expansion projects.	<p>Consider expanding the pre-employment DCW training model statewide.</p> <p>Develop plans for interviewing/surveying employers/providers about their best hiring, recruitment, retention, and training practices.</p> <p>Promote statewide and regional strategies for improving the recruitment, training and retention of the direct care workforce.</p>	<p>Training</p> <p>Focus groups are held and the survey is sent.</p> <p>Strategies, recommendations and curricula from LTC stakeholders, including the Michigan Dementia Coalition and their Dementia Competencies Workgroup, local Regional Skills Alliance, BEAM, MPHI, Community Services Network of Michigan, etc., are reviewed and considered when developing Certified Nursing Assistant (CNA) and DCW statewide policies.</p>	<p>Potential DCWs choose to work in the health care field.</p> <p>Data is used to develop best practice models for employers/providers and it is placed on line.</p> <p>The CNA curricula are implemented statewide.</p>	<p>Pre/post training evaluations</p> <p>Number of times the best practice models are downloaded</p> <p>The number of trainings and the number of CNAs trained are reported.</p>
Support state health policy to ensure the DCWs have access to health insurance.	Support the MI First Health Plan for the uninsured and other initiatives that promote health benefits for uninsured DCWs.	Health care plan	DCWs report having health care coverage.	DCW survey
Update the Michigan CNA	Meet with MDCH and the	List of target improvements	The administrative process	Pre/post evaluation

**GOAL II-G. LONG TERM CARE STAFFING LOGIC MODEL**

<b>Long Term Care Staffing</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
curriculum.	MDCWI to target and develop curriculum improvements.	Updated curriculum	for ensuring quality training and the training curricula is revamped, which results in improved training and performance on post tests.  DCWs report satisfaction with curriculum after training.	

## **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<sup>6</sup>.

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. For FY 2008-2010, OSA is committed to developing a full continuum of caregiver services, including information, assistance, caregiver education and support, respite and supplemental services and allowing all AAAs to provide services in all five of these categories. 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.

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<sup>6</sup> 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**

<b>Caregiver Support</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Ensure that caregivers throughout the state have access to all five categories of National Family Caregiver Support Program (NFCSP) services.	<p>Determine areas that lack availability of all five categories of NFCSP services.</p> <p>Work with stakeholders to identify barriers and challenges to implementation.</p> <p>Advocate for expansion of an array of caregiver services.</p>	<p>Area map of services</p> <p>Listing of barriers</p> <p>Expansion of services</p>	<p>Number of AAAs that provide all 5 national caregiver support services</p> <p>Caregivers report finding programs that meet their needs.</p>	<p>Review of AIPs</p> <p>Consumer surveys</p>
Ensure that kinship caregivers throughout the state have access to services available through the National Family Caregiver Support Program (NFCSP).	<p>Determine distribution of kinship caregiver services.</p> <p>Collaborate with MSU kinship care resource center to identify barriers and challenges to statewide implementation.</p> <p>Advocate for expansion of an array of kinship caregiver services.</p>	<p>Area map of services</p> <p>Listing of barriers</p> <p>Expansion of services array</p>	<p>Number of AAAs that provide kinship caregiver services</p> <p>Caregivers report finding programs that meet their needs.</p>	<p>Review of AIPs</p> <p>Consumer surveys</p>
Maintain a support system for caregivers	<p>Meet with state partners inclusive of those specialized in dementia care, to develop priorities related to respite and adult day services</p> <p>Empower caregivers, especially those caring for loved ones with dementia, to learn about the range of</p>	<p>Meeting notes</p> <p>Promote respite services with targeted strategies for I&amp;A specialists and consumers.</p>	<p>Respite funding remains stable or increases.</p> <p>Consumers report that respite services are of high quality. Agencies providing respite services follow respite standards.</p>	<p>Consumer survey</p>

**GOAL II-H. OBJECTIVE: CAREGIVER SUPPORT LOGIC MODEL**

<b>Caregiver Support</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	<p>services and supports to assist them in keeping loved ones in home of choice.</p> <p>Empower caregivers to learn more about caregiver roles, services through education.</p> <p>Expand respite awareness for kinship caregivers.</p> <p>Expand number of families caring for loved ones with dementia.</p> <p>Expand availability of respite for kinship caregivers.</p>	<p>Identify AAAs that offer services.</p> <p>Number of people utilizing services (NAPIS)</p> <p>Number of new programs offered through aging network</p> <p>Report on respite services</p> <p>Number of agencies offering respite as a kinship care services</p> <p>Programs offering kinship care support groups</p> <p>Number of programs offering kinship respite</p>	<p>Consumers are aware of caregivers services and utilize service as needed.</p>	

## **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 and Medicaid, and Medigap matters, including, Medicare+Choice 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 Office of Long Term Care Supports and Services (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 long term care.

**GOAL II-I OBJECTIVE: MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) LOGIC MODEL**

<b>Medicare/Medicaid Assistance Program (MMAP)</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
MMAP, Inc will build capacity and reach in the state.	Direct MMAP, Inc. to bring together partners, Office of Financial and Insurance Services, AAAs, Social Security, Medicare Carrier, MPRO, and Maximus to build collaborative outreach efforts.	Outreach plans	<p>Increase in number of people using MMAP.</p> <p>Statistics on how people were helped</p> <p>Medicaid eligibility, Part D enrollment, LTC insurance, etc.</p> <p>Consumers use information learned from MMAP to make health care decisions.</p>	<p>Number of consumers calling MMAP</p> <p>Number of consumers meeting with MMAP counselors</p> <p>Consumer survey</p>
	Networking	Meeting notes	<p>Committee identifies gaps in outreach efforts and develops solutions.</p> <p>Plans are developed to address gaps.</p>	<p>Documentation of gaps</p> <p>Future plans</p> <p>Steering committee survey</p>
MMAP, Inc. website report will reflect improved effectiveness.	Direct MMAP Central through work plan to convene workgroup to improve website.	<p>New MMAP internet resources available for consumers</p> <p>Identify improvement variables for MMAP website</p> <p>Increased number of hits to website</p>	Consumers learn about health care financing for LTC services.	<p>Number of hits on website</p> <p>Consumer survey</p>

## **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 FTA 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 seniors. 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 throughout the aging network, during work at the local community level and with our transportation partner agencies at the state level. A coalition of partners and stakeholders will also be convened to discuss challenges and build solutions to transportation needs at the state and local level.

**GOAL II-J. OBJECTIVE: OLDER ADULT MOBILITY AND TRANSPORTATION LOGIC MODEL**

<b>Older Adult Mobility and Transportation</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcomes</b>	<b>Measurement</b>
Build a coalition of partners and stakeholders to discuss challenges and build solutions to transportation needs at the state and local level.	<p>Engage with state partners to discuss transportation policy. (Year one)</p> <p>Share OSA data across systems. (Year one and ongoing)</p> <p>Develop state plans to support coordination. (Year Two)</p> <p>Encourage aging network to use AOA toolkit to guide planning efforts.</p> <p>Aging network to engage local stakeholders and providers in meetings to identify local needs and gaps.</p>	<p>Meeting notes</p> <p>Shared data</p> <p>Coordination plans</p>	<p>Providers, legislators and other stakeholders are aware of transportation needs across systems.</p> <p>Shared goals for coordination are identified.</p>	Responses to stakeholder survey
Educate communities regarding transportation resources.	<p>Support AAAs in identifying community transportation resources for Resource Guide.</p> <p>Develop website to include locally identified resources.</p>	<p>Resource Guide</p> <p>Website addition</p>	<p>Consumers report knowing where to find transportation resources.</p> <p>Increase in seniors who have transportation needs met.</p>	Consumer survey
Determine transportation needs and gaps.	<p>Review AOA toolkit for assistance in developing needs assessment tool for communities</p> <p>Assess transportation needs of those who</p>	Needs assessment	Stakeholders are educated about the level of need for transportation services for older adults.	Stakeholder survey

**GOAL II-J. OBJECTIVE: OLDER ADULT MOBILITY AND TRANSPORTATION LOGIC MODEL**

<b>Older Adult Mobility and Transportation</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcomes</b>	<b>Measurement</b>
	receive services from OAA funds.			
Build creative strategies to identify existing and new funds for transportation needs. (Year two)	<p>Complete system review of available transportation funding.</p> <p>Complete system review to identify successful coordination within regions.</p> <p>Advocate for use of current funds to include transportation for targeted populations.</p> <p>Create new products to support transportation needs across systems (vouchers).</p>	<p>System review</p> <p>Identification of potential policy change decisions</p>	<p>Policy change to allow more flexible funding for transportation services.</p> <p>Increase in number of older adults using transportation services.</p>	Consumer survey
Partner with representatives from the disability community to promote the need for improved transportation services.	<p>Identify common needs, challenges, and gaps in service.</p> <p>Develop strategic plan for partnership, combine efforts.</p>	<p>Identified needs and goals</p> <p>Strategic plan</p>	Increased recognition of transportation service needs for vulnerable populations.	Stakeholder survey

**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 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.

<b>GOAL II-K. OBJECTIVE: MICHIGAN OLDER ADULT SENIOR COMMUNITY SERVICE EMPLOYMENT (MOASCSEP) LOGIC MODEL</b>				
<b>Michigan Older Adult Senior Community Service Employment</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Build capacity in older adults for meaningful employment.	<p>Provide resources to sub-grantees to support MOASCSEP activities.</p> <p>Assess MOASCSEP sub-grantees for compliance to federal and state regulations according to established procedures and time frames.</p> <p>Improve coordination of support services for Title V participants enrolled in the program.</p>	<p>Title V sub-grantees will achieve the placement goal as specified in their annual grant agreement.</p> <p>Title V sub-grantees will have expended 100% of their Title V allocation.</p> <p>Sub-grantees will provide OSA with documentation of an established Memorandum of Understanding with local Michigan* Works! One-Stop Service Centers in the PSA.</p> <p>Sub-grantee will have shown marked improvement in their performance when compared to the previous year.</p>	<p>Older adults who participate in the program will find employment.</p> <p>Participants are satisfied with their training.</p> <p>Participants are satisfied with their employment.</p>	<p>Sub-grantee reports</p> <p>Department of Labor Satisfaction Survey</p>

<b>GOAL II-K. OBJECTIVE: MICHIGAN OLDER ADULT SENIOR COMMUNITY SERVICE EMPLOYMENT (MOASCSEP) LOGIC MODEL</b>				
<b>Michigan Older Adult Senior Community Service Employment</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Build system capacity by identifying employer needs and preferences.	<p>Review new hires by region and identify employment trends.</p> <p>Review results from data collection efforts to determine common needs and preferences.</p> <p>Provide feedback to sub-grantees regarding employer preferences.</p>	<p>Ranking of employment hires to determine trends</p> <p>Listing of preferences based on survey results</p> <p>Report to sub-grantees</p>	<p>Future training considers employer needs and employment trends.</p> <p>Increase in employment for older adults in targeted need areas</p>	Sub-grantee reports
Build capacity in the provision of LTC services by direct care workers.	<p>Convene a workgroup to explore future needs for DCWs in LTC.</p> <p>Identify training needs</p> <p>Solicit support and information from providers of LTC services.</p> <p>Report training needs and system needs to sub-grantees.</p> <p>Include DCWs for LTC as state priority area for future contracts.</p>	<p>Meeting notes</p> <p>Training needs document report</p> <p>State sub-grantee priorities</p>	<p>Increase in number of trained DCWs for LTC</p> <p>Increase in number of employed older adults</p> <p>Direct care providers express satisfaction with DCWs</p> <p>Consumers report satisfaction with DCWs</p>	<p>Sub-grantee reports</p> <p>Provider surveys</p>

## **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.

**GOAL II-L. OBJECTIVE: EMERGENCY PREPAREDNESS LOGIC MODEL**

<b>Emergency Preparedness</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Measurement</b>
Aging network has an emergency preparedness plan for vulnerable, older, home-bound adults in their service areas.	OSA has a viable, functional plan to support the aging network as needed in the event of emergencies.	State plan related to emergency management (EM)	All older adults in Michigan are covered by an emergency management plan.	Knowledge of emergency procedures
	Convene a workgroup comprised of OSA, AAAs, and other stakeholders to compile plans to identify and care for community dwelling frail older adults in the event of an emergency.	Meeting notes	Comprehensive state plan for assistance to home-bound adults in the event of a disaster.	Identification of roles, policies and procedures in emergencies
	OSA provides technical assistance to the aging network as needed in developing emergency preparedness plans.	EM technical assistance documents	All agencies working with the aging network have identified needs and formulated a continuity of service plan for emergencies.	AAA reporting requirement
	AAAs participate on local emergency preparedness workgroups to identify issues unique to their consumer base.	EM planning notes	All AAAs are identified in local EM plans.	AAA reporting requirement
	Local plans identify specific activities to support frail elderly in the event of a disaster.	AAA EM plans	OSA is recognized as a lead agency related to state preparedness to handle emergencies that impact older adults.	AAA reporting requirement
Promote individual preparedness planning by developing a tool for person-centered emergency planning for frail adults for use:	OSA will gather and disseminate information to the aging network regarding personal preparedness for consumers.	Materials identified for dissemination	Consumers will increase their knowledge of preparedness activities.	Consumer survey



## PROTECT OLDER ADULTS FROM ABUSE AND EXPLOITATION

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### 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**

<b>State LTC Ombudsman</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Inform consumers about the LTC Ombudsman role.	Distribute information sheets <ul style="list-style-type: none"> <li>➤ Web</li> <li>➤ Mailings</li> <li>➤ Nursing Home/AFC</li> </ul>	Number of web hits on LTC pages  Number of mailed brochures  Number of distributed brochures	Consumers are aware of the LTC Ombudsman services.	Consumer survey
State System-Work to adopt new responsibilities related to nursing home closures.	Collaborate with the State Nursing Home Closure Team.	New agreement on responsibilities and protocols	Nursing home closures are conducted using new protocols.  Consumers report smooth transition when relocated to new residence.  Consumers report understanding the process.  Consumers make successful transition to new residential setting.	Closure report indicates new protocols are used.  Consumer survey
System-Use Ombudsmanager to track progress.	Develop training protocols to ensure all users are knowledgeable and use the system appropriately.  Use Ombudsmanager to produce quarterly and annual reports.	Ombudsmanager data is completed appropriately.  Data in Ombudsmanager is accurate.  Reports are compiled accurately.	Reports provide an accurate picture of the ombudsman activities.  Reports are used to strategically plan for the future.	Record review of Ombudsmanager data and reports.
Ombudsman staff is knowledgeable and effective.	Develop standardized training materials.  Develop list of competencies.	Number of staff trained  Number of staff receiving certification	Staff is knowledgeable.  Staff follows policies and procedures.  Staff report activities	Pre/post training evaluations  6 month follow up surveys

**GOAL III-A. OBJECTIVE: STATE LONG TERM CARE OMBUDSMAN LOGIC MODEL**

<b>State LTC Ombudsman</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	Train the trainers.  Conduct training.  Assess competency of those trained.  Certify those demonstrating competency.		accurately.  Staff are comfortable in their roles as ombudsman.	
Ombudsman work with consumers to investigate complaints in residential care settings.	Respond to consumer calls.  Investigate complaints at specific sites.  Make recommendations to residential facility.  Make recommendations to consumers.  Refer or work with consumers to change settings if desired.  Make visits to residential settings.	Process at least 1434 cases in 2007.  Refer at least 100 consumers into nursing facility transfer programs	Consumers are satisfied with their living situation.  Consumers live in their residence of choice.  Caregivers feel satisfied with the care their loved ones receive.	Ombudsman reports  Consumer surveys
Certificate of Need (CON) standards will be adopted and used for residential care	State Ombudsman participates on standards advisory committee to revise standards and requirements for CON.	Revised standards and requirements.	More highly rated nursing facilities will be allowed to expand.  Nursing facilities will raise their standards in order to receive higher ratings.	Reports on nursing facility expansion

## **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 TRIAD newsletter, the Senior Exploitation and Abuse Quick Response Team (SEAQRT), legal services, “Keeping Seniors Safe and Secure” trainings, and support of the Legal Hotline for Michigan older adults.

OSA’s website, [www.michigan.gov/miseniors](http://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.

OSA is required by MCL 750.174a (2000 P.A. 222) to report suspected cases of financial exploitation to the Department of Human Services. Since Michigan’s State Health Insurance Program, legal services developer and ombudsman programs are all housed within the SUA, and Michigan’s Adult Protective Services Section (APS) (under the Department of Human Services) is physically housed in the same office as OSA, working together on policy issues is easily achieved. In addition, while serving on the Governor’s Task Force on Elder Abuse last year, OSA forged relationships between the aforementioned programs and the Michigan State Police (MSP), the Office of Financial and Insurance Services (OFIS), the Prosecuting Attorney’s Association of Michigan (PAAM), the Michigan Sheriff’s Association (MSA), MDCH - Bureau of Health Systems responsible for LTC facility survey and certification, and the Michigan Council on Domestic Violence (MDCV). This has broadened OSA’s reach, and through consensus between all parties on task force recommendations, could result in sweeping changes in Michigan’s response to elder abuse at the state and local levels.

OSA is currently awaiting direction from the Governor’s Office on a package of legislation which would achieve recommendations put forth in the Elder Abuse Task Force Final Report, and will be integrally involved in drafting legislation and advocating for these legislative changes. OSA believes this will also position Michigan to undertake appropriate systems reform to improve elder abuse prevention, treatment, investigation, and prosecution efforts should the Elder Justice Act become a reality.

OSA continues to work collaboratively with MDCH, BEAM, a culture change organization, MSU, and the Adult Abuse and Neglect Prevention (AANP) and Background Check Advisory Committees to promote the prevention of adult abuse and neglect in LTC facilities through a grant from the CMS. The Background Check and AANP training pilot operates through September 2007, with the goals of expanding and improving the criminal background checks process, and the adult abuse and neglect

prevention training, for those employees having direct client access in Michigan's LTC settings. An AANP training curricula using LTC culture change and adult learner approaches will train 8,000 direct access staff in the recognition, prevention and reporting of adult abuse. A report on both components is due in December 2007, which will include recommendations for sustainability. Future efforts will include projects to increase the number of DCWs, systems reform to provide adequate pay and benefits, and increase retention and job satisfaction.

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.

<b>GOAL III-B. OBJECTIVE: ELDER JUSTICE ABUSE LOGIC MODEL</b>				
<b>Elder Abuse</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Development of an organized, unified system for elder abuse prevention in Michigan.	Convene a workgroup to identify common needs and assets related to elder abuse in Michigan.	Workgroup notes	Partners in elder abuse develop a shared understanding of the challenges facing agencies working in the area of elder abuse.	Partner survey on Elder abuse
	Develop a shared definition of what constitutes elder abuse.	Shared definition of elder abuse	Prevalence of elder abuse can be recognized and documented.	State statistics on elder abuse based on common definitions
	Determine strategy for measuring and tracking the incidence of elder abuse in Michigan.	Recommendation for database attributes	An elder abuse database is built and shared among all Michigan partners.	
	Develop a centralized database for entering, storing, managing, tracking, and analyzing electronic adult and elder abuse data.	Recommendation on reporting tool		
	Investigate a means for the reporting of abuse across the state such as, a common agency intake form or collection of the same data in comparative formats.			
	Continue to promote and implement the AANP training curricula.	Maintain the AANP 4 and 8-hour training, the self-instructional modules, and the train-the-trainer materials on line.  Release the AANP Training Report and the MSU evaluation findings.	Track the number of times the program is downloaded	

### **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.

**GOAL III-C. OBJECTIVE: LEGAL ASSISTANCE LOGIC MODEL**

<b>Legal services</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Improve the collection and reporting of data related to the provision of legal services.	Train users on Legal Services Information System.	Training evaluations	Legal services data is timely and accurate.	Data review
	Monitor software utilization.		Users understand and use system.	User survey
	Convene user groups to provide feedback on system issues.	Meeting notes	Users report satisfaction with software.	
	Provide technical assistance.	Technical assistance logs	Legal Services system data is used to review service provision and future planning.	OSA management team
	Develop reports.	Reports		
Improve accuracy and efficiency of financial reporting submitted to OSA by the aging network and grantees.	Convene a Technical Assistance Group (TAG) to identify data needs, system functionality, policies and procedures.	System specifications	Financial data from aging network and grantees is timely and accurate.	Consumer survey
	Convene TAG to review and test software during development.	Meeting notes	Users understand and use system.	
	Train users in Financial Reporting System.	Training evaluations	Users report satisfaction with software.	
	Monitor software utilization.	Meeting notes		
	Convene user groups to provide feedback on system issues.	Technical assistance logs		
	Provide technical assistance.	Reports	System data is used to review service provision and future planning.	
	Develop reports.			

### **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**

<b>Guardianship</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Provide support and expand state level efforts to educate family members on guardianship, conservatorship and alternatives.	<p>Collaborate with Michigan Guardianship Association (MGA) to organize bi-annual conferences.</p> <p>Distribute guardianship video to those seeking more information regarding guardianship.</p>	<p>Obtain, review, and analyze the results of the surveys completed by the attendees of the two conferences organized by MGA.</p> <p>Listing of ways to obtain DVD/Video on guardianship and conservatorship</p> <p>Number of people requesting video from each distribution site</p>	<p>Family guardians understand their roles and responsibilities.</p> <p>OSA is viewed as a leading source of developing and disseminating information pertaining to guardianship and alternatives within Michigan.</p>	Consumer survey
Support the collaborative development and adoption of statewide Ethics and Standards of Practice for professional guardians	<p>Develop a method of effective communication with judges and their staff pertaining to Standards of Practice and Ethics.</p> <p>Establish advisory role to move through the next steps of implementation of our objective.</p> <p>Promote Elder Abuse Task Force Recommendations.</p>	An increase in number of courts that are or will be providing the Standards and Ethics to their guardians	<p>Michigan courts and guardians value the NGA Standards of Practice and Ethics.</p> <p>Elder Abuse Task Force Report recommendations pertaining to guardianship are implemented.</p>	Stakeholder survey
Promote the adoption of the National Guardianship Association (NGA) register for professional guardians in Michigan.	<p>Develop a marketing plan to educate judges regarding value of requiring guardians to be registered through NGA.</p> <p>Implement marketing plan.</p>	An increase in number of registered and /or certified guardians	<p>All guardians become registered/certified in Michigan</p> <p>All guardians understand how to perform their guardianship functions</p> <p>All guardians complete required reporting.</p>	Guardian survey

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

BCBSM has a unique mandate in 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**

<b>BCBSM</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Support and promote that Blue Cross/Blue Shield insurance rates remain affordable for older adults in Michigan.	<p>Develop position papers related to insurance rates for older adults.</p> <p>Represent the concerns of older adults on Blue Cross/Blue Shield Advisory Council.</p> <p>Monitor Blue Cross/Blue Shield of Michigan health insurance rates for constituent groups and advocate ensuring that rates for older adults are not disproportionate when compared with other population segments.</p> <p>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.</p>	<p>Position papers</p> <p>Meeting notes</p> <p>Rate reports</p> <p>Communications with elected officials</p>	<p>Insurance rates remain affordable for older adults.</p> <p>Older adults continue to be covered by medical insurance.</p>	<p>Number of older adults accessing insurance through BCBSM remains constant.</p>

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

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### **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. To this end, 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 reported 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**

<b>Planning and Evaluation</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Build system maps for each of the major OSA goal areas.	<p>Map out important partners and contacts, how they relate to OSA and each other, resources they bring to the array of state services.</p> <p>Prioritize OSA goals based on AOA priorities.</p> <p>Cross-train staff goal succession plan-retirement plans.</p> <p>Share maps with stakeholders to identify other potential partners.</p> <p>Update maps on an annual basis.</p>	<p>System maps</p> <p>Priority goals</p>	<p>Identification of potential partners and resources.</p> <p>Building capacity within OSA to share resources across initiatives.</p> <p>Staff are able to prioritize work flow.</p> <p>State plan priorities are addressed successfully.</p> <p>OSA has the ability to respond to new trends in a timely manner.</p>	<p>Partner listing</p> <p>Shared resources</p> <p>Staff survey</p>
Improve delivery of services to older adults and their families by systematically reviewing and modifying processes (CQI).	<p>Identify activities and strategies that contribute to effectiveness and efficiency in what we do to have a positive impact.</p> <p>Develop instruments to measure progress toward accomplishment of state plan objectives.</p> <p>Participate in work groups with internal and external state stakeholders to</p>	<p>CQI process maps</p> <p>Instruments</p> <p>Work group notes</p>	<p>Improve staff understanding of OSA policies and procedures.</p> <p>Improved service delivery</p> <p>Increased compliance with processes and procedures.</p>	<p>Staff surveys</p> <p>Stakeholder surveys</p>

**GOAL IV-A. OBJECTIVE: PLANNING AND EVALUATION LOGIC MODEL**

<b>Planning and Evaluation</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	<p>accomplish strategic plan goals and to reflect on progress made.</p> <p>Utilize CQI tools and strategies to re-engineer internal OSA policies and procedures.</p> <p>Identify specific processes and procedures including AAA oversight and monitoring, area plan development, facilitation of CSA meetings and grant/contracts management to be addressed with reformulated processes.</p> <p>OSA quality council meets quarterly to review progress in strategic/state plan goals.</p>	<p>Process and data review</p> <p>Revised plans</p> <p>Review and implementation of changes in strategic plans</p>	<p>Strategic goal setting for improvement</p> <p>Improved oversight and accountability for staff</p> <p>Staff feels they have clear direction.</p> <p>Staff reports a sense of accomplishment in progress towards goals.</p>	
Anticipate and prepare for emerging needs of the aging population and caregivers.	Collect information from consumers of OAA services to determine current and future needs.	Needs assessment results	<p>OSA can build strategic goals that meet AOA objectives and the unique needs of the Michigan population.</p> <p>OSA can prioritize staff resources in building capacity through grant writing, agency partnerships and collaborations.</p>	
Increase utilization of data in decision making	Use Aging Information Systems (AIS) data for overall system	AIS data reports	OSA strategically uses indicators to map progress towards goals.	State indicators

**GOAL IV-A. OBJECTIVE: PLANNING AND EVALUATION LOGIC MODEL**

**Planning and Evaluation**

<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	improvement and service utilization.  Review, acquire and develop, and use state and national indicators to assess progress of aging network services statewide.	State and National databook of Indicators	OSA is able to compare progress against established targets.	

## **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**

<b>Advocacy</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Convene state advisory council.	<p>CSA determines priority focus for year.</p> <p>Facilitate examination and discussion of key issue.</p> <p>Develop recommendations and action steps based on key issue.</p> <p>Release issue report to CSA, Legislators, stakeholders and consumers.</p>	<p>Annual priority focus</p> <p>Meeting notes</p> <p>Recommendation and action steps</p> <p>SAC annual report</p>	<p>Action is taken to enact recommendations of SAC.</p> <p>Improved services for older adults in Michigan around SAC identified priority issues.</p>	<p>Track service improvement</p> <p>The number of consumers served</p> <p>How consumers are served</p>
Represent aging perspectives in state and federal legislative initiatives.	<p>Track legislative issues and priorities related to aging.</p> <p>Attend public hearings and other meetings conducted by the state legislature.</p> <p>Partner with legislative liaison from MDCH to further the aging agenda.</p> <p>Respond to legislative requests for assistance with constituent concerns, services and information.</p> <p>Respond to legislative requests related to impact on aging population.</p>	<p>Legislative synopsis of current issues</p> <p>Constituent letters</p> <p>Legislative letters</p>	<p>OSA positions are represented in legislative positions.</p>	<p>The number of bills in which OSA represents aging interest.</p> <p>The number of workgroups in which OSA is represented.</p>
Inform OSA staff of new state and federal legislative initiatives.	<p>Communicates with staff about pending legislation</p> <p>Summarizes issues related</p>	<p>Legislative summaries</p>	<p>OSA is recognized as an expert on issues impacting older adults.</p>	<p>Number of calls from Legislators</p>

**GOAL IV-B. OBJECTIVE: AGING ADVOCACY AND LEGISLATIVE LOGIC MODEL**

<b>Advocacy</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
	to legislative initiatives.  Coordinate analysis on legislative bills assigned to OSA as the lead agency.	Legislative analysis	Legislators recognize OSA an important source of information about the legislative impact on older adults.	
Build an Older Michiganians databook that compiles statistics that you can use as an education, advocacy and comparison tool.	Convene workgroup to define indicators that can be used to track aging trends over time.  Collaborate with partners to obtain accurate statistics from defined indicators in the areas of health, housing, LTC, transportation, among others.	Selection of indicators	OSA and partners use databook to understand trends, make strategic plans and measure success.	Stakeholder and partner survey to determine extent book is used.

## **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**

<b>Technology and Data Analysis</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
Improve the collection and reporting of data related to the provision of legal services.	Train users on Legal Services Information System.	Training evaluations	Legal services data is timely and accurate.	Data review
	Monitor software utilization.		Users understand and use system.	User survey
	Convene user groups to provide feedback on system issues.	Meeting notes	Users report satisfaction with software.	
	Provide technical assistance.	Technical assistance logs	Legal Services system data is used to review service provision and future planning.	OSA management team
	Develop reports.	Reports		
Improve accuracy and efficiency of financial reporting submitted to OSA by the aging network and grantees.	Convene a Technical Assistance Group (TAG) to identify data needs, system functionality, policies and procedures.	System specifications	Financial data from aging network and grantees is timely and accurate.	A reduction in revisions to Financial Status Reports.
	Convene TAG to review and test software during development.	Meeting notes	Users understand and use system.	User survey
	Train users on Financial Reporting System.	Training evaluations	Users report satisfaction with software.	
	Monitor software utilization.			
	Convene user groups to provide feedback on system issues.	Meeting notes		
	Provide technical assistance.	Technical assistance logs	System data is used to review service provision and future planning.	Stakeholder survey
	Develop reports.	Reports		

**GOAL IV-C. OBJECTIVE: TECHNOLOGY AND DATA ANALYSIS LOGIC MODEL**

<b>Technology and Data Analysis</b>				
<b>Objective</b>	<b>Activity</b>	<b>Output</b>	<b>Outcome Measure</b>	<b>Measurement</b>
To maintain critical AIS capacity in the event of a man-made or natural disaster.	Update the AIS Disaster Recovery Plan, including the addition of polices 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.
	OSA tests the AIS Disaster Recovery Plan in accordance with OSA's Security Review Policy requirements.	Test notes	Data integrity is maintained regardless of threats to the system.	
	Integrate the AIS Disaster Recovery Plan with the OSA emergency management plan and process.	Disaster plan		

## **Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

### **ASSURANCES**

#### **Sec. 305(a) - (c), ORGANIZATION**

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

**States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.**

**Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

### **Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State

agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered statute)**

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
- (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order.

## **REQUIRED ACTIVITIES**

### **Sec. 307(a) STATE PLANS**

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

#### **(2) The State agency:**

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

**(5) The State agency:**

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

**(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.**

(6) The State agency will 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.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

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Signature and Title of Authorized Official

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Date

## 2008-2010 STATE PLAN PUBLIC HEARING SUMMARY

Public Hearing Location	I am a:						I heard about the Public Hearing by:					
	Senior 60+ consumer	Caregiver	Local Agency Rep.	State/Elect. Official	Area Agency on Aging	Other (Explain)	Poster (direct mail)	Newspaper	Radio	Senior Center	Area Agency on Aging	Other Resource
Oct. 21, 2005 Mt. Pleasant	4	1	4		3	Relative of elderly person, supervisor of Serv. Coord., state agency rep	5			2	3	OSA staff, Michigan.gov website (2)
Nov. 18, 2005 Lansing		7	3	1	2	1 Unknown, Hispanic Senior Coalition, MDSA rep., Citizen & Dir of Mental Health & Aging Project, Elder Law of MI	1		1	2	7	1 Unknown, Mi State Advisory, email, website, agency, support group NSO
Feb. 22, 2006 Historic Trinity Lutheran Church Detroit	2		8		3		1	2		1	7	
March 17, 2006 ACCESS Dearborn		2	6		2	S.M.A.R.T., Univ. Stud. Ret'd APS worker, pharmacist, SAW member, registered nurse	2				9	Internet, website, local adv. group
March 21, 2006 Kalamazoo						<b><u>NO INFORMATION SHEETS WERE FILLED OUT FOR THIS HEARING</u></b>						

## 2008-2010 STATE PLAN PUBLIC HEARING SUMMARY

(continued)

March 29, 2006 U of M, Flint	4		8		1		2	1		2	6	Email, FS agency
May 19, 2006 St. Ignace	2	2	6		3	1 HC profess (RN) 1 Alz. Assoc 1 CoA 1 NASQ 1 Senior Liv. Comm 1 Nat. Am. Org. Rep	5			2	10	5 D. Wishart Dep Dir 1 OSA 1 NASW
March 16, 2007 Macomb ISD			3	1	3		3			9	2	Senior Corps Program
April 20, 2007 Lansing	8	2	1								1	3 Website 1 AARP 4 Adult Well-Being
<b>TOTALS</b>	20	14	39	2	17		19	3	1	19	45	

## PUBLIC HEARING ON SENIOR ISSUES

October 21, 2005  
ZIIBIWING CENTER, MT. PLEASANT, MI

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Commissioners in attendance: Cheryl Bollinger, Jerutha Kennedy, Sonia Harb, Ramesh Verma, William Walters III.

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht, Shirley Bentsen, Karen Carroll, Lauren Swanson, Laura McMurtry

Attendance: 29 (11 older adults)

Number providing testimony: 13

### **TESTIMONY**

1. An older woman talked about her rewarding experiences as a volunteer in both the Foster Grandparent and Senior Companion Programs. She works with children at a local school and volunteers as a companion in the homes of older citizens. The programs give her a reason to get out of bed each morning, and the stipend helps financially. A note from one of the teachers in the school indicated the FGP provided a valuable nurturing experience for both the kids and seniors, and that grandparents have become a living history.
2. A Foster Grandparent volunteer expressed her gratitude for the program. It has helped her lead a more independent life.
3. A “grandpa” in the Foster Grandparent Program related several positive experiences in working with kids. As a former teacher, the program has permitted him to use his skills after being laid off. He has developed strong bonds with the kids, and the program has helped him “stay young.”
4. A representative of the Mid-Michigan Alzheimer’s Association talked about the need for dementia competency across all medical disciplines. She supported greater choice in long-term care settings, the “money follows the person” concept, and support for caregivers.
5. Three speakers emphasized the need to focus on low-income older persons – one speaker from a housing management company, one representing an Area Agency on Aging policy board, and the third from a Commission on Aging. The following suggestions were made:

- That more attention be paid to dental care for seniors who can't afford it.
  - That special attention is paid to seniors residing in those counties having the largest populations of low-income people, perhaps through marketing efforts.
  - A stipend should be available to caregivers, as is done in the Foster Grandparent Program.
  - Funding is needed to refurbish homes, i.e. for handicapped bathrooms.
6. A Commission on Aging Director would like to see state funding restored for senior centers. She would also like the White House Conference on Aging delegates to advocate against proposed cuts (2-4%) in Older Americans Act funding at the federal level. There was also support for the caregiver stipend, and additional funding for caregiver programs in general. Regarding proposals to **develop Single Points of Access**, there should be a system set -up that routes people directly to local providers **similar to MMAAP**. Finally, there was strong support for continued training for the aging network in serving American Indian elders.
  7. A family member detailed a number of issues surrounding her uncle being placed in the care of an estranged son. She suggested that changes be made in guardianship laws to require criminal background checks, credit checks, and mental competency checks as a condition of guardianship.
  8. An Area Agency on Aging representative discussed the importance of disease prevention programs, and her anecdotal experiences in seeing improvements in strength, stamina, and socialization in older adults as a result of participating in these types of programs.
  9. A Council on Aging board member wanted a review of two standards – one dealing with assessments by nurses and second, new standards for the nutrition program. She would like to see OSA standards changed with regard to nurses conducting assessments that would allow the nurses at Council's on Aging to conduct assessments. She also indicated that the new nutrition standards require providing more food at a time when food is already being thrown away. She considers it a waste of money.
  10. A representative of the Department of Civil Rights provided copies of the newly released American Indian Directory for the State of Michigan. Eighty-seven percent of American Indians in the state live off reservation, contrary to the belief that most live as members of tribes on reservations. She congratulated OSA on appointing American Indian members to the Commission on Services to the Aging and the Elder Abuse Task Force, as well as appointing an OSA liaison to work with the American Indian elder community. She suggested that culturally sensitive materials be made available through the aging network (for all cultures).

11. A woman from a local senior center indicated that funding for exercise programs (i.e. strength training) has been reduced by one-half. This has resulted in program participants having to pay more out-of-pocket as well as raise funds to cover costs. Maintaining senior health is very important.

## PUBLIC HEARING ON SENIOR ISSUES

November 18, 2005  
Holiday Inn West, Lansing, Michigan

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Commissioners in attendance: Jerutha Kennedy, Owen Bieber, Cheryl Bollinger, Sonia Harb, Ramesh Verma, William Walters, IV and James Wright

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht, Holliace Spencer, Laura McMurtry, Peggy Brey, Cherie Mollison, Sally Steiner

Attendance: 38 (11 older adults)

Number providing testimony: 19

### TESTIMONY

1. Mr. Jim McGuire, Director of Planning for the 1-B Area Agency on Aging

Mr. McGuire stated that given the rapid growth of the aging population and the fact that half of all older people will live alone, our challenge is to support and give the help caregivers need to provide care for their loved ones to the best of their ability. We must do a better job of preventing the “perfect storm” that often results in premature nursing home placements or death/suicide and violence.

Caregiving is a 24/7 responsibility. We must continue to develop and support a continuum of respite services to respond to the diverse needs of caregivers. We need to expand:

- In-home respite
- Adult day service
- Out of home respite, including extended care

Mr. McGuire offered support for the development of “Single Points of Entry,” but expressed concern regarding the SPE service areas recently presented as part of the RFP process, and urged a reconfiguration of those boundaries to not tear apart systems and relationships that have been developed.

2. Ms. Kim Castle, Caregiver

Ms. Castle is the primary caregiver of her grandmother who lives with her and her husband. When making the decision to care for her grandmother, she was naïve, overwhelmed and not prepared for the realities of what was involved.

With the support of the AAA 1-B, they have been successful and able to reap the benefits of having her grandmother live with them and be a part of their family.

The AAA provided the necessary supplies, including equipment and “Life-Line” services. Her grandmother also attends an adult day program, which provides “a reason to get up” and opportunities for socialization and exercise. Adult day care is especially important because Ms. Castle is employed outside of the home. The family has also utilized the “out of home/extended care” respite services offered by AAA 1-B.

Respite is a critical piece of caregiving and more is needed given the demand that far exceeds supply. This is especially true for “out of home/extended care” respite.

Caregivers need a little bit of everything:

- In-home care, which is especially helpful to those caregivers who must work.
- Access to new and different services to meet individual, unique needs.

### 3. Ms. Kim Walsh, Great Lakes Chapter of the Michigan Alzheimer’s Association

The question heard from caregivers of someone recently diagnosed with dementia is “How am I supposed to do this?” The fact is that most of the caregivers asking this question are caring for people in the early stages of dementia. The reality is that caring for someone with dementia can last from 8 to 20 years.

More than 200,000 people in Michigan have dementia, with one in every ten people over the age of 65 are affected in some way. Some caregivers may be caring for 2-3 family members with dementia at the same time.

Caring for someone with dementia is financially draining as most caregiving costs are borne out-of-pocket with 70% of care being provided at home. The average caregiver spends \$19,000 per year and more than \$174,000 over a lifetime.

To assist, we need to find better ways:

- To give caregivers the tools, education, skills and support they need to perform as caregivers.
- To ensure Service providers need are dementia capable.
- 
- To provide home health aides with dementia-specific training.

We need to support policies that allow:

- Money to follow the person
  - Caregiver's to select the services they need
  - People to live in the least restrictive setting

4. Ms. Pat Koenigsknech, Caregiver

As a caregiver, the support groups offered by the Alzheimer's Association have been very helpful.

Caregivers need:

- Safe places to leave their loved ones, as many are home alone and shouldn't be.
- More day care options.
- Assistance in "getting the driver's license away" from the people in their care.
- Assistance with financial eligibility pertaining to Medicaid and other programs that are often inconsistent with the information and guidance provided.

5. Ms. Ama Agyemang, Coordinator of the Michigan State University Kinship Care Resource Center.

The number of grandparents raising grandchildren continues to grow across the United States and Michigan. More than 77,000 grandparents are responsible for the care of grandchildren in Michigan.

Grandparents raising grandchildren face many barriers including social service systems that either support parents and children or older adults. Kinship families often fall through the cracks of these programs and services, and as a result are often left without the support and assistance they need.

Services provided by the M.S.U. School of Social Work Kinship Care Resource Center include:

- Training for professionals, service providers and caregivers
- Toll free hotline for information, assistance and support
- Information and assistance with securing financial assistance
- Legal counseling through a collaborative partnership with M.S.U. Law Clinic
- Legislative advocacy with current focus on the proposed "Relative Guardianship Assistance" legislation.

Grandparent Caregivers need:

- More funding for support services like kinship care resource centers.
- More financial assistance as these caregivers often save the state money by keeping the children out of the foster care system.
- Grandparents/older relatives caring for children need access to affordable legal services and mediation services.
- Grandparents/older relatives caring for children need access to affordable health services as the elimination of Medicaid for caregivers has affected many kinship caregivers who are unable to work because of their caregiving responsibilities.
- Grandparents/older relatives caring for children need access to specialized counseling for myriad of issues.

6. Mr. Albert Flores, Michigan Coalition for Hispanic Senior Citizens

The coalition was formed in 1989 as an advisory entity for OSA to learn more about the needs and plights of older adults who are Hispanic.

Many older adults who are Hispanic do not speak English and language is very important in the culture. As a result, communication is a huge problem for many older adults who are Hispanic:

- The language barrier exacerbates all situations.
- Not understanding the language is often terrifying.
- Leads to isolation

Encourages the appointment of a Latino to the Commission on Services to the Aging

7. Ms. Frances Diez-Pletz, Michigan Coalition for Hispanic Senior Citizens

Introduced other members of the Michigan Coalition for Hispanic Senior Citizens present for the hearing.

Expressed a sincere “thank you” for funding from OSA to support activities for older adults who are Hispanic, and for allowing Shirley Bentsen, OSA staff, to serve as a member of the coalition.

8. Ms. Terri Vear, Michigan SAC member, Director of Hillsdale County Commission on Aging

Expressed support for the current State Plan Goal #2:

- Expand capacity and ability at local level to meet needs of older adults

Expressed concern regarding the recently released RFP for the SPE/Aging and

Resource Disability Resource Centers:

- State of Michigan should be cautious about creating more layers of bureaucracy. Money could be better spent on services.
- Expressed concern over the proposed boundaries of the SPE/ADRC service areas.
- State of Michigan should look at existing models already in place like MMAP that use geo-routing of phone calls to accomplish goals of the SPE/ADRC.

State of Michigan should look at representation on the Commission on Services to the Aging and include more state coalitions and associations that represent local service providers as a means of getting information down to the local level.

9. Camellia Pisegna, Director, Region VI AAA FGP/SCP/Family Friends Program and Caregiver

Foster Grandparent and Senior Companion Programs provide support and respite to caregivers:

- FG/SC volunteers are low income and receive a monetary stipend for the services they provide allowing them to maintain their own independence and health by volunteering.
- Encourage expansion of these programs as a support to caregivers.

As caregivers of loved ones in nursing homes, it is wrong to assume that all of your loved one's needs will be met in these settings:

- Nursing home staff are over-worked and underpaid.
- Assisted Living facilities provide a deceptive picture of LTC options except for the rich.
- The State of Michigan should expand Medicaid Waiver for HCBS.
- The State of Michigan should grant money for culture change activities such as the Eden Alternative and Greenhouses.

10. Jeri Weinbrecht, R.N., Caregiver

Recently left her position as a care management nurse for Region 8 AAA to be the caregiver of two aging moms and two aging grandmothers, which leaves her very busy.

Region 8AAA is an excellent organization that does a great job trying to assist older adults in the community.

Expressed concern about the ability of enough direct care staff to meet the needs of older adults in need of care in the community:

- Low reimbursement for home health leads to inadequate pay for direct care workers. Many direct care workers cannot afford to work in the community.
- In-home direct care workers cannot afford to travel between homes as no reimbursement for travel is provided for home health aides.
- At nursing homes, workers can get benefits for full time. However, in-home direct care workers are seldom hired full-time so they do not have access to paid health care or prescription coverage.

11. Jennifer Edsoll, Caregiver

Representing the Capitol Area Interfaith Respite Program and serves as a caregiver to her grandmother.

Caregivers are homebound adults as well and they need more than Depends®.

Caregivers will literally kill themselves to keep a loved one out of the nursing home. Caregivers need:

- More respite.
- More tools to become better caregivers.
- Adequate reimbursement rates must be so that paid caregivers have the necessary skills. That does not happen at \$6.50 per hour.
- More in-home services need to be available for those who are just above the poverty and low income guidelines established for existing programs.

12. Christine Hennessey, Lansing Community College Mental Health Coalition

We are still in the dark ages when it comes to mental health. We need:

- Encouraged support for prevention programs, as they are the first to go out the window when resources are tight. We must start early to prevent more costly problems later.
- The State of Michigan is encouraged to continue to expand the word “health” to include more than physical health. Physical health is deeply intertwined with mental health.
- Encouraged development of services to serve multiple, diverse populations.
- Encouraged efforts to collaborate at local level, as all of these programs must come together to serve older people with mental health needs.

13. Sylvia Stubbs-Berry, Grandparent caregiver

Needs help in knowing what resources are available locally and accessing those resources to help raise her grandchildren

Expressed frustration that she is unable to help her niece because she does not live with her mother.

14. Ruby Morgan, Grandparent Caregiver of three grandchildren but is also the primary caregiver of her mother and aunt, each with dementia.

Expressed need for more help as she has a long way to go, but feels blessed when considering the children could have been removed from the family.

Even though family is low income, grandparent was eliminated from Medicaid due to cuts and can't get:

- Dental care
- Medication for diabetes

15. Nyleane Johnson, Kinship Caregiver, Grandparent caregiver of two grandchildren

Many barriers exist because of the behavior of the parents of the children affected

Family has benefited greatly from services provided through Project Guide (Neighborhood Services Organization, Detroit). The program encouraged and kept me up, provided information and offered support groups where caregivers could exchange ideas and help each other.

Grandparent caregivers need:

- More activities for the children as respite for grandparents who have put their lives on hold to care for them
- Continuous support
- Counseling to help separate the role of “grandma” from that of “mother”
- More support for Project Guide

16. Wanda Gibbs, Kinship Caregiver

As a grandparent caregiver of four grandchildren you often feel like you are in catch 22 situations:

- If you’re younger than 60, you are not eligible for services even though you are a grandparent facing the same things as those over 60 years.
- You need money to care for the children, but then your SSI is cut because you receive the TANF child-only grant.

It would be helpful to have a booklet of information as a resource guide for grandparents raising grandchildren

17. Brad Vauter, Elder Law of Michigan

Many intricate connections exist along the spectrum of caregiving and many of them have legal implications for caregivers.

Encourage the State to expand legal services for caregivers because:

- Many benefit issues are really legal issues.
- Legal issues add to the stress of difficult caregiving situations.

Caregiver legal services could:

- Provide opportunities for low-income caregivers to receive assistance.
- Look beyond pre-packaged sets of legal services for older adults.
- Equip caregivers with needed information.

Urged consideration of establishing a Caregiver Legal Hotline.

18. Beverly J. Sturdivant, Kinship Caregiver

When grandchildren first came into her care, she had no way of getting help or the resources she needed, especially services to help the grandkids get over what they’ve been through. She was very depressed.

Things have changed since coming to Project Guide where the grandparents help each other and the grandkids. Grandparents also receive information and help getting the things they need. Kids also get help.

19. Celeste Conley, Kinship Caregiver, Grandparent caregiver who adopted her five granddaughters to get them out of foster care.

Ms. Conley's 16 year-old granddaughter ran away from home, and DHS Child Protective Services is now threatening her with legal action because the girl is not in the home. The children came to her with many problems and she is now very hurt that instead of help in doing the right thing, DHS is blaming and threatening her. She does not know what to do.

## PUBLIC HEARING ON SENIOR ISSUES

February 22, 2006  
Historic Trinity Lutheran Church, Detroit

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Commissioners in attendance: Jerutha Kennedy, Ramesh Verma,  
William Walters, IV and Janice Wilson

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht,  
Karen Carroll, Julia Thomas, Holliace Spencer

Attendance: 85 (58 older adults)

Number providing testimony: 14

### TESTIMONY

1. Mr. Paul Bridgewater, Executive Director, Detroit Area Agency on Aging

Mr. Bridgewater advised that DAAA is taking a leadership role in the 1-A Planning and Service Area and state to identify and address issues affecting older persons. He identified the following issues and suggested ways in how the Commission can assist DAAA in meeting the needs of their community.

- DAAA supports the Michigan Department of Community Health in its efforts toward the Single Point of Entry system.
- It is imperative that OSA seeks new funding and determines how the Older Americans Act funds and other resources can be used to expand service to meet the increased demand.
- Home and community-based services allow persons in need of long term care to remain in the community and result in saving federal and state funds.
- DAAA supports all Commission efforts that increase the availability of affordable health and wellness services in Region 1-A.
- Recommends that OSA work with MDCH to establish state licensure of assisted living facilities in order to assure quality and allow for objective evaluation of available long-term care options.
- Expand assisted living options.
- Detroit is suffering a nursing home crisis due to multiple closures and high regulatory deficiency rates. OSA work with DCH to improve the stability and quality of Medicaid-dependent nursing homes so that residents have viable nursing home options within their community by:

- Increasing the Medicaid reimbursement by including clinical case mix into the reimbursement formula.
- Implement advocacy-based, consistent regulation and enforcement to reduce the risk of facility closure and improve quality.

2. Ms. Linda Booth, Director, Deaf & Hearing Impaired Services, Inc.

Ms. Booth addressed the special needs for deaf and hearing impaired individuals, as they represent a silent population who do not have a voice. There are approximately 90,000 Deaf and over 500,000 hearing impaired individuals in Michigan, and over 51% of them reside in southeast Michigan. Michigan is 7<sup>th</sup> in deaf population of the 50 states, and 44<sup>th</sup> in the number of interpreters. Many times these individuals have no family. There have been instances where deaf individuals were labeled as incompetent and referred to APS and/or removed from their homes prematurely.

Ms. Booth requested that OSA make this group a targeted population by providing the following services:

- Increase for advocacy and interpretation services by qualified/certified interpreters for the deaf and hearing impaired in medical settings to ensure equal access to medical information.
- Increased social and recreational opportunities for the deaf and deaf-blind to reduce isolation.
- Programming for deaf older adults to learn about the aging process and how to care for their health.
- Support groups for the hearing impaired to provide education on hearing-aid scams.
- Equal access to services and assistive equipment that provide the deaf older adult population the opportunity to age in place.

3. Ms. Laura Ingram, Neighborhood Service Organization

Ms. Ingram was recently involved with the relocation of residents from long term care facilities and expressed concern about the short notice regarding closures in downtown Detroit and western suburbs. Agencies who assisted in these transitions were challenged in finding acceptable placements for these displaced individuals, especially for those residing in homes for the aged. These closures highlighted the need for the continued development of an assortment of living alternatives for older adults, as well as the need for non-traditional sources of caregiving such as the Medicaid Waiver.

4. Ms. Viota Poon, Association of Chinese Americans, Drop-In Service Center.

The Drop In Service Center provides recreation, help and socialization opportunities to Asian seniors in Detroit. Ms. Poon stated that these seniors would be isolated if the senior center closed. She states that the seniors are concerned with their safety, especially while walking to the senior center.

5. Mr. Michael Gilliam, Quality Home Health Care Services of Michigan

Mr. Gilliam noted that many customers' families couldn't help with doing tasks, so the clients are moved to long-term care institutions, which is often not the best place for the client. Mr. Gilliam would like to see freedom of choice for the client in selecting their caregivers and/or care setting. Seniors need to be empowered to make their service decisions. Doctor's care plans can be coordinated with single point of entry care plans to ensure the coordination and continuity of care for seniors.

6. Ms. Gwendolyn Lyon, Asst. Program Director for Alzheimer's Association Greater Michigan Chapter

Ms. Lyon noted that almost 180,000 persons with Alzheimer's Disease (AD) live in Michigan. Of those, 77,000 live in the Metro Detroit Area, while 35,134 live in Wayne County. There are limited options that families can choose from to properly care for their loved one, as well as caring for themselves, as they strive to keep their loved one at home for as long as possible.

Ms. Lyon states there is a strong need to establish more adult day care centers, educate, train and support the families of persons to provide effective care to their loved ones with AD. Train staff to provide effective care for persons with AD. This need is amplified as research predicts that by the year 2050, 14 million persons will have AD in the United States. Currently, most health insurances do not cover the costs of adult day care and neither does Medicare. The funds must come from somewhere, especially for persons who cannot afford to cover adult day care costs themselves.

She requested serious consideration be given for adult day care and caregiver support, education, training and funding allocations.

7. Leslie Mayfield, Delray Senior Pavilion

Ms. Mayfield's father served in the Navy during WWII. He resided in the Fairlane Institution for seven years. Ms. Mayfield lives at the Delray Senior Pavilion and participates in the Food and Friendship program. She states that participants with special diets need nutritionist advice, perhaps 5 to 10 minutes of individual consultation.

8. Ms. Roberta Cottman, Professor Emeritus, Health and Gerontology, Wayne State University

Ms. Cottman believes we should develop ourselves at the highest level of our ability. She advocated for community integration. She referenced the Department of Health and Human Services "Healthy People 2010" project that has two overarching goals:

- Increase Quality and Years of Healthy Life
- Eliminate Health Disparities among different segments of the population.

Ms. Cottman called for continued monitoring of Title V of the Older Americans Act, which focuses on mature workers age 55 and older. She also expressed a desire for the minimum wage to be raised.

Ms. Cottman noted that you can't receive health care if you do not have access to health care, and cited the need to focus on health disparities. She also advocated for establishing partnerships among various disciplines.

9. Ms. Alberta Witherspoon

Ms. Witherspoon, 71 years of age, was a crime victim in 1988. She lost her beauty shop. She has lived in an apartment that was infested with rats for over a year and lives on \$400.00 month Social Security.

10. Ms. Mary Howard

Ms. Howard is 92 years old and lives alone in a house. She requested help in obtaining someone to stay with her at night.

11. Rev. Lawrence Dunwoody, New Genesis Missionary Baptist Church

Rev. Dunwoody noted that many seniors are taken advantage of by unscrupulous home repair providers and that there are many scams surrounding home repairs. New Genesis is seeking to establish a joint venture to provide senior citizens with homeownership services with the City of Detroit that includes an emergency minor home repair supplemental program. The joint venture that New Genesis proposes would add a new component to this program to offer an Age in Place Homeownership Training Forum and a Residential Repair Skills Training Pogram for displaced workers in the City of Detroit.

12. Ms. Satrice Coleman-Betts, Executive Director, St. Patrick Senior Center

Ms. Coleman-Betts stated that she feels responsible to take care of our "collective grandparents". Her agency provides congregate meals, intervention and health services. They help seniors to help themselves, and notes that sometimes seniors need an outside contact to identify and resolve issues. She also expressed concern regarding the closure of senior centers.

13. Ms. Crystal White, Project Guide - Grandparents Raising Grandchildren, Neighborhood Service Organization

Ms. White noted that 4.5 million grandparents are raising grandchildren in the nation, and 17,800 grandparents headed households in Detroit. This is the 14<sup>th</sup> year of Grandparents Raising Grandchildren Program at her organization. The program received much less

funding this year, and as a result, she had to reduce her staff levels from six members to one – herself. There is no longer a children’s component to the program. She stated that respite care is greatly needed by grandparents. She also states that she sees a pattern developing of grandparents who are raising grandchildren dying at an alarming rate from the stress associated with their role.

14. Ms. Dorothy Stone Montgomery, Chair, Detroit Area Agency on Aging Advisory Council

Ms. Montgomery thanked the Commission and the Michigan Office of Services to the Aging for hearing their voice surrounding the issue of healthy aging and being proactive in developing a statewide strategy to address chronic disease, disability and access to care. She noted that it is important to bring together public and private resources that can address healthy aging from the cradle to the grave. She specifically called for the Commission to partner with DAAA to address premature death resulting from a variety of socio-economic and lifestyle factors by:

- Developing a Senior Health Report Card that compares major cities or regions to a state standard.
- Partner with DCH to locate additional resources to support health promotion activities.
- Assess nutrition, home and community-based services funded through Area Agencies on Aging to determine where chronic disease management interventions can be implemented.
- Launch a statewide social marketing campaign to convince older persons to adopt healthy lifestyle behaviors.
- Create a healthy aging resource database that can be made available through a multi-faceted strategy to direct older persons to healthy aging resources.
- Provide “healthy aging” training to assist aging network service providers in implementing evidence-based health promotion and disease management interventions.
- Empower older persons to better utilize health care benefits and services such as their primary care physicians, Medicare Part D, and other resources.

15. Mr. Thomas Cervenak, Executive Director, People’s Community Services.

Mr. Cervenak stated that his agency is a DAAA service provider and has operated an Adult Day Care program for the past 29 years. His comments centered on the continuum of care for seniors. He noted that adult day care provides a significant contribution to seniors and their caregivers’ lives, often holding the family together. The service keeps seniors in the community. He stated that adult day care is a very complex program with a whole array of services that must be available to clients. He urged that the Commission continue to look at adult day care funding for the service to be most effective.

PUBLIC HEARING ON SENIOR ISSUES

March 17, 2006  
ACCESS, Dearborn, Michigan

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Commissioners in attendance: Annette Guilfoyle, Cheryl Bollinger,  
Herman Dooha, Sonia Harb,  
Chun-Keung Leung, Thomas Rau,  
Ramesh Verma, William Walters, IV,  
Janice Wilson and James Wright

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht,  
Eric Berke, Karen Carroll, Janis Bowlin,  
Neelam Puri, Steve Betterly, Laura McMurtry,  
Peggy Brey

Attendance: 57 (18 older adults)

Number providing testimony: 17

TESTIMONY

1. Mr. Greg Adair, Founder, Affordable Home Care in Livonia.

Mr. Adair worked in nursing homes for many years, and started his company to help people stay in their homes. However, many seniors can't afford private duty, in-home care. As a result, Mr. Adair encouraged the allocation of money for expansion on the MI-CHOICE Medicaid Waiver Program and asked the question: "Why do we keep funding nursing homes when we can provide care in-home so much cheaper?" Mr. Adair also encouraged the state to create a "Bad Apple Task Force." to help identify and remove poor quality providers of LTC from the system.

2. Mr. Raymond Roberson, National Federation of the Blind

Mr. Roberson expressed concern regarding the needs of older adults with visual impairments and stated there is little connection between the aging network and organizations that serve older adults with visual impairments. He encouraged OSA and CSA to network with the National Federation of the Blind to better serve this population. Mr. Roberson also expressed concern that documents published by OSA, including public hearing notices, were not made available in a format that older adults who are blind or visually impaired can access. While technology offers options for persons with visual impairments to access information, not all people with visual impairments have access to that equipment. He encouraged OSA to use large print, Braille and audio cassettes to improve the distribution of information to those who are visually impaired.

3. Ms. Renee Bellamy, local agency representative

Ms. Bellamy works with the local agency that provides 211 services and wants the aging network and older adults to be aware of local 211 systems that provide information and referral services about health and human services and agencies. Ms. Bellamy also stated that her agency receives many calls regarding senior issues and suggested 211 systems could be used to help communicate information to older adults and inform AAAs about emerging needs in the community.

4. Ms. Patricia Terk, Gerontology Student, Madonna University

Ms. Terk indicated that Madonna University social work students had worked with The Senior Alliance to develop and conduct a survey of older adults and their needs in the community. A full report will be sent to OSA in April. Ms. Terk highlighted several needs identified by the thirty-five older adults surveyed. All of the individuals surveyed lived independently in the community. The needs identified included:

- Assistance with insurance/tax paperwork
- Assistance with prescription drugs
- Home repair

The greatest worries for the older adults surveyed include:

- Paying for prescription drugs
- Personal illnesses/falls.

The most important services available to the older adults surveyed include:

- Home Delivered Meals
- Meals at senior centers
- MMAP
- Senior fitness and health programs
- Home repair services

5. Mr. Roger Spooner, Retired Adult Protective Services Employee

Mr. Spooner expressed concern about the current state of the Adult Protective Services Program in Michigan. Mr. Spooner indicated that when the early retirement packages for state employees were approved by the Legislature, guarantees were offered that no reductions in either Child Protective or Adult Protective Services would result. However, since that time APS has lost 40% of its staff and is not working as it should. Current efforts to cross-train APS/CPS staff have not been successful as responsibilities and approaches needed are totally different. Current efforts to help people remain in their homes also increase the vulnerability of those seniors and efforts to prosecute those who neglect, exploit or abuse them. Mr. Spooner also expressed concern the Governor's budget includes funding for 51 new CPS positions but no increase for APS.

6. Ms. Dorothy Lapham, Senior Companion of Wayne County

Ms Lapham encourages OSA to continue providing support for the Senior Companion Program. Senior companions help older people who need assistance with their banking, providing transportation to the store and appointments, reading and keeping them company. When senior companions are in the home, respite is also provided for working caregivers.

7. Ms. Karen Jonas, Pharmacist, member of Michigan Pharmacist Association

Ms. Jonas encouraged the governor to work to ensure the viability of the Medicare Prescription Drug Benefit Program by maintaining access for beneficiaries to a variety of competitive plans. She expressed concern that current discussions about limiting the number of plans accepted for the program would also limit the right of beneficiaries to choose the pharmacy of their choice.

8. Ms. Amne Talab, ACCESS

Ms. Talab spoke to the needs of Arab-American older adults given that many of them came to the U.S. as refugees. Many of these older adults are experiencing serious problems as recent changes in the federal immigration laws require that refugees must become U.S. citizens after 7 years or they become ineligible for services. Meeting this requirement is very difficult for older refugees given the difficulties with language and access to services. As a result, many will lose their SSI benefits, which may be their only source of income. Ms. Talab also encouraged the continuation of specialized services for older refugees such as; transportation, special diets, social activities, and outreach

9. Mr. Jim McGuire, Area Agency on Aging 1-B

Mr. McGuire spoke of the need for increasing the availability of services for older adults. The aging network has the infrastructure and capacity to serve the growing older population; barriers exist which limit the network's ability to respond. While the AAA is appreciative and supportive of the efforts to create Single Points of Entry as a means of improving access to LTC services, there is little benefit if there are no services to provide. The aging network has actually lost capacity to serve given flat funding. Additional services may also be lost when the increase in the minimum wage goes into effect. Rather than developing new services, the State should focus on funding core services for older adults given the existence of waiting lists and the rationing of services to those who are currently being served.

10. Mr. Scott Layher, Washtenaw County Senior Advocates and Blueprint for Aging Initiative

Mr. Layher presented information on the Washtenaw County Blueprint for Aging Initiative funded by the Robert Wood Johnson Foundation.

He spoke of its success in helping the county to create an infrastructure to collectively deal with ongoing and emerging aging issues. Mr. Layher stated that many preconceptions exist about Ann Arbor and Washtenaw County that are not true for many of the seniors who live there. Many are poor, non-English speaking, and live in rural areas. A community-wide survey found that an overwhelming number of respondents had financial concerns related to health care and housing. Transportation was named over and over again as a huge issue as many seniors reported they couldn't get where they need to go in a safe and dependable way. Trust and knowing where to turn with a problem were also identified as crucial to quality of life and dignity. All issues should be addressed if the state plan is to be successful. Finally, Mr. Layher expressed support of neighborhood solutions and resources to address the issues of trust and encourage senior leadership in the resolution of community issues.

11. Ms. Justine Bykowski, Community Outreach Program.

Ms. Bykowski spoke in support of the proposed goal, "Older adults have a choice in where they live" given lifestyle choices and the availability of personal resources. However, the term "assisted living" is just a market strategy and the risk is still on the consumer to make good decisions. There is no single integrated system available to assist elders/families in making informed, individualized choices and/or decisions. Ms. Bykowski encouraged the state to look at developing an interactive, comprehensive LTC system (like Florida) where people can call in and have access to information and guidance on all options.

Ms. Bykowski also offered support for "Medicaid money to follow the person" as an alternative to nursing homes, encouraged programs to help people learn to save for LTC, the handling of resources and to understand what it means to "draw down". Finally, Ms. Bykowski recommended that efforts be made to help builders and contractors construct new and remodel existing housing that is ADA compliant.

12. Ms. Christine Goldberg, Adult Well-Being, caregiver

Ms. Goldberg spoke regarding the needs of caregivers, including those who work, that must use their time off for caregiving responsibilities like doctor's appointments or when care is not available at home. These caregivers need respite for all levels of care; especially for those who are caring for people with multiple health needs requiring very specialized skills. The development of more self-directed respite programs, both in-home and facilities where staff has skills to care for high level of need recipients. Ms. Goldberg also encouraged continued funding for caregiver support groups that offer a safe haven for caregivers to be understood and accepted, to learn and share experiences and to meet others in similar situations. The support groups are a lifeline for caregivers to hold on to and an investment that will save money in the long run and help families.

Ms. Goldberg also delivered written testimony from Helen Anne Carisse and Ms. Irene Krawczyk.

Ms. Carisse is a caregiver for her mother who has Alzheimer's Disease and other serious health issues. To care for her mother, Ms. Carisse became her guardian and lives with her to provide 24/7 care. As a result, she has been unable to be employed. Given the inclusion of her mother's social security income, Ms. Carisse was determined ineligible for public assistance and Medicaid. An exception has been made by DHS for her situation, but she asks that some funding be made available to seniors and/or their caregivers who "fall through the cracks" and need temporary assistance so that good care can be provided.

Ms. Krawczyk is a caregiver for her mother. She wrote of the importance of support groups and respite for caregivers, citing her own participation in support groups provided by Adult Well Being. She asked for funding to continue these groups.

13. Ms. LuAnne Bullington, Washtenaw Senior Advocates member

Ms. Bullington testified that for older adults to successfully age in place they need access to information, door-to-door transportation, and accessible housing for people with disabilities. Ms. Bullington also expressed the importance of senior centers as the "perfect outlet" and other health, education, social and service activities, and encouraged OSA to support the return of full funding for Senior Centers. Ms. Bullington further encouraged OSA to lobby to eliminate the cuts in public transportation, restore funding to its original levels and increase funds for door-to-door transportation that would target seniors living in outlying areas. Finally, Ms. Bullington asked OSA to support HB4138 (the Visitability Bill) and other similar legislation that would require MSDHA to spend federal funds to build homes that are barrier free and accessible through at least one entrance and to one bedroom.

14. Ms. Rose Khaliga, R.N.

Ms. Khaliga spoke regarding the training of direct care staff, and encouraged more training in the areas of cultural competency and age appropriate interventions. It is also important that educational materials and information be available in different languages based on the composition of the community, as well as the implementation of outreach strategies appropriate to community cultures. Bi-lingual phone messages are also important, as people who can't receive information in a form they can understand can't act on that information. As an example, Ms. Khaliga talked about people ending up in hospitals and emergency rooms because they could not understand about Medicare Part D, resulting in them not receiving their medications when needed.

15. Ms. Monique James, The Senior Alliance

Ms. James addressed the Commission regarding the importance of a variety of critical services for older adults and the need for resources to support those services. Specific services include:

- Programs to support active lifestyles, health and wellness.
- Senior centers as the mechanism to provide those services.
- Tangible support for caregivers including respite and especially respite on an emergency basis.
- Home repair given many seniors want to stay at home, but can't maintain them.
- Transportation, since many seniors are homebound only because they don't have transportation. Without transportation, a vicious cycle is often created which leads to other serious issues.

16. Ms. Sharon Davis

Ms. Davis believes that the portrayal of seniors on television is appalling and efforts should be made to encourage more publicity that supports reverence/ respect for elderly. Public Service Announcements should also be created to focus on the positive aspects of aging and position older people in the community as a resource. The development and support of intergenerational opportunities and activities would help achieve a better image of older adults.

17. Dr. Karl Gregory

Dr. Gregory offered comments on all six goals proposed in the plan to address the most critical themes:

Goal: 1 Improving Health and Nutrition

- Urge the state to expand Health Promotion activities that are provided in a culturally sensitive and age-appropriate manner.
- Include mental health and substance abuse services in the health goals and objectives.

Goal: 2 Information and Services for Caregivers

- Seniors should have a greater array of long term care choices and should be able to use long term care dollars in the most appropriate setting for their needs.
- Expand the MI Choice Medicaid waiver program to make those choices possible for more people.
- Caregivers agree with the concept that "the money should follow the person."
- Develop a model of respite based on customer choice or self-determination and find new ways to expand this type of service.
- Timely and accurate information for caregivers is essential with information disseminated through multiple means.

Goal: 3: Financial Independence and Economic Security

- OSA to take lead in advocacy with regards to issues such as privatization of social security.

- Medicare Part D prescription coverage plan may need to be revised to ensure people have access to drugs essential to their good physical and mental health at costs they can afford.

Goal 4: Protecting elders from abuse and exploitation.

- As the number of older people with dementia increases, continuing efforts to promote awareness and education of dementia must take place.
- Support range of alternatives from advocates and representative payees to full guardianship when needed.
- Access to reliable persons/organizations to assist families.
- Assistance to caregivers, including training and respite.

Goal 5: Ensure that elderly citizens have a choice in where they live.

- Home repair and home modification programs can help seniors remain independent in their home.
- Focus on creative partnerships and approaches to expand assisted living options available to those on lower incomes.
- Improve public transportation systems to make community living a more viable option.

Goal 6: Improve the Michigan Aging Network

- Join efforts with Adult Well-Being Services to ultimately improve lives of our state's older adults through improvement at the state, sub-state and local levels.

PUBLIC HEARING ON SENIOR ISSUES

March 21, 2006  
Senior Services, Inc. Kalamazoo

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Commissioners in attendance: Jerutha Kennedy, Cheryl Bollinger, and  
William Walters, IV

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht,  
and Steve Betterly

Attendance: 51 (34 older adults)

Number providing testimony: 16

TESTIMONY

1. Ms. Jan Livesay

Ms. Livesay expressed support for the TRIAD and the Safe/Sound/Secure Program stating that it provided AN abundance of information and was very good for seniors. She indicated that safety and security issues of seniors, including elder abuse were her primary concern. She stressed the need for more education of seniors as to “what to do” regarding elder abuse, what to report, and where to go to initiate the process and “chain of communication.”

2. Ms. Chris Granaderos, Nutrition Director, Senior Services, Inc.

Ms. Granaderos offered comments regarding nutrition and the fact that it is one of the most important factors of successful aging. She stated that access to fresh fruits/vegetables is critical to the maintenance of health and prevention of disease. She asked the State to continue supporting nutrition providers in their efforts to provide nutritious meals to as many older adults as possible by helping them to pool resources of programs across the state to leverage buying power as one means of keeping costs low. Ms. Grandaderos also encouraged more work with the Michigan Food Policy Council to effectively link local farms with seniors for improved access to fresh fruits and vegetables.

3. Richard Glass, RSVP Volunteer

Mr. Glass has served as an RSVP volunteer for more than eight years and has delivered meals, stocked the food pantry, provided medical transportation, worked at the Art Fair, Keyboard Festival and tutored elementary students in reading and math. He currently serves on the RSVP Advisory Council. Mr. Glass spoke of the many contributions the Kalamazoo RSVP program makes to the community through activities like Tuesday

Toolman, MMAP and TRIAD He added that many older adults also benefit, as volunteering helps them stay physically and mentally active, as well as providing them with a sense of purpose and accomplishment.

4. Ms. Joyce Perry

Ms. Perry encouraged the development of transportation alternatives to ensure that seniors can get to and from outpatient medical procedures when an escort is required. She relayed information about a program in Maryland that negotiated a waiver of liability so that taxies and taxi drivers could be used for this purpose. Ms. Perry encouraged the development of a similar program in Michigan, including negotiation of a waiver for liability of hospitals.

5. Ms. Peggy Sattler, Area Agency on Aging 3-AAA

Ms. Sattler identified the following areas that need to be addressed in order for older adults to successfully age in place:

- Senior housing options with lower costs than nursing homes are needed, including affordable assisted living.
- Transportation where you don't have to wait for hours. Need to be able to get to medical appointments, shopping, social opportunities, etc.
- Support and assistance in understanding and help completing forms.
- Information on programs that could save money, and services they may be eligible for in the community. The development of an SPE could meet that need in Kalamazoo.

6. Ms. Maggie Bresz, Services Coordinator, Spring Valley Crossing Apts.

Ms. Bresz expressed concern about the currentl staffing levels for Adult Services workers in DHS. For many older adults, APS is the single point of contact for information and accessing services. However, at the current time, caseloads are so high that many workers do not have the time to do everything that needs to be done. More workers are needed so they do not experience burnout, and support is given. Ms. Bresz recommended the State provide full funding of core programs before starting new ones like SPEs.

7. Ms. Kathy Hoekstra, Alzheimer's Association

Ms. Hoekstra indicated that the State needs to better recognize the burden of dementia to Michigan and advocate for more programs and services designed to alleviate that burden, especially in rural and underserved areas. Specific recommendations presented by Ms. Hoekstra included:

- Funding for provisions of the Life Span Respite Program at both the federal and state level.

- Educate legislators on the importance of the Healthy Michigan Fund and programs it supports such as the Alzheimer’s Information Network.
- Michigan should adopt principles of “money follows the person” in the provision of Medicaid LTC services.
- Continue support for implementation of the Michigan Long Term Care Task Force.
- Expand the Home and Community-Based Medicaid Waiver Program.
- Support recommendations of the 2003 Dementia Plan and the efforts of the dementia coalition to implement those recommendations.
- Encourage OSA and AAAs to work with the Alzheimer’s Association and others to train staff in best dementia care practices.

8. Ms. Vivian Omcapah

Ms. Omcapah has served as a senior companion for the past 15 years. She expressed appreciation for the support received for the Senior Companion Program (SCP) and asked for continued support; especially since gas prices have made it very difficult for volunteers to serve. As a result of this support, the program has been able to give back 80,000 hours of service to the community - all given in love. The Foster Grandparent Program is similar to SCP except the volunteers work with kids. The kids are so generous and give lots of hugs. The programs has also:

- Helped me deal with my grief
- Meet nice people
- Helped me to get out instead of staying in my home
- Go to social activities, which make me, feel bright, alert, better.

9. Ms. Jo Arnold, Director, Portage Senior Center

Ms. Arnold offered enthusiastic support for Goal #1, citing that prevention should be at the center of any LTC discussion, as most LTC needs exist because of chronic disease and accidents. She encouraged the State to acknowledge and financially support evidence based health promotion and prevention programs like the Chronic Disease Self-Management Program developed at Stanford University. Fall prevention and depression education should also be considered for funding. Senior centers are a logical place to offer health promotion, prevention and education programs as they offer low-cost alternatives to fitness centers and are egalitarian.

10. Ms. Carole Newburry

Ms. Newburry identified nursing home care as her primary concern indicating that Michigan is failing to protect residents, citing several examples of poor care and low quality homes in the greater Kalamazoo area. To improve options and the quality of care, Ms. Newburry asked for expansion and full-funding for the Home and Community Based Medicaid Waiver Program, and the addition of more well-trained staff at the state level to inspect nursing homes, handle complaints and monitor care. If this necessary service can't be funded, the State needs to rethink tax cuts and their effect on citizens.

11. Mr. Garrand Macleod, RSVP Volunteer and Board Member

Mr. Macleod has served as an RSVP volunteer for 6-7 years and expressed gratitude for the opportunity to serve in some of Kalamazoo's fine community service organizations. As a former radio reading program host, Mr. Macleod now volunteers as a reader for the "Late Show" at the Kalamazoo County Juvenile Facility. Mr. Macleod discussed some of the many RSVP services provided to other seniors such as MMAP, transportation, home repair, and nutrition education. He also acknowledged the work of the RSVP staff to ensure that seniors are served so they themselves can serve the community. He asked that that adequate federal, state and local funding be allocated to RSVP so the program can be effective.

12. Mr. Doug Norman

Some items of concern/ideas for improvements:

- Cost of fuel for seniors – more governmental control of refineries
- Newsletter for seniors as to where the best values are for drugs and home repairs (like the shopping guide)
- Programs for learning "hands on" repairs
- Property condemnation for failure to pay property taxes is bad as it affects other home values.
- Nursing home care is often "wait to die" care.
- Safety in hospitals – people often die of other things than what they went in for.
- Depression needs to be addressed, often too busy working to realize – often first stop to suicide
- Inequity of private pay nursing homes vs. Medicaid
- Address on a state level 29% of trash comes from outside of Michigan

13. Ms. Lois Stegman

Expressed concern that funding for innovative, low-cost exercise programs for older adults is disappearing. If programs exist, but seniors can't afford the fee or are without transportation, then the programs are really not available. Ms. Stegman encouraged the state to partner with other community organizations to offer these types of opportunities

for older adults. She further stressed the importance of organized classes being taught by experienced teachers who have been trained to work with older adults to prevent injuries.

14. Ms. Colleen Simpson, South County Community Services Coordinator

Think emphasis on rural, especially where urban/rural co-exist. Need creativity to be innovative.

MMAAP hours could be spent discussing Medicare Part D – use all powers to push back penalty deadline as far back as possible.

15. Mr. Jeff Mitchell, VanBuren Road Commission

Mr. Mitchell spoke regarding the importance of transportation for older adults, especially in rural areas where many people who shouldn't drive, keep driving because no alternatives exist. As a result, accidents happen. Recent budget cuts in the Department of Transportation has resulted in the elimination of half of the vehicles for special transportation creating hardships for many older adults, especially in rural areas.

16. Judy Sivak, 3AAA Director

Ms. Sivak expressed her desire to talk about both the quality and quantity of services for older adults, as both are essential regardless of where people live and encouraged the Commission to:

- Continue advocating at the state and federal level for more funding for home and community based services as these services help reduce the need for more expensive care and waiting lists exist.
- Support the development of LTC Single Points of Entry so that consumers and professionals have one, well-defined place that provides expert and unbiased information, referrals and assessments.
- Allow consumers to choose the providers of their LTC services and to expect that quality services will be provided.
- Significantly improve Michigan's system of protecting nursing home residents. Residents rely on the State to be responsive and enforce regulations through the survey process and complaint investigations. Michigan must have the guts to change ownership or close homes that are consistently putting residents in jeopardy.
- All LTC settings should be required to adopt practices that lead to quality of care and life, helping to pay for the improvements, training and monitoring to insure that positive change occurs.
- Improve initial and ongoing training requirements for all direct care staff with increased resources to pay for that training.
- Work with Michigan Department of Transportation on increasing transportation resources for specialized populations.

- Give high priority for the provision of evidence-based health promotion programs, especially at Senior Centers with efforts made to work against the elimination of Title III-D – Health Promotion in the proposed FY 2007 federal budget.
- Continue involvement with the Elder Abuse Task Force and monitor to ensure to implementation of the resulting recommendations.
- Advocate for more Adult Protective Staff to protect the most vulnerable old and ensure these staff have expertise in elder abuse, not cross-trained to also handle child protective services as well.
- Ensure that more prosecutions are made with regard to financial exploitation cases.

PUBLIC HEARING ON SENIOR ISSUES

March 29, 2006  
University of Michigan in Flint

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Commissioners in attendance: Jerutha Kennedy, Cheryl Bollinger, and William Walters, IV

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht, and Julia Thomas

Attendance: 32 (7 older adults)

Number providing testimony: 14

TESTIMONY

1. Ms. Teresa Gilbert, Greater Michigan Chapter of the Alzheimer's Association, East Central Michigan Region.

Ms. Gilbert expressed appreciation for OSA's work and support for the Dementia Coalition and Adult Day Care.

2. Ms. Yuliya Gaydayenko, Jewish Community Services, Flint.

The economy in Genesee County makes seniors very vulnerable. Younger folks leave the area to find jobs, leaving older parents behind in the community. Their care falls to the public and public service agencies in their children's absence. Yet, United Way funding of public service agencies has dropped each year.

Ms. Gaydayenko feels there is a "State of emergency" in Genesee County. She feels that residents of Genesee County are overlooked in favor of residents in Wayne & Oakland Counties.

Many citizens and organizations in Genesee County are working very hard to get a senior millage. Such a millage would provide another level of support and would provide funding to replace dollars that they have already lost. Ms. Gaydayenko wants OSA to help by advocating for its passage.

Ms. Gaydayenko stated there is a lot of collaboration in Genesee County, especially with the United Way. She expressed the need for a survey of senior needs.

3. Mr. Fred Leuck, Transportation Coordinator for Lapeer County, State Advisory Council member, VAAA Advisory Council member

Mr. Leuck comments centered around transportation. He noted that transportation issues are usually within the top three items mentioned in senior discussions and that they play vital roles in three of OSA's State Plan Goals. Transportation has been identified as a high priority in both "Cool Cities" and "Elder Friendly Cities." However, while there is much talk on transportation needs, little is being done to meet the needs.

Mr. Leuck suggested assigning senior transportation needs to the State Advisory Council as a project.

There are 12,000 seniors in Lapeer Co. Demographic predictions indicate that by 2020, the entire population will double from 90,000 to 180,000. It is a bedroom community for Oakland and counties to the south, and is becoming a retirement community for people relocating from Oakland and other metropolitan areas. Yet children are increasingly "taking the keys" away from elderly parents who are then left with no independent means of mobility for shopping, medical appointments or for living where they choose.

Mr. Leuck identified several factors that contribute to the lack of public transportation. First, the State of Michigan subsidizes public transportation on a per rider basis. Over time, the subsidy has decreased on average of 1% per year from 50% to 39.4% today. Without the state subsidy, a ride on the Lapeer transit system costs the Transit about \$9.40 per ride or \$18.80 for a round trip, a cost that is not affordable for most seniors. Because the Transit Authority charges seniors and the disabled only \$1.50 per ride, the State subsidy is vital. Second, fuel costs continue to escalate at an alarming rate. While the Lapeer Transit system buys fuel at wholesale prices, they still pay over \$12,000 per month to operate 23 buses. Third, while rural transits cover the largest area of geography to transport riders, they do not receive the lion's share of transportation dollars. Finally, the way Federal Grant monies can be spent are often restricted to buying capital equipment (buses), and can not be used for operating expenses. In maintenance mode there is no expansion dollars available. In Lapeer County, there is no countywide service. Only five municipalities are served. Additionally, 20% state matching funds are required to receive the federal dollars. Also, the state determines the allocation of the Federal Transportation Bill funding which can include anything from road repair to public transit. Mr. Lueck noted that OSA could advocate for funds to be shifted to public transportation.

Mr. Lueck's suggestions for OSA to improve senior transportation include:

- Work with MDOT to make public transportation for seniors a priority.
- Advocate for Federal Transportation grants to allow more discretionary spending by the transits who receive those dollars, instead of earmarking those funds for capital improvements, only.
- Consolidate all transportation money to public transportation authority. Many local agencies receive transportation dollars to transport their "proprietary clients". Mr. Lueck feels that

consolidating these monies to the transit authorities will allow for expansion of service, eliminate waste, and avoid duplication, as the transit authorities know transportation.

4. Ms. Kathy McGeathy, The Disability Network

Ms. McGeathy's organization operates a Center for Independent Living. She expressed the need of the aging network to collaborate with the disability community as the two constituent groups share many commonalities. She would like to see advocacy efforts that make the community better for everyone.

5. Mr. Charles Tommasulo, Director Family Service Agency, Mid-Michigan

Mr. Tommasulo's organization serves Genessee, Lapeer, and Shiawassee counties. He feels it is the best network for seniors in Michigan, as they share resources and talent in the network.

His area of concern is guardianship/conservator services in crisis situations. He states there is a shortage of guardians for seniors who need this kind of assistance; in fact, there is a waiting list of seniors needing this service. He feels this is due to two reasons:

- Guardians receive only \$1.97/day reimbursement.
- The process to become a guardian is a complicated process.

6. Ms. June L' Armour, Foster Grandparent.

She uses the U-Ride Transportation Service, which allows her to live a full and active life, and to get to and from her volunteer assignment each day. She stated that family members of seniors often work and are very busy, often too busy to transport their senior relatives. She feels that she is needed and appreciated at her volunteer station. She is able to make a difference in the life of young people through her participation in the Foster Grandparent Program. Those young people will in turn grow up to make a difference in the community. She wants to see the continuation of the senior transportation service.

7. Ms. Kathy Boles, Director of the Valley Area Agency on Aging VAAA

Ms. Boles noted that there were many Service Providers present at the public hearing today, and that she is grateful for all that they do. She stated that VAAA needs additional funding, as there are 1,065 seniors on a waiting list for services in Genessee County, a number will continue to grow. There are extenuating circumstances in their community surrounding General Motors' presence in their economy. She stated that the State should consider Genessee County as a priority. She noted that the MI-Choice Medicaid Waiver program is under funded by \$3 million in Genessee County, and that the county has never received their fair share for this program. Currently, there are 160 persons waiting for this service in Genessee County.

8. Ms. Joann Phillips, Foster Grandparent

Ms. Phillips gave comments regarding public transportation for seniors, or “us.” She relayed information regarding a recent experience with Burton U-Ride. She had called on a Monday to make arrangements to have transportation to a doctor’s appointment on Thursday. On Wednesday, at approximately 3:00 p.m. they contacted her to advise her they could not accommodate her need on Thursday. As a result, she had to go to her daughters’ home so that her daughter could provide transportation to the appointment.

Ms. Phillips wanted to know the reason why U-Ride had to cancel. She has heard that that reason was due to maintenance problems, and that there is not enough money to maintain transportation vehicles. She feels there should be a priority for transportation systems that serve seniors.

Ms. Phillips suggested working with college students to develop them as volunteers for senior services. She also suggested that Job Corp. participants serve seniors.

9. Ms. Karen Reid, RSVP of Genesee & Shiawassee Counties

Ms. Reid thanked OSA for their continued support of the RSVP program. She stated that it is difficult to recruit volunteers. She also offered support for the testimony that had already been given on the need for supplemental transportation resources for seniors and senior centers. (*Karen Carroll, Pam Hall, and Sherri King*)

10. Mr. Mark Swanson, Director of Howell Senior Center, and representing the Michigan Association of Senior Centers.

Mr. Swanson questioned the elimination of the “Senior Center Staffing” line item from the OSA budget. He felt that it sends a message that senior centers are somehow of diminished importance in the delivery of senior nutrition and community based services. He feels that senior centers are both an efficient and the senior preferred vehicle for service delivery.

Mr. Swanson made many suggestions for OSA to do to help senior centers:

- Promote and assist those counties without senior dedicated millages in raising awareness and initiating campaigns.
- Initiate a bi-annual election year Senior Center Awareness and Appreciation Week, and facilitate our legislators to visit centers.
- Analyze per capital senior usage of Medicaid and nursing home admissions in both non-millage and millaged counties, and the age of admissions in those counties.
- Promote a “senior friendly” state license plate with proceeds back to centers.

- When feasible house OSA or AAA state and/or programs in senior centers both for cost efficiency and to utilize the senior-preferred location.
- Support and promote congregate meal sites.
- Encourage and promote a statewide adoption of the county sheriffs' TRIAD program, support their efforts, particularly in the home-safety arena.
- Promote tougher drivers licensing standards with senior driver accidents now exceeding teen drivers for the first time.
- Encourage and support senior-friendly affordable and mixed-income housing.
- Promote and facilitate senior-friendly comprehensive health care in the most personalized and localized setting possible.

14. Ms. Gayle Reed, Director, Heart of Senior Citizen Services

Ms. Reed strongly urged OSA to acknowledge and recognize the importance of senior centers to the aging community. She expressed the absolute need for people to grow older with the highest levels of health, vitality and independences. Health and well-being of seniors must include the ability to function effectively in society, to exercise self-reliance, and to achieve a high quality of life. She stated that senior centers are excellent sites for community-based health promotion activities. She noted that seniors who attend senior centers do so on a regular basis of 2 – 3 times per week where they take part in health prevention screenings, exercise, nutrition health education, fitness and health maintenance activities, information and assistance, social and recreational opportunities as well as volunteer activities.

Ms. Reed made the following recommendations for action to OSA:

- Encourage the Governor to reinstate the “Senior Center Staffing” line item in the state budget to at least previous funding levels.
- Support expanded role for senior centers as focal points for community based services for seniors, caregivers and families.
- Support operation of senior centers as independent service agencies, and the placement of social and clinical services within those agencies.
- Modernize Title III of the Older American’s Act to facilitate access to all services based at senior centers, and increase funding for those services.
- Strengthen the delivery of services under Medicare, Medicaid and other programs, through multi-purpose senior centers.
- Support efforts to modernize and upgrade senior center facilities so that they will attract and serve new generations.
- Support policies that enable senior centers to expand opportunities and partnerships for lifelong learning and creative civic engagement.

PUBLIC HEARING ON SENIOR ISSUES

May 19, 2006

Little Bear East Community Center, St. Ignace, Michigan

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Commissioners in attendance: Jerutha Kennedy, Cheryl Bollinger,  
William Walters, IV, Janice Wilson  
and James Wright

OSA Staff: Sharon Gire, Bonnie Graham, Cindy Albrecht,  
Eric Berke, Dan Doezema, and Laura McMurtry,

Attendance: 26 (6 older adults)

Number providing testimony: 17

TESTIMONY

1. Ms. Nancy Ragan, RN and staff educator for Otsego Memorial Hospital, Facilitator for a dementia support group.

Ms. Ragan discussed the fact that caregivers, especially older caregivers, are often ill-equipped to provide 24/7 care. They need education and instruction to provide care, but what they most often need is sleep. When respite is provided, caregivers often spend the time running errands or doing other things that need to be done and they remain exhausted.

Ms. Ragan encouraged OSA to continue making respite a priority and suggested that night respite services be developed so caregivers can actually rest.

2. Ms. Cheryl Borowiak, Otsego County Commission on Aging, Otsego House Adult Day Services

Ms. Borowiak testified that caregivers need support to take care of their own needs in order to provide care longer for their loved ones. She discussed the services offered by the Otsego House Adult Day Service Program, which includes picking participants up and taking them home. She spoke that adult day programs are important for meeting the respite needs of caregivers, but are also important to meet the socialization, personal care and activity needs of the participants. However, there are currently not enough resources to provide the care and support needed by participants and their caregivers. Extended week day hours and weekend hours would be helpful for working caregivers. Ms. Borowiak encouraged the State to keep supporting and funding of adult day services as a priority.

3. Kara LaMarre, Region 9 AAA

As an employee of the AAA, Ms LaMarre works with a support group for caregivers of family members with Parkinson's disease, elder abuse and kinship families. Ms. LaMarre offered support for the development of more intergenerational programming and the work of the Elder Abuse Task Force. She spoke regarding the need for respite for kinship care families and the special needs of caring for people with Parkinson's disease. She also discussed the importance of specialized training for nursing home staff caring for people with Parkinson's, given the dementia and medications that often accompanies the disease. A grant for training of nursing home staff in this area was helpful in providing this training and "pat's on the back," however, it is no longer available. She posed the question on budget decisions and whether or not they are being made based on wants, not needs. She acknowledged the work of service providers and Councils on Aging for always doing more with less.

4. Ms. Bev Bartlett, Marquette Chapter of the Alzheimer's Association

Ms. Bartlett stated that providers would need to become dementia competent to improve the quality of care. She also expressed the need to provide better palliative/end of life care and concern regarding safety standards in providing LTC care for people with dementia. Ms. Bartlett voiced support for the Family Physician Awareness Programs that works to improve communication between families and health care providers. She also stated the importance of the Caregiver Education Support Network, given the fact the 70% of the people with dementia live at home and 75% of the care being provided by family members. She encouraged the AAAs and service providers to collaborate efforts to give caregivers the education and tools to provide care.

5. Krysti Bland, N.E. Region of the Alzheimer's Association

Ms. Bland related her experiences as a caregiver of her grandmother with dementia, and emphasized the importance of respite in handling caregiver stress. Ms. Bland spoke of the need for progressively more intense service as Alzheimer's disease progresses. The availability of adult day services (The Caring Place in Alpena) was very beneficial for her grandmother and family. Ms. Bland also spoke of the need for nursing home staff to receive specialized training for working with people with dementia, and the importance of working together to provide hospice care and creating good support systems for caregivers.

6. Ms. Dona Wishart – Deputy Director, Otsego County Commission on Aging

Ms. Wishart summarized that all of the previous speakers spoke of the importance of a continuum of care for older adults, especially those with dementia, and to the need to bridge services across that continuum. Goal six of the proposed 07-09 State Plan, "Improve the effectiveness and efficiency of the aging network," is critical. Ms. Wishart stated she is proud to be part of the network and expressed support for the following: more money and effort to promote aging network; the creation of more partnerships; and,

the importance of Investing in our direct care as the “unsung heroes” of the aging network. She encouraged the Commission to explore workforce issues related to direct care staff and advocates on their behalf to make sure we have an adequate supply for the future.

7. Ms. Theresa Nelson, RSVP Director and representative of the Michigan Association of RSVP Directors.

Ms. Nelson spoke regarding the importance of senior volunteer programs in providing meaningful opportunities for Michigan’s older adults to keep active and in better health. Equally important is the contributions that older volunteers make within the community, especially in providing services to other older adults in need. Older volunteers are already actively involved in activities related to all six of the identified state plan goals. For example – volunteers serve in over 900 congregate meal sites. Older volunteers also provide transportation, respite, and other services.

Ms. Nelson expressed thanks for OSA’s continuing support of the older volunteer programs, especially in these challenging budget times. She also stated that adequate funding would be needed in the future to position the older volunteer programs to have opportunities for all baby boomers to serve their communities.

8. Ms. Bonnie Forbes, Director, Wexford County Commission on Aging

Ms. Forbes testified that Wexford County is fortunate to have a senior millage, at the maximum rate of 1 mill, which has been critical to meeting the needs of their older citizens. However, she expressed concern that the funding available as a result is not enough to meet the growing needs and number of older adults. She encouraged the State to advocate for removal of the 1 mill cap in order for communities to raise more funds for services. Ms. Forbes also encouraged the State to advocate for a “fee for service” approach to providing services, but to deduct the costs for care when determining eligibility, and to “bundle” services as a means of relieving caregiver stress. Ms. Forbes further commented that the State will help people transition out of a nursing home once living there through the NIFT program, but does not provide enough resources to help people stay in the community in the first place.

9. Mr. Greg Piaskowski, Director, Region 10 AAA

Mr. Piaskowski commended Director Gire for her work in building positive relationships within the aging network. He also noted the importance of the recommendations put forth via the LTC Task Force. He pointed out the future challenge would be to implement those recommendations and convince the Legislature of the importance in doing so. The State also needs to put more emphasis on helping people transition out of nursing homes and to make the Legislature more aware of the impact the aging network has in helping people who need LTC care, as well as those in the last stages of their lives.

10. Ms. Tanya Blackmer, LMSW, ACSW

As a member of the National Association of Social Workers, Ms. Blackmer testified to the need for more emphasis on the mental health of older adults and their caregivers. She also stressed the importance of assistance with medication management, as many older adults decline because they simply forget to take their pills, and caregivers are often unable to provide the care that is needed. Ms. Blackmer stated that something as simple as “weekly” pillboxes could help people.

11. Mr. Donn Riley, Chippewa County Community Action Agency and representative of U.P. Assn. of Service Providers

Mr. Riley expressed concern about the funding that is being used for care management and the development of the SPEs. He stressed that more emphasis should be placed on the actual provision of services. As a provider of services, the payment “caps” have affected the ability of providers to provide these services. This becomes even more critical given the pending increase in the minimum wage, which will further hurt the ability of providers to provide services within the defined “acceptable” rates. Mr. Riley stated that in-home care remains cheaper than nursing home care and urged the State to adjust unit reimbursement rates. This would allow providers to keep providing care and to insure that direct care workers earn an acceptable wage. Mr. Riley concluded by recommending that efforts need to continue to educate the Legislature and for OSA to step forward as an “expert” in community-based LTC.

12. Ms. Annegret Goehring

Ms. Goehring testified that older adults are very independent and not likely to ask for help, but want to stay in their own homes. As a member of a local multi-purpose collaborative cody, she keeps trying to get aging and end of life care on the table for discussion, but the work of this group continues to focus on youth. Ms. Goehring stated that it should be possible to have social workers visit elders in-home, as our elders need to be listened to as they often hide their needs so as to not burden family members. She offered support for the “Take Five” Program.

13. Mr. Mark Bomberg, Chief Operating Officer, UPCAP/Region 11 AAA

Mr. Bomberg testified that in a recent survey in which over 2,000 older adults responded, the needs of our older citizens outweigh the resources needed to provide services. In spite of the growing older population, cuts are being made at the federal and state level for needed services. Rising fuel costs, especially in rural areas, is further reducing the capacity to provide in-home care. As a result, providers are closing their doors, being forced to ration services and/or significantly serving lower numbers of older adults. Mr. Bomberg stated that senior millage funds and increased voluntary donation have been critical to meeting the shortfall, but providers continue to do more for less. He stressed the importance of increased funding for follow-up activities and the expansion of

the MIChoice Medicaid Waiver Program. Without increases, older adults/State will be forced to pay for more expensive care in nursing homes.

14. Mr. Milt Very, Roger City General Manager

Mr. Very offered an “Amen” to the first panel who testified on behalf of caregivers and the need for respite. Too often money is spent on taking care of the problem as opposed to preventing the problem. Mr. Very expressed the desire of his organization to provide respite as a contractor for the AAA. Although the organization is young (eight years old), it is well equipped to provide services, but can’t because of the requirement that to compete, a provider must be willing to serve the entire county. Mr. Very further encouraged advocacy on behalf of older adults. As a former member of the California Senior Legislature, advocates worked hard to remind members of the legislature that “we put you in office – we can take you out.” He encouraged consideration of a Michigan Senior Legislature as a viable means to educate state elected officials about the needs of older adults and to forward the aging agenda.

15. Ms. Marcia Peterson, RN, Harbor Home Health Care, Private Duty

Ms. Peterson stressed the importance of goal five, citing that older people belong in their homes. However, many older adults and families don’t know where to start to find the services they need. LTC funding needs to “follow the person.” She also expressed the need to expand the HCBS/ED Medicaid Waiver and to increase the fee screen for this program. At the current time, providers can only afford to pay \$6.00 or \$7.00 per hour. If not addressed, there won’t be workers to meet the demand. As a participant in the Direct Care Worker Pilot Training Program, she feels that it does no good to educate or train workers if we don’t pay them better for the important work they do. Ms. Peterson concluded by stating the State has a lot of work to do in this arena.

16. Mr. Craig Bontier

Mr. Bontier testified that most comments offered at the hearing have to do with asking for more resources. As a local businessman, he is currently working to convert his motel to a senior housing facility given the decline in tourism and growth in the older population. This seems to make good business sense as it allows for lower costs than the building of new structures. Mr. Bontier does not believe that we can keep asking for the same thing, when all indicators suggest the current economic situation in Michigan will not get better any time soon. He understands that older people want to stay in own homes until death, but alternatives must be available. To respond, people have to be more responsible and a little quicker to look outside the box. He encouraged the development of more public/private partnerships as business knows how to get things done fast in the community.” However, business needs help in understanding the needs, negotiating the government maize, and getting past bureaucratic barriers. Mr. Bontier also encourages the State to consider tax abatements for service industries as current abatements are only offered for manufacturing.

17. Ms. Holly Kibble, Sault Ste. Marie Tribe of Chippewa Indians Elder Services

Ms. Kibble acknowledged and thanked OSA for efforts to address the needs of American Indian Elders through implementation of the AI Elders Forum. She stressed the need for more orientation and training regarding the needs of AI Elders, as well as better understanding of how to meet those needs. She encouraged support for continuing these efforts.

## PUBLIC HEARING ON SENIOR ISSUES

March 16, 2007

Macomb County Intermediate School District

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Commissioners in attendance: Jerutha Kennedy, Owen Bieber, Cheryl Bollinger, Chun-Keung Leung, Donald Newport, Anthony Pawelski, Thomas Rau, Amne Talab, Ramesh Verma, and William Walters IV

OSA Staff: Sharon Gire, Bonnie Graham, Peggy Brey, Cherie Mollison

Attendance: 9 (3 older adults)

Number providing testimony: 7

### 1. Tina Abbate-Marzolf, Director, AAA 1-B

Ms. Abbate-Marzolf spoke to the issue of mobility for older adults and those with disabilities stating it is important to ensure that individuals remain mobile regardless of their driving status. In Michigan, older adults represent 14.4% of the driving population but fatality rates for those 65 and older are 17 times higher than for those between the ages of 25-64. Given the older population is growing it is important to promote safe driving, good mobility and decision-making. To accomplish this we must build on the current infrastructure rather than creating new systems/structures. AAAs are statewide, well-established network of agencies that provide I & A, as well as care management assistance to help people and their caregivers age in place. This serves is an ideal foundation for the development of Mobility and Support Service Centers. The centers could provide information about mobility options, mobility decision-making, services to identify mobility risk, mobility adaptive devices and other resources to assist older adults and those with disabilities. Ms. Abbate-Marzolf cited increased emphasis on mobility, transportation and transportation alternatives in the Older Americans Act, including public, para-transit, specialized assistance and volunteer assistance. It is important that financial resources are available to support these programs.

### 2. Jim McGuire, Director of Planning, AAA1-B

Mr. McGuire stated the need for more housing choices as a means of supporting a variety of independent living options so that people can stay in their own homes as long as possible. Given current Medicaid policies, HCBS/ED waiver clients cannot receive publicly funded long-term care in assisted living facilities even though many may prefer as their first option. Many others cannot simply afford assisted living as

a private pay option. Mr. McGuire expressed support for DCH/MDSHA efforts to test various options for making Medicaid funds available to support the services side of LTC in assisted living. He urged the State to develop programs and policies to make it even more available in Michigan, stating that states where more of a balance exists between nursing home and community-based LTC; a greater dependency on assisted living also exists.

### 3. Angela Willis, Director, Macomb County Department for Senior Citizens

Ms. Willis spoke to a variety of issues affecting the health and well-being of older adults including the need for a eyeglass voucher program for seniors with income just above the 300% of poverty guidelines. A similar program exists in Macomb County for seniors with income below 300%, but the need exists at higher levels as well. She also supported the development of a similar program where seniors of all income levels could receive free hearing tests and vouchers for hearing aids. Ms. Willis further identified the need for dental care among seniors as poor dental health can lead to a variety of other health issues including protein malnutrition given people cannot chew meat and increased falls/fractures. Access to dental care is particularly important for the immigrant population and in the long run, will save the State dollars in acute/LTC.

Ms. Willis also voiced support for the development of more home injury control programs and increased funding for safety devices such as radon test kits, smoke detectors and strobe light/smoke detectors for the deaf. She also stated the need for more resources dedicated to depression screening and counseling, as waiting lists exist. Older adults who suffer from depression are more vulnerable given they may also be malnourished and a greater risk of falls. Finally, Ms. Willis invited members of the Commission to a victims awareness seminar scheduled for April 26 at the ISD. Seminars such as this are important as older adults are subject to becoming victims of a greater variety of crimes, not just scam and swindles.

### 4. Tom Wyllie, AAA 1-B Community Planner/Health Specialist

Mr. Wyllie spoke to the need for affordable prescription drugs and, specifically for more outreach to identify and enroll eligible older adults in the Medicare Part D low-income subsidy program. There are currently 80,000 older adults in Michigan who are eligible for this subsidy, many of who are also not enrolled in Medicare Part D. In addition, those individuals (approximately 10,000) who were automatically enrolled in the subsidy last year will need to reapply this year and may not be aware of what they need to do. Mr. Wyllie voiced support for the Medicare/Medicaid Assistance Program (MMAAP) and urged everyone to encourage older adults in need to contact MMAAP as the best way to obtain assistance.

5. Paul Gielegghem, Macomb County Commissioner and Chair of the Macomb County Senior Committee

Mr. Gielegghem identified a variety of issues related to the four state plan goals. He indicated a huge demand for nutrition and health promotion programs but no funding increases have been available for many years to help communities meet the demand. He also encouraged the state to look at what other states are doing to expand housing options for older adults including the development of innovative programs such as shared housing. Mr. Gielegghem spoke to the need for more transportation resources stating that many partnerships exist but there are just not enough rides to go around. He also described the work the Macomb Department of Senior Citizens is doing with the Community Transitions Program to educate older adults about possible financial exploitation from formerly incarcerated family members. In addition, Mr. Gielegghem cited the need for assistance with prescription drug programs and suggested the utilization of resource advocates to help older adults fill out applications for the drug companies that offer discounts and rebates. He also pointed out that economic declines result in more people with need and suggested that eligibility guidelines be graduated to help meet the needs of more older adults.

6. JoAnn DiMaggio, RSVP of Catholic Social Services of Wayne County

Ms. DiMaggio stated there are two aspects of being older. While most of the people addressing the Commission speak to the needs of older adults, it is important that older adults also be provided with opportunities to give as well as receive. It is important to remember that older adults can give in all areas of human and community need. In return, older volunteers benefit from having “a reason to get up in the morning” and lower rates of depression. Ms. DiMaggio encouraged the State to “stay the course” in its support of volunteer programs for older adults.

7. Suzanne Szczepanski-White, RSVP/SCP of Catholic Social Services of Macomb County

Ms. Szczepanski-White echoed Ms. DiMaggio’s support for older adult volunteer programs stating the “need to be needed” does not go away with age. She also addressed the need for more support of adult day services for older adults and caregivers stating the average couple today can expect to spend seventeen years in providing care to multiple family members. Many caregivers are unaware that adult day and respite programs exist. It is also important to address the mental health needs of both older adults and caregivers as the frequency of depression is increasing in both groups. In closing, Ms. Szczepanski urged the state to expand adult day, respite and older volunteer programs as low-cost, effective options for providing services to older adults and caregivers in the community.

## PUBLIC HEARING ON SENIOR ISSUES

April 20, 2007

Holiday Inn West, Lansing, Michigan

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Commissioners in attendance: Jerutha Kennedy, Cheryl Bollinger, Mary Gardner, Chun-Keung Leung, Donald Newport, Anthony Pawelski, Amne Talab, William Walters IV, Janice Wilson, and James Wright

OSA Staff: Sharon Gire, Peggy Brey, Wendi Middleton, Bonnie Graham, Cindy Albrecht

Attendance: 19 (14 older adults)

Number providing testimony: 11

### 1. Sara Gleicher, Adult Well Being, Detroit

Expressed thanks to OSA for staffing the Governor's Elder Abuse Task Force and expressed interest in working on implementation of the recommendations.

Provided testimony in support of more services and supports for older adults in SE Michigan, including seniors with mental illness. The growth of the older population in SE Michigan mirrors that of the U.S. and will have a dramatic impact on the region as the "baby-boomers" enter this age cohort. The desires of older adults to remain in their own homes requires that Michigan plan and prepare to meet the increased demand for services. Four major areas of concern include:

Transportation: Transportation providers identified in OSA's report, Michigan's Senior Transportation Network" were contacted and found to no longer be in existence primarily due to a lack of funding. Transportation for seniors who need curb-to-curb service is extremely limited yet desperately needed. We must work to develop and fund mobility options for seniors.

Caregiving: More than 40% of today's workforce either are or expect to be a caregiver within the next five years. Michigan ranks 8<sup>th</sup> in the U.S. in the number of family caregivers and hours of care provided. A growing group of caregivers are grandparents raising grandchildren with Detroit have more kinship families than any other city in the U.S. As society ages a critical shortage of competent, compassionate caregivers will exist and many caregivers will not have the financial resources to provide the care needed so will provide the care themselves – often at great cost to their own health and well being. More respite services are needed to help caregivers manage their stress.

Health Promotion: Members of racial and ethnic minority groups are more likely than whites to have poor health and die prematurely. The majority of diseases and conditions responsible are preventable through targeted promotion and prevention activities. The Health Disparities Reduction Program, supported by the Healthy Michigan Fund, had been successful. Legislators and the Governor should be contacted to let them know that funding needs to be preserved for these programs.

SSI Living Allowances: Many seniors with mental illness receive SSI and reside in Adult Foster Care (AFC) homes. After AFC expenses are deducted from SSI, many of these seniors are left with only \$44 per month and this has not changed since 2001. This is insufficient for clothing, entertainment, and personal items. Lack of adequate resources interferes with the ability of these seniors to maintain independence and prevents any real quality of life. Assistance is requested in changing the living allowance to a real, livable rate.

2. Laura Robinson, older adult

Ms. Robinson spoke to the need for more transportation options for older adults. Ms. Robinson must rely on others to take her to the places she needs to go, but many of these people can no longer afford to drive her places given the price of gas. She has no money to pay someone to drive her or contribute toward the gas they use.

3. Marilyn Drake, older adult

Ms. Drake lives in an AFC home and spoke to the need of an increase in the living allowance allowed by SSI for personal items, etc. Ms. Drake indicated that she is lucky because she has a daughter who provides for many of her needs, but others in AFC homes have no family and can't make it on the money allowed them each month.

4. Marilyn S. Mann, older adult

Ms. Mann lives in an AFC home and spoke to the need of an increase in the living allowance allowed by SSI for personal items, etc. Trying to live on \$44 per month is ridiculous and even though she does her best to budget she cannot make it from month to month.

5. Robert Lee Murphy, older adult

Mr. Murphy lives in an AFC home and spoke to the need of an increase in the living allowance allowed by SSI for personal items, etc. Mr. Murphy stated his AFC is very nice, but he can't afford to go to the store for things he needs to buy.

#### 6. William Jameson, older adult

Mr. Jameson testified that transportation for older adults is imperative. All older adults must have a reliable recourse to get where they need to go. In addition, Mr. Jameson spoke to the need for more health promotion/prevention programs. Programs that help older adults with mental illness remember to take their medications are critical so as to prevent relapses.

#### 7. Shirley Payne, Mental Health Services, Adult Well Being

Ms. Payne testified that state budget cuts have been harsh and heavy. Programs and services are hurting and it's getting harder every day. She asked the Commission what was going to be done to stop the bleeding and urged them to do everything possible to resolve the budget crisis.

#### 8. Roger Budzynski

Mr. Budzynski testified, "It takes a village to raise a child" but it also "takes a village to support and care for seniors." Advocates, gatekeepers, public servants, caregivers, family and friends are key parts of this village. Mr. Budzynski identified four issues of concern:

- a. The word "senior" should appear prominently in the name of all state agencies that serve our seniors so people know immediately what the agency is and who it serves.
- b. There is a need to think proactively and not reactively. Examples include the development of 211 systems, LTC federal background checks and training, Elder Law consumer Fraud Prevention Project.
- c. Michigan taxpayers deserve effective accountability to the end result of task force recommendations. Recommendations should be reviewed and reported in a public format as to the outcomes. How members are selected should also be addressed with specific disappointment expressed over the WHCoA as only 3 of the Michigan delegation represented specific expertise or commitment to serve.
- d. Help for the 1,000,000 unpaid caregivers who provide care for our older adults. Given this number will only grow as the number of older adults grows we need to find ways to make it easier to provide care.

#### 9. William Ozbun, Older Adult

Mr. Ozbun testified that Michigan seniors, living in manufactured housing communities, need the protections and the special consideration offered in Fair Housing Act as Amended (Title 8) Part 100-100.304, 55 or over housing and Subpart F-Interference,

Coercion or Intimidation. There are over 900,000 manufactured homes in Michigan with over 40% of these homes occupied by people 60 years and older. Difficulties arise because these seniors own their homes while renting a site from a landlord. As very few of the homes are ever moved, the seniors, many of whom are women, are at risk of being exploited as they age. Rents increase yearly while services decline. Seniors are belittled in public forum. Rules are put in place that many older adults find physically or financially impossible to adhere to. As a result, many of these seniors are being forced out of their homes.

Senior manufactured housing communities need to be recognized under Michigan Law. Michigan also needs to adopt, clarify and expand the federal Fair Housing Act. While Michigan laws exist to address the issues, without adequate oversight the laws are just overlooked. Mr. Ozbun asked the Commission to work with the Attorney General to establish whether or not the federal Fair Housing Law applies in Michigan and to advocate with the Michigan Manufactured Housing Commission to ensure the laws are enforced. Finally Mr. Ozbun asked for advocacy with the State Legislature to make and expand senior housing rules, including senior manufactured housing communities, the law in Michigan.

10. Richard Bogema, President, AARP Local 1020/Kalamazoo

Mr. Bogema testified to a number of issues affecting older adults including the need for more funding at the federal and state level to address the Older Americans' Act and Older Michiganians' Act.

Mr. Bogema stated that manufactured homes are the only "affordable housing" option for many older adults, including grandparents raising grandchildren, in Michigan. This is important because all manufactured homes must meet the same building codes as any other new home construction. However, exception must be taken with how many older adults are treated by mobile park landlords. This cannot be tolerated.

Mr. Bogema also spoke to the need to look at the increasing number of grandparents raising grandchildren. This group of caregivers is included in the National Family Caregiver Support Program and more should be done to assist them in Michigan. He further supported the concept of the Recovery Council and urged expansion of mental health services and physical health care citing the importance of promoting prevention.

Mr. Bogema suggested the State should do away with the incarceration of parents for non-payment of child support given the child does not receive support if the parent is in prison anyways and results in tremendous cost to the State. By releasing the parents, the funds saved from not incarcerating them could be used to address the state budget deficit.

## 11. Debbie Landry

Ms. Landry works with older adults and testified to the changes and difficulties associated with Medicare Part D. Ms. Landry testified that in many instances older adults are being misled about the different plans and do not receive information when they switch to new plans. Understanding and navigating through these plans is extremely difficult, especially for disabled and impaired older adults. Older adults need assistance in this area.

OFFICE OF SERVICES TO THE AGING  
 AREA AGENCY SERVICE ALLOTMENTS  
 FOR THE PERIOD 10/1/2006-9/30/2007

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	1,087,962	1,278,084	601,152	503,839	80,667	19,280	103,644	341,538	48,742	1,221,371	410,277	127,415	470,112	52,855	0.1207
1B	0.2473	0.0690	2,206,079	2,591,591	1,218,967	1,021,643	163,571	39,095	210,160	692,542	98,834	2,476,594	831,926	232,669	953,255	73,035	0.1716
1C	0.1018	0.0081	893,762	1,049,947	493,848	413,905	66,268	15,839	85,144	280,574	40,041	1,003,358	337,043	109,134	386,198	38,661	0.0849
02	0.0309	0.0362	295,154	346,733	163,087	136,687	21,884	5,231	28,118	92,656	13,223	331,347	111,305	52,784	127,537	18,480	0.0340
3A	0.0212	0.0099	191,936	225,477	106,054	88,886	14,231	3,401	18,285	60,254	8,599	215,472	72,380	43,068	82,936	9,001	0.0185
3B	0.0210	0.0223	198,962	233,731	109,936	92,140	14,752	3,526	18,954	62,459	8,914	223,360	75,030	43,729	85,972	12,332	0.0269
3C	0.0114	0.0178	112,036	131,614	61,905	51,884	8,307	1,985	10,673	35,171	5,019	125,774	42,249	35,546	48,411	8,883	0.0182
04	0.0334	0.0296	312,295	366,868	172,558	144,625	23,155	5,534	29,751	98,037	13,991	350,589	117,768	54,398	134,944	18,004	0.0328
05	0.0564	0.0323	514,841	604,809	284,475	238,425	38,173	9,124	49,046	161,621	23,065	577,972	194,150	73,464	222,464	22,405	0.0439
06	0.0358	0.0301	333,584	391,878	184,322	154,484	24,734	5,912	31,779	104,720	14,945	374,489	125,797	56,402	144,143	18,678	0.0345
07	0.0791	0.1162	772,202	907,144	426,679	357,609	57,255	13,685	73,563	242,413	34,595	866,891	291,202	97,691	333,671	40,524	0.0896
08	0.0857	0.1057	822,349	966,055	454,388	380,833	60,973	14,573	78,340	258,156	36,842	923,188	310,113	102,412	355,340	42,110	0.0936
09	0.0366	0.1199	404,078	474,691	223,273	187,130	29,961	7,161	38,494	126,850	18,103	453,627	152,380	63,038	174,604	24,863	0.0501
10	0.0334	0.0831	350,135	411,321	193,467	162,149	25,961	6,205	33,355	109,916	15,686	393,069	132,038	57,960	151,295	22,088	0.0431
11	0.0422	0.2887	572,320	672,333	316,235	265,043	42,435	10,142	54,522	179,665	25,640	642,500	215,826	78,875	247,302	42,546	0.0947
14	0.0393	0.0284	362,913	426,333	200,527	168,067	26,908	6,431	34,573	113,927	16,259	407,415	136,857	59,163	156,816	22,009	0.0429
<b>TOTALS</b>	<b>1.0000</b>	<b>1.0000</b>	<b>9,430,609</b>	<b>11,078,608</b>	<b>5,210,874</b>	<b>4,367,349</b>	<b>699,237</b>	<b>167,124</b>	<b>898,400</b>	<b>2,960,500</b>	<b>422,500</b>	<b>10,587,017</b>	<b>3,556,342</b>	<b>1,287,750</b>	<b>4,075,000</b>	<b>466,475</b>	<b>1.0000</b>
<b>FY-2007 Allotments</b>			<b>11,184,941</b>	<b>13,001,055</b>	<b>6,115,106</b>	<b>5,125,206</b>	<b>699,237</b>	<b>167,124</b>	<b>898,400</b>	<b>2,960,500</b>	<b>422,500</b>	<b>10,983,100</b>	<b>3,703,400</b>	<b>1,287,750</b>	<b>4,075,000</b>	<b>478,000</b>	
Less:																	
State Admin			570,285	662,883	311,790	261,318	0	0	0	0	0	0	0	0	0	0	0
AAA Admin			1,072,198	1,259,564	592,442	496,539	0	0	0	0	0	396,083	147,058	0	0	0	0
LTC Ombs			111,849	0	0	0	0	0	0	0	0	0	0	0	0	11,525	0
Demonstration Project			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-total</b>			<b>9,430,609</b>	<b>11,078,608</b>	<b>5,210,874</b>	<b>4,367,349</b>	<b>699,237</b>	<b>167,124</b>	<b>898,400</b>	<b>2,960,500</b>	<b>422,500</b>	<b>10,587,017</b>	<b>3,556,342</b>	<b>1,287,750</b>	<b>4,075,000</b>	<b>466,475</b>	
7.5% Geo. Base			707,296	830,896	390,816	327,551	52,443	12,534	67,380	222,038	31,688	794,026	266,726	66,581	305,625	0	0
Other Bases			0	0	0	0	0	0	0	0	0	0	0	400,000	0	70,000	0
Balance for formula			8,723,313	10,247,712	4,820,058	4,039,798	646,794	154,590	831,020	2,738,463	390,813	9,792,991	3,289,616	821,169	3,769,375	396,475	0
<b>FY-2007 Allotment Balances</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

# Michigan Aging Network Planning and Service Areas

