

# DRAFT

April 5, 2013

## **MICHIGAN STATE PLAN ON AGING 2014-2016** **October 1, 2013 – September 30, 2016**

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**STATE OF MICHIGAN**  
Rick Snyder, Governor

**COMMISSION ON SERVICES TO THE AGING**  
Harold Mast, Chair

**OFFICE OF SERVICES TO THE AGING**  
Kari Sederburg, Director



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**MICHIGAN STATE PLAN ON AGING 2014-2016  
VERIFICATION OF INTENT**

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This State Plan on Aging is submitted on behalf of Rick Snyder, Governor of the State of Michigan, for the three-year period beginning October 1, 2013 through September 30, 2016. The plan includes information required in the federal program instruction AoA-PI-12-03, namely:

- a narrative describing Michigan's planned efforts on behalf of older adults;
- a description of Michigan's intrastate funding formula; and
- signed statutory assurances and other mandatory attachments.

As the designated state unit on aging, the Michigan Office of Services to the Aging is granted authority to develop and administer the State Plan, with responsibility for coordination of all state activities related to purposes of the Older Americans Act, as amended, and the Older Michigianians Act. As well, the Michigan Commission on Services to the Aging is granted authority for expenditure of all funds related to these laws.

This State Plan on Aging is hereby approved by the Michigan Commission on Services to the Aging, with authorization to proceed with activities under the Plan upon approval by the U.S Assistant Secretary for Aging.

The designated representatives below verify the intention of the State of Michigan to carry out all statutory and regulatory requirements related to this State Plan on Aging for fiscal years 2014-2016.

Signed:

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Kari Sederburg, Director  
Michigan Office of Services to the Aging

Date

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Harold Mast, Chair  
Michigan Commission on Services to the Aging

Date

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*The Office of Services to the Aging is an equal opportunity employer and program provider.  
This State Plan on Aging is required as a condition of funding from the federal Administration on Aging.*

## MICHIGAN STATE PLAN ON AGING 2014-2016 EXECUTIVE SUMMARY

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The Michigan Office of Services to the Aging (OSA) is committed to the independence and well-being of older Michigan residents. We take pride in the support of Governor Rick Snyder as we pursue greater efficiencies in supportive services, as well as innovation in oversight and programming. As OSA celebrates 40 years of dedication to advocacy and older adult services, moving forward we embrace the task of navigating constituents through changes in healthcare, greater coordination of long-term supports and services, and reforms to payment systems. While we understand the gravity of potential challenges, such as shrinking revenue even as the older population grows, we also appreciate the opportunities presented through expansion of the aging network and non-traditional partnerships.

Michigan's changing demographic reflects a growing baby boom and civic generation whose ethnicity is as diverse as the needs they present. As the federally-designated state unit on aging, OSA is facing these challenges with state plan goals and objectives that address issues of access, choice, and person-centered service that build on a strong base of core programs. Over the past several years, OSA's technology has evolved to allow for seamless reporting and electronic payment/reporting which has created tremendous efficiency in all services. Currently new standards in nutrition and pilot programs to test better outcomes in core services are under review, and one of the primary considerations is how automation can enhance potential outcomes. Quality improvement measures and greater efficiency is a continued focus for all existing and future programming.

Over the past several years OSA has advocated for stronger legislation to prevent the rapid increase of abuse and neglect for vulnerable older adults. In 2012 the aging network celebrated as Governor Snyder signed 11 bills into law – laws that ushered in a new era of tougher penalties for criminals and more education for financial institutions serving aging adults. OSA is committed to enhanced programs, such as the Medicare/Medicaid Assistance Program, legal assistance, and stronger collaboration with Adult Protective Services and local prosecutors, to ensure older adults have the ability to live free from abuse, neglect, and exploitation.

In 2012 OSA conducted an Aging and Disability Needs Assessment for the first time in 25 years. The purpose was to gauge the changing needs of Michigan's older adults, and to assess the correlation between the needs of older adults and those of individuals with a disability. Also included in the assessment was the state's first look at the unique needs of Lesbian, Gay, Bisexual, and Transgender persons. To culminate assessment efforts OSA championed workgroups to review assessment findings and create recommendations to extend the aging networks reach into communities and increase the effectiveness of direct services. We are excited that recommendations from each workgroup are incorporated into OSAs future planning strategy reflected in this document.

OSA has adopted these goals for its 2014-2016 State Plan on Aging to ensure Michigan is on a path to maximize services to older adults as well as special populations:

- I. Recognize and celebrate the cultural, economic, and social contributions of older adults and create opportunities for engagement in their communities.*
- II. Use person-centered planning to ensure older adults have independence and self-direction through the array of long-term supports and services in the setting of their choice.*
- III. Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.*

- IV. *Provide advocacy, information, training, and services that support the rights of older adults to live free from abuse, neglect, and exploitation.*
- V. *Develop and enhance public and private partnerships to better serve Michigan's older adults.*
- VI. *Employ continuous quality improvement and innovation to accommodate the changing needs of older adults in Michigan.*

These goals reflect a leadership-driven focus on efficiency and a commitment to better coordination of service for Michigan's older adults. To ensure successful delivery of core services for older adults, OSA oversees Michigan's aging network which includes 16 regional area agencies on aging and more than 1,300 local community-based agencies offering older adult and family caregiver services. According to 2010 U. S. Census data, one-in-four Michiganians will be age 60 or older by the year 2030. Such exponential growth is certain to create unprecedented demand on home and community-based services for years to come.

Outlined in this plan is OSA's commitment to enhancing service delivery to broader populations, as is seen in the development of Aging and Disability Resource Collaborations (ADRC's) across Michigan. Systemizing state and local partnerships around individual need, and removing communication barriers to ensure consumer choice is a paradigm shift toward better health and well-being for older adults. This partnership between the federal Administration on Community Living and OSA is designed to streamline access to long-term supports and services and also strengthen local partnerships already working toward the same. We anticipate ADRC's will fully encompass the state by the target date of 2014.

At the heart of OSA's future is a commitment to transforming the system of aging in Michigan in innovative ways that build on a rich 40-year history of programs responsive to people's changing needs. Today's new challenges bring a wealth of opportunity to revisit service delivery and place individuals at the helm of decision-making about their lives. This document reflects our plan to revitalize Michigan's aging network with stronger collaborations, expanded and new partnerships, an enhanced aging workforce, and greater community engagement throughout the aging network.

## MICHIGAN STATE PLAN ON AGING 2014-2016 CONTEXT

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### ***Demographic Information***

Michigan's older adult population, like the rest of the nation, is increasing in numbers as well as diversity and complexity. There are nearly two million Michigan residents 60 or older, a 20% increase over the past 10 years. And by 2030, nearly one-in-four Michigan residents will be 60 or older.

Michigan's residents are also living longer – the fastest growing segment of our population is adults age 85 and older, which has grown by 35% between 2000 and 2010. As of 2010, there are more than 182,000 persons between the ages of 85 and 95, and more than 1,700 centenarians – data which suggests that people need help over a longer period of time in later life.

These are other interesting demographic factors worth noting, based on the 2010 US Census:

- The majority of older adults (55%) are women.
- More than 13% or 255,000+ people age 60 and older identify as something other than European ancestry.
- Fifty eight (58) percent of those age 65 or older live with a spouse, 29% live alone, 7% live with relatives and 3% with non-relatives, and 3% live in group quarters.
- More than 20% of older adults are employed, with employment rates rising especially for those between the ages of 60 and 74.
- The overall percentage of people with a disability age 65 and older is estimated to be 37%. Ambulatory difficulties, independent living difficulties, and hearing loss are the top three reported types of disabilities for this age group.

In the context of demographics, geography plays an important role in considering how best to serve Michigan's older adult population. The cultures of urban, suburban, and rural settings are different, and each presents a very different profile of people with its own unique characteristics and available resources. Detroit, for example, is very different from Escanaba in the Upper Peninsula. Michigan's older adult population is heterogeneous in most ways, and a multi-dimensional approach to aging policies and programs is necessary to meet people's complex needs, wants, and preferences.

### ***Strategic Opportunities***

Governor Rick Snyder is strongly committed to the health and well-being of Michigan's older residents. His support has included funding increases for the aging network, advocacy for elder abuse legislation, and he continues to champion aging issues. A businessman by training and experience, Governor Snyder is a firm believer that government can – and should be – reformed for better efficiencies and ultimately better services, a philosophy OSA shares.

Numerous opportunities are anticipated over the course of the next three years that complement the Snyder Administration's goal of striving for a better healthcare system for all Michigan residents. Michigan has been selected by the Centers for Medicare & Medicaid Services to participate in both a pilot program to integrate care for individuals eligible for both Medicare and Medicaid, as well as develop and test models to transform the healthcare delivery system through the State Innovations Model grant. OSA and the aging network will play a critical role in both of these initiatives.

Partnership development has been identified as a critical area of focus and growth to better serve older Michigan residents – including public/private partnerships, inter-governmental collaboration, and continued expansion of relationships between the aging and disability networks. The Aging and Disability Resources Collaborations (ADRC's) are instrumental vehicles for better coordination of services and access to information – developing the ADRC's will be a primary focus.

In the spirit of better collaboration and coordination, OSA will continue to engage in conversations to redefine the long-term supports and services system within state government. The Governor's commitment to streamlining services and creating efficiencies is prompting a closer look at the way long-term supports and services are currently aligned within the state system.

To help move plans forward, OSA is fortunate to have two Governor-appointed commissions comprised of individuals dedicated to finding innovative ways of providing person-centered services:

- The Commission on Services to the Aging (CSA) oversees all funding that flows through OSA, and examines policy related to home and community-based aging services throughout the state. A State Advisory Council, appointed by the CSA, conducts research and develops recommendations related to aging programs, services, and a wide variety of aging issues.
- The Long-Term Care Supports and Services Advisory Commission is a separate body that advises the Governor on policies and initiatives across the long-term care spectrum, including Medicaid programs, facility-based care, and home and community-based services.

Michigan is a state rich in talent, experience, and expertise in the aging field, and many of these resources will be called upon to work with OSA in making whatever adjustments and improvements are necessary for Michigan's system of aging and long-term supports and services to be truly responsive to the needs of individuals throughout our state.

### ***Potential Challenges***

Individuals who are committed to human services understand the realities of funding limitations, and this is no different in Michigan. Partners in the aging network have always done their best to stretch dollars and create efficiencies, but inadequate funding is exactly why Michigan needs to look at new and innovative ways to revamp its healthcare systems.

The Aging and Disability Resource Collaboration (ADRC) is an extremely important systems reform initiative, which has real opportunity to change the way long-term supports and services are accessed by, and provided to, older adults and individuals with disabilities. Early state-funded reform efforts established a "single point of entry (SPE)" model in FY 2006, and while defunded three years later due to Michigan's uncertain economic conditions, many lessons learned from the SPE model have since been incorporated into ADRC development.

ADRC program success hinges, in large part, on a strong working partnership between the aging and disability networks, and each has its own unique culture. OSA has conducted a variety of joint trainings to help both networks understand one another, and recognize the skills and expertise each network offers. These relationships continue to evolve, with some regions farther along in the process.

The lack of substantive funding for these collaborations has put some strain on the partner organizations. Developing a consistent funding stream for these partnerships will be a continued priority and potentially an ongoing challenge as we grow the ADRC's statewide.

The fragmented nature of long-term supports and services lends itself to opportunities for positive change, but until streamlining efforts can be further explored and eventually implemented, the disjointedness will continue to pose a problem for access and service coordination. Better coordination is critical to increasing quality services to older adults.

Despite these challenges, OSA is primed and ready to be actively engaged in developing a more comprehensive system that better serves older adults, enhances partnerships, and leverages opportunities.

**MICHIGAN STATE PLAN ON AGING 2014-2016**  
**NARRATIVE**

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**A. Core Programs**

Core programs help keep older adults at home for as long as possible, and complement care provided by family or friends by supporting basic, daily functions – help with bathing, food preparation, and helping older adults and families stay informed about the array of programs available to them in their community. Core programs are targeted to those who are frail, and those who are economically and socially vulnerable, including American Indian elders and older adults residing in rural areas. Effective targeting of core programs helps OSA respond to the challenge of maintaining or increasing service levels during this time of state and federal fiscal constraints.

*See Attachment B – Information Requirements for specific targeting strategies.*

Core services in Michigan funded by Titles III and VII of the Older Americans Act are:

- *Access Services* – Access services assist older adults and their families to find and coordinate programs available locally. Services include care management, case coordination and support, information and assistance, outreach, and transportation.
- *In-Home Services* – Older adults needing these services have functional characteristics that prevent them from caring for themselves, and do not have sufficient informal support to meet their needs. In-home services include chore, friendly reassurance, homemaker, home health aide, home injury control, medication management, and personal care.
- *Nutrition Services* – Because proper nutrition affects overall life quality, nutrition services are a foundational component of home and community-based services offered through the aging network. Nutritious meals are provided to homebound older adults and to older adults in community settings. This program is also known to combat social isolation and it offers an important link to other needed supportive in-home and community-based services such as homemaker, transportation, or home repair and modification.
- *Community Services* – Community services include assistance to the hearing-impaired, counseling, evidence-based health promotion and disease prevention, elder abuse prevention, health screening, home repair, legal assistance, long-term care ombudsman, personal emergency response, senior center staffing, and vision services.
- *Caregiver Services* – These services allow caregivers the opportunity to work, take a break, take time to care for themselves, and get relief from caregiving duties. 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. Caregiver services include counseling, respite, and adult day programs.

**B. Special Grants**

In recent years Michigan has been the proud recipient of several special grants aimed at improving upon or expanding the depth and breadth of core aging and long-term supports and services offered through the aging network. With these grants, systemic change is being made possible.

1) *Evidence-Based Disease Prevention (EBDP)*

EBDP funding provides a unique opportunity to build program infrastructure by requiring states to:

- Strengthen the aging/public health relationship;
- Build an integrated sustainable service system;
- Expand programs to underserved and special populations; and
- Fully integrate EBDP programs into Title IIID Health and Wellness core services by amending area agency on aging minimum operating standards and service definitions.

As well, the web-based registration system now required will greatly expand program accessibility by allowing participants to enroll in the program anywhere in the state, at any time.

*See Goal III, Issue Area A for future plans for enhancing Evidence-Based Disease Prevention efforts.*

2) *Community Living Programs (CLP), Aging and Disability Resource Collaboration (ADRC), Options Counseling (OC)*

These grants have allowed Michigan's aging network to begin the important process of transforming how services are offered to today's consumer by building on traditional core services that have historically defined the aging network. With the focus now on delivering services in a way that insists on participant choice, these grants have inspired and supported substantial change throughout the aging network in these important ways:

- Extensive partnership development between the aging and disability communities through sharing philosophy, practices, methods, and systems of service delivery;
- Integration of person-centered planning (PCP) and self-direction (SD) into aging network services and ADRC development;
- State level policy development, especially with regard to area agency and ADRC minimum operating standards and service definitions; and
- Development of an exhaustive training program to realize participant choice as a foundational element in all services.

*See Goal II, Issue Areas A and B for future plans for building on this foundation.*

3) *Money Follows the Person (MFP)*

The State Long-Term Care Ombudsman program received two federal grants in partnership with the state's Medical Services Administration, both as part of the Money Follows the Person (MFP) effort. Trained Ombudsmen are paid to conduct second year and third year Quality of Life interviews with people who have transitioned out of nursing facilities, and interviews focus on such life issues as social interaction, satisfaction with caregivers, and feeling safe. The second grant tests a community-based Ombudsman program that offers advocacy and problem-solving services to people who have transitioned out of nursing facilities – either into their own home with MFP/MI Choice (Michigan's Home and Community- Based Services Waiver) services, or into licensed Adult Foster Care Homes or Homes for the Aged with MI Choice services.

*See Goal IV, Issue Area D for future plans on Money Follows the Person activities.*

4) *Alzheimer's Disease and Supportive Services Programs (ADSSP)*

Over the past five years ADSSP grants have been used to develop the highly-rated Creating Confident Caregivers® (CCC) program, based on Savvy Caregiver – a program successfully reaching older adults and caregivers who would not otherwise interact with the aging network. Among the innovations to date:

- OSA, in partnership with Veterans Administration Medical Centers and Community-Based Outpatient Clinics, has provided CCC® to veterans with dementia and caregivers of veterans;
- Working with Dr.'s Carey Sherman and Ken Hepburn, originators of Savvy Caregiver, training has expanded to include options counselors through ADRC training, as well as to personal care aides through the federally-funded Building Training...Building Quality project; and
- Area agency on aging minimum operating standards and service definitions will be amended to provide integration of this program into Title III-D Health and Wellness core services.

*See Goal III, Issue Area C for future plans for continuing this important initiative.*

### **C. Choice**

Woven throughout all of OSA's programs and initiatives, both current and future, is the commitment to older adults and persons with disabilities that individual choice will be honored – be those large decisions about where to live and which supports and services are desired, to the more detailed choices about exactly how support or care is provided by a personal care aide.

Since the first federal Cash and Counseling grant in the 2005, Michigan has been on a quest to change the culture of our long-term supports and services system, building it anew on a foundation of person-centered planning (PCP) and self-direction. Since then, OSA has worked diligently to integrate person-centered planning and thinking through a variety of grants (ADRC, Options Counseling, Systems Transformation) and initiatives:

- |  |   |
|--|---|
| ▪ MI Choice Waiver program                               | ▪ Building Training... Building Quality trainings |
| ▪ Community Living Program                               | ▪ Creating Confident Caregivers trainings         |
| ▪ Veteran's Department Home and Community-Based Services | ▪ ADRC development                                |

OSA has developed highly successful trainings, practice guidelines for practitioners, and interview questions to hire person-centered staff. As well, service definitions and minimum operating standards are being revised for federal and state-funded services to ensure they pose no barriers to participant choice. And new service definitions and minimum operating standards for ADRC's are also being developed with PCP as their foundation.

OSA is also actively involved in Michigan's integrated care effort and continues to ensure that person-centered planning is foundational to the Integrated Care Organization, and is expressed in all policies and practices that emerge from this new method of providing supports and services to persons who are enrolled in both Medicare and Medicaid.

*See Goal II, Issue Area B for plans to integrate person-centered planning into practice.*

### **D. Elder Justice**

Protecting Michigan's vulnerable adults from abuse, neglect and exploitation is a priority of OSA. Significant strides, including the passage of 11 elder rights laws in FY 2012, are serving to motivate key partners to invest in collaborative approaches to improve Michigan's ability to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.

Michigan has a long history of developing and promoting multi-disciplinary responses to abuse, neglect, and exploitation, including state and local collaborative teams and councils. Michigan will build on these projects to more fully incorporate elder justice and abuse prevention efforts into existing state and local service systems, including ADRC's. Activities will include:

- Expanding the State Long-Term Care Ombudsman program's ability to serve residents of assisted living facilities and other settings;

- Implementing the Michigan Model Investigative Protocol developed per MCL 400.11(b)(9)/Public Act 175 of 2012;
- Creating a state-level elder abuse advisory council; and
- Developing and rolling out an elder abuse public awareness and training effort highlighting recently passed elder abuse legislation.

All elder rights initiatives will be conducted in collaboration with Adult Protective Services, State Long-Term Care Ombudsman, legal assistance, law enforcement, health care, and financial services partners at the state and local levels to best position these critical efforts for success.

*See Goal 4, Issue Area A for future elder justice efforts.*

### ***E. Quality Improvement***

OSA's Continuous Quality Improvement (CQI) model is intended to ensure effective, quality services from a comprehensive and coordinated network of program, services and agencies. This model is an ongoing, data-driven process that describes, measures, reviews, and evaluates service activities and delivery. It includes:

- Enhanced area agency on aging monitoring and area plans;
- Agency program and service performance metrics; and,
- Improved Aging Information System (AIS) reporting functionality.

#### *1) Area Agency on Aging Technical Assistance, Assessment, and Area Plans*

OSA is undertaking efforts to infuse CQI principles in its technical assistance and support, area agency on aging monitoring (e.g., assessments), and area plan activities. This effort involves:

- Enhancing the secure, web-based area plan software to better identify and describe the services, service delivery, and funding activities undertaken by each area agency;
- Enhancing ongoing information available to support OSA's review of program and financial reporting, monitoring, and onsite technical assistance; and
- Incorporating planning/program/financial data into area agency assessment and monitoring.

This process allows for a comprehensive review to better understand, measure, and ensure that what is planned and presented under the area plan is delivered in a way that can be monitored and verified in terms of service levels, service recipients, and quality.

#### *2) OSA Program and Service Performance Metrics*

OSA is undertaking efforts to develop cross-agency program and performance metrics for a variety of activities. Specifically, OSA will identify key program metrics where data collection allows for ongoing monitoring and reporting in order to gauge performance. This will form a "scorecard" that can be reviewed routinely for program management purposes. The goal is to build up from detailed program and service data to broader measures that lead to quality-focused, data-informed program planning, management, and oversight.

### ***F. Efficiencies***

OSA continues to develop its internet-based Aging Information System (AIS) to create secure information systems that support informed decision-making, effective service delivery, and realize efficiencies in how work is performed. As more and more funding, monitoring, and oversight of aging network activities is supported by information collected and tracked by electronic information management systems, greater importance is placed on the functionality and utility of those systems.

AIS operations have focused on improved data collection related to who is being served and how, and on providing secure and efficient grants management and reporting. These improvements have resulted in much less staff time and effort needed to meet these important state responsibilities:

- Targeting requirements
- Grants management and tracking
- Federal and state program reporting requirements
- Minimum expenditure and earmark requirements
- Local match and program income levels
- Population analysis needs

To realize efficiencies in carrying out mandated state functions, OSA has built AIS technology that:

- Allows for comprehensive reporting on participants and services at the state, area agency on aging, and local levels;
- Offers one-stop, user-friendly electronic financial reporting for services and programs supported by the Older Americans Act, state funding, and special grant funding; and
- Offers fully electronic processing of funding requests.

Currently OSA's 17 AIS software applications and associated websites support program and financial data collection, processing, analysis, and reporting needs of more than 1,300 users at 280 agencies across Michigan.

*See Goal VI, Issue Area B for specific plans on technology and Aging Information System innovation.*

## **G. Partnership Development**

### *1) Aging and Disability Resource Collaboration (ADRC)*

Michigan's ADRC program is part of a major nationwide, federal movement to reform how long-term supports and services are provided to older adults and individuals with disabilities. Guided by the national program framework, Michigan's program is built on offering people easy access to an array of service options and choices that meet their needs and preferences in a person-centered way.

In Michigan, ADRC's are local collaborations of multiple community-based partners covering defined geographic areas, and they have been evolving since FY 2009 when OSA received its first federal grant to implement the program using a "no wrong door" approach. To date, 10 ADRC's are in various stages of development, covering a total of 53 Michigan counties.

The success of ADRC's rests at the community level through strong partnership development, spearheaded by the aging and disability communities. Coordination of services that meet an individual's needs and preferences requires access to human services, healthcare providers, data collection and analysis, as well as a plan for continued quality improvement.

Michigan is actively moving ADRC development forward through strong collaboration with multiple partners, all of whom are committed to providing services in a person-centered way. Each partner recognizes that the individual is in control of decisions about what they need and want, while offering supports and services that are responsive, timely, objective, and accurate.

To steer the ADRC development process, OSA created an external Leadership Team reflective of multiple partners, an internal team, and six workgroups responsible for each of the program's fully functioning criteria. Among the accomplishments to date:

- 10 ADRC's covering 53 of 83 counties;
- Creation of a searchable database for local and state resources;
- A geo-routed 800 number accessible to all emerging ADRC's; and
- Launch of a new website focused solely on partnership activities and initiatives.

OSA is excited about opportunities presented by the ADRC initiative, and the potential to change how supports and services are delivered to older adults and those with disabilities. This common sense approach to collaboration and enhanced partnership will continue to evolve and contribute to OSA's commitment to greater efficiencies.

*See Goal II, Issue Area A for future Aging and Disability Resource Collaboration plans.*

### *2) Inter-governmental Coordination*

As demonstrated throughout this State Plan, coordination and collaboration are critical for improved service delivery – both with external partners and within state government. OSA is continuously striving to build new relationships and develop new programs externally – and it's time to bolster those partnerships within state departments.

Michigan's Public Health Administration is committed to inter-governmental collaboration, and OSA welcomes this partnership. Public Health offers a number of programs and services that could directly impact older adults – healthy eating programs, weight management, smoking cessation, etc. – and there is great potential to better coordinate, market, and implement these programs together.

OSA is working more closely with Michigan's Behavioral Health and Developmental Disabilities Administration (BHDDA) to coordinate efforts related to older adults, including dementia programs and trainings, substance abuse, suicide prevention, and mental health services. The goal is to eliminate duplication of services and increase efforts to more effectively serve a larger number of older adults. OSA and BHDDA are also exploring collaborative efforts related to the ADRC's, including increasing the involvement of local Community Mental Health offices.

OSA is also strengthening relationships with Adult Protective Services (APS), housed in the MI Department of Human Services. In FY 2012 OSA worked closely with APS on elder abuse legislation and more recently, have jointly worked on developing statewide elder abuse investigative protocols.

In addition to collaboration with public health, behavioral health, and protective services, OSA will continue to reach out to other state offices and departments to forge stronger partnerships.

### *3) Veterans*

Michigan was the first state to enroll veterans in the newly-formed Veteran's Department Home and Community-Based Services program made available under the federal Community Living Program grant. Ongoing relationships developed as a result of this project with Veterans Integrated Service Network (VISN) 11 and 12 and Michigan's five Veteran's Medical Centers positions the aging network, including ADRC's, to better coordinate veterans, aging, and disability services.

Because of these successful collaborations, ADRC options counseling will soon be made available to Michigan veterans, as promised in OSA's Part B: ADRC Sustainability Program Expansion Supplemental Opportunity grant funded by the federal government.

At the state level, Governor Rick Snyder recently established the Michigan Veterans Affairs Agency, housed within the Michigan Department of Military and Veterans Affairs. This welcomed change presents increased opportunities for OSA to work in state-level collaboration on planning and policy development so that veteran's receive the services to which they are entitled.

*See Goal V, Issue Area C for future plans for enhanced veteran services.*

#### 4) *Public/Private Partnerships*

OSA is working to develop stronger partnerships, both within state government as well as with external partners. Enhancing public/private partnerships will be critical to expanding the network to ensure not only the needs of older adults are met, but that we harness the talents and skills of older adults and provide opportunities for them to be engaged in their communities.

OSA is working closely with the aging network to explore entrepreneurial ways of serving greater numbers of older adults – or of serving them in more efficient, person-centered ways. OSA is also expanding its partnership base to include foundations, community colleges, universities, corporations, and other nonprofits outside of the aging network.

In the years ahead, OSA will look for opportunities to grow and expand its partnership base and engage individuals in statewide dialogue about aging issues, programs and services. OSA hopes to strengthen relations with organizations such as the Michigan Society of Gerontology (MSG) – a statewide group of Michigan residents concerned with education, research, action, and service on behalf of older adults. OSA strives to work more closely with MSG to provide opportunities to share ideas and best practices, and discuss innovative ideas with a diverse group of individuals.

Through partnership development, OSA will expand its relationships and develop innovative ways to tap the talents of older adults. Organizations like *BOOM: The New Economy*, for example, is working with older adult entrepreneurs to provide training and start-up capabilities for budding entrepreneurs in southeast Michigan. OSA wants to expand those entrepreneurial opportunities throughout the state.

OSA has begun conversations with the Council of Michigan Foundations (CMF) to identify joint opportunities for the foundation community to engage in larger, statewide initiatives. CMF is interested in exploring partnership opportunities related to age-friendly communities and workforce development.

OSA is dedicated to building and strengthening relationships with Michigan's 12 federally-recognized American Indian tribes and organizations serving American Indian elders, and will reach out to seek input on policy development and partnership opportunities, particularly with ADRC efforts.

Engaging institutions of higher education in aging-related initiatives is another important area of partnership expansion, and OSA will work with institutions of higher education, lifelong learning opportunities, employment and volunteer initiatives, and other activities that engage older adults.

*See Goal V, Issue Areas A and D for future plans.*

### **H. Community Engagement**

#### 1) *Needs Assessment Overview*

OSA has always recognized the value of garnering feedback from older adults, caregivers, and others served by the aging network. This understanding was the driving force behind the decision to conduct a new needs assessment to aid in future statewide planning and program development activities.

The last needs assessment, conducted in 1987, focused exclusively on Michigan residents age 60 and over. This time, the lesbian, gay, bisexual, and transgender (LGBT) community was specifically added due to unique challenges this population group faces. This decision made Michigan one of the first states in the country to conduct a statewide needs assessment specifically for LGBT residents age 60 and older.

Equally significant was a snapshot of older adults who also reported a disability. Among the more interesting findings from this population group:

- More than 70 percent were females;
- Nearly 50 percent had a disability;
- Nearly 90 percent were living where they wanted to be;
- More than six percent of older adults or someone in their household had been victimized, or knew of someone in their neighborhood who was a victim in the last year; and
- Nearly 20 percent reported not having enough money for their basic needs.

Needs assessment findings were reviewed by seven workgroups comprised of experts in each of these focus areas:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Caregiving &amp; Care Receiving</li> <li>▪ Outreach &amp; Information</li> <li>▪ Healthcare</li> <li>▪ Housing &amp; Transportation</li> </ul> | <ul style="list-style-type: none"> <li>▪ Lesbian, Gay, Bisexual, Transgender/Isolation</li> <li>▪ Economic Security/Elder Rights</li> <li>▪ Social Isolation &amp; Connectedness</li> </ul> |
|---|---|

Each workgroup reviewed specific findings, discussed potential implications, and produced a white paper outlining recommendations for policy and/or program consideration. Among workgroup participants, two important findings were expressed: a) the need to take a broader look at the state to paint a picture more reflective of the entire aging population, and b) the need and desire for continued dialogue in each of the focus areas. Common themes that emerged from workgroup recommendations also included:

- More education and awareness, and targeted messaging campaigns;
- Increased involvement from underserved groups outlined in the Older Americans Act;
- Stronger advocacy on emerging issues and policy development;
- Coordinated partnerships to enhance direct services and long-term supports and services; and
- Continued data mining and sharing to streamline services.

The growing challenges of older adults, adults with disabilities, and those of special populations must take a new precedent in the future development of programs and services. OSA is committed to maintaining an open dialogue with public and private stakeholders, non-traditional networks and partners, as well as the population we serve as aging in the new millennium takes shape.

## 2) *Public Input*

As discussed throughout this State Plan, the views, opinions, and experiences of older adults in our Great State are always important in shaping Michigan's future plans for aging services. Each year OSA and the Commission on Services to the Aging host public hearings across the state, where important feedback, concerns and kudos are expressed from individuals across the spectrum.

These opportunities have been made available for public input:

- Seven public hearings were held throughout FY 2011 and FY 2012 in several parts of the state to hear, first hand, from older adults, family members, service providers, public officials, and others about issues important to them. An additional five hearings are scheduled for FY 2013.

Among the emerging themes:

- Services are making a real impact on older adults in the community;
- More services are needed in some communities;
- Direct care workers employed in assisted living communities are being asked to care for increasingly more frail, who may need care in more supportive settings;
- The aging and disability networks have very different cultures, and the Aging and Disability Resource Collaborations are in varying stages of relationship building; and
- Volunteer programs are critical, and should be expanded.

- OSA conducted an Aging and Disability Needs Assessment to gauge the changing needs of Michigan's older adults, and to assess the correlation between the needs of older adults and those of individuals with a disability.
- A State Advisory Council, comprised primarily of older adults, remains an ongoing source of information and input on aging issues in Michigan.
- OSA hosted a focus group of older adults and individuals with disabilities to garner input for the development of a new age-friendly state website.
- OSA actively participates in Older Michigianian's annual advocacy event for 800 older adults at the State Capitol. This is a time for state public officials to hear what's in the minds and hearts of older adults from every corner of the state.

OSA will continue to host public hearings, actively engage the State Advisory Council, and participate in Older Michigianian's Day. In addition, focus groups are planned to test recommendations stemming from the needs assessment, and to help OSA gauge the best ways to reach and communicate with older adults.

### 3) *Local Community Engagement*

Engaging communities in the process of becoming more "age-friendly" has been a longstanding OSA priority. Through the *Communities for a Lifetime* program, OSA works with a variety of communities (local municipalities, counties, cities, etc.) to assess and develop a plan to make the community more livable for people of all ages, including older adults. With the aging of Michigan's population, this initiative will become even more critical to ensure our communities are ready to accommodate the needs of this population.

OSA will be work with a variety of partners, including the Michigan Municipal League, Michigan Association of Senior Centers, Michigan Directors of Services to the Aging, and Michigan Association of Nutrition and Aging Service Programs, to engage local communities – whether part of the *Communities for a Lifetime* program or not – in planning for the future of older residents they serve. While this includes things such as physical improvements and walkable streets, it also includes the support of local senior millages and other funding mechanisms to increase services in local communities.

### 4) *Volunteerism*

Volunteering has tremendous value – to individuals, families, and communities. For older adults, volunteering provides opportunities to make new friends, use skills learned over a lifetime, expand personal and professional networks, boost social skills, stay connected, give back, and have fun! Whether someone is 15, 35, or 75, extending oneself to help others has repeatedly proven to promote self-worth while doing something for the greater good of our communities.

Research has repeatedly shown that productive activity and strong social networks contribute to prolonged mental and physical health; older adults who continue to learn, grow and share their life of experience and knowledge with others report increased happiness with their lives. It is often said that more is gained from what we learn from challenges and adversity. The normal process of growing older presents many opportunities to learn, grow, and share that learning.

Governor Snyder understands that older adults represent a significant, valuable, and underutilized resource, and is deeply committed to looking at innovative ways to better engage older adults in their communities. Michigan has many older adults who are comfortably retired and have expressed strong desire for volunteer opportunities that are meaningful, more episodic, and different from volunteer opportunities of the past.

To this end, Governor Snyder has directed OSA to find creative ways of connecting the valuable talents of retired older adults in service to their communities. OSA will seek out partners, like the Michigan Community Service Commission, to actively pursue ways to connect interested older adults with organizations or other individuals that could benefit from their skills.

OSA currently oversees three volunteer programs – Foster Grandparents, Senior Companions, and RSVP:

- RSVP provides opportunities for people aged 55 and older to serve their communities, explore new interests, and stay active.
- Senior Companion Program offers low-income men and women 60 years of age and older the opportunity to provide individualized care and assistance to other seniors and adults with developmental disabilities,
- Foster Grandparent Program provides opportunities for low-income men and women 60 years of age and older to assist children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, and community programs.

In developing the proposed new volunteer initiatives, OSA will apply lessons learned from managing these programs to create more broad-based opportunities for older adult volunteer engagement.

*See Goal I, Issue Area A for plans for expanding the scope of volunteer programs.*

## **I. Workforce**

### **1) Healthcare Workforce**

The aging of Michigan's residents and the declining number of primary care physicians is putting an increased demand on the state's healthcare workforce. Nearly half of Michigan's primary care physicians are over the age of 60, and the state is seeing fewer medical students choosing primary care as their field of study. In addition, the number of geriatric fellows has decreased 10 percent in the past year alone (*Michigan Health Council statistics, 1.18.13*).

OSA is working with universities, including Michigan State University (MSU) and Ferris State University (FSU), to look at ways to attract students to the field of gerontology. MSU recently received a grant to increase the geriatric curriculum their medical students receive, and work closely with a variety of Michigan hospitals to place geriatric fellows. FSU is developing a Bachelor's Degree in Long-Term Care, and OSA is working with FSU on curricula development, as well as on post-graduation internship placements.

In addition, the need for direct care workers is increasing substantially, while the ability to recruit, train, and retain individuals is an ongoing struggle. Direct care workers – be they nursing aides, orderlies, attendants, personal aides, and home care aides – are critical to ensuring the availability of home and community-based care for older adults, yet it remains an underpaid and under-valued profession. By 2020, Michigan will need an estimated 33,000 more direct care workers – up from more than 100,500 in 2010 – and additional home help workers to support the long-term support and service needs of Michigan's increasing number of older adults and persons with disabilities.

In FY 2010 OSA was awarded a Real Choice: State Profile Tool (SPT) grant under which basic data was collected on the direct-care workforce in publicly-funded home and community-based services programs. Low wages, part-time hours, lack of mileage reimbursement, and lack of health benefits were among the findings cited as barriers to attracting and retaining direct care workers.

Another identified barrier relates to training. Training for direct care workers (outside of Certified Nursing Assistant training) is not standardized, and being trained by one employer does not guarantee being hired by another or prevent having to be retrained. SPT report data will be used to address the need for additional direct care workers in the future.

OSA received an innovative federal grant from the federal Health Resources and Services Administration entitled “Building Training...Building Quality” to develop and implement gold standard training curricula for personal care aides, including persons working for home health agencies and those hired by persons choosing self-direction. This training will be integrated into core services for area agencies on aging and their contractors during the period covered by this State Plan.

OSA will be working with the state’s home health registry to ensure homecare workers are qualified; those who have completed the Building Training...Building Quality modules will be recognized on the registry. OSA will also participate on a healthcare workforce workgroup to identify current challenges to Michigan’s healthcare workforce, and develop solutions to address the growing need for qualified healthcare professionals across the spectrum.

*See Goal II, Issue Area D for future plans on expanding workforce initiatives.*

## 2) Older Workers

Michigan is seeing an increase in the number of older adults still actively engaged in the workforce. Twenty (20) percent of adults age 60 or older in Michigan are still employed. People are working later in life for multiple reasons – launch of a second career, tough economic conditions, diminished investment income, need for health insurance, and the fact that people in general are living longer – to name a few.

OSA administers the Senior Community Service Employment Program (SCSEP), a federally-funded program that enhances employment opportunities for low-income, unemployed older adults, and promotes them as a solution for businesses seeking trained, qualified, and reliable employees.

Older workers are a valuable resource for Michigan’s workforce, and OSA is committed to providing opportunities for individuals to find employment. OSA will begin developing partnerships to expand workforce opportunities for older adults who may not qualify for SCSEP. Partnering with organizations like Operation ABLE, a nonprofit organization that provides programs to meet the employment needs of mature individuals while also helping businesses develop a competent and dependable workforce, has unlimited possibilities.

In fact, Operation ABLE is working to train older adults to become direct care workers, an area where Michigan needs more qualified employees. OSA will work with Operation ABLE and provide curricula, training, and other supports to enhance this program.

In addition to reaching out to nonprofit service organizations, OSA will expand its outreach to community colleges, colleges, and universities to further develop and promote continuing education, job skills training, and other employment-related trainings and placement opportunities.

## **J. System Transformation**

Michigan is on the brink of large scale healthcare transformation for older adults, and for all Michigan residents. Governor Snyder supports Medicaid Expansion and development of a Health Insurance Exchange under the Affordable Care Act. OSA stands ready to advocate for policy decisions that provide benefits and coverage to Michigan’s older citizens, particularly those who do not yet qualify for Medicare. The impact of these changes on older adults is expected to be positive, and OSA will be

available for outreach, education, and advocacy to Michigan's older population related to this transformation.

Michigan has been selected by the Centers for Medicare & Medicaid Services to participate in a pilot program to integrate care for individuals eligible for both Medicare and Medicaid. This pilot will take place in four regions throughout Michigan, and the aging network is ready to be an active player in those regions through both the home and community-based waiver, as well as through budding relationships with health plans. OSA is also represented on the steering committee of the Integrated Care for the Dually Eligible initiative, helping to ensure that older adults and the networks that serve them are included in the development of these plans.

In addition, Michigan has been selected to receive a State Innovations Model grant to test models for the transformation of the healthcare delivery system. OSA is represented on the newly-formed committee to design the process for provider and consumer input. The aging network will have an important role in this initiative, as the state works toward a more coordinated model of service delivery.

All the exciting initiatives at the state level have prompted further discussion about the way in which long-term supports and services are structured and provided. Currently, for example, the Home and Community-based Waiver is housed in the Medical Services Administration; non-Medicaid funded home and community-based services are housed at OSA; Adult Protective Services is housed within the Children's Administration at the Department of Human Services – and the list goes on. Better coordination is critical to increasing quality services to older adults. OSA will work with the above-mentioned partners and others to better streamline long-term supports and services – efforts that will have a critical role in future ADRC development.

The two Governor-appointed commissions – the Commission on Services to the Aging and Long-Term Care Supports and Services Advisory Commission – will play an important role in systems transformation. Members of these commissions have vast experience in aging and long-term supports and services, and their recommendations will contribute significantly toward for a more effective, efficient, comprehensive system focused on the individual.

OSA is ready to make necessary systemic changes that will ultimately impact the array of services available to Michigan's older residents. Through this transformational process, Michigan will be a place where it's both great to grow up as well as grow old.

**MICHIGAN STATE PLAN ON AGING 2014-2016**  
**OVERVIEW – STATE PLAN GOALS AND ISSUE AREAS**

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

*Issue Areas*

- A. Older Adult Economic and Volunteer Engagement after Age 60
- B. Anti-Age Discrimination Campaign

**Goal II – Use person-centered planning to ensure older adults have independence and self-direction through the array of long-term supports and services provided in the setting of their choice.**

*Issue Areas*

- A. Aging and Disability Resource Collaborations
- B. Person-Centered Planning, Self-Direction, and Cultural Competence
- C. Congregate and Home-Delivered Meals
- D. Long-Term Supports and Services Workforce

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

*Issue Areas*

- A. Evidence-Based Disease Prevention
- B. Senior Center Database
- C. Creating Confident Caregivers®
- D. Mental Health and Aging

**Goal IV – Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.**

*Issue Areas*

- A. Elder Abuse
- B. Medicare/Medicaid Assistance Program
- C. Legal Services
- D. State Long-Term Care Ombudsman

**Goal V – Develop and enhance public and private partnerships to better serve Michigan’s older adults.**

*Issue Areas*

- A. Partnership Development
- B. Lesbian, Gay, Bisexual, and Transgender Older Adults
- C. Veterans
- D. American Indian Elders

**Goal VI – Employ continuous quality improvement and innovation to accommodate the changing needs of older adults in Michigan.**

*Issue Areas*

- A. Area Agency on Aging Oversight
- B. Technology
- C. Profile of Participants and Services

## State Plan Goal I

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

### *Issue Area I-A*

#### *Older Adult Economic and Volunteer Engagement after Age 60*

##### *Objective*

Conduct program development activities to:

- Quantify, recognize, and advertise the economic contributions of older adults to Michigan;
- Connect older adults to unsubsidized employment/second career opportunities;
- Design methods and programs to harness the wealth of time, energy, and talent possessed by Michigan's older adults and involve them in volunteer efforts; and
- Design strategies and programs to entice older adults into and connect them to meaningful volunteer opportunities.

##### *Strategies*

- a. Review retirement and volunteerism research, including what other states and nations have done, to provide the basis for Michigan's effort.
- b. Partner with Council of Michigan Foundations to explore grant funding opportunities.
- c. Find and explore exemplary volunteer organizations to learn best practices.
- d. Partner with the Michigan Community Service Commission, the state's leading agency for volunteering and community services, on a broadened older adult-specific program.
- e. Partner with miTalent.org, a web-site designed to connect potential employees and employers, focusing on an older adult-specific effort.
- f. Find employers who specifically recruit and hire older adults to learn about best practices.
- g. Form focus groups of older adults on employment after age 60 and volunteerism to gain knowledge about older adult experience, needs, and wishes.
- h. Develop plans to connect older adults who wish to work (and are not Title V-eligible) with employers, and connect older adults who wish to volunteer to organizations and efforts where they are needed.
- i. Work with alumni associations affiliated with the state's community colleges, colleges, and universities to engage retired alumni in providing educational opportunities for older adults.

##### *Outcomes and Performance Measures*

- a. White paper on post-retirement work issues and opportunities.
- b. White paper on new and meaningful retirement issues and opportunities for older adults.
- c. New partnerships with organizations to discover best practices, funding opportunities, and potential targeted efforts to recruit and connect workers and volunteers.
- d. A plan focused on ways to provide opportunities to older adults that continue to use their skills and knowledge gained through employment or volunteerism.
- e. Customer satisfaction data (employer/employee, organization/volunteer) demonstrating positive connections and experiences.

**Issue Area I-B**  
**Anti-Age Discrimination Campaign**

**Objective**

Promote and sustain a positive image of older adults in order to combat the negative view of aging prevalent in today's society; recognize the lifelong and continuing contributions of older adults to Michigan's culture, economy, and community life; celebrate the many benefits of growing older; promote opportunities for continued personal growth, learning, and sharing of knowledge, wisdom, and resources with others.

**Strategies**

- a. Research and examine media campaigns that have been successful in reversing negative imaging.
- b. Convene experts to advise OSA on:
  - Early childhood education on positive aging
  - The philosophy of positive aging
  - The psychology of adaptability and resilience
  - Aspects of creative aging
  - The power of social connection
  - Achieving well-being, as defined by the person
  - Personal reinvention in later life
  - Aging with courage and humor
  - Women's aging issues
  - Intentional aging
- c. Secure funding for the campaign; in partnership with interested others, develop, implement, and evaluate the campaign.
- d. Review services, programs, and policies for barriers to positive aging.

**Outcomes and Performance Measures**

- a. White paper portraying a positive image of aging.
- b. Funding secured to develop and implement campaign.
- c. Positive response to multi-media campaign.
- d. New partnerships and joint initiatives to help sustain new positive image of aging.
- e. Integration of positive aging into future program and policy development.
- f. Measurable change in public opinion, trending toward a more positive view of aging over time.

## State Plan Goal II

**Use person-centered planning to ensure older adults have independence and self-direction through the array of long-term supports and services provided in the setting of their choice.**

### *Issue Area II-A Aging and Disability Resource Collaborations*

#### *Objective*

Strengthen the coordination of the aging and disability networks through Aging and Disability Resource Collaborations (ADRC's) to redefine how long-term supports and services are both provided and accessed across the state.

#### *Strategies*

- a. Develop non-traditional partnerships in aging and disability communities.
- b. Strengthen inter-governmental relationships to address gaps and/or overlap in long-term supports and services.
- c. Provide oversight and support for local partnerships to assist with relationship building and structural guidance to enhance ADRC development.
- d. Provide policy direction through development of minimum operating standards and service definitions for ADRC functions.
- e. Advocate for legislation that supports future coordination of long-term supports and services in aging and disability.
- f. Provide educational opportunities and create messaging to promote a broad understanding of, and support for, emerging aging and disability issues.
- g. Provide training for direct service providers that support high standards through evidence-based programs.
- h. With state departments, develop data management programs to support a streamlined application process for public benefits.
- i. Ensure mechanisms for participant and local partner feedback to enhance the ADRC initiative and the individual's experience.
- j. Seek out collaboration opportunities and funding sources that contribute to the programs overall sustainability and growth.

#### *Outcomes and Performance Measures*

- a. Ongoing inter-departmental meetings focused on coordination of aging and disability services.
- b. Regular meetings with ADRC leadership team to support program growth.
- c. Roll-out of statewide database with quarterly data reporting.
- d. Public awareness and increased access and use of services provided by ADRC partners.
- e. Launch of a statewide website and partner organization database, as well as a statewide geo-routed 1-800 number.
- f. Increased number of ADRC partnerships transitioning to fully functioning status.

**Issue Area II-B**  
**Person-Centered Planning, Self-Direction, and Cultural Competence**

**Objective 1**

Person-centered planning (PCP) and self-direction are fundamental elements across the long-term supports and services spectrum, and requirements supporting these elements will be embedded in area agency on aging annual implementation plans, OSA grant award agreements, contracts, service definitions, and minimum operating standards for both OSA-funded services and ADRC's.

**Strategies**

- a. Training
  - Current training on PCP will be ongoing and sustainable for staff of OSA, area agencies on aging, ADRC partner agencies, and persons in aging and disability leadership positions.
  - Current network of local PCP trainers will be sustained and supported, including annual certification and development of master trainer status.
- b. Language requiring adoption of PCP values, principles, and essential elements will be embedded into area agency on aging annual implementation plans and their sub-grants, and OSA grant award agreements, work plans, and contracts.
- c. Area agency on aging service definitions and minimum operating standard may be revised to ensure person-centered language and removal of barriers to providing services in a person-centered manner. Service definitions and minimum operating standards (including ADRC) will be written in a person-centered manner.
- d. Customer expectations will be built through development and use of participant-focused information on an individual's right to PCP.
- e. Partner with sister state agencies to promote adoption/consistency in PCP approach and language.
- f. Build support for adoption of PCP across the long-term supports and services spectrum.

**Outcomes and Performance Measures**

- a. Groups involved and numbers of persons successfully completing PCP training.
- b. Customer satisfaction data demonstrating participant's person-centered experience.
- c. Policies, rules, regulations, licensing, and practice guidelines reflecting adoption of PCP principles.
- d. OSA contracts and agreements contain language specific to PCP requirements.

**Objective 2**

OSA, in its leadership role in the aging and ADRC networks, ensures that standards of cultural competency and honoring diversity are reflected through policy, practice, training and education, outreach, and partnering. Cultural competency will be reflected in all areas of program development and implementation, and measured through evaluation.

**Strategies**

- a. Review internal practices, staff training, and performance evaluation criteria for barriers to inclusion among diverse populations; revise as necessary.
- b. Through OSA's cultural competence committee, continue the educational process for staff, moving from awareness training to emphasis on policy development and evaluation strategies.
- c. Ensure that outreach, marketing, and informational materials reflect diverse images, including on OSA and ADRC websites.

- d. Partner with statewide organizations to learn more about diverse populations and share OSA resources. This includes the LGBT, disability, and refugee communities, as well as American Indians, those with limited English proficiency, and other traditionally underserved populations.
- e. Research and make available tools for area agencies on aging and all ADRC partners to measure their own cultural competence, including guidelines for improvement.

*Outcomes and Performance Measures*

- a. Internal policies and practices are inclusive of diverse perspectives.
- b. Aging and ADRC marketing and outreach activities reach more people from traditionally underserved populations.
- c. Increase in the kinds of diversity trainings available to the aging and ADRC networks; increase in the number of training participants.
- d. Cultural competence information and resources are shared as new partnerships develop throughout the aging and ADRC networks and community organizations representing underserved population.
- e. Best practices are shared with aging and ADRC networks.
- f. Assess ADRC and area agency on aging progress toward cultural competence through use of self-assessment tools.

**Issue Area II-C**  
**Congregate and Home-Delivered Meals**

**Objective 1**

OSA will work to develop new business models for nutrition services designed to encourage creativity, flexibility, and adaptability, and to support the Michigan Coordinated Food for the Elderly program (MI-CAFÉ). New models will be necessary to meet the nutrition and social connection needs of the older adult population, which is experiencing changes in lifestyle and social customs, as well as increasing cultural and ethnic diversity.

**Strategies**

- a. Review vendor relationships to determine prevalence of large-scale versus small-scale vendors in order to identify the potential for cost savings opportunities and efficiencies.
- b. Encourage use of larger-scale vendors, such as schools, correctional facilities, hospitals, food service companies.
- c. Explore new partnerships for cultural and ethnic dining sites and home-delivered meals.
- d. Partner with Elder Law of Michigan to expand the number of counties and sites that offer MI-CAFÉ.

*See Outcomes and Performance Measures below.*

**Objective 2**

Update the dining experience for older adults and adults with disabilities to reflect current cultural and societal patterns.

**Strategies**

- a. Expand the person-centered model allowing participants to move between congregate and home-delivered programs as needed and desired.
- b. Partner with local food producers to use fresh-from-the-farm foods for “scratch” cooking to encourage healthier eating habits.
- c. Partner with agencies and groups that work with ethnic, cultural, and minority groups to expand the number of culturally-appropriate meal sites. Target groups include American Indian, Hispanic, Arab-Chaldean, Asian, and Russian.
- d. Expand food choices such as salad bars, vegetarian, allergen-free, and additional meal choices.
- e. Add additional food service venues, including restaurants and other food service establishments, group activity locations (e.g. taking a sack meal on a field trip), and other locations where older adults and adults with disabilities congregate.
- f. Increase program flexibility, such as expanded hours, dual participation in activity/take a sack lunch, eat one meal at meal site and take a second meal home.
- g. Increase shared resources through technology with a statewide web-based resource center to share menus, recipes, host a listserv, and house other information. This would also support a searchable database for meal sites that would be accessible by aging network partners, such as the ADRC’s, waiver agents, and other programs that assist older adults and adults with disabilities to find services.

**Outcome and Performance Measures (for Objectives 1 and 2 above)**

- a. Increase in number of nutrition program participants.
- b. Increase in number of culturally sensitive/ethnic meal sites.
- c. Increase in number of 60-64 year old participants.
- d. Increase in number of alternative programs, such as restaurant voucher programs.
- e. Development of a web-based resource center for nutrition programs.
- f. Increase in number of counties and sites offering MI-CAFÉ.

**Issue Area II-D**  
**Long-Term Supports and Services Workforce**

**Objective 1**

Invest in improving Michigan's long-term supports and services infrastructure to secure and maintain a competent, dedicated direct care workforce (DCW) to provide in-home supports and services.

**Strategies**

- a. Partner with the Department of Community Health/Medical Services Administration to:
  - Develop DCW reimbursement rates and methodologies that reflect market labor costs or a family self-sufficient wage;
  - Create infrastructure to promote full-time work for DCW's to reduce hiring and retention challenges and save millions in replacement costs; and
  - Increase DCW wages to cover the cost of transportation between participants' homes and for transporting participants.
- b. Working with the Department of Human Services, develop information for DCW's about the availability of health care insurance coverage through the Health Insurance Exchange.
- c. Develop plan to include Building Training...Building Quality training competencies and curricula models for regional and state-based provider competency and training requirements.

**Outcomes/Performance Measures**

- a. Infrastructure is developed to improve wages, transportation cost coverage, training, and retention of DCW's.
- b. Long-term supports and services providers are informed in 2013 about critical decisions to be made regarding health care coverage in 2014 under the Health Insurance Exchange.
- c. Building Training...Building Quality training competencies and curricula model are included in regional and state-based provider competency and training requirements.

**Objective 2**

Sustain and expand the Building Training...Building Quality (BTBQ) – a state training program for personal care aides (PCA's).

**Strategies**

- a. Create a certification process for PCA's using the BTBQ curricula.
- b. Work with the Department of Community Health (MDCH) to include PCA certification status on the participant/provider registry.
- c. Establish the BTBQ 77-hour core curriculum as baseline training for PCA's hired through area agencies on aging and their subcontractors.
- d. Work with new partners, such as Operation ABLE and Michigan Works!, to expand BTBQ training; use their existing screening and job placement processes for newly trained PCA's.

**Outcomes/Performance Measures**

- a. A certification process for PCA's using the BTBQ curricula is created.
- b. PCA's are included on the MDCH participant/provider registry.
- c. New partnerships are developed.
- d. A corps of BTBQ-trained PCA's is developed and available for hire.
- e. Customer satisfaction with BTBQ trained PCA's.

## State Plan Goal III

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

### *Issue Area III-A Evidence-Based Disease Prevention Programs*

#### *Objective*

Sustain, integrate, and coordinate Evidence-Based Disease Prevention Programs (EDBP) across aging and public health networks; expand existing partnerships and initiate new partnerships; align evidence-based programs with health care reform efforts; and expand the availability of programs to underserved and special populations. Make EBDP programs as “accessible as prescription medications.”

#### *Strategies*

- a. Build an integrated, sustainable service system statewide, integrating EBDP programs into core services through use of Title III-D funding.
- b. Expand the scope and reach of EBDP programs to underserved and special populations, including older adults, veterans, caregivers, American Indians, Hispanics, people with low incomes, persons with disabilities, those residing in medically-underserved areas, and the unemployed.
- c. Establish aging as the ‘bridge’ for EBDP between disability, public health, long-term supports and services systems through ADRC’s and No Wrong Door, and Integrated Care.
- d. Partner with the Michigan Society of Gerontology to collaborate on EBDP public education, and healthcare provider and medical office education.
  - Align the EBDP programs with these health care reform efforts: ADRC’s, Patient-Centered Medical Homes, Accountable Care Organizations, Care Transitions programs, Integrated Care
  - Integrate EBDP into existing systems such as: Michigan Oral Health Coalition, ADRC’s, Centers for Independent Living, Inter-Tribal Council, Developmental Disabilities Council, and hospitals/healthcare systems.
- e. Together with the Department of Community Health/Chronic Disease Division, build an integrated, sustainable EBDP service system.
- f. Assure that EBDP workshops are available for older adults and adults with disabilities in all stages of their lives, providing choices of how and where they attend workshops.
- g. Provide at least one training conference/workshop per year that centers on new programs, updating current skills, and other technical assistance for EBDP providers.
- h. Provide education and technical assistance to all partners to integrate and embed the EBDP programs into their information and assistance/referral systems.
- i. Create a web-based system to provide real-time functionality.
- j. Procure funding from special grants and other sources to provide EBDP programming to underserved populations.

#### *Outcomes and Performance Measures*

- a. EBDP programs are offered in all 83 counties.
- b. Number of new partnerships created.
- c. Number of integrative programs created.
- d. Number of persons served through healthcare reform programs.
- e. All area agency partners/vendors include EBDP materials in their information and referral services.
- f. A web portal is available for information and registration for EBDP programs.
- g. Participant demographics are similar to state demographics.

**Issue Area III-B**  
**Senior Center Database**

*Objective*

Create an online senior center database to provide easier access to information about services, activities, and programs that may reduce social isolation, increase choices, and provide culturally and socially-appropriate venues for older adults to connect to others in their community.

*Strategies*

- a. Create a workgroup representative of service providers and senior centers to define the breadth of services currently available through senior centers and who uses them.
- b. Craft a definition of “senior center” and explore marketing information on how to attract younger older adults; develop suggested user-friendly language, logistics, and information for database.
- c. Design database to be searchable on the web, linked with EBDP workshop registration, and linked to OSA and ADRC websites.  
Educate service providers on the availability and information on the site.
- d. Explore potential for older adults to register with senior centers for the purpose of response during emergencies and disasters; explore using senior centers as sites to provide assistance and refuge when emergencies occur.
- e. Explore working with academic alumni associations to connect retired college professors with senior centers to provide educational opportunities.

*Outcome and Performance Measures*

- a. Number of entries in database.
- b. Increased use of senior center services.
- c. Update services and activities by senior centers to meet new needs of older adults, including educational opportunities utilizing retired college professors.
- d. Senior centers become more inclusive of diverse population groups.
- e. Senior centers designated as emergency sites; increase the number designated over time.

**Issue Area III-C**  
**Creating Confident Caregivers®**

**Objective 1**

Sustain, monitor, and expand the Creating Confident Caregivers® (CCC) program throughout the state, integrating it into core services.

**Strategies**

- a. Adopt an OSA service definition that allows area agencies on aging to provide the program consistently through training requirements, reporting requirements, program fidelity rules, and data collection requirements; allow Title III-D funds to support the CCC® program.
- b. Coordinate with the MDCH/MSA to gain inclusion of CCC® as a HCBS waiver-funded service with its own service code.
- c. Train and support local trainers by:
  - Arranging train-the-trainer events;
  - Continuing the Master Trainer certification process; and
  - Convening fidelity and implementation calls for trainers.
- d. Continue data entry and analysis; report to field on program progress.
- e. Create new FIRST reports to provide area agency on aging funding and service data for analysis.
- f. Collaborate with Ken Hepburn, Ph.D. and Carey Sherman, Ph.D., Savvy Caregiver program developers, for the development, review, and refinement of training modules for use in the aging network.
- g. CCC® Master Trainers will be trained to deliver modules regionally to appropriate service entities.
- h. Develop partnerships to introduce CCC® training to organizations not already involved.

**Outcomes and Performance Measures**

- a. Quality and timeliness of required data reporting.
- b. Positive customer evaluations.
- c. Positive results of fidelity monitoring.
- d. Increased demand for CCC® training.
- e. Growth of Master Trainer Corps.
- f. Maintenance/increase in area agency on aging funding to support CCC®.

**Issue Area III-D**  
**Mental Health and Aging**

*Objective*

Develop and strengthen a partnership between the Behavioral Health and Developmental Disabilities Administration (BHDDA), Medical Services Administration (MSA), and OSA to address the unmet needs of older adults who are at risk of depression and suicide as a result of co-morbid conditions.

*Strategies*

- a. The federal Administration on Aging/Substance Abuse and Mental Health Services Administration geriatric mental health plan developed at the regional policy academy will be used to plan, fund, and implement an evidence-based program for at-risk older adults.
- b. The assessment form used by area agencies on aging, ADRC options counselors, and Home and Community-Based Services waiver agents will be revised to include two tested items on depression identification and potential suicide risk.
- c. Newly-developed training will be offered to care managers, supports coordinators, Information and Assistance specialists, options counselors and waiver staff.
- d. OSA and BHDDA will design joint strategies to address the needs of older adults with serious mental illness.
- e. OSA and the Developmental Disabilities Council will design strategies to provide or coordinate services for persons with developmental disabilities who become aged and/or develop dementia.

*Outcomes and Performance Measures*

- a. Develop an evidence-based program for older adults.
- b. At least one site is funded to provide the program, using care management, ADRC options counseling, and HCBS services as the mechanism for identifying at-risk individuals.
- c. Provide training on this new evidence-based program.
- d. Assessment forms are modified to include two tested items to identify at-risk older adults.
- e. Develop a plan to address the needs of older adults with serious mental illness.
- f. Develop a plan to coordinate services for older adults with developmental disabilities.

## STATE PLAN GOAL IV

**Provide advocacy, information, training and services to support the rights of older adults to live free from abuse, neglect and exploitation.**

<p style="text-align: center;"><i>Issue Area IV-A</i> <i>Elder Abuse</i></p>
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### *Objective*

Improve coordination of vulnerable adult protection initiatives to more efficiently utilize limited resources; and establish a permanent state-level presence to respond to grant and other opportunities.

### *Strategies*

- a. Convene a state coalition, led by OSA, with representation from DHS Adult Services, AAAs, ADRC's, Senior Medicare Patrol, Department of Attorney General, Prosecuting Attorneys Coordination Council, Michigan Elder Justice Project, and Michigan State Police to analyze current service delivery systems and make recommendations for restructuring and improved coordination.
- b. Develop comprehensive OSA elder abuse service standards and reporting system.
- c. Develop a state vulnerable adult abuse website/clearinghouse for practitioners.
- d. Design a public awareness effort highlighting recent elder abuse legislation, requirements and opportunities for long-term supports and services communities, and partnership opportunities for financial institutions/financial services providers. Engage media and broadcast community.
- e. Provide training and guidance to ADRC's and the long-term supports and services community.
- f. Provide technical assistance and guidance for community adoption of the state model investigative protocol (Public Act 175 of 2012; MCL 400.11a).
- g. Work with elder rights/elder abuse prevention partners to develop training curriculum for health providers to identify potential abuse and financial exploitation, and increase understanding and utilization of abuse reporting protocols.

### *Outcomes and Performance Measures*

- a. Conduct systems analysis/restructuring plan process.
- b. Current OSA elder abuse service definition/minimum operating standard revised to reflect new legislation and current elder abuse prevention methods and practices.
- c. Reporting system recommendation and blueprint developed.
- d. State vulnerable adult abuse clearinghouse work plan completed.
- e. Begin Clearinghouse initiative.
- f. Public awareness strategy designed and implemented.
- g. Adoption of elder abuse investigative protocols by two local teams annually.

**Issue Area IV-B**  
**Medicare/Medicaid Assistance Program**

**Objective**

Expand access to benefits information and counseling assistance through the Michigan Medicare and Medicaid Assistance Program (MMAP) so that Medicare and Medicaid beneficiaries impacted by long-term supports and services systems reform and rebalancing efforts (Integrated Care, Medicaid Expansion and Health Insurance Exchanges) are provided accurate information and assistance.

**Strategies**

- a. Include development of new counselor education requirements in MMAP grant award agreement; monitor for compliance.
- b. Expand understanding of how Medicare Part D is affected by programs and benefits available through systems reform efforts, and address coordination issues with veteran's benefits and Aging and Disability Resource Collaborations (ADRC).
- c. Ensure that MMAP has access to state-level information needed to design training curricula.
- d. Participate in state-level efforts related to new benefits/programs in order to advise MMAP appropriately.

**Outcomes and Performance Measures**

- a. Monitor compliance through review of training reports and counselor certifications to demonstrate completion of new training curricula by MMAP counselors.
- b. MMAP participates in state-level meetings on long-term supports and services systems reform efforts.
- c. MMAP applies for funding opportunities to support expansion of services to Medicare beneficiaries.

**Objective**

Formalize relationship between MMAP and Benefit Enrollment Outreach Centers (BEOC) for purposes of enhancing intake processes, coordinating ADRC referrals, expanding the "Welcome to Medicare" initiative, and coordinating training on veteran's benefits programs and long-term supports and services systems reform efforts.

**Strategies**

- a. Identify funding opportunities to support service expansion.
- b. Analyze best practices in call-intake processes to improve system's efficiency.
- c. Develop new ADRC Benefits Counseling service definition/minimum operating standards; streamline referral processes to increase access.
- d. Continue and expand "Welcome to Medicare Birthday Card" project to introduce consumers to BEOC and MMAP services.
- e. Participate on HCBS waiver, Integrated Care, and BEOC workgroups/project teams.
- f. Offer public education and targeted outreach to veterans services programs, long-term supports and services programs, and underserved rural and minority communities to increase awareness of MMAP and BEOC services.

**Outcomes and Performance Measures**

- a. Apply for additional funding opportunities.
- b. Complete intake best practice report; complete streamlined referral work plan.
- c. Public education/outreach materials developed.
- d. Report completed on data collection and systems enhancement needs.
- e. Increase in calls to MMAP and increase in requests for BEOC assistance each year.

**Issue Area IV-C**  
**Legal Services**

**Objective**

Increase access to legal assistance for socially and economically vulnerable older adults through increased legal services program coordination, collaboration with ADRC and elder abuse prevention efforts, and development of a state elder rights strategy.

**Strategies**

- a. Conduct a legal services and elder rights system capacity initiative using legal services reporting system data, provider survey data, and elder abuse data to identify system gaps and coordination opportunities. The capacity initiative will include review and analysis of elder rights program organization options and recommendations.
- b. Revise OSA legal services minimum operating standard to include ADRC program coordination assurances.
- c. Working with legal network partners, develop and promote webinars and printed materials to raise awareness about legal and elder rights issues. Coordinate campaign with legal services provider network, elder abuse prevention services, and State Long-Term Care Ombudsman program, focusing on surrogate-decision making and ADRC long-term supports and services options and planning.
- d. Implement a legal issue-spotting training protocol with ADRC, State Long-Term Care Ombudsman Program, and MMAP to achieve earlier intervention and referral to the legal services network, including the legal hotline and Benefit Enrollment Outreach Centers.
- e. Initiate a State Bar project to update the legal services and pro bono provider directory.
- f. Directly provide and/or promote partner training efforts, such as those by the Michigan Poverty Law Program, to ensure legal providers and partners have access to up-to-date substantive and program information.
- g. Expand the legal services reporting system to include referral data, unmet need data, and elder abuse case data.

**Outcomes and Performance Measures**

- a. Capacity assessment completed.
- b. Elder rights program recommendations and state strategy drafted in conjunction with development of a state Elder Rights presence (commission, board, etc.; see special grants Elder Abuse objective).
- c. Legal services minimum operating standard revised.
- d. Legal services and elder rights webinars conducted.
- e. Legal issue-spotting project initiated.
- f. One training program held annually.
- g. Legal Services Reporting System report enhancements completed; systems analysis and review conducted annually.

**Issue Area IV-D**  
**State Long-Term Care Ombudsman**

*Objective*

Improve the quality of life and quality of care of individuals living in Michigan's licensed long-term care facilities through a statewide, unified, independent Long-Term Care Ombudsman (LTCO) program; expand LTCO services to other long-term care settings of the individual's choice.

*Strategies*

- a. Provide direct advocacy services to individuals expressing a question, concern, or complaint with their long-term supports and services.
- b. Develop a uniform training and certification process for all LTCO volunteers.
- c. Reconfigure the LTCO to create a more unified and independent program.
- d. Provide outreach and information about LTCO services to people using long-term supports and services.
- e. Participate in legislative and administrative-level advocacy to better serve people using long-term supports and services.
- f. Participate in state and local ADRC efforts.

*Outcomes and Performance Measures*

- a. All LTCO staff is trained using the standard Michigan LTCO curriculum.
- b. Services provided by certified LTCO staff only.
- c. Volunteer training and certification policy is adopted, and all LTCO volunteers are certified.
- d. Develop and implement a plan to reconfigure the program.
- e. Share common chain of command and unified structure.
- f. Make fact sheets and program brochure available to local LTCO staff and volunteers for distribution; develop two new fact sheets each year.
- g. Respond to legislation affecting people using long-term supports and services, as needed.
- h. Promote public administrative policies that benefit long-term people using long-term supports and services.
- i. Assure continuing education is available annually to all LTCO staff.
- j. Use a data system compatible with federal reporting requirements; monitor data quarterly to identify trends or problems.
- k. Evaluate program effectiveness by using state and local versions of the national Long-Term Care Ombudsman Program Effectiveness tools.

## STATE PLAN GOAL V

**Develop and enhance public and private partnerships to better serve Michigan's older adults.**

### *Issue Area V-A Partnership Development*

#### *Objective*

Develop a more robust partner network to strengthen opportunities for older adults.

#### *Strategies*

- a. Strengthen inter-departmental relationships within state government by scheduling ongoing cross-departmental meetings to determine areas of overlap, coordination, and joint programming.
- b. Increase outreach strategies, including social media, to include "non-traditional" aging partners.
- c. Engage with the foundation community and connect them to aging-related programs. Provide data on the aging network. Work together to identify areas of common concern and design initiatives to achieve mutually agreed upon objectives.
- d. Seek out and develop ongoing relationships with new organizations and corporations with interest in aging issues/initiatives.
- e. Strengthen involvement with local communities in aging-friendly initiatives, including a focus on livable communities, access to services and local financial support.
- f. Work with organizations committed to leadership development to engage older adults in leadership, mentoring, advising, supporting, and teaching opportunities to share their professional, personal, and technical knowledge and skills with others.

#### *Outcomes and Performance Measures*

- a. Increased coordination and reduction of redundancy in aging programs across state departments and agencies.
- b. Increase in presence of older adults using OSA social media and increase of those seeking information about older adults through social media.
- c. Increase in number of local aging initiatives with local foundations and increase in number of state level/Council of Michigan Foundations aging initiatives.
- d. Increase in number of new partnerships with non-traditional partners.
- e. Increase in number of communities becoming involved in "Communities for a Lifetime" and similar initiatives.
- f. Existence of leadership opportunities and increase in number of older adults completing leadership training in order to offer their skills, talents and life experiences to organizations, groups, individuals, etc.

**Issue Area V-B**  
**Lesbian, Gay, Bisexual, and Transgender–Friendly Services**

*Objective*

Ensure that access to long-term supports and services to older adults who identify as lesbian, gay, bisexual and transgender (LGBT) is available throughout the state.

*Strategies*

- a. Develop partnerships with local, state, and national LGBT organizations to:
  - Learn more about each other's cultures;
  - Identify best practices and methods to develop LGBT-friendly service provision; and
  - Assist in information and outreach to LGBT network.
- b. Identify available training resources and provide training and education (or facilitate provision of training and education) to aging network and ADRC network staff.
- c. Include requirement for inclusion of non-discrimination language concerning LGBT older adults to be used in grant award agreements, contracts, policies of OSA, AAA's and ADRC's.
- d. Review OSA and ADRC service definitions and minimum operating standards to ensure inclusion of LGBT older adults and to remove unintended barriers to inclusion.
- e. Mount culture change effort between LGBT organizations, aging and ADRC networks focused on inclusion and making services LGBT-friendly, including staffing and support of LGBT advisory group to assist in planning and to provide feedback on performance measurements.

*Outcomes and Performance Measures*

- a. Number and success of partnerships, use of best practices, and success of marketing and information campaign.
- b. Number of aging network and ADRC staff trained on LGBT awareness and LGBT-friendly service provision.
- c. Number of older adults who identify themselves as LGBT and customer satisfaction data.
- d. Number of Aging and ADRC network organizations seen as LGBT-friendly by those who identify themselves as LGBT.

**Issue Area V-C**  
**Veteran's Access to Benefits and Services**

*Objective*

Increase awareness in the veteran community about aging network programs and access to services for persons of all ages seeking long-term supports and services through Michigan's Aging and Disability Resource Collaborations (ADRC's).

*Strategies*

- a. Develop relationship with newly created Michigan Veterans Affairs Agency, housed within the Michigan Department of Military and Veterans Affairs, to assist in strategies to improve service/benefit allocation through increased access to state and federal benefits and programs for Michigan veterans.
- b. Invite Veteran's as an ADRC Partner.
  - Coordinate with Veteran's Affairs or Veteran's Medical Center staff to obtain training on veteran's benefits for ADRC I&A specialists and Options Counselors.
  - Work with Marquette/Grand Rapids Veteran's nursing homes to promote ADRC partnership, educate about ADRC functions and provide to community resources specific to nursing facility transition.
  - Provide information to Marquette/ Grand Rapids veteran's nursing homes on how to obtain OSA's person-centered thinking and planning training for nursing home staff.
- c. Develop veteran's benefits specialty expertise in MMAP, Michigan's SHIP program, to increase veteran's access to benefits and programs.
- d. Work with Veteran's organizations providing EBDP programs to ensure data on veteran participants is collected.
- e. Revise assessment, NAPIS and other OSA-sponsored program data collection efforts and instruments to include asking and recording whether a person seeking /receiving supports and services is a veteran.

*Outcomes and Performance Measures*

- a. Number of ADRC Partnerships with veteran's representative partner.
- b. Number of ADRC Information and Assistance Specialists and Options Counselors trained on veteran's benefits.
- c. Number of nursing home staff (Marquette and Grand Rapids Veteran's nursing homes) trained in person-centered planning.
- d. Number of persons choosing to be transitioned out of Marquette and Grand Rapids Veteran's nursing homes.
- e. Number of persons seeking supports and services and those receiving services identifying themselves as veterans.

**Issue Area V-D**  
**American Indian Elders**

*Objective*

American Indians in Michigan, both those connected with recognized tribes and those who belong to independent organizations, are included in outreach and partner opportunities.

*Strategies*

- a. Maintain a visible presence in the State Liaison and Tribal Leaders Summits in order to coordinate Title VI services with other Administration on Aging services.
- b. Designate a representative to respond to inquiries about services to older adults from American Indian organizations.
- c. Reach out to American Indians in Michigan to seek input into policies and new ways to create partnerships.
- d. Encourage collaborations with tribal sovereignties, ADRC's, and area agencies on aging.

*Outcomes and Performance Measures*

- a. Tribal summits attended by OSA representative.
- b. Specific outreach strategies for the ADRC's and area agencies on aging.
- c. Increase in contacts from American Indian organizations to OSA for information and assistance.

## STATE PLAN GOAL VI

**Employ continuous quality improvement and innovation to accommodate the changing needs of older adults in Michigan.**

<b><i>Issue Area VI-A Area Agency on Aging Oversight</i></b>
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*Objective*

Monitor the performance of area agencies on aging (AAA) awarded funds under the Older Americans Act and from the Michigan Legislature.

*Strategies*

- a. Monitor compliance with OSA Operating Standards for AAAs, OSA Operating Standards for Service Programs, and/or other state or federal mandates, requirements or polices, as appropriate.
- b. Provide financial and program technical assistance, support and oversight of all 16 area agencies on aging.

*Outcomes and Performance Measures*

- a. Area plans are thoroughly reviewed and submitted to the Commission on Services to the Aging for approval.
- b. Formal financial and performance assessments are conducted.
- c. Program and audit reports are reviewed.
- d. On-site monitoring of area agency on aging governance is conducted.
- e. Technical assistance is provided, as needed.

<b><i>Issue Area VI-B Technology</i></b>
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*Objective*

OSA will continue to develop and enhance its internet-based Aging Information System (AIS) to provide secure information systems, and support informed decision-making and effective service delivery.

*Strategies*

- a. Allow for comprehensive reporting on participants and services at the state, area agency on aging, and local levels.
- b. Develop a comprehensive profile of participants and services helps program planners ensure that services are participant-driven and provide maximum flexibility.
- c. Integrate analysis and reporting of financial and program data.

*Outcomes and Performance Measures*

- a. Develop annual NAPIS report for Commission on Services to the Aging and local agencies.
- b. Develop annual AAA data quality review analysis for AAA assessments.
- c. Provide technical assistance and data review with grantees agencies at user group meetings and on an ad hoc basis.
- d. Develop technology upgrades to automate and streamline oversight functions (e.g., FIRST software for one-stop financial reporting).

**Issue Area VI-C**  
**Profile of Participants and Services**

*Objective*

Develop a comprehensive understanding of program participants and services to support the development and coordination of a comprehensive and seamless array of services and supports.

*Strategies*

- a. Develop and enhance data reporting systems to capture more precise data on services and participants.
- b. Conduct ongoing analysis and reporting of program and service data.
- c. Include service array requirements in AAA multi-year and annual implementation plans (MYP/AIP).

*Outcomes and Performance Measures*

- a. Ongoing review of program and service reports and data (e.g., NAPIS, VIS, FIRST, etc.).
- b. Develop detailed data reports and analysis (e.g., annual NAPIS report).
- c. Review data trends, program participant profiles, and longitudinal data.
- d. Compare aging network cost and service data against data other service data (e.g., Medicaid nursing facility participant data).
- e. Review service array options as part of MYP/AIP reviews.