

**Michigan Aging Information System  
FY 2015 NAPIS Nutrition Participant and Services  
Report**



**Prepared by the  
Michigan Department of Health and Human Services (MDHHS)  
Aging and Adult Services Agency (AASA)**

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## 2015 Michigan NAPIS Participant & Service Report

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## 2015 National Aging Program Information System (NAPIS) Participant and Service Report

### NAPIS Background

The Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA), formerly the Michigan Office of Services to the Aging, is required by the federal Administration for Community Living (ACL)/Administration on Aging (AoA) to submit an annual NAPIS State Program Report (SPR) on service activities supported all or in part by Title III and Title VII of the Older Americans Act (OAA). AoA requires SUAs to report counts and characteristics of participants, caregivers, services, expenditures, and service providers.

### The Aging Network in Michigan

AASA is the state agency with primary responsibility for administering federal and state programs for Michigan's 1.9 million older persons. Along with the Michigan Commission on Services to the Aging, AASA oversees a network of sixteen area agencies on aging (AAAs) that partner with 1,100 service providers across the state.<sup>1</sup>

### NAPIS Reporting Requirements

NAPIS groups services into reporting *clusters*. Cluster I includes in-home services and home-delivered meals; cluster II includes congregate meals, assisted transportation, and nutrition counseling; and cluster III includes community-based services and some access services. Caregiver services are grouped into *registered* and *non-registered* services.<sup>2</sup>

Participant counts for clusters I, II, and registered caregiver services are based on registration forms. Data is collected on demographics, poverty, participants living alone, rurality, services, nutritional risk status, and caregiver history. Data on activity limitations (i.e., ADLs and IADLs) are collected on cluster I services. Participant counts and demographic data on cluster III services and non-registered caregiver services are reported in the aggregate. Service units for cluster I and registered caregiver services are reported at the participant level. Cluster II, III, and non-registered caregiver service units are reported in the aggregate.

Service expenditures are reported quarterly. Expenditures are tracked by AAA, service provider, and fund source (i.e., federal, state, and local). Local expenditures are reported as matching funds (i.e., cash and in-kind) and program income (i.e., cost-sharing and voluntary participant contributions).

### AASA's Aging Information System

AASA developed its secure Internet-based NAPIS software on the state's Aging Information System (AIS) beginning in late 2001. NAPIS is crucial to AASA's effort to create secure information systems that support informed decision-making and effective service delivery.

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

## FY 2015 Participant and Service Executive Summary

### Participants Served

124,579 older adults enrolled in registered services<sup>3</sup>  
 109,948 nutrition services participants  
 104,605 older adults in community-based services  
 21,711 in-home services participants  
 6,958 caregivers in registered services

**Table 1. Demographic Profile of Participants and Caregivers**

Registered Participants	Registered Caregivers	Non-Registered Participants
58% age 75 or older	46% under age 65	8% low-income
65% Female	70% Female	29% minority (by race/ethnicity)
42% lived alone	43% Rural	13% rural
48% Rural	29% daughters/daughters-in-law	
34% low-income <sup>4</sup>	33% low-income	
20% minority (by race/ethnicity)	24% minority (by race/ethnicity)	

### Difficulties with Common Daily Activities (65,590 home care participants)<sup>5</sup>

72% reported difficulty shopping and/or cooking meals  
 57% had difficulty doing laundry, cleaning, climbing stairs, using private transportation, and/or walking  
 80% had difficulty with three or more common daily activities

### Services Provided

- Offered 40 different types of access, in-home, community, caregiver, and nutrition services.
- Served 10,451,215 congregate and home-delivered meals.
- Provided 824,190 hours of care management, case coordination & support, chore, homemaker, home health aide, personal care, and other in-home services.
- Delivered 565,111 hours of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information and assistance, legal services, medication management, outreach, transportation, and other community services.
- Supported caregivers with 38,562 home-delivered meals and 867,872 hours of respite care, adult day care, counseling, training, support groups, caregiver training, and other registered caregiver services.

### Expenditures

In 2015, the aging network spent nearly \$99.5 million serving older adults and caregivers. About 39% came from the federal government, 33% from state government, and 28% from local sources.

## NAPIS Participant and Service Trends

The unduplicated count of registered participants in 2015 was 124,579. This total represents an increase of approximately 2.6% from 2014. Increased participation was reported for registered in-home services (8.9%), registered nutrition services (4.4%) and community services (35.3%). Counts of individuals participating in caregiver services decreased by 1.0% and from 2014 to 2015.

NAPIS service levels increased from 12.0 million units in 2014 to more than 12.7 million units in 2015. Increased service units were reported in 2015 for in-home services (20.6%), nutrition services (4.5%) and caregiver services (13.9%). Service units remained near 2014 levels for community services (0.3%).

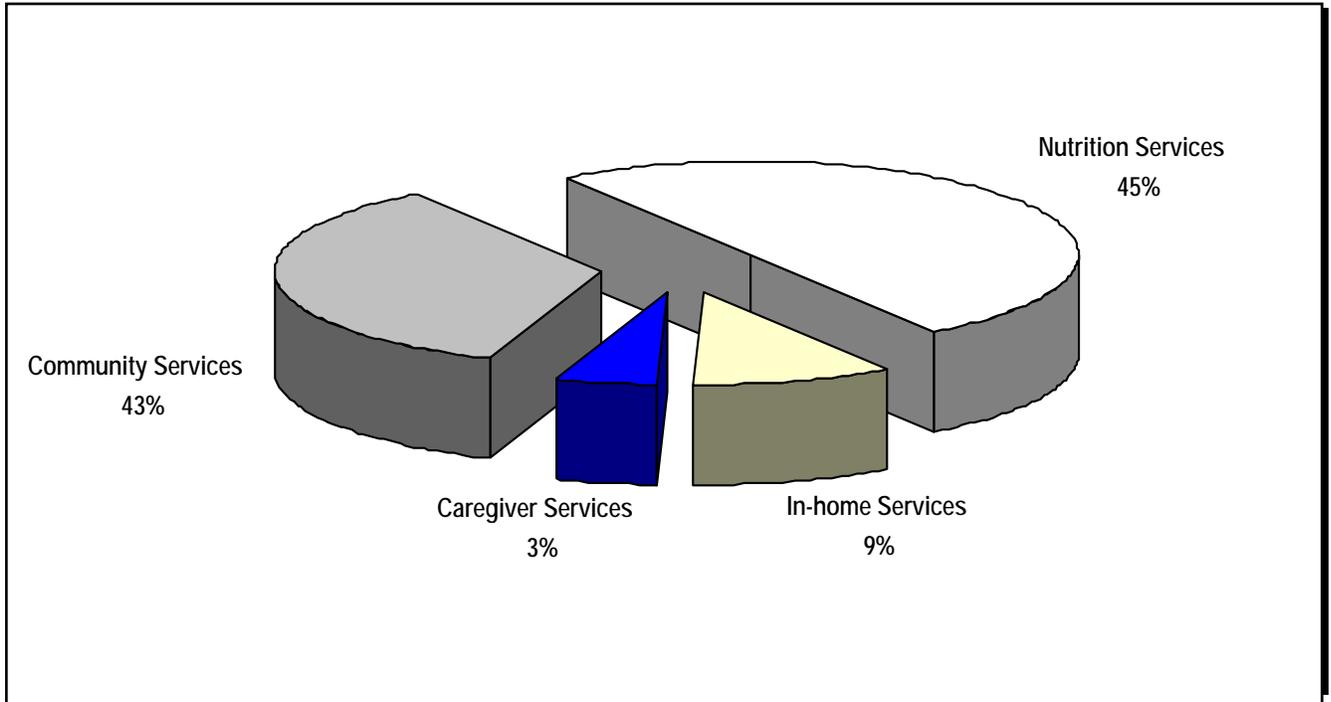
The 2015 NAPIS population reported larger percentages of individuals aged 75 or older, female, lived alone, low-income, and minority by race and/or ethnicity than the age 60 and older population in Michigan in the 2010 Census (Table 4). The demographic profile of NAPIS participants for 2015 was similar to NAPIS participants in prior years:

- Approximately two-thirds were female and/or aged 75 or older
- Nearly one-half resided in rural areas and/or reported living alone
- Almost one-third reported living in poverty
- About one in five individuals were minority by race and/or ethnicity.

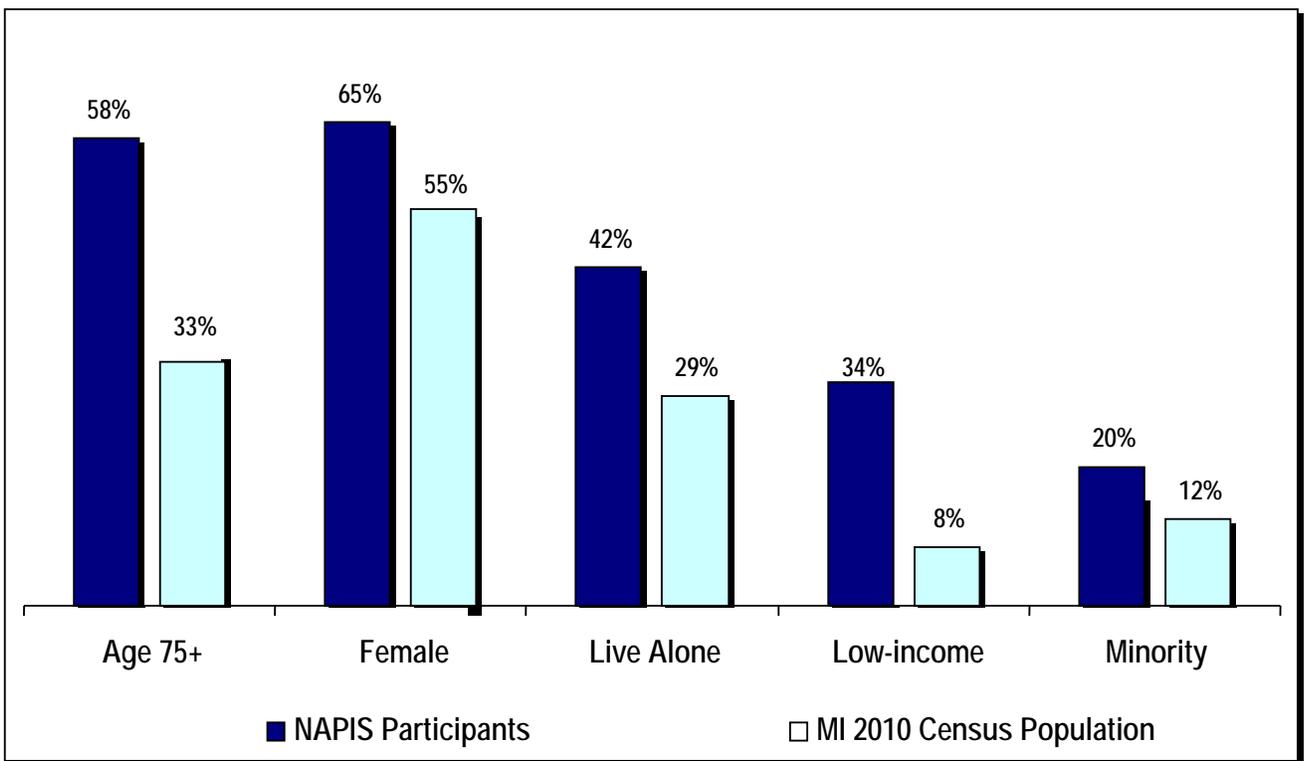
**Table 2. Participant and Unit Counts by Selected Service Category**

Service Category	Participants	Unit Count	Service Category	Participants	Unit Count
<b>IN-HOME SERVICES</b>			<b>COMMUNITY-BASED SERVICES</b>		
Care Management, Options Counseling & CLS	3,824	25,837	Home Injury Control	1,588	4,747
Case Coordination & Support	9,744	49,254	Information & Assistance	NA	110,229
Chore Services	3,569	48,426	Legal Assistance	12,809	24,595
Homemaker	8,632	459,312	Medication Management	3,695	7,925
Personal Care & PDN	3,785	241,362	Outreach	NA	112,022
<b>NUTRITION SERVICES</b>			PERS/Assistive Technology	1,878	4,487
Congregate Meals	57,123	2,156,131	Senior Center Operations/Staff	32,254	58,882
Home-Delivered Meals	52,825	8,295,084	Transportation	17,291	125,317
Nutrition Education/Counseling	423	423	Vision Services	1,499	1,247
<b>COMMUNITY SERVICES</b>			Wellness Center Support	4,340	14,873
Counseling	133	670	<b>SERVICES TO CAREGIVERS</b>		
Community Support Navigator	4,603	10,224	Adult Day Care	1,430	550,030
Crisis Energy Assistance	602	602	Caregiver Supplemental Services	131	1,014
Disease Prevention	9,493	54,724	Caregiver Training	1,138	7,953
Elder Abuse Prevention	10,979	6,412	Counseling & Support Groups	1,015	4,024
Friendly Reassurance	140	19,184	Home-Delivered Meals-Respite	266	38,563
Health Screening	303	299	In-Home and Other Respite Care	3,289	304,854
Hearing Impaired Services	2,862	6,441	Information & Access Services	23,751	22,861
Home Repair	136	2,232			

**Table 3. Participants by Service Category<sup>6</sup>**



**Table 4. Registered Participants and Michigan's 2010 U.S. Census 60+ Population by Selected Characteristics<sup>7</sup>**



## FY 2015 Service Expenditure Analysis<sup>8</sup>

Overall expenditures for services in 2015 totaled \$99,457,208 an increase of 5.9% from 2014.<sup>9</sup> Service expenditures increased by 17.6% from 2014 levels for in-home services, community services (6.4%) and 3.3% for nutrition services. Expenditure totals for caregiver services decreased by nearly 6.6% from 2014. Decreased caregiver expenditures in 2015 were largely due to a one-time change in 2013 in the collection methodology for the State Respite Care Fund. Table 5 provides expenditure totals from federal, state, and local sources reported for 2015 for selected services.

**Table 5. Total Expenditures for Selected Services**

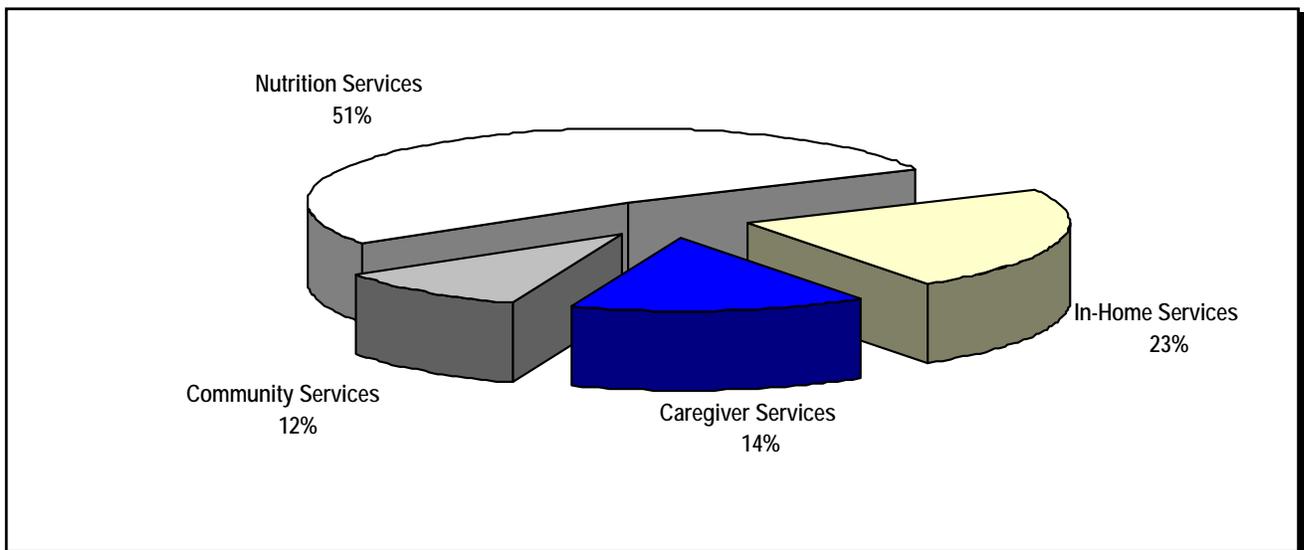
Service Category	Federal Expenses	State Expenses	Program Income	Total Cash Match	Total In-Kind Match	Total Expenses	% of Total Expenses
Home Delivered Meals	\$15,697,286	\$10,373,148	\$5,908,563	\$2,060,815	\$2,186,232	\$36,226,044	36.4%
Congregate Meals	\$8,811,078	\$236,323	\$3,543,322	\$993,716	\$982,349	\$14,566,788	14.6%
Care Management, CLS & Options Counseling	\$1,012,836	\$7,227,173	\$118,680	\$428,245	\$1,028,391	\$9,815,325	9.9%
Adult Day Care	\$175,656	\$2,989,130	\$1,230,245	\$532,708	\$1,435,594	\$6,363,333	6.4%
Personal Care	\$580,442	\$3,480,405	\$275,073	\$636,188	\$326,138	\$5,298,246	5.3%
Homemaker	\$896,314	\$3,381,745	\$295,327	\$286,133	\$236,492	\$5,096,011	5.1%
In Home Respite Care	\$696,157	\$2,153,179	\$132,604	\$82,482	\$225,473	\$3,289,895	3.3%
Case Coordination & Support	\$1,225,462	\$219,553	\$137,719	\$292,237	\$153,200	\$2,028,171	2.0%
Program Development	\$1,738,599	\$0	\$12,974	\$52,385	\$219,103	\$2,023,061	2.0%
Information & Assistance	\$989,223	\$388,843	\$3,995	\$197,819	\$112,005	\$1,691,885	1.7%
Caregiver Information & Access Services	\$1,397,190	\$0	\$19,191	\$78,663	\$138,475	\$1,633,519	1.6%
Transportation	\$584,642	\$133,565	\$101,018	\$648,360	\$138,751	\$1,606,336	1.6%
Outreach	\$866,015	\$359,293	\$10,773	\$105,358	\$114,918	\$1,456,357	1.5%
Other Respite Care (All Forms)	\$286,984	\$801,414	\$10,835	\$85,763	\$113,386	\$1,298,382	1.3%
Ombudsman	\$376,994	\$613,804	\$16,889	\$45,834	\$60,089	\$1,113,610	1.1%
Legal Assistance	\$752,539	\$0	\$17,093	\$144,571	\$84,478	\$998,681	1.0%
Disease Prevention/Health Promotion	\$651,481	\$0	\$135,070	\$47,070	\$77,756	\$911,377	0.9%
Chore Services	\$572,436	\$0	\$119,901	\$59,337	\$74,426	\$826,100	0.8%
Senior Center Staffing/Operations	\$306,850	\$0	\$2,652	\$336,998	\$45,580	\$692,080	0.7%
Caregiver Training	\$394,683	\$0	\$57,142	\$20,898	\$39,854	\$512,577	0.5%
Assistive Devices & Technologies	\$55,487	\$191,402	\$21,555	\$45,625	\$31,194	\$345,263	0.3%
Wellness Center Support	\$218,010	\$0	\$26,859	\$0	\$85,824	\$330,693	0.3%
Medication Management	\$68,247	\$131,633	\$2,004	\$6,168	\$19,780	\$227,832	0.2%
Caregiver Support Group	\$189,071	\$0	\$1,986	\$22,951	\$7,764	\$221,772	0.2%
Elder Abuse Prevention	\$181,376	\$0	\$1,273	\$10,898	\$18,272	\$211,819	0.2%
Home Injury Control	\$93,980	\$0	\$10,140	\$10,637	\$11,853	\$126,610	0.1%
Caregiver Supplemental Service	\$96,584	\$0	\$0	\$2,756	\$10,246	\$109,586	0.1%
Other (Gap Filling, Nutrition Education, etc.)	\$61,799	\$8,411	\$0	\$703	\$8,569	\$79,482	0.1%
Assistance to Hearing Impaired	\$60,408	\$0	\$1,093	\$7,719	\$6,260	\$75,480	0.1%
Home Repair	\$46,255	\$0	\$14,965	\$2,216	\$3,000	\$66,436	0.1%
Community Support Navigator-CR	\$5,228	\$0	\$14,500	\$0	\$34,077	\$53,805	0.1%
Home Delivered Meals - Respite Care	\$8,249	\$38,155	\$0	\$0	\$605	\$47,009	0.05%
Vision Services	\$21,683	\$0	\$1,351	\$12,826	\$3,676	\$39,536	0.04%
Caregiver Counseling	\$20,519	\$0	\$0	\$3,381	\$0	\$23,900	0.02%
Counseling	\$17,518	\$0	\$0	\$3,000	\$0	\$20,518	0.02%
Crisis Services Energy Assistance	\$15,254	\$0	\$0	\$0	\$1,717	\$16,971	0.02%
Friendly Reassurance	\$10,810	\$0	\$0	\$0	\$1,908	\$12,718	0.01%
<b>Totals:</b>	<b>\$39,183,345</b>	<b>\$32,727,176</b>	<b>\$12,244,792</b>	<b>\$7,264,460</b>	<b>\$8,037,435</b>	<b>\$99,457,208</b>	<b>100.0%</b>

**Service Expenditure Patterns and Funding Sources**

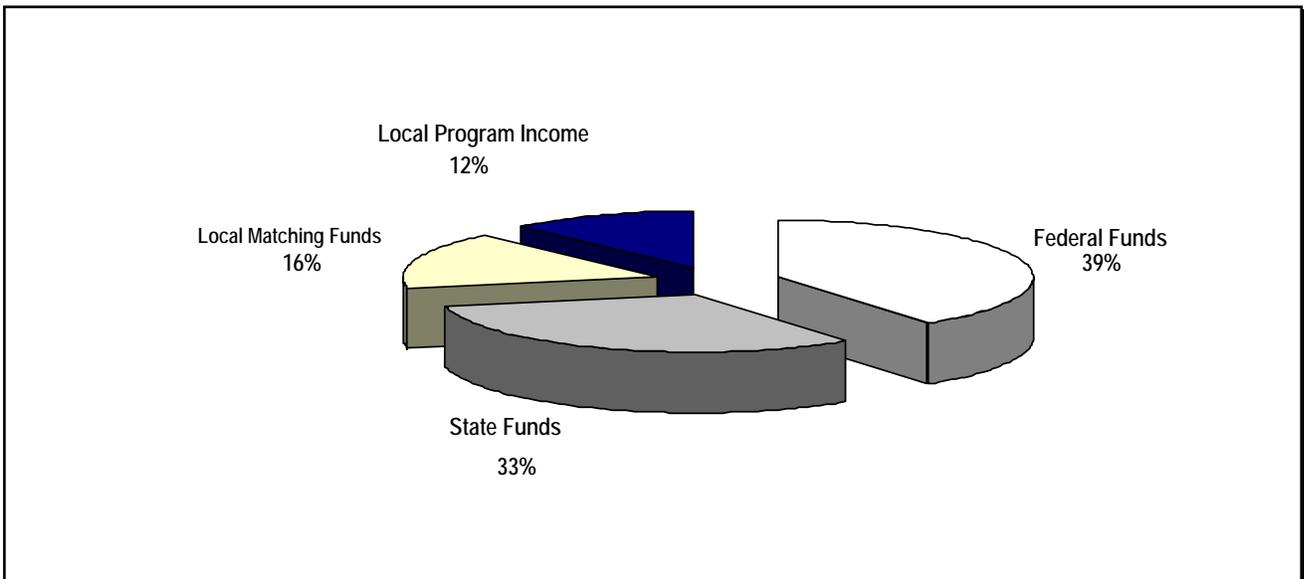
Service expenditures in 2015 were consistent with spending patterns for the last several years. Nutrition services accounted for one-half of all expenditures. Nearly one-quarter of expenditures supported In-home services and the remaining expenditures supported caregiver services and community services.

Expenditure patterns for federal funds, state, and local funds in 2015 were consistent with 2014 levels. Federal funds were the largest source of funding for nutrition and community services, and state funds were the largest source for in-home and caregiver services. More than one-half of all local funds were expended on nutrition services, including more than three-quarters of reported program income. Table 6 describes expenditures by service category. Tables 7 through 10 describe expenditures by service category and source of funds.

**Table 6. Expenditures by Service Category**



**Table 7. Service Expenditures by Source of Funds**



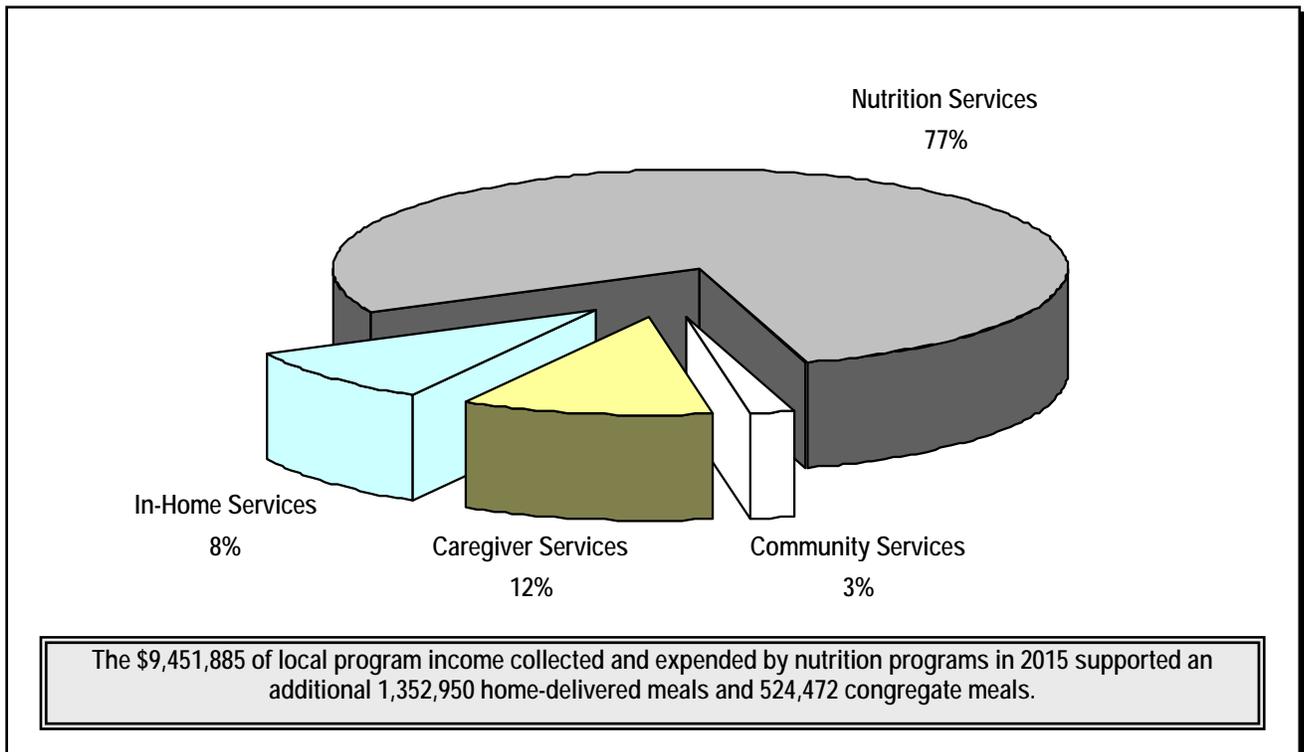
**Table 8. Expenditures by Service Category and Source of Funds**

Service Category	Total Expenditures	% Federal OAA Funds	% State Funds	% Local Program Income	% Local Matching Funds
Nutrition Services	\$50,858,577	48.3%	20.9%	18.6%	12.3%
In-Home Services	\$23,063,853	18.6%	62.0%	4.1%	15.3%
Caregiver Services	\$13,499,973	24.2%	44.3%	10.8%	20.7%
Community Services	\$12,034,805	58.7%	15.2%	3.3%	22.8%
<b>Totals</b>	<b>\$99,457,208</b>	<b>39.4%</b>	<b>32.9%</b>	<b>12.3%</b>	<b>15.4%</b>

**Table 9. Expenditures of Local Funds by Service Category**

Service Category	Total Expenditures of Local Funds by Service Category	% of Total Local Funds by Service Category
Nutrition Services	\$15,682,753	56.9%
In-Home Services	\$4,467,487	16.2%
Caregiver Services	\$4,253,002	15.4%
Community Services	\$3,143,445	11.4%
<b>Totals</b>	<b>\$27,546,687</b>	<b>100.0%</b>

**Table 10. Local Program Income Expenditures by Service Category**



## FY 2015 Administrative Expenditure Analysis<sup>10</sup>

The federal Older Americans Act (OAA) and the Michigan Legislature provide funding to support administrative and service activities necessary to carry out the functions and duties of the state unit on aging (i.e., AASA) and area agencies on aging (AAAs). OAA administrative and service allotments are intended to assist with regard to:

*“OAA Section. 301. (a) (1) It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State”*

Likewise, State of Michigan administrative appropriations assist AASA and AAAs to administer and deliver more than 50 different state plan and annual implementation plan (AIP)-related access, in-home, nutrition, community and caregiver services across the state.

### Federal and State Administrative Allotment Requirements

Federal OAA funds for implementing and administering AASA state plan and other services are allocated to states based on a state’s relative share of the number of persons aged 60 and over, as determined by the Bureau of the Census. From the total federal funds allotted to a state for OAA Titles III B, C-1 and C-2, an amount determined by the state, but not more than five percent, is made available to pay up to 75% of the cost of administration of the state plan. Likewise, an amount determined by the state, but not more than ten percent, is made available to pay up to 75% of the cost of administration of AAA AIPs (aka “area plans”). AASA also receives allotments of state funds through the annual state budget appropriation process that support administrative activities for AASA and AAAs, including the implementation and administration of the state plan and AIPs. Funds for Area Plan-related, NAPIS-reportable activities are allocated under Michigan’s federally-approved Intrastate Funding Formula (IFF).

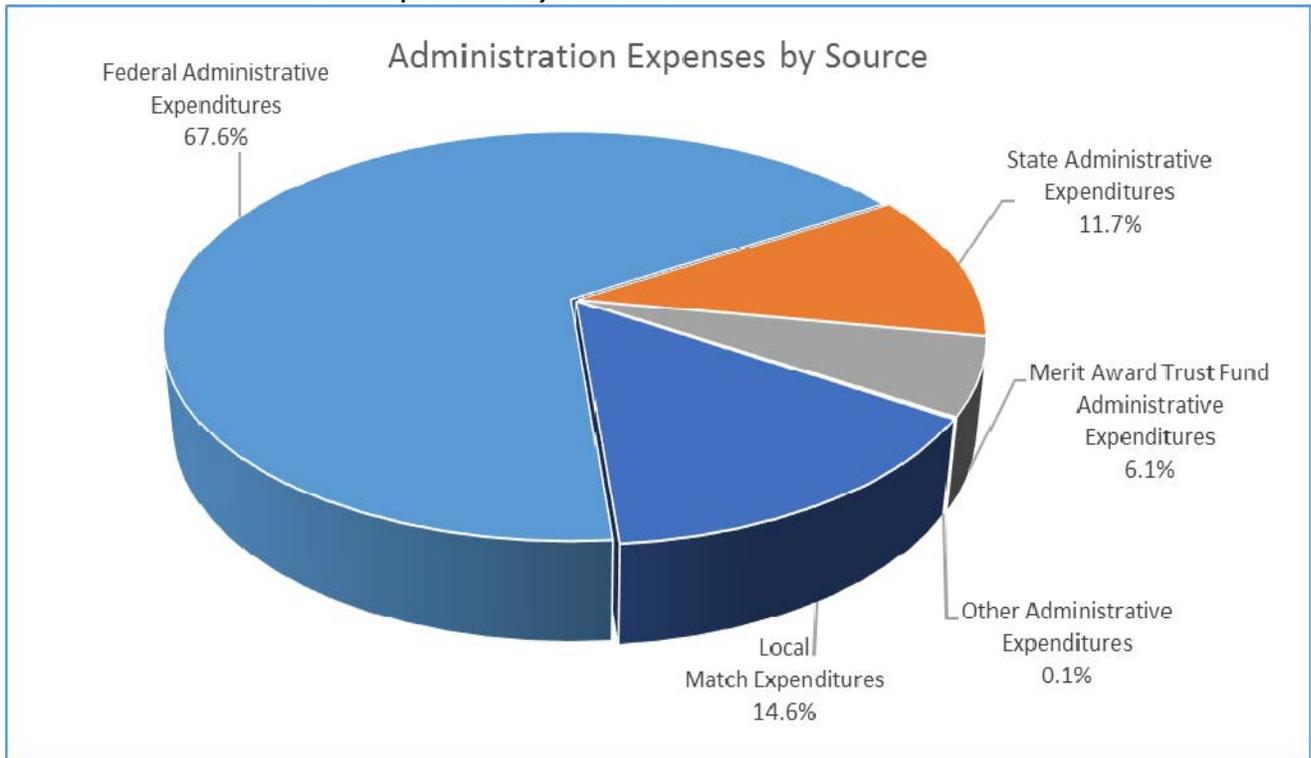
### FY 2015 Federal and State Expenditures

In FY 2015, AASA, AAAs and local service providers expended \$104,647,766 for AIP-related services and administration from federal, state and local sources. Of that total, \$99,457,208 (95.0%) was expended on AIP-related services. This included \$71,910,521 in federal and state funds and \$27,546,687 in local funding. The remaining \$5,190,558 (5.0%) was expended by AAAs to administer services statewide. All told, this funding allowed the aging network to serve more than 125,000 individuals in “registered” services and another 104,605 persons in “non-registered” services.<sup>11</sup> Table 11 describes administrative and service expenditures for FY 2015 by source of funds for AIP services and administrative activities. Table 12 describes administrative expenditures by source detail for FY 2015.

**Table 11. AAA AIP Administrative and Service Expenditures by Source of Funds**

Source	Administrative Expenditures	Service Expenditures	Total Expenditures	Administrative Expenditures as % of Total Expenditures
Federal Funds	\$3,507,668	\$39,183,345	\$42,691,013	40.8%
State Funds	\$919,545	\$32,727,176	\$33,646,721	32.2%
Local Funds	\$763,345	\$27,546,687	\$28,310,032	27.1%
<b>Totals</b>	<b>\$5,190,558</b>	<b>\$99,457,208</b>	<b>\$104,647,766</b>	<b>100.0%</b>

**Table 12. AAA AIP Administrative Expenditures by Source Detail**



**Other Sources of Aging Network Administrative Funding**

Federal and state administrative allotments resulting from AASA appropriations do not completely fund all AAA administrative activities. Area agencies on aging typically utilize a mix of federal, state and local funding from multiple sources to pay for agency operations. Most notably, the state’s Medicaid MI Choice HCBS/ED waiver is a significant source of service and administrative funding for most AAAs for non-AIP services. MI Choice funds are not administered by AASA and thus not included in this report.

## FY 2015 NAPIS Local Service Funding

### Aging Network Local Service Expenditures

Federal and state administrative allotments do not completely fund all aging network service programs and activities. Area agencies on aging and aging network service providers utilize a mix of federal, state and local funding to support services.

**Table 13 Total Expenditures for Selected Services**

Service Category	Total Federal Expenses	Total State Expenses	Program Income Totals	Total Cash Match	Total In-Kind Match	Total Expenses (All Sources)
Nutrition Services	\$24,566,353	\$10,609,471	\$9,451,885	\$3,054,653	\$3,176,215	\$50,858,577
In-Home Services	\$4,287,490	\$14,308,876	\$946,700	\$1,702,140	\$1,818,647	\$23,063,853
Caregiver Services	\$3,265,093	\$5,981,878	\$1,452,003	\$829,602	\$1,971,397	\$13,499,973
Community Services	\$7,064,409	\$1,826,951	\$394,204	\$1,678,065	\$1,071,176	\$12,034,805
<b>Totals</b>	<b>\$39,183,345</b>	<b>\$32,727,176</b>	<b>\$12,244,792</b>	<b>\$7,264,460</b>	<b>\$8,037,435</b>	<b>\$99,457,208</b>

### Local Matching Resources

Under current rules for most AASA-funded services, a minimum of 10% of the total cost of services must come from local “matching” resources. Local matching resource requirements may be met with cash and/or in-kind match contributions. Examples of in-kind match or cash match contributions are provided below:

*Cash Match* – grantee cash contributions to the project. Some examples of items generally accepted as cash match are cash donations, non-federal income, local government contributions, foundation grants or corporate contributions, and cash contributed by the agency.

*In-Kind Match* – grantee non-cash contributions provided by non-federal sources. For example, these contributions can be in the form of real property, equipment, supplies, services, and other expendable property.

### Local Program Income

Each year aging network service activities are supported by significant contributions by program participants. Most commonly, these participant contributions come in two forms:

1) *Cost Sharing* - States are permitted to implement cost sharing policies for service recipients for certain state and Older American’s Act (OAA)-funded services. States are not permitted to implement the cost sharing for the following services: Information and assistance, outreach, case management, Ombudsman, elder abuse prevention, legal assistance, Congregate and home-delivered meals. Under an approved policy, service recipients may participate in the sharing of the cost of services received as followings:

- A sliding fee scale for the service recipient's share of service cost is based on reasonable gradations of income;
- The amount of cost to be shared is determined by the total income from all sources for the individual requesting service;

- The amount of service cost to be shared is determined by a written confidential self-declaration of income. No verification of income is necessary;
- The total service cost is comprised of all grant funds, matching funds, and program income used to operate the service program;
- Service recipients who refuse to participate in an approved cost sharing program for allowable services may not be denied service based on non-contribution; and
- All revenue generated as a result of an approved cost sharing policy must be utilized to expand the service from which it was generated.

2) *Voluntary Contributions* - Service recipients are provided with an opportunity to voluntarily contribute toward the cost of service. Under current OAA requirements, voluntarily participant contributions are allowed in accordance with the following:

- Each recipient is clearly informed that there is no obligation to contribute, and that contributions are purely voluntary;
- The method of solicitation is non-coercive;
- Contribution levels are based on the actual cost of services;
- The program shall not means test for any service for which contributions are accepted;
- The program shall not deny services to any individual who does not contribute;
- The program protects the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- Appropriate procedures are established to safeguard and account for contributions; and
- All contributions are utilized to expand the service for which the contributions were given.

### **Service Expenditure Patterns & Fund Sources**

More than one-half of all funds were expended on nutrition services, including more than three-quarters of reported program income. Local funding provides for significant program expansion beyond the service levels supported by state and federal funding - most notably in the nutrition programs. In FY 2015, nutrition programs were able to support nearly 1.9 million additional meals from the local program income that was received.

### **Other Significant Sources of Aging Network Local Service Funding**

In addition to federal, state and related local funds, many county and municipal councils, commissions and departments on aging receive local "senior" millage funding for services. The Michigan Legislature has allowed senior millages since the mid-1970s. In that time the number of counties with some form of senior millage has grown to more than 60 counties. Millage funding is often administered separately from AASA funding, and millage-funded services and terms may vary from AASA services and from county to county. Millage funds are a significant funding source for many county and municipal providers, and these funds extend and expand the services available to older adults from other public, private and/or charitable sources.

## FY 2015 In-Home Service Programs

### In-Home Services

In-home services assist individuals with functional, physical, or mental characteristics that limit their ability to care for themselves, and informal supports (e.g., family or friends) are either unavailable or insufficient. Targeting for in-home services is based on social, functional, and economic characteristics. In 2015, 21,711 older adults were supported by 824,190 hours/units of care management, case coordination and support, options counseling, chore, homemaker, home health aide, and personal care.

### Profile of Registered In-Home Service Participants

67% were 75 years of age or older; and 34% were 85 years of age or older  
 71% were female  
 56% resided in rural areas  
 55% lived alone  
 37% started service five or more years ago  
 28% were low-income  
 15% were minority by race and/or ethnicity

### Characteristics of In-Home Service Participants

In-home service participants were older and larger percentages were female, lived alone, and resided in rural areas compared to other registered NAPIS participants (Table 15). The most frequently reported activity limitations were cooking, cleaning, shopping, climbing stairs, and walking. Table 15 describes in-home participants by initial NAPIS registration date.

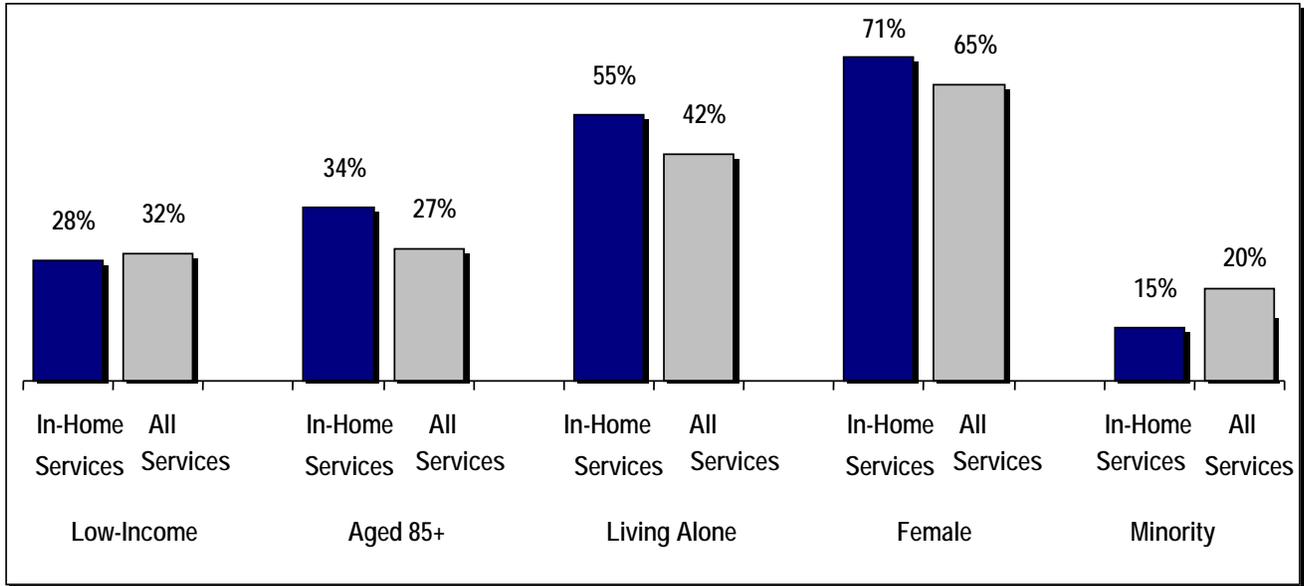
### Expenditures

In 2015, approximately \$23.1 million was spent providing in-home services. Table 14 describes expenditures by service category and average costs per participant and service unit.

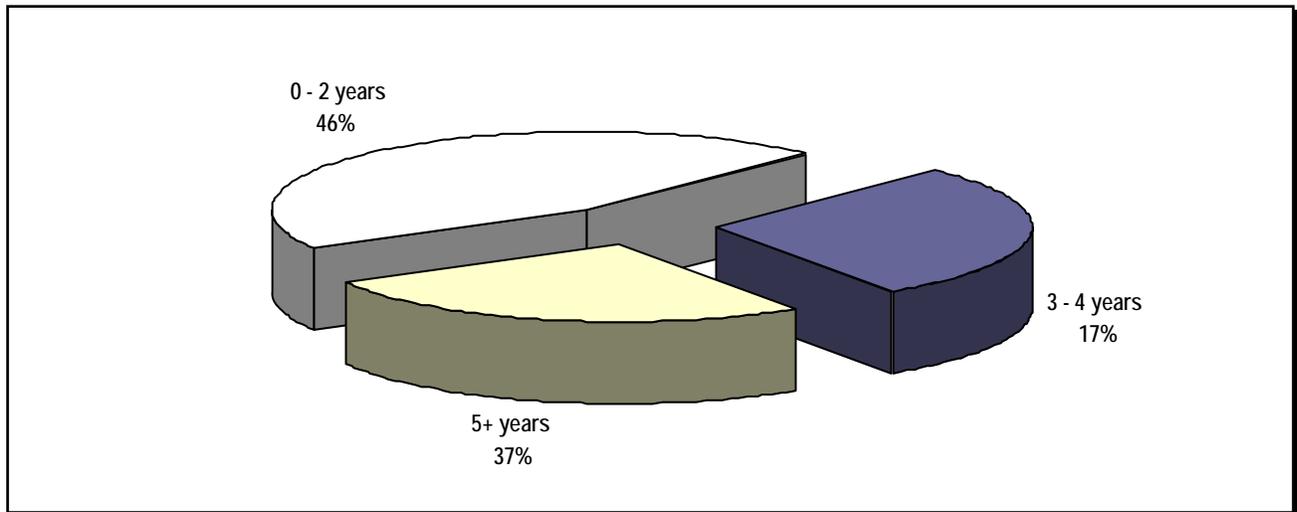
**Table 14. In-Home Service Expenditures and Average Annual Cost per Participant and Service Unit for Selected Services**

Service Category	Expenditures	Cost / Participant	Cost / Unit
Care Management, Options Counseling & CLS	\$9,815,325	\$2,021.43 <i>(avg. - 7 months service per client)</i>	\$299.18 <i>(per months of service)</i>
Homemaker	\$5,096,011	\$590.36	\$11.09
Personal Care	\$5,298,246	\$1,399.80	\$21.95
Case Coordination and Support	\$2,028,171	\$208.15	\$41.18
Chore	\$826,100	\$231.47	\$17.06
<b>Totals</b>	<b>\$23,063,853</b>	<b>\$1,062.31</b>	<b>\$28.05</b>
<b>Hours of in-home service per day in 2015 (statewide 260 service day average):</b>			<b>3,170</b>

**Table 15. In-Home Service and Registered NAPIS Participants by Selected Characteristics**



**Table 16. In-Home Service Participants by Initial Service Intake Date**



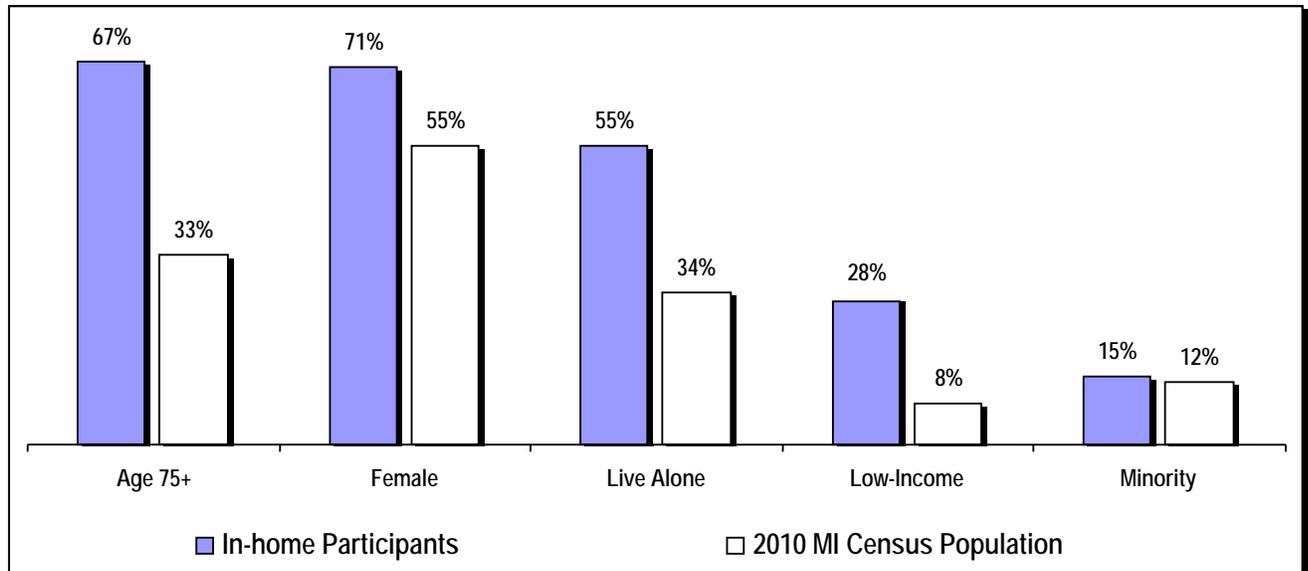
**Table 17. In-Home Service Participants by Most Frequently Reported ADL and IADL Limitations**

Daily Activity Limitations (ADLs & IADLs)	% of Participants w/ Reported ADL or IADL Limitation
Shopping	69%
Cleaning	65%
Cooking Meals	64%
Using Private Transportation	58%
Stair Climbing	57%
Doing Laundry	55%
Walking	54%
3+ ADLs/IADLs Reported	74%

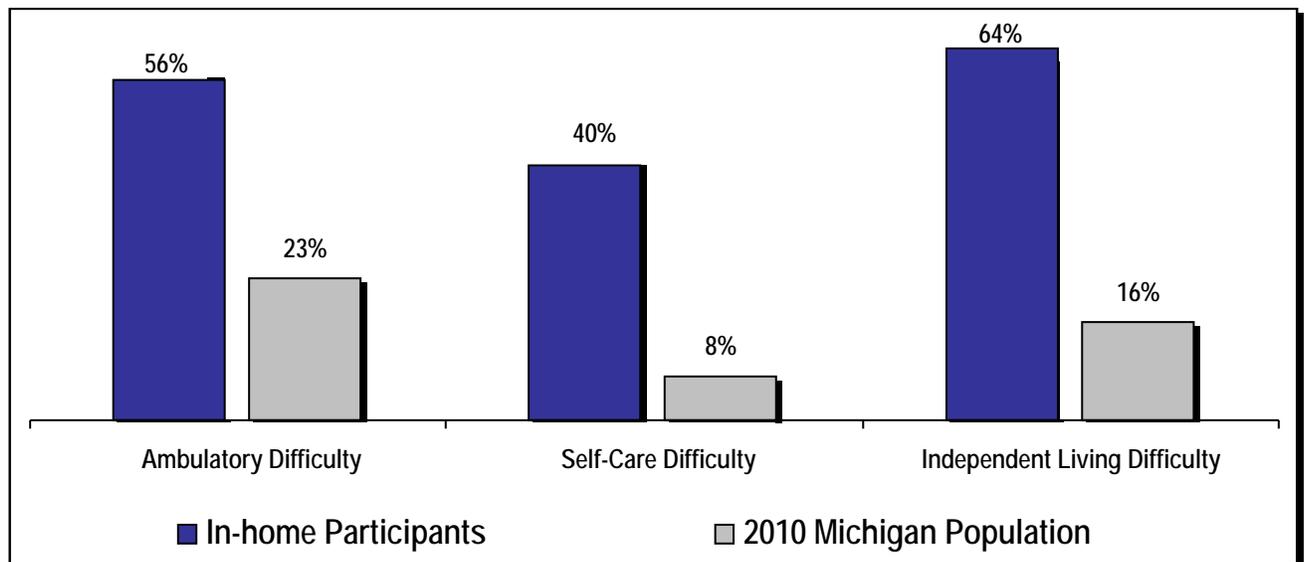
**Profile of In-Home Service Participants and Older Adults in Michigan<sup>12</sup>**

The profile of in-home service participants differs from the population of adults aged 60 and older in Michigan. Larger percentages of in-home participants were aged 75 or older, lived alone and were low-income compared to older adults in Michigan in the 2010 Census (Table 18). Census information for Michigan on individuals requiring assistance to perform common daily activities is consistent with ADL and IADL data collected in NAPIS.<sup>13</sup> Larger percentages of in-home participants reported *ambulatory*, *self-care*, and *independent living* difficulties compared to Michigan’s older adult population (Table 19).

**Table 18. In-Home Service Participants and Michigan’s 2010 U.S. Census 60+ Population by Selected Characteristics<sup>13</sup>**



**Table 19. In-Home Service Participants and Michigan’s 2000 Census Population by Daily Activity Difficulties**



## FY 2015 Nutrition Services Programs

### Nutrition Services

Adequate nutrition is critical to health, functioning, and quality of life. Nutrition services provide nutritious meals in community settings and to frail older adults in home settings. Additionally, these services combat social isolation and provide nutrition education. In 2015, 52,825 home-delivered meal participants received 8,295,084 meals and 57,123 congregate meal participants received 2,156,131 meals.

**Table 20. Profile of Registered Home-Delivered Meal and Congregate Meal Participants**

Home-Delivered Meal Participants	Congregate Meal Participants
64% were age 75 or older; 36% were 85 or older	52% were age 75 or older; 19% were 85 or older
64% were female	63% were female
50% lived alone	34% lived alone
39% resided in rural areas	60% resided in rural areas
38% were low-income	30% were low-income
66% were at high nutritional risk	12% were at high nutritional risk
29% were minority by race and/or ethnicity	19% were minority by race and/or ethnicity
23% started service five or more years ago	37% started service five or more years ago

### Characteristics of Home-Delivered and Congregate Meal Participants

Compared to congregate participants, home-delivered meal participants tended to be older, and larger percentages were low-income, minority, and lived alone. Home-delivered meal participants were less likely to reside in rural areas. Approximately two-thirds of all home-delivered meal participants were at high nutritional risk, compared to 12% of congregate participants. The most frequently reported activity limitations by home-delivered meal participants were cooking, shopping, doing laundry, using transportation, climbing stairs, and walking.

### Expenditures

Approximately \$49.3 million was expended in 2015 for nutrition services. Table 21 describes expenditures, costs per meal and participant, and average service levels.

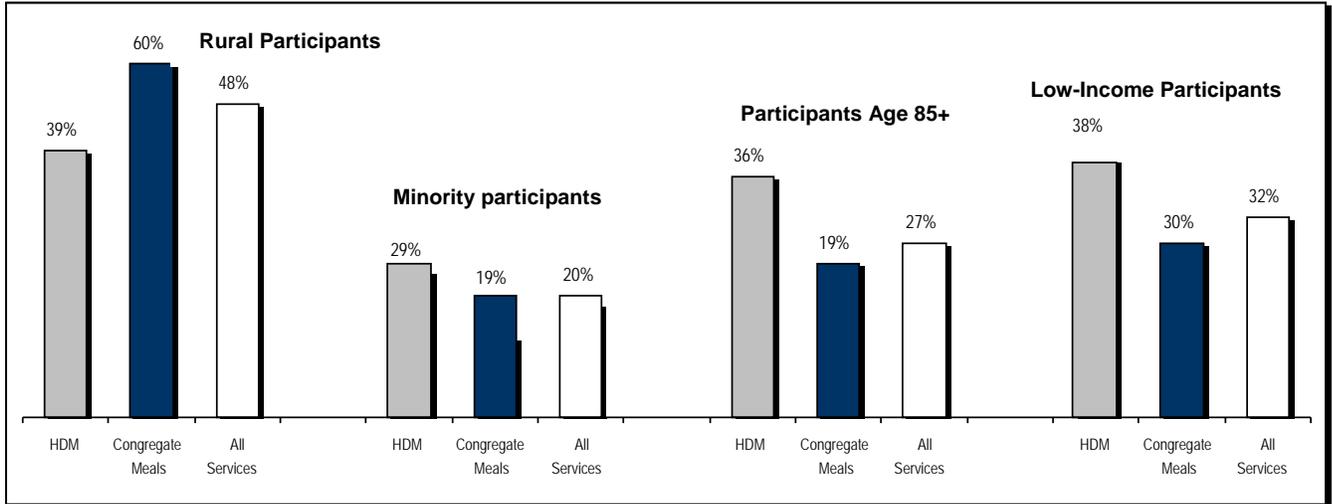
**Table 21. Nutrition Program Expenditures and Average Costs and Meals**

Service Category	Expenditures	Avg. Meals / Participant	Avg. Cost / Participant	Avg. Cost/Meal	Avg. Statewide Meals/Day <sup>16</sup>
Home-Delivered Meals	\$36,226,044	157	\$685.77	\$4.37	31,904
Congregate Meals	\$14,566,788	38	\$254.99	\$6.76	8,293
Nutrition Counseling/ Education	\$65,745	NA	NA	NA	NA
<b>Totals</b>	<b>\$50,858,577</b>	<b>95</b>	<b>\$461.97</b>	<b>\$4.86</b>	<b>40,197</b>

**Profile of Home-Delivered Meal Participants and Older Adults in Michigan**

In 2015, the profile of home-delivered meal participants differed from congregate meal participants. Larger percentages of home-delivered meal participants were aged 85 or older, low-income, and minority by race or ethnicity (Table 22). Similarly, larger percentages of home-delivered meal participants were aged 75 or older, female, lived alone, and/or low-income compared to Michigan’s 2010 Census population (Table 24).

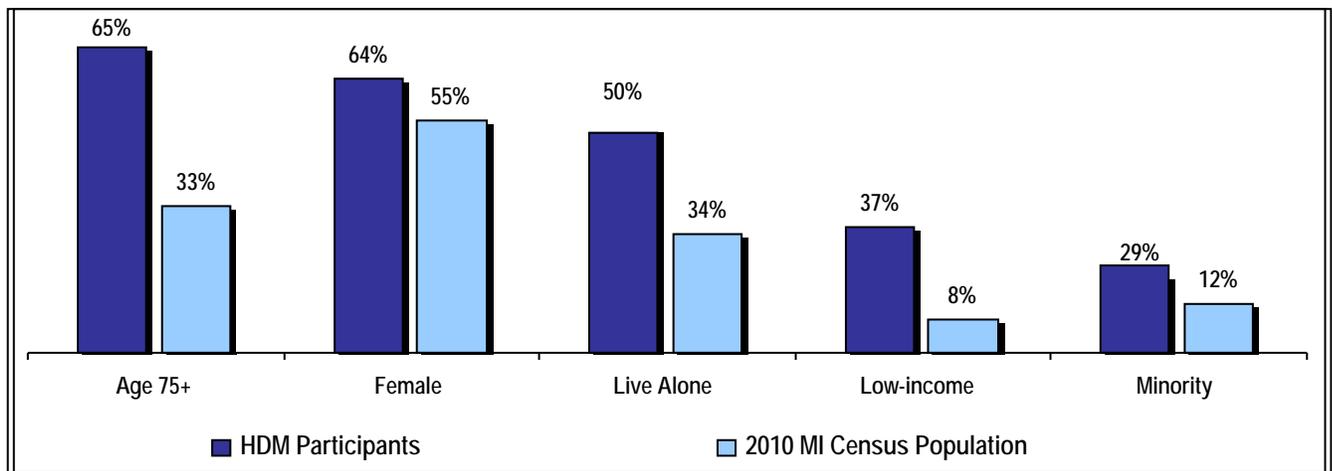
**Table 22. Nutrition and Registered Service Participants by Selected Characteristics**



**Table 23. Home-Delivered Meal Participants by Most Frequently Reported Daily Activity Limitations**

Most Frequently Reported Daily Activity Limitations (ADL and IADLs)	% of Participants w/ ADL or IADL Limitation
Shopping	72%
Cooking Meals	70%
Doing Laundry	58%
Using Private Transportation	57%
Stair Climbing	57%
3+ ADLs/IADLs Reported	80%

**Table 24. Home-Delivered Meal Participants and Michigan’s 2010 Census 60+ Population by Selected Characteristics**

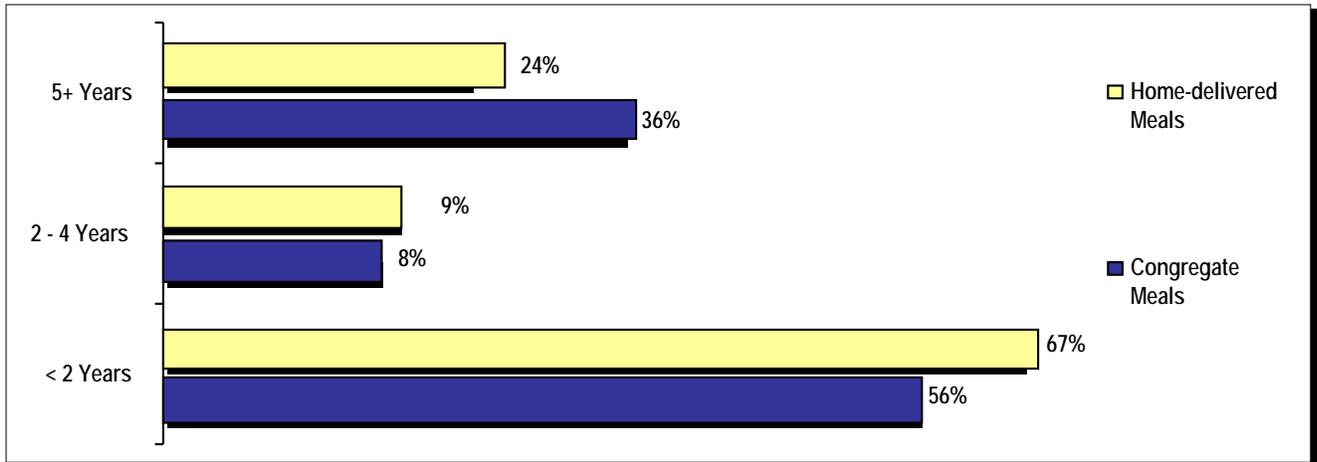


**Profile of Home-Delivered Meal Participants by Service Intake and Meal Type**

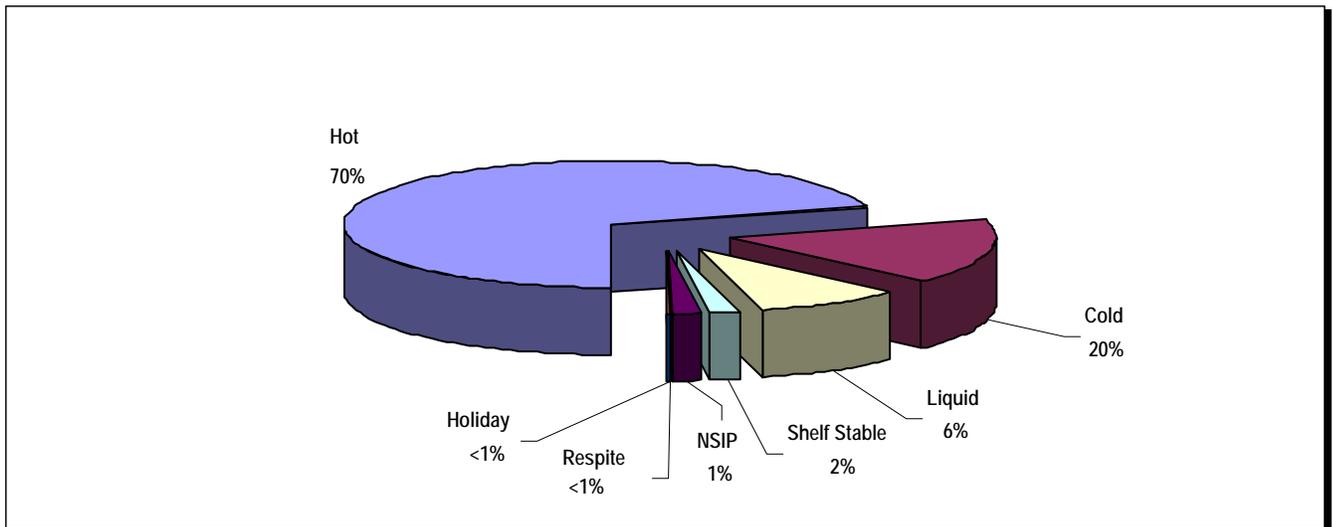
About one-quarter of participants in the home-delivered meal program in 2015 had been registered for NAPIS service(s) for five years or more. This compares to more than one-third of those in the congregate program. Table 25 describes nutrition program participants by initial NAPIS registration.

More than two-thirds of home-delivered meals served in 2015 were hot meals (Table 26). Most of the remaining meals were cold meals (20%) or liquid meals (6%). The 83,312 Nutrition Services Incentive Program (NSIP) meals served in 2015 was a decrease of nearly 14% percent from 2014. NSIP-only meals meet all federal OAA requirements, but are not supported by OAA or state funds from AASA. These locally-funded meals expand service delivery and are included in Michigan’s annual NAPIS meal count. The federal Administration on Aging utilizes the NAPIS meal count to allocate federal NSIP funds to SUAs. In 2015 the NSIP allocation represented more than 15% of total AASA expenditures for home-delivered meals

**Table 25. Home-Delivered Meal Participants by Initial Service Intake Date**



**Table 26. Home-Delivered Meals by Meal Type**



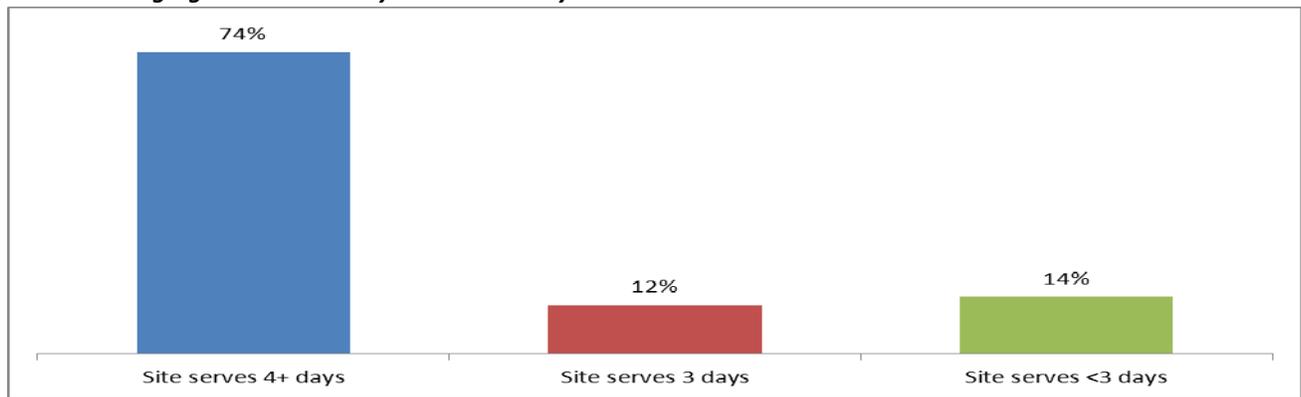
**Profile of Congregate Meal Sites and Type of Meals Served**

At the end of 2015, there were 589 congregate meal sites operating across Michigan. Most congregate sites (74%) served meals four or more days per week, and 41 sites served meals on weekends. About 45% of congregate sites also operated a home-delivered meal program out of the same facility.

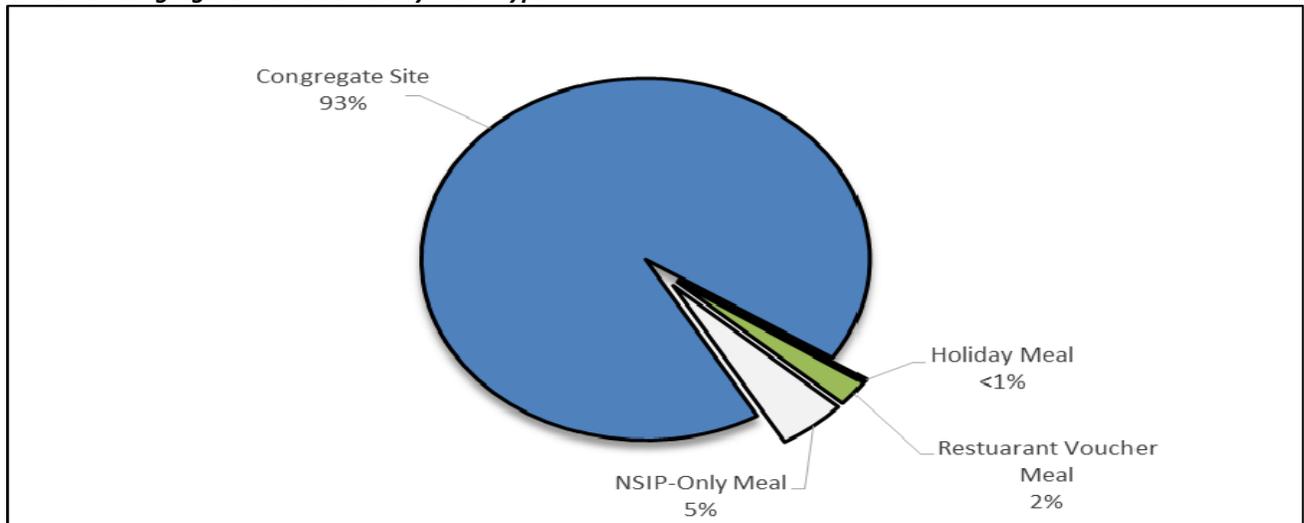
More than 92% of the nearly 2.2 million congregate meals served in 2015 were provided in congregate settings. A small number of congregate meals (50,059) were served by restaurant voucher programs. Typically, restaurant voucher programs operate in areas where service to a small number of regular participants is not cost effective given the administrative costs of a fully operational site. Congregate programs increasingly looked to locally-funded *NSIP-only* congregate meals to help maintain service levels. A total of 106,495 NSIP-only congregate meals were served in 2015. NSIP-only programs meet all OAA requirements, but are locally funded and do not receive any AoA or AASA nutrition funding. Tables 27 and 28 describe congregate meal service patterns and congregate meal types.

About 42% of congregate sites were rural, 41% were urban and the remaining 17% were in a suburban area. A significant number of sites were located in areas with concentrations of older adults in poverty (56%). Approximate 20% of sites were located in areas with a concentration of minority elders. Tables 29 and 30 describe congregate meal sites by location for 2015.

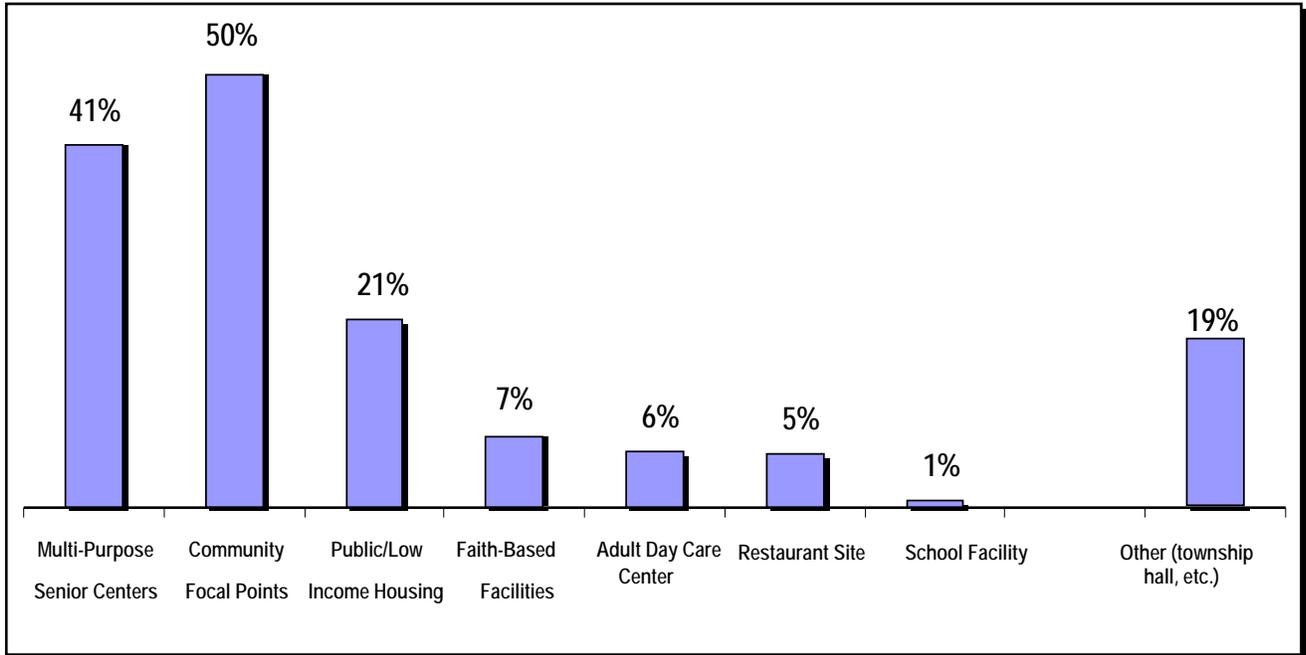
**Table 27. Congregate Meal Sites by Service Delivery Pattern**



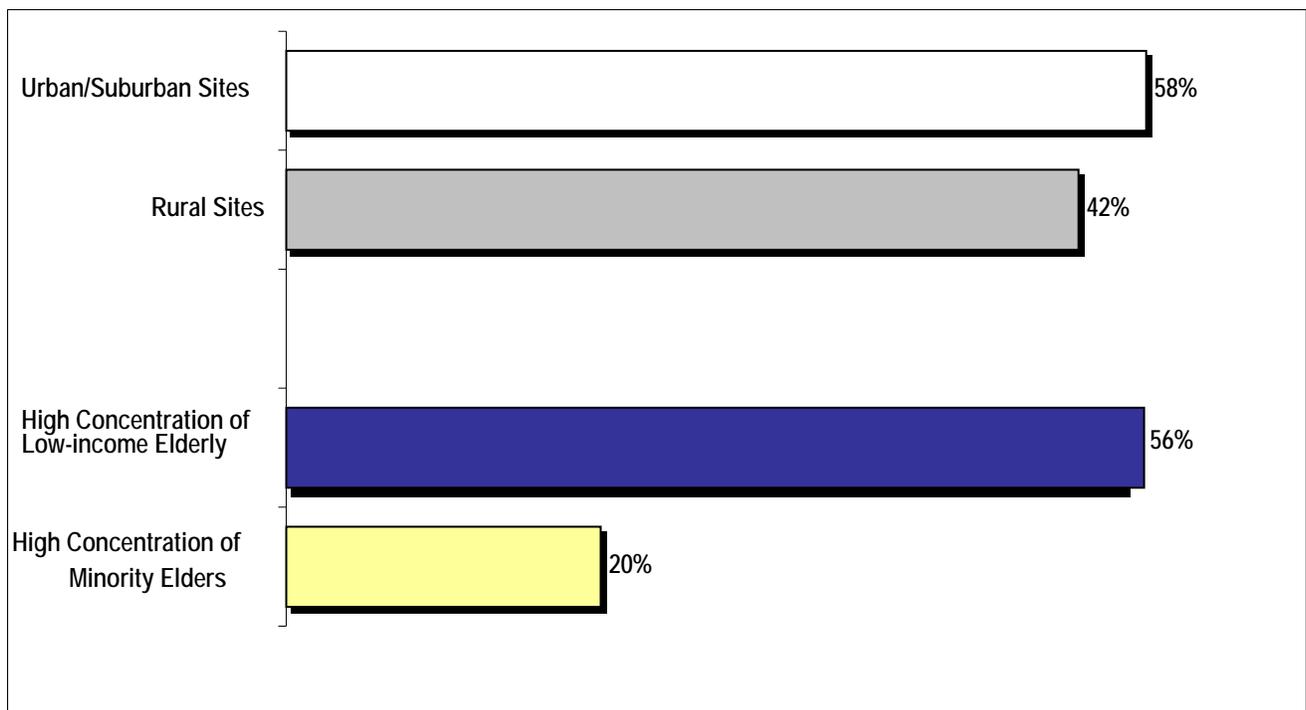
**Table 28. Congregate Meals Served by Meal Type**



**Table 29. Congregate Meal Sites by Facility Characteristics<sup>14</sup>**



**Table 30. Congregate Meal Sites by Location Characteristics**



## FY 2015 Community Services Programs

### Community Services

The aging network offers a variety of services designed to assist older adults in their local communities. Community services are often available at multi-purpose senior centers that coordinate and integrate services to create a comprehensive system of services. Community services include disease prevention, education, hearing services, counseling, elder abuse prevention, home repair, information and assistance, legal assistance, medication management, outreach, transportation, and vision services. In 2015, 104,605 older adults received 565,111 hours/units of community services.

### Profile of Community Services Participants

8% were low-income

29% were minority by race and/or ethnicity

13% resided in rural areas

### Characteristics of Community Services Participants

A larger percentage of community service participants identified themselves as minority by race and/or ethnicity group compared to participants in registered NAPIS services. Smaller percentages of community service participants were low-income and rural.

### Expenditures

In 2015, about \$12.0 million was spent providing community services. Table 31 describes expenditures and average costs for selected community services.

**Table 31. Community Service Expenditures and Average Cost per Participant and Service Unit for Selected Services**

Service Category	Expenditures	Avg. Cost/Client	Avg. Cost/Unit
Assistance to the Hearing Impaired	\$75,480	\$26.37	\$11.72
Assistive Devices & Technologies	\$345,263	\$183.85	\$76.95
Community Support Navigator	\$53,805	\$11.69	\$5.26
Counseling	\$20,518	\$154.27	\$30.62
Crisis Services Energy Assistance	\$16,971	\$28.19	\$28.19
Disease Prevention/Health Promotion	\$911,377	\$96.01	\$16.65
Elder Abuse Prevention	\$211,819	\$19.29	\$33.03
Friendly Reassurance	\$12,718	\$90.84	\$0.66
Home Injury Control	\$126,610	\$79.73	\$26.67
Home Repair	\$66,436	\$488.50	\$29.77
Information & Assistance	\$1,691,885	NA	\$15.35
Legal Assistance	\$998,681	\$77.97	\$40.61
Medication Management	\$227,832	\$61.66	\$28.75
Outreach	\$1,456,357	NA	\$13.00
Senior Center Operations/Staffing	\$1,049,463	\$32.54	\$17.82
Transportation	\$1,606,336	\$92.90	\$12.82
Vision Services	\$39,536	\$26.37	\$31.70
Wellness Center Support	\$330,693	\$76.20	\$22.23

## FY 2015 Caregiver Services Programs

### Caregiver Services

Caregivers provide daily or episodic support, and assist with services such as bathing, appointments, shopping, food preparation, and medical care. Caregiving has the potential to impact the health, work, family relationships, and finances of the caregiver. Caregivers may live with the person they are caring for, travel to provide care, or may be a long distance caregiver. In 2015, 6,958 caregivers were supported with 38,562 home-delivered meals and 867,872 hours of adult day care, respite care, counseling services, and supplemental care.

### Profile of Registered Caregivers

70% were female

46% were younger than 65 years of age

43% resided in rural areas

29% of caregivers were daughters or daughters-in-law; 30% of caregivers were spouses

33% were low-income

24% were minority by race and/or ethnicity

**Table 32. Profile of Caregiving**

Profile of Caregiving	
71%	Provided daily, hands-on care
71%	Have been caregiving for more than one year; 52% for three or more years
53%	Lived with the individual(s) that they care for; 39% travel up to one hour to provide care
44%	Indicated that there were "no other family members willing or able" to help provide care
36%	Were employed full or part-time
27%	Described their health as "fair" or "poor"
15%	Were kinship caregivers (e.g., caregiving for grandchildren)

### Expenditures

In 2015, the aging network spent nearly \$14.3 million to support caregivers. Table 33 describes expenditures and average costs per caregiver and service unit for caregiver services.

**Table 33. Caregiver Service Expenditures and Average Cost per Participant and Service Unit**

Service Category	Expenditures	Avg. Cost / Caregiver	Avg. Cost / Unit
Caregiver Counseling, Support Group & Training	\$758,249	\$379.96	\$63.32
Caregiver Supplemental Service	\$109,586	\$836.53	\$108.13
Adult Day & Respite Care (all forms)	\$10,998,619	\$2,231.86	\$12.31
Information & Access Services	\$1,633,519	\$68.78	\$71.45
<b>Hours/Units of Caregiver Services Per Day in 2015 (statewide average):</b>			<b>3,338</b>

# FY 2015 NAPIS Special Reports



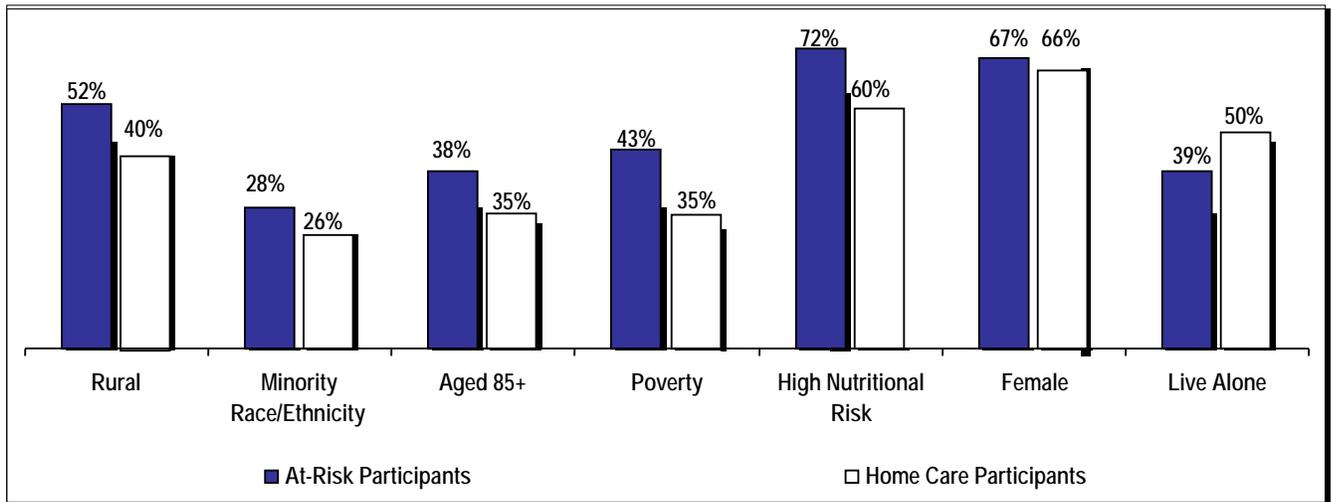
## Services to *At-Risk* In-Home Service Participants in FY 2015

At-risk participants are a subset of the home care population comprised of individuals who have specific daily activity limitations that are consistent with a nursing facility level of care.<sup>15</sup> In 2015, 4,087 at-risk older adults received 80,036 hours/units of home care and 523,283 home-delivered meals.

### Profile of At-Risk Participants

- 70% were 75 years of age or older; and 38% were 85 years of age or older
- 72% were at high nutritional risk
- 67% were female
- 43% were low-income
- 39% lived alone
- 28% were minority by race and/or ethnicity
- 52% resided in rural areas

**Table 34. At-Risk and Home Care Participants by Selected Characteristics**



### Expenditures for At-Risk Participants

In 2015, nearly \$4.0 million was expended providing in-home services and home-delivered meals to at-risk older adults. Table 35 describes expenditures, services, and average participant costs.

**Table 35. Expenditures and Service Levels to At-Risk Participants**

Service	Expenditures	Service Units	At-Risk Participants
Care Management	\$1,344,700	3,540	588
Case Coordination & Support	\$75,042	1,829	358
Chore	\$39,653	2,337	129
Home-Delivered Meals	\$2,282,241	523,283	2,766
Homemaker	\$366,913	33,055	540
Personal Care	\$863,614	39,275	454
<b>Totals</b>	<b>\$3,913,133</b>	<b>603,319</b>	<b>4,087</b>

### Services Provided to At-Risk Participants

Service data for 2015 indicated that at-risk participants received several in-home services at a greater proportion than this group represented in the home care population, and home-delivered meals at about the same proportion (Tables 36 and 37). This suggests that participant characteristics are important factors in the delivery of services. This supports the aging network goal of targeting services to those *most* in need within the overall mission of serving as many older adults as possible. Tables 36 and 37 also provide at-risk participant service costs and averages costs per participant and per service unit.

**Table 36. At-Risk and Home Care Participants Served**

Total Home Care Participants	At-Risk Participants	At-Risk % of Total Home Care Participants
65,590	4,087	6.2%
Average Cost/Participant		Average Cost/Service Unit
\$957.46		\$6.49

**Table 37. Services to At-Risk Participants**

Service Category	Service Units All Home Care Participants	Service Units At-Risk Participants	At-Risk Service Units % of Total
Personal Care	241,362	39,275	16.3%
Homemaker	459,312	33,055	7.2%
Care Management	25,837	3,540	13.7%
Chore	48,426	2,337	4.8%
Home-Delivered Meals	8,295,084	523,283	6.3%
Case Coordination & Support	49,254	1,829	3.7%
<b>Totals</b>	<b>9,119,275</b>	<b>603,319</b>	<b>6.6%</b>

### State Aging Network *No Wait State* Service Funding in 2015

The Michigan aging network received \$5.0 million in state appropriations in 2015 intended to support in-home services and home-delivered meals and reduce the number of older adults statewide waiting for services. *No Wait State* funding was appropriated in the AASA budget under the Community Services and Nutrition Services line items in Public Act 252 of 2014. To this end, this funding was integrated into existing aging network service providers and service delivery for local in-home services and home-delivered meals programs.

Approximately \$3.2 million of *No Wait State* funding was targeted to in-home service programs, while the remaining \$1.8 million was allocated for home-delivered meals. Additionally, *No Wait State* funds leveraged \$1.6 million in local program income and matching funds. In total, approximately \$6,559,418 was expended for home-delivered meals and in-home services in 2015 as a result of the state’s \$5.0 million appropriation of *No Wait State* funds to the Michigan aging network. Local resources accounted for 23.7% of total *No Wait State*-related expenditures.

*No Wait State* funding in 2015 supported more than 6,000 older adults with in-home services and home-delivered meals. Table 38 below describes services levels for *No Wait State*-related services in 2015.

**Table 38. State Aging Network Services-related services costs and levels**

	<b>In-Home Clients</b>	<b>HDM Clients</b>	<b>In-Home Units</b>	<b>HDM Units</b>
FY 2015	21,711	52,825	823,925	8,295,084
FY 2014	19,933	47,618	683,050	7,705,650
<i>Change # - FY 15 vs. 14</i>	<i>1,778</i>	<i>5,207</i>	<i>140,875</i>	<i>589,434</i>
<i>Change % - FY 15 vs. 14</i>	<i>8.9%</i>	<i>10.9%</i>	<i>20.6%</i>	<i>7.6%</i>
<b>Unduplicated HDM &amp; In-Home Clients</b>				
FY 2015	65,590			
FY 2014	59,378			
<i>Change # - FY 15 vs. 14</i>	<i>6,212</i>			
<i>Change % - FY 15 vs. 14</i>	<i>10.5%</i>			

## Service Targeting in FY 2015

The Older Americans Act of 1965, as amended, emphasizes targeting services to those older adults with greatest economic and/or social need, including low-income minority individuals and older individuals residing in rural areas. Table 39 describes NAPIS service levels to selected target populations based on selected population data for Michigan included in the 2010 Census.<sup>16</sup>

**Table 39. Service Data for Selected Target Populations<sup>17</sup>**

<b>OLDER ADULTS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED</b>			
	Michigan 60+ Population	% of Michigan 60+ Population	% of NAPIS Registered Service Population
Total Population 60+	1,930,341		
White (non-Hispanic)	1,675,109	86.8%	80.2%
African American	199,887	10.4%	17.3%
Asian/Pacific Islander	25,559	1.3%	0.7%
American Indian/Alaskan	7,627	0.4%	0.6%
Hispanic (of any race)	30,319	1.6%	4.4%
Below Poverty	80,803	7.9%	34.1%
Rural	564,721	33.7%	48.3%
<b>CAREGIVERS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED</b>			
	Michigan 18+ Population	% of Michigan 18+ Population	% of Total NAPIS Service Population
Total Population 18+	7,539,572		
White (non-Hispanic)	6,105,164	79.0%	76.4%
African American	1,007,295	13.4%	19.3%
Asian/Pacific Islander	178,281	2.4%	2.4%
American Indian/Alaskan	44,739	0.6%	0.7%
Hispanic (of any race)	264,511	3.5%	2.0%
Below Poverty	956,358	12.7%	32.3%
Rural	1,929,959	25.6%	43.2%

<sup>24</sup>

<sup>24</sup>

## Aging Network Waiting Lists in FY 2015

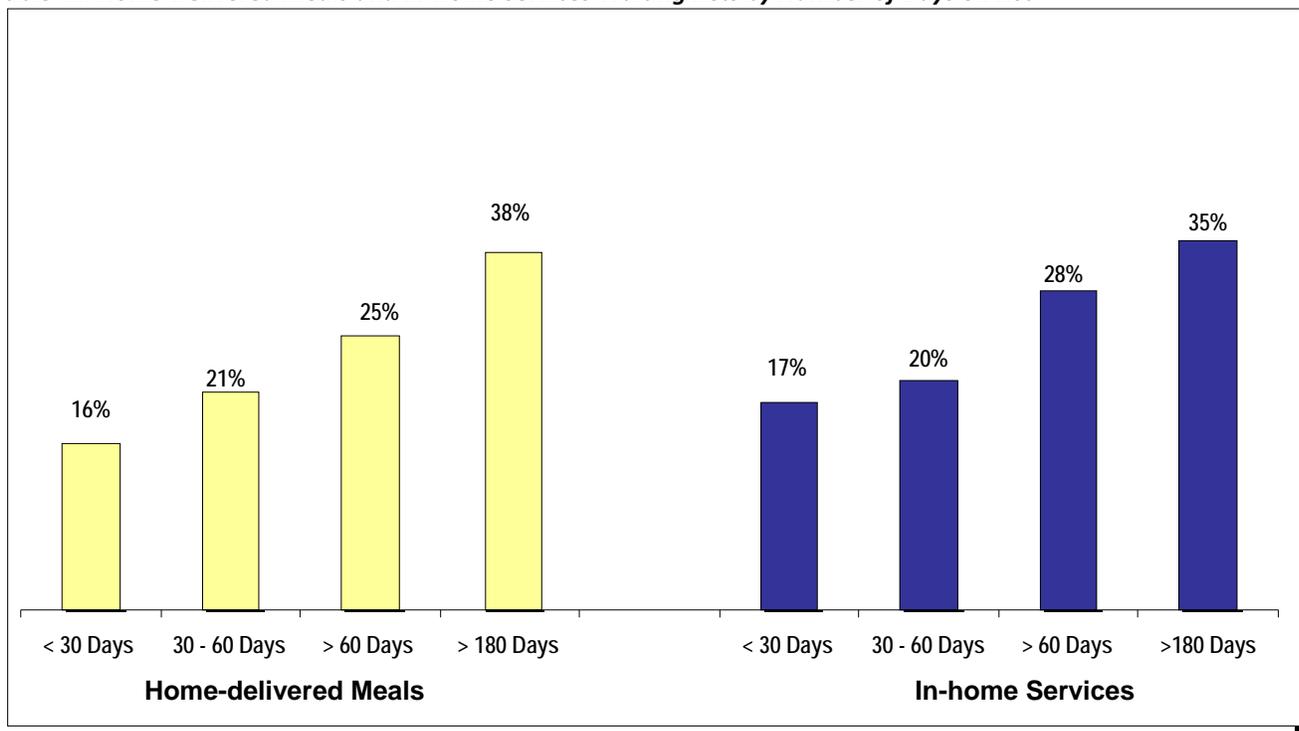
Under AASA requirements, area agencies on aging are required to submit waiting list reports for home-delivered meals and in-home services. The reports include the number of individuals that are likely to be eligible for service, but cannot be served due to limitations on program resources. Additionally, these reports describe the length of stay for individuals on the lists, service alternatives offered to individuals while on the waiting list, and factors contributing to waiting lists.

Table 40 describes the in-home services and home-delivered meals waiting lists as of September 30, 2015. Table 41 provides a count of individuals awaiting service broken out by the number of days on the waiting list. Table 42 describes factors contributing to waiting lists in 2015. Table 21 describes waiting list totals since 2005. Table 43 provides a description of the service alternatives offered to individuals placed on waiting lists in 2015.

**Table 40. Home-Delivered Meals and In-Home Services Waiting Lists**

	Home-Delivered Meals	In-Home Services
Total count of individuals on waiting list:	1,551	5,492
Count of individuals on waiting list 180+ days:	586	1,941

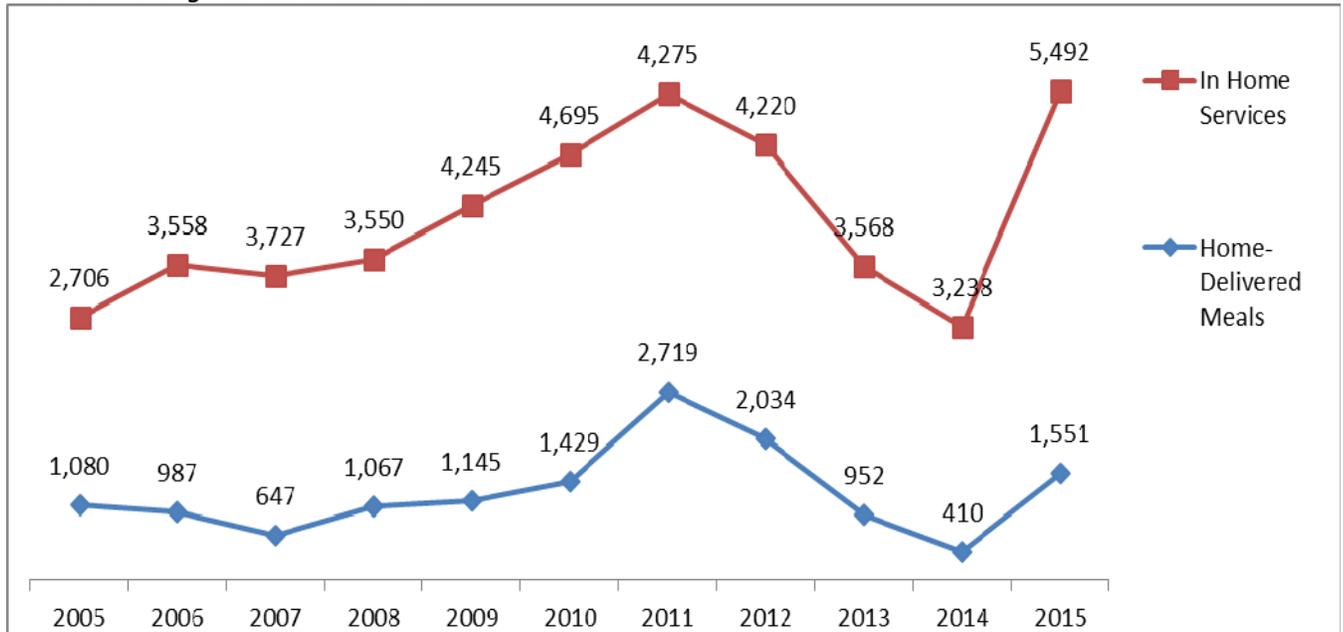
**Table 41. Home-Delivered Meals and In-Home Services Waiting Lists by Number of Days on List**



**Table 42. PSA Waiting List Factors**

Demand exceeds service availability due to:	HDM	In Home
Limited funding for services	69%	88%
Limited service area / service delivery availability	32%	32%
Driver / worker shortage	32%	63%
Client choice	6%	32%

**Table 43. Waiting List Totals 2005-2015**



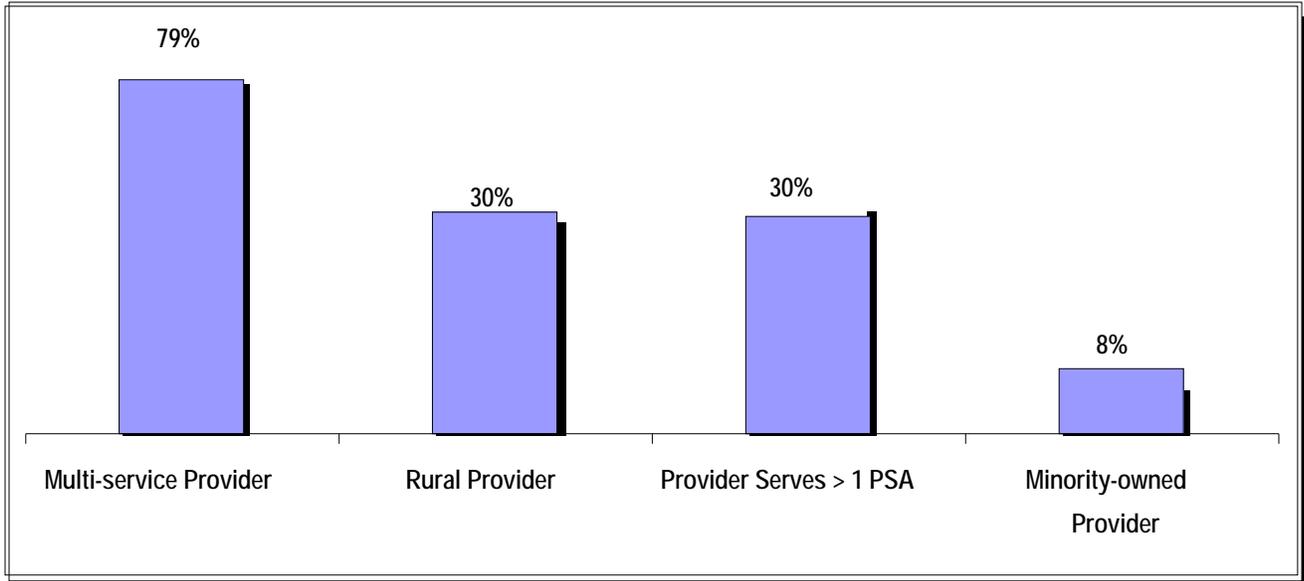
**Table 44. Service Alternatives Offered to Waiting List Participants**

AAA assistance/Referrals are provided to:	HDM	In Home
Local non-AAA food assistance program (e.g., MiCARE, Senior Project FRESH)	56%	75%
Local food bank/pantry shelf	45%	69%
Michigan Department of Health & Human Services (DHHS) office	32%	82%
HCBS/ED MI Choice Waiver Program	34%	82%
ADRC/CLP options counseling for service options	13%	32%
Private pay program	50%	50%
Other assistance	50%	50%

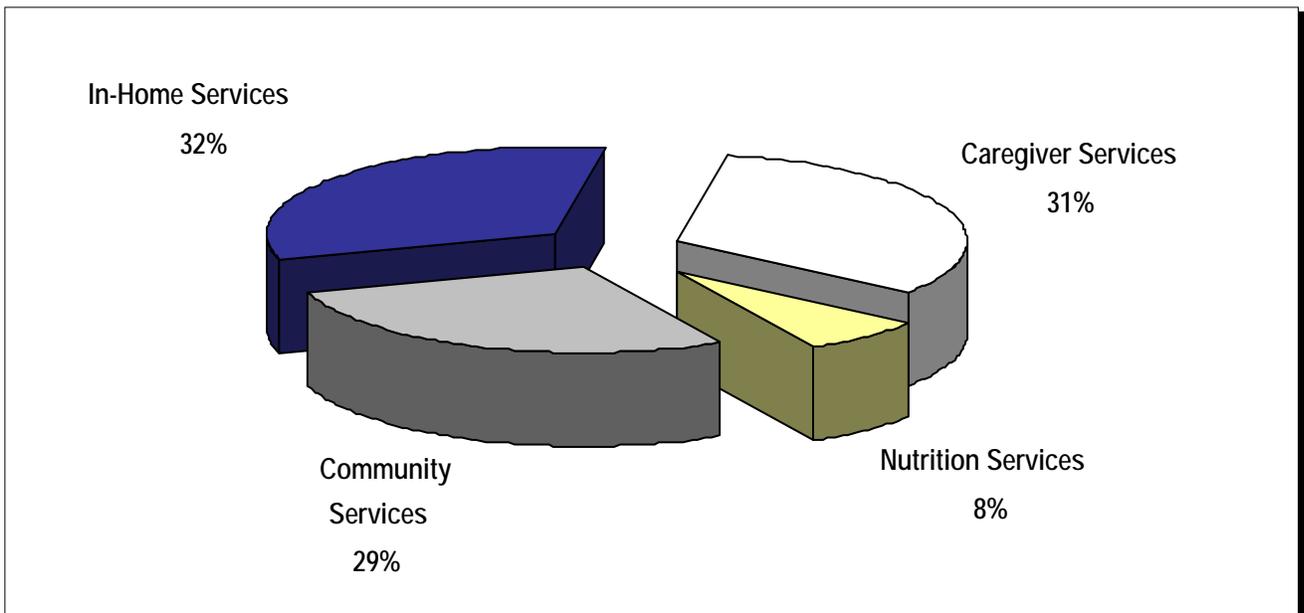
### FY 2015 Aging Network Service Provider Profile

Aging network NAPIS services are delivered through a coordinated network of sixteen AAAs and more than 1,100 service providers across the state. AAAs are regional public, non-profit or governmental organizations defined under the Older Americans Act that plan, coordinate, and administer services in sixteen planning and service areas (PSAs) that cover the state. Michigan’s population of aging network service providers includes a variety of public and private non-profit, for-profit, and public organizations that range from small single-service agencies to large multi-service corporations. Tables 45 through 48 describe the characteristics, services, and service area of aging network service providers in 2015.

**Table 45. Aging Network Service Providers by Selected Characteristics**



**Table 46. Aging Network Service Providers by Service Category**



**Table 47. Aging Network Service Providers by Selected Services<sup>18</sup>**

Service Provider by Characteristics	Count of Providers	Service Provider by Characteristics	Count of Providers
Homemaker	536	Disease Prevention / Health Promotion	92
In-Home Respite Care	512	Case Coordination & Support	80
Personal Care	533	Caregiver Counseling / Training	54
Transportation	243	Caregiver Support Groups	45
Chore	223	Caregiver Transportation	48
Adult Day Care	162	Information & Assistance	78
Personal Emergency Response	18	Health Screening	34
Home-Delivered Meals	126	Elder Abuse Prevention	36
Care Management	113	Friendly Reassurance	17
Senior Center Staffing	111	Legal Services	12
Congregate Meals	104	Vision Services	4

**Table 48. Aging Network Service Providers by PSA Region<sup>19</sup>**

AAA	Counties/Communities in AAA PSA	Providers	% of Total
1A	Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, & Highland Park	117	8.2%
1B	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	269	18.9%
1C	Wayne (excluding areas served by AAA 1A)	169	11.9%
2	Jackson, Hillsdale, Lenawee	44	3.1%
3A	Kalamazoo	57	4.0%
3B	Barry & Calhoun	79	5.5%
3C	Branch & St. Joseph	34	2.4%
4	Berrien, Cass, Van Buren	57	4.0%
5	Genesee, Lapeer, & Shiawassee	118	8.3%
6	Clinton, Eaton, & Ingham	69	4.8%
7	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	66	4.6%
8	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	100	7.0%
9	Alcona, Arenac, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	28	2.0%
10	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	94	6.6%
11	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	36	2.5%
14	Muskegon, Oceana, Ottawa	89	6.2%

**AASA and the National Aging Network in FY 2013<sup>20</sup>**

AASA, AAAs, service providers, families, caregivers, and volunteers in Michigan are part of a national network of federal, state, and local agencies, federally-recognized Indian tribes, and individuals across the country that support older adults and caregivers. In 2013 the national aging network planned, coordinated, and delivered services to more than 10 million individuals. AASA is one of 57 *state units on aging* (SUAs). Tables 49 through 53 provide a snapshot of participants, services, expenditures, and staffing for Michigan and several other states with comparable numbers of adults aged 60 and older.<sup>21</sup>

**Table 49. NAPIS Participant Counts and Profiles for Selected States (2013)**

State	Age 60+ Population	% Age 60+	Registered Services	% of 60+ Population	% Minority	% Rural	% Low-income
Illinois	2,465,852	19.1%	118,103	4.8%	31.2%	21.4%	38.5%
Ohio	2,467,220	21.3%	88,748	3.6%	19.9%	36.6%	26.6%
<b>Michigan</b>	<b>2,107,321</b>	<b>21.3%</b>	<b>120,608</b>	<b>5.7%</b>	<b>17.9%</b>	<b>45.4%</b>	<b>24.9%</b>
North Carolina	1,978,897	20.1%	54,958	2.8%	34.4%	42.0%	43.1%
New Jersey	1,788,194	20.1%	66,879	3.7%	24.4%	0.0%	27.0%

**Table 50. SUA Service Expenditures for Selected States (2013)**

State	OAA Title III Expenditures	Total Service Expenditures	% OAA Title III of Total Service Expenditures
Ohio	\$29,035,069	\$88,086,440	33.0%
<b>Michigan</b>	<b>\$26,356,477</b>	<b>\$78,724,544</b>	<b>33.5%</b>
Illinois	\$29,705,919	\$82,026,637	36.2%
North Carolina	\$23,152,372	\$66,313,881	34.9%
New Jersey	\$23,784,239	\$61,131,003	38.9%

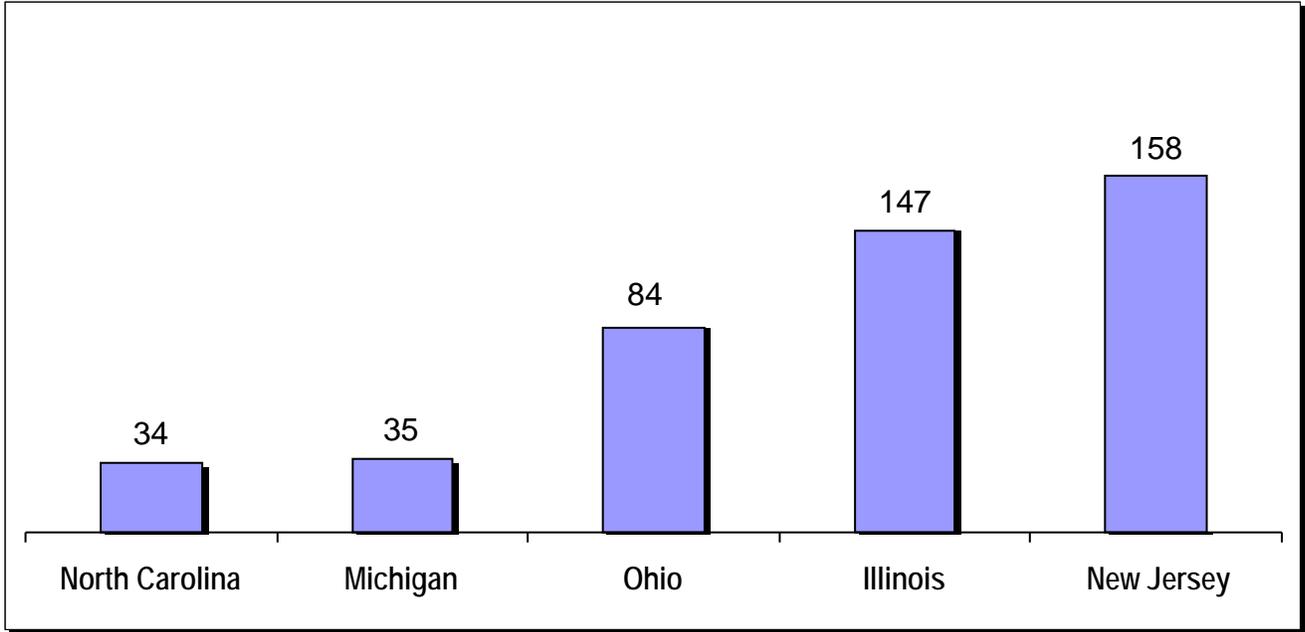
**Table 51. Service Units by Selected SUA by and Selected Service Categories (2013)<sup>22</sup>**

Service Category	Michigan	Ohio	Illinois	N. Carolina	New Jersey
Personal Care	230,731	189,114	0	1,019,638	1,899
Homemaker	400,717	172,365	0	15,678	56,013
Chore	32,209	12,048	47,682	326,045	29,651
Home-Delivered Meals	7,886,265	5,789,093	6,021,135	2,839,182	3,486,404
Case Management	84,443	16,826	0	1,537	28,414
Assisted Transportation	15,320	9,350	16,530	0	26,869
Congregate Meals	2,454,489	1,946,905	2,412,344	1,841,019	1,601,585
Transportation	110,423	824,283	493,222	790,287	455,221
Legal Assistance	35,930	16,326	34,016	18,520	25,432
Caregiver Counseling/ Support Groups/Training	14,599	10,257	38,263	5,401	12,201
Caregiver Respite	688,691	272,824	103,067	102,497	182,867
Caregiver Access Assistance	16,712	12,699	76,003	24,302	38,242

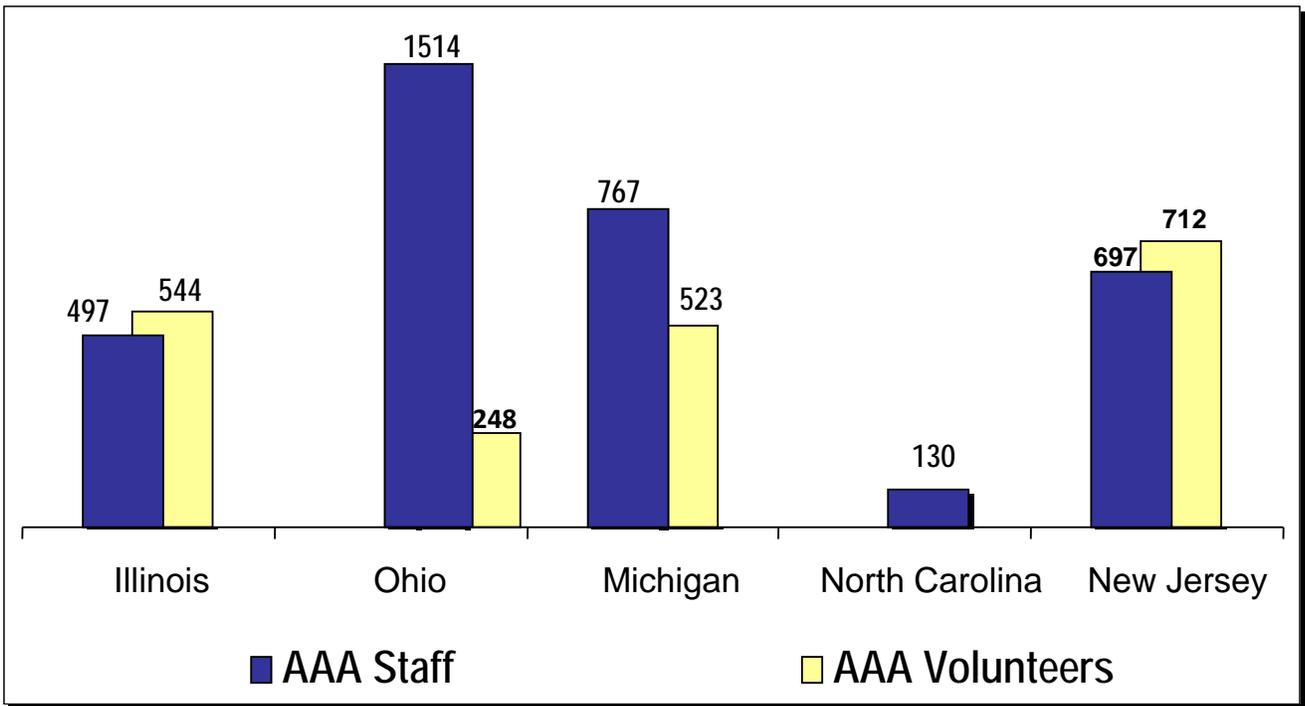
<sup>28</sup>Source: Administration on Aging ([http://www.aoa.gov/AoARoot/Program\\_Results/SPR/2010/Index.aspx](http://www.aoa.gov/AoARoot/Program_Results/SPR/2010/Index.aspx)). States included in this analysis have similar 60+ populations in the 2010 US Census.

<sup>29</sup>Service units based on AoA-defined NAPIS registered services as reported in FY 2013 NAPIS SPR state tables.

**Table 52. Staffing for Selected State Units on Aging (2013)**



**Table 53. Area Agency on Aging Staffing for Selected States (2013)**



## NAPIS Expenditure and Service Trends



**NAPIS Expenditures Trends**

Overall service expenditures in 2015 were an increase of 4.0% compared to 2008 (Table 54). This trend was consistent across all funding sources. Federal funds increased by more than \$600 thousand from 2008 to 2015. Expenditures of state funds increased by nearly \$2.3 million from 2008 to 2015. Increased funding in 2015 reversed a mostly downward trend in expenditure levels over the last eight years. Expenditures of local funds increased by nearly \$1.0 million from 2008 compared to 2015. More recent trends for 2012 through 2015 indicate increased expenditures of state funds and decreased expenditures of federal funds and local funds. From 2012 through 2015, a \$7.5 million increase in state funds offset reductions in federal and local expenditures of nearly \$2.2 million. (Table 55).

**Table 54. Service Expenditures by Fund Source 2008-2015**

	2008	2009	2010	2011	2012	2013	2014	2015	Change 2008 vs. 2015
Federal Funds	\$38,572,086	\$39,421,103	\$42,878,854	\$40,187,029	\$40,450,982	\$37,838,917	\$39,251,166	\$39,183,345	1.6%
State Funds	\$30,462,937	\$29,426,140	\$26,889,391	\$25,338,348	\$25,214,924	\$28,886,650	\$27,816,830	\$32,727,176	7.4%
Local Funds	\$26,557,371	\$27,516,382	\$26,024,414	\$28,938,451	\$28,425,010	\$29,919,308	\$26,800,992	\$27,546,687	3.7%
<b>Total Expenditures</b>	<b>\$95,592,394</b>	<b>\$96,363,625</b>	<b>\$95,792,659</b>	<b>\$94,463,828</b>	<b>\$94,090,916</b>	<b>\$96,644,875</b>	<b>\$93,868,988</b>	<b>\$99,457,208</b>	<b>4.0%</b>

**Table 55. Service Expenditures by Fund Source 2012 through 2015**

	2012	2015	Change	% Change
Federal Funds	\$40,450,982	\$39,183,345	-\$1,267,637	-3.1%
State Funds	\$25,214,924	\$32,727,176	\$7,512,252	29.8%
Local Matching Resources	\$16,056,790	\$15,301,895	-\$754,895	-4.7%
Local Program Income	\$12,368,220	\$12,244,792	-\$123,428	-1.0%
<b>Totals</b>	<b>\$94,090,916</b>	<b>\$99,457,208</b>	<b>\$5,366,292</b>	<b>5.7%</b>

### NAPIS Service Cost Trends

Average costs for both participants and service units have increased since 2005. Statewide costs increased by nearly 8% for service units and 12% for participants (Tables 56 and 57). Costs for caregiver programs increased the most between 2005 and 2015, increasing by an average of 12.1% for services units, while in-home service programs increased by 21.7% over the same 10-year period. Increased average costs were also noted for in-home services and nutrition programs.

A decrease in the average service unit cost was reported for community services. Expenditures for community services decreased from \$14.7 million in 2005 to \$12.0 million in 2015. The loss of \$1.0 million in state senior center funding in 2006 is an important factor in the average cost trend for community services. This service made up a large percentage of community service expenditures and service costs compared to other community services. The loss of state and related local funding for this service significantly lowered the overall expenditures for community services.

In the case of caregiver services, average service costs increased for both service units and participants since 2005. New federal reporting instructions issued for FY 2005 represented very different requirements from prior years. Prior to 2005, all information and assistance and outreach activities were reported under community services. After 2005, expenditures, participants, and service units for these services were reported under caregiver services when a caregiver was the primary service recipient. These changes impacted expenditures and average costs for both caregiver and community services.

**Table 56. Average Cost per Unit of Service by Service Category 2005 and 2015**

Average Cost per Unit of Service	2005	2015	Change	% Change
In-Home Services (Hours)	\$26.21	\$27.98	\$1.77	6.8%
Nutrition Services (Meals)	\$4.52	\$4.87	\$0.35	7.7%
Community Services (Hours/Contacts)	\$21.47	\$21.32	-\$0.15	-0.7%
Caregiver Service (Hours)	\$13.88	\$15.56	\$1.68	12.1%
<b>Totals</b>	<b>\$7.26</b>	<b>\$7.80</b>	<b>\$0.54</b>	<b>7.5%</b>

**Table 57. Average Cost per Participant by Service Category 2005 and 2015**

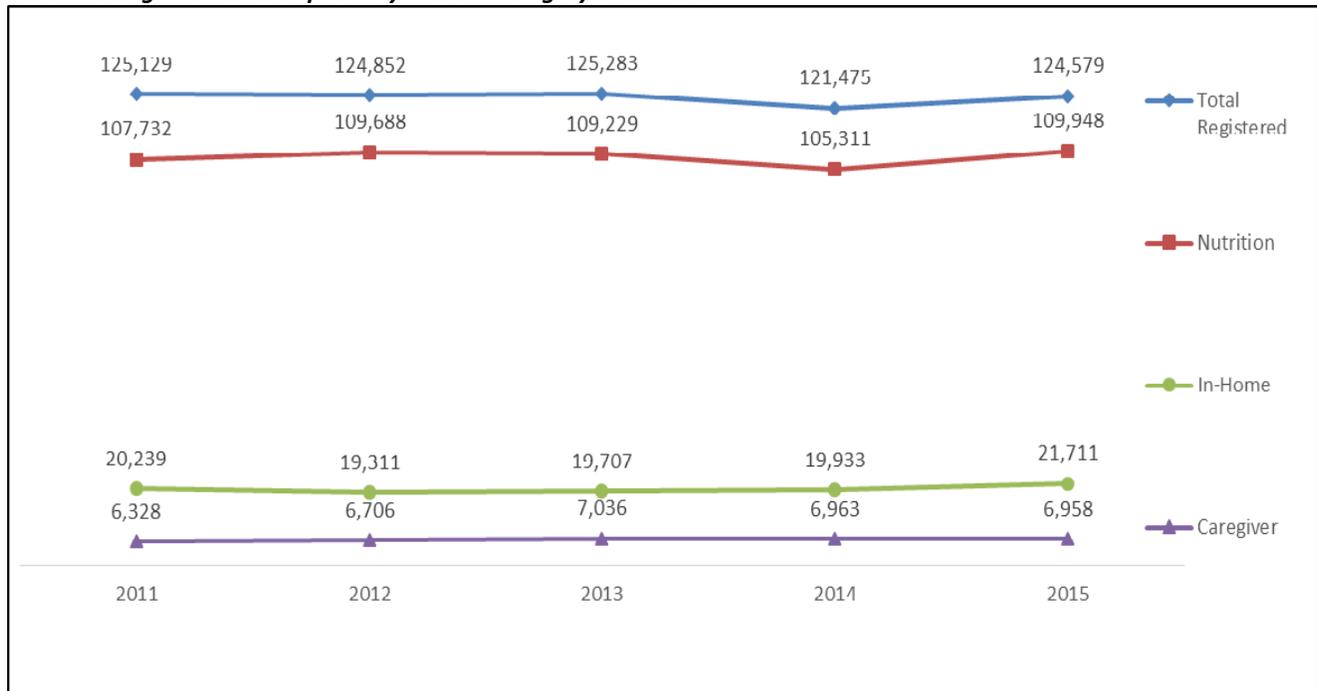
Average Cost per Participant	2005	2015	Change	% Change
In-Home Services	\$872.81	\$1,062.31	\$189.50	21.7%
Nutrition Services	\$440.83	\$462.55	\$21.72	4.9%
Registered Caregiver Services	\$1,690.90	\$1,705.69	\$14.79	0.9%
<b>Totals</b>	<b>\$674.19</b>	<b>\$756.12</b>	<b>\$81.93</b>	<b>12.2%</b>

**NAPIS Registered Participant Trends**

Registered participant levels have been by 4.9% from 2011 to 2015. This decline was driven largely by reductions in nutrition and in-home service participants. Generally declining service registrations were also reported for caregiver services. Table 58 describes registered participant and caregiver trends for 2011 through 2015.

The profile of registered NAPIS participants has remained relatively stable over the last several years. A comparison of participant data from 2005 and 2015 indicated increases in the percentage of minority participants, rural participants, and low-income participants in the NAPIS service population. Decreases were noted for percentages of participants aged 75 or older, females, and for participants living alone. Table 58 below describes participant and caregiver characteristics for 2005 and 2015.

**Table 58. Registered Participants by Service Category 2011 - 2015**



**Table 59. Registered NAPIS Participants by Selected Characteristics for 2005 and 2014**

Registered Older Adult Participants	2005	2015	% Change
Age 75 or older	65%	58%	-7%
Female	67%	65%	-2%
Lived alone	47%	42%	-5%
Resided in a rural area	46%	48%	2%
Low-income	29%	34%	5%
Minority (race/ethnicity)	15%	20%	5%
Registered Caregiver Participants	2005	2015	% Change
Under age 65	48%	46%	-2%
Female	72%	70%	-2%
Resided in a rural area	41%	43%	2%
Daughter/daughter-in-law	37%	29%	-8%
Low-income	24%	33%	9%
Minority (race/ethnicity)	20%	24%	4%

### NAPIS Service Utilization Trends

Service unit totals have fallen by nearly 2.3% from 2008 to 2015. This decline was reported across most service categories. Over the last eight years community services, in-home services, and nutrition services have declined. Conversely, registered caregiver services increased by 5.2%. Table 60 describes service trends for 2008 through 2015.

A review of average annual service hours by participant over the last eight years indicates a mix of increases and decreases. Since 2008, the average number of service hours for in-home participants has fluctuated, averaging about 34 hours. Home-delivered meals participants received an average of six more meals in 2015 compared to 2008. Service levels to caregivers have fluctuated from 2008 to 2015. Congregate meal participants received 8 fewer meals on average in 2015 compared to 2008. Tables 60 through 62 describe service trends by service category.

**Table 60. Service Units by Service Category 2008-2015**

Service Category	2008	2009	2010	2011	2012	2013	2014	2015	% Change 2008 vs 2015
In-Home Service Hours	724,135	700,874	695,307	657,350	678,064	750,143	683,050	824,190	13.8%
Home-Delivered Meals	7,994,627	8,144,414	7,829,823	7,786,774	7,761,048	7,886,265	7,702,633	8,295,084	3.8%
Congregate Meals	2,902,690	2,813,542	2,925,738	2,613,429	2,554,178	2,459,499	2,267,773	2,156,131	-25.7%
Community Services	586,665	552,215	538,810	518,204	594,270	541,393	563,218	565,111	-3.7%
Caregiver Services	838,837	820,775	805,423	657,350	784,548	821,632	762,048	906,436	8.1%
<b>Totals</b>	<b>13,046,954</b>	<b>13,031,820</b>	<b>12,795,101</b>	<b>12,233,107</b>	<b>12,372,108</b>	<b>12,458,932</b>	<b>11,978,722</b>	<b>12,746,951</b>	<b>-2.3%</b>

**Table 61. Average Annual Participant Service Units by Service Category 2008-2015**

Service Category	2008	2009	2010	2011	2012	2013	2014	2015	Unit Change 2008-15
In-Home Service Hours	32	33	33	33	35	38	34	38	6
Home-Delivered Meals	158	164	158	164	157	154	162	157	-1
Congregate Meals	46	44	45	43	42	43	39	38	-8
Caregiver Service Hours	102	111	132	104	117	117	109	130	28

**Table 62. Average Participant Service Units per Service Day by Service Category 2005 and 2015**

Service Category	2005	2015
In-Home Service Hours	3,236	3,170
Home-delivered Meals	31,814	31,904
Congregate Meals	12,577	8,293
Community Service Units	2,636	2,174
Caregiver Service Hours	2,837	3,487
<b>All Services</b>	<b>53,099</b>	<b>49,028</b>

## Report End Notes

1. See Attachment IV for a map of AAA Planning and Service Areas (PSAs) in Michigan.
2. See Attachment III for a complete list of NAPIS-reportable services and service unit definitions.
3. "Registered" participants are enrolled in a service for which a registration was completed. Registered counts are unduplicated.
4. "Low-income" is defined as participant income below the annual federal poverty level.
5. See Attachment I for activity of daily living (ADL) and instrumental activity of daily living (IADL) limitation definitions.
6. Data on caregiver, in-home and nutrition services based on unduplicated participant counts. Community services data based on aggregate counts.
7. Age, gender, and minority status data for individuals aged 60 and older. Income and living alone data for individuals aged 65 and older. Census data for 2010 is available from the U.S. Census Bureau ([www.census.gov](http://www.census.gov)).
8. Totals include reported expenditures of federal, state and local resources for 2015. This analysis does not include local resources that support NAPIS-reportable services where those local resources are not reported as local match or local program income. Minor discrepancies may exist between reported expenditures at the time of this analysis and final expenditures after corrections and/or adjustments. This analysis does not include funding for non-NAPIS services, including the senior volunteer programs, OAA Title V, and other special service programs. OAA Section 305 requires states to utilize a federally-approved formula to allocate Area Plan-related funding to AAAs within the state's PSAs. Michigan's Intrastate Funding Formula (IFF) was used to allocate the federal and state administrative and service funds that are reported as expenditures for the NAPIS-reportable services included in this report. See Attachment V for IFF information.
9. Expenditures include outlays for service activities supported by federal, state and/or local sources. Local reporting includes required matching funds and program income generated as a result of federal or state program support. Totals include federal, state and local expenditures reported for 2015 for NAPIS-related services. This analysis does not include funding for services that are not reportable in NAPIS, including senior volunteer programs, OAA Title V, and other special programs and grants. Minor discrepancies may exist between reported expenditures at the time of this analysis and final expenditures after corrections and/or adjustments.
10. Administrative expenditures include outlays for activities supported by Area Plan-related federal, state and/or local sources. Local reporting includes required matching funds and program income generated as a result of federal or state program support.
11. "Registered" participants are enrolled in a service for which a NAPIS registration form was completed. Most AASA-funded caregiver, in-home and nutrition services are registered services. Participant counts for registered services are unduplicated. Most community services (e.g., disease prevention, home injury control, vision services, elder abuse prevention, etc.) are non-registered. Non-registered participant counts are reported in the aggregate and may not be unduplicated.
12. Age, gender, and minority data for individuals aged 60 and older. Income and live alone for individuals aged 65 and older.
13. Data on NAPIS participants by daily activity limitations for individuals aged 65 and older. Based on U.S. Census ACS definitions: "ambulatory difficulty" includes difficulty walking or climbing stairs; "self-care difficulty" includes difficulty dressing or bathing; and "independent living difficulty" includes difficulty using transportation or keeping appointments.
14. Totals for Table 29 are not unduplicated. A meal site may be both a senior center and designated as a PSA community focal point and would be calculated into the percentages for both senior centers and community focal points.
15. "At-Risk" includes in-home participants that require assistance with daily toileting, transferring, and mobility. These ADLs were selected based on Scoring Door 1 for the Michigan Medicaid Nursing Facility Level of Care Determination in MSA 04-15.
16. Michigan population data source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 ([www.census.gov](http://www.census.gov)).
17. Totals are for NAPIS participants in registered services. Counts and percentages are based on participants with reported race/ethnicity, poverty status, and rural status. Totals do not include clients with un-reported race/ethnicity, poverty status, and rural status and non-registered participants due to duplication in the aggregate reporting of non-registered services. Census data on poverty status is for individuals aged 18 and older.
18. Totals for Table 52 are not unduplicated. A provider agency may provide more than one service and included in both totals.
19. Totals for Table 53 are not unduplicated. An agency serve in more than one PSA region.
20. Source: Administration on Aging (<http://www.agid.acl.gov/StateProfiles/Profile/Pre/?id=109&topic=1&years=2013>).
21. States included in this analysis have similar 60+ populations in the 2010 US Census.
22. Service units based on AoA-defined NAPIS registered services as reported in FY 2013 NAPIS SPR state tables.

## ATTACHMENT I

## Data Sources and Considerations

### Data Sources:

#### National Aging Program Information System

Michigan is required by the federal Administration for Community Living (ACL)/Administration on Aging (AoA) to submit an annual state-level report of activities carried out under Title III and Title VII of the OAA. This information is submitted in the National Aging Program Information System State Program Report (NAPIS SPR).

Federal NAPIS SPR requirements group services into “clusters” and into “registered” and “non-registered” services. NAPIS data collection requirements vary according to service cluster and registration requirements. Participant registration is required for cluster I, II, and IV services. Clusters III and V services are non-registered. Registration data collected on cluster I, II, and IV participants includes demographic and service enrollment information. Cluster I participant data also includes information on Impairments in Activities of Daily Living (ADLs) and Impairments in Instrumental Activities of Daily Living (IADLs). Cluster I and IV service unit data are participant-specific. Cluster II service unit information is reported in the aggregate. Cluster III and V participant data and service unit information is reported in the aggregate. A breakout of NAPIS service cluster and a description of registered versus non-registered services is shown in Attachment II.

### Data Considerations:

#### Scope of Report

This analysis summarizes the reporting of participant and service-related information from source data for Michigan’s NAPIS SPR for FY 2015. Data presented in this report is aggregated differently and service information is broken out more precisely than the more general requirements of the NAPIS SPR. Minor modifications/updates have been made to the source data since the 2015 NAPIS SPR was generated and submitted to AoA in January 2016.

Most participant and service data for federal OAA and state-funded aging programs are collected in AASA’s NAPIS software and reported in the NAPIS SPR. This is because a mix of federal, state and local resources support most AASA-administered aging programs and services in Michigan. Federal requirements indicate that NAPIS is designed to provide information on all participants, service units and expenditures for services that are funded *in whole or in part* by OAA funding. Information on participants, providers, and units related to a service is reported as a "whole" in the SPR, even if the OAA funding is one of several funding sources used to support the service. This is based on an assumption that all service units and participants are attributable to the presence of OAA funding.

#### Reporting Period

The reporting period for this analysis was October 1, 2014 through September 30, 2015 (Fiscal Year 2015).

**Impairments in Activities of Daily Living (ADLs)**

The AoA definition of ADL impairment used for OAA reporting purposes is: "the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking."

**Impairments in Instrumental Activities of Daily Living (IADLs)**

The AoA definition for IADL impairments used for OAA reporting purposes is: the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

**Service Unit & Reporting Definitions**

AASA service standards and Federal NAPIS SPR definitions vary in the way in which service information is aggregated, reported, and defined. Attachment III provides a list of NAPIS-reportable services and instructions and definitions for AASA service standard compliance and NAPIS SPR reporting.

ATTACHMENT II

NAPIS Service Cluster	NAPIS Service Name (1)	Participant Type for Service Enrollment	Participant Registration Required (2)	Units Reporting Requirement (3) & (4)
I	Care Management	Care Recipient	Yes	Participant-Level
I	Case Coordination & Support	Care Recipient	Yes	Participant-Level
I	Chore Services	Care Recipient	Yes	Participant-Level
I	Home-Delivered Meals	Care Recipient	Yes	Participant-Level
I	Home Health Aide	Care Recipient	Yes	Participant-Level
I	Home Support	Care Recipient	Yes	Participant-Level
I	Homemaker	Care Recipient	Yes	Participant-Level
I	Personal Care	Care Recipient	Yes	Participant-Level
II	Assist Transportation	Care Recipient	Yes	Aggregate
II	Congregate Meals	Care Recipient	Yes	Aggregate
II	Nutrition Counseling	Care Recipient	Yes	Aggregate
III	Counseling	Care Recipient	No	Aggregate
III	Disaster Advocacy & Outreach	Care Recipient	No	Aggregate
III	Disease Prevention/Health Promotion	Care Recipient	No	Aggregate
III	Elder Abuse Prevention	Care Recipient	No	Aggregate
III	Friendly Reassurance	Care Recipient	No	Aggregate
III	Health Screening	Care Recipient	No	Aggregate
III	Hearing Services	Care Recipient	No	Aggregate
III	Home Injury Control	Care Recipient	No	Aggregate
III	Home Repair	Care Recipient	No	Aggregate
III	Information & Referral	Care Recipient	No	Aggregate
III	Legal Assistance	Care Recipient	No	Aggregate
III	Medication Management	Care Recipient	No	Aggregate
III	Nutrition Education	Care Recipient	No	Aggregate
III	Other	Care Recipient	No	Aggregate
III	Outreach	Care Recipient	No	Aggregate
III	Personal Emergency Response	Care Recipient	No	Aggregate
III	Senior Center Operations	Care Recipient	No	Aggregate
III	Senior Center Staffing	Care Recipient	No	Aggregate
III	Transportation	Care Recipient	No	Aggregate
III	Vision Services	Care Recipient	No	Aggregate
IV	Adult Day Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Counseling - Other	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental - Direct Payment	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental - Other	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental - PERs	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Individual Counseling	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Support Group	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Training	Caregiver	Yes	Participant-Level (Caregiver)
IV	Chore Services - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Home-Delivered Meals - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Home Health Aide - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)

NAPIS Service Cluster	NAPIS Service Name	Participant Type for Service Enrollment	Participant Registration Required (1)	Units Reporting Requirement (2) & (3)
IV	Home Modification	Caregiver	Yes	Participant-Level (Caregiver)
IV	Homemaker – Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	In-Home Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Kinship Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Medical Equip/Supplies	Caregiver	Yes	Participant-Level (Caregiver)
IV	Other Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Out of Home Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Overnight Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Personal Care - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Respite Care - Direct Payment	Caregiver	Yes	Participant-Level (Caregiver)
IV	Specialized Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Volunteer Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
V	Caregiver Case Management	Caregiver	No	Aggregate (3)
V	Caregiver Health Education	Caregiver	No	Aggregate
V	Caregiver Information & Assistance	Caregiver	No	Aggregate
V	Caregiver Nutrition Counseling	Caregiver	No	Aggregate
V	Caregiver Nutrition Education	Caregiver	No	Aggregate
V	Caregiver Outreach	Caregiver	No	Aggregate
V	Caregiver Transportation	Caregiver	No	Aggregate
V	Other Caregiver Services (Non-Registered)	Caregiver	No	Aggregate

NOTES
1) Some services that appear on the chart above are not included on the current NAPIS participant registration form. This is most often because they have been combined into more comprehensive service standard; they are seldom or no longer used; and/or they originate from a AAA regional service definition.
2) Participant registration is defined as the requirement that an attempt is made to collect information contained on the NAPIS participant registration form. This information then entered into the NAPIS 2.0 software application for each individual participant.
3) Service units are either reported at the <b>participant-level</b> (defined as entering service units for individual participant records in the NAPIS 2.0 software application) or in the <b>aggregate</b> (defined as entering aggregate unit counts at the service and vendor-level).
4) Aggregate Cluster V caregiver units are entered for caregivers caring for <i>care recipients</i> (i.e., non-grandchildren and/or individuals age 18 and older) or for caregivers caring for <i>grandchildren</i> or those under age 19.

ATTACHMENT III

AASA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	AASA Unit of Service (Per AASA Service Standards)	NAPIS Reporting - Unit of Service Definition (Per AoA Reporting Requirements)
<b>Access Services</b>			
Care Management (CM)	Case Management (Cluster I Service)	Assessment & ongoing CM of an individual	No AoA NAPIS CM definition Use AASA reporting definition - (Each month participant is active in CM program)
Case Coordination & Support (CCS)	Case Management (Cluster I Service)	One hour of component CCS functions <sup>1</sup>	One hour of allowable activities
Disaster Advocacy & Outreach (DAO)	Reported under Cluster III Other service in AASA's NAPIS Application	Each hour of community education activities	No AoA NAPIS DAO definition Use AASA reporting definition - (Each hour of allowable activities)
Information & Assistance (I&A)	Information & Assistance (Cluster III Service)	One hour of component I&A functions	One Contact
Outreach	Outreach (Cluster III Service)	One hour of outreach service	One Contact
Transportation <sup>ii</sup>	Transportation (Cluster III Service) Assisted Transportation (Cluster II Service)	Transportation & Assisted Transportation: One, one-way trip per person	<u>Transportation</u> : One, one-way trip (no other activities)  <u>Assisted Transportation</u> : One-one way trip to a person who has physical or cognitive difficulties (may include escort)
<b>In-Home Services</b>			
Chore	Chore (Cluster I Service)	One hour of allowable chore tasks	One hour of allowable activities
Home Care Assistance (HCA) <sup>iii</sup>	Personal Care or Homemaker (Cluster I Services)	One hour of allowable HCA activities	One hour of allowable personal care or homemaker activities
Home Injury Control	Reported under Cluster III Home Injury Control service in AASA's NAPIS Application	Installation/maintenance of one safety device in older adult's residence	NAPIS Cluster III Service Use AASA Definition - (Installation/maintenance of one safety device in residence)
Homemaking	Homemaker (Cluster I Service)	One hour of allowable homemaking activities	One hour of allowable activities
Home Health Aide (HHA)	Reported under Cluster I Home Health Aide in AASA's NAPIS Application	One hour spent performing HHA activities	NAPIS Cluster III Service Use AASA Definition - (One hour of allowable HHA activities)
Medication Management	Reported under Cluster III Medication Management service in AASA's NAPIS Application	Each 15 minutes (.25 hours) of allowable activities	NAPIS Cluster III Service Use AASA Definition - (15 minutes of allowable activities)
Personal Care	Personal Care (Cluster I Service)	One hour spent performing personal care activities	One hour of allowable activities
Personal Emergency Response (PERS)	Reported under Cluster III PERS service in AASA's NAPIS Application	One month of monitoring Participant & each occurrence of equipment installation	NAPIS Cluster III Service Use AASA Definition - (One month/occurrence of allowable activities)
Friendly Reassurance	Reported under Cluster III Friendly Reassurance service in AASA's NAPIS Application	Each contact w/ homebound older person	NAPIS Cluster III Service Use AASA Definition - (One contact w/ older person)

AASA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	AASA Unit of Service (Per AASA Service Standards)	NAPIS Reporting - Unit of Service Definition (Per AoA Reporting Requirements)
<b>Nutrition Services</b>			
Congregate Meals	Congregate Meals (Cluster II Service)	One meal to an eligible participant	One meal to an eligible participant
Home-Delivered Meals	Home-Delivered Meals (Cluster I Service)	One meal to an eligible participant	One meal to an eligible participant
Nutrition Counseling	Nutrition Counseling (Cluster II Service)	One hour of advice and guidance	One Hour
Nutrition Education	Nutrition Education (Cluster III Service)	One educational session	One education session
<b>Community Services</b>			
Disease Prevention/Health Promotion	Reported under Cluster III Disease Prevention/Health Promotion service in AASA's NAPIS Application	One activity session or hour of related service provision	NAPIS Cluster III Service Use AASA Definition - (One session/hour of allowable activities)
Health Screening	Reported under Cluster III Health Screening service in AASA's NAPIS Application	One complete health screening per Participant, per year (including referral & follow-up)	NAPIS Cluster III Service Use AASA Definition - (One complete screening per Participant, per year)
Assistance to the Hearing Impaired	Reported under Cluster III Services to Hearing Impaired service in AASA's NAPIS Application	One hour of allowable activities or each community session	NAPIS Cluster III Service Use AASA Definition - (One hour/community session of allowable activities)
Home Repair	Reported under Cluster III Home Repair service in AASA's NAPIS Application	One hour of allowable home repair activities	NAPIS Cluster III Service Use AASA Definition - (One hour of allowable activities)
Legal Assistance	Legal Assistance (Cluster III Service)	One hour of an allowable service component	One Hour
Senior Center Operations	Reported under Cluster III Senior Center Operations service in AASA's NAPIS Application	One hour of senior center operation	NAPIS Cluster III Service Use AASA Definition - (One hour of senior center operation)
Senior Center Staffing	Reported under Cluster III Senior Center Staffing service in AASA's NAPIS Application	One hour of staff time worked	NAPIS Cluster III Service Use AASA Definition - (One hour of staff time)
Vision Services	Reported under Cluster III Vision Services in AASA's NAPIS Application	One hour of service provided or one group education session	NAPIS Cluster III Service Use AASA Definition - (One hour/session of allowable activities)
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	Reported under Cluster III Elder Abuse Prevention service in AASA's NAPIS Application	One hour of contact with organizations to develop coordinated, comprehensive services	NAPIS Cluster III Service Use AASA Definition - (One contact for allowable activities)
Counseling Services	Reported under Cluster III Counseling service in AASA's NAPIS Application	One hour of counseling services (including direct Participant contact & indirect Participant support)	NAPIS Cluster III Service Use AASA Definition - (One hour of allowable activities)

AASA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	AASA Unit of Service (Per AASA Service Standards)	NAPIS Reporting - Unit of Service Definition (Per AoA Reporting Requirements)
<b>Caregiver Services</b>			
Caregiver Education Support & Training	Caregiver Counseling: Individual, Support Group, Training, or Other	One hour of counseling or one session	One hour of counseling or session
Respite Care, Adult Day Care, Dementia Adult Day Care, Specialized Respite Care, & Kinship Respite Care	Respite Care	One hour of care provided per Participant	One hour of care provided per Participant
Caregiver Supplemental Services	Caregiver Supplemental Services	One good or service purchased or each hour or related service provision	One good or service purchased or each hour or related service provision
Caregiver Education Support & Training  OR  Caregiver Supplemental Services	Non-Registered Caregiver Services: Caregiver Case Management, Health Education, Transportation, Nutrition Counseling/Education, Information & Assistance	One activity session or hour of education, support, and/or training service provision	One activity session or hour of education, support, and/or training service provision

<sup>i</sup>“Allowable activities” and “component [service] functions” are described in AASA Operating Standards for Service Programs.

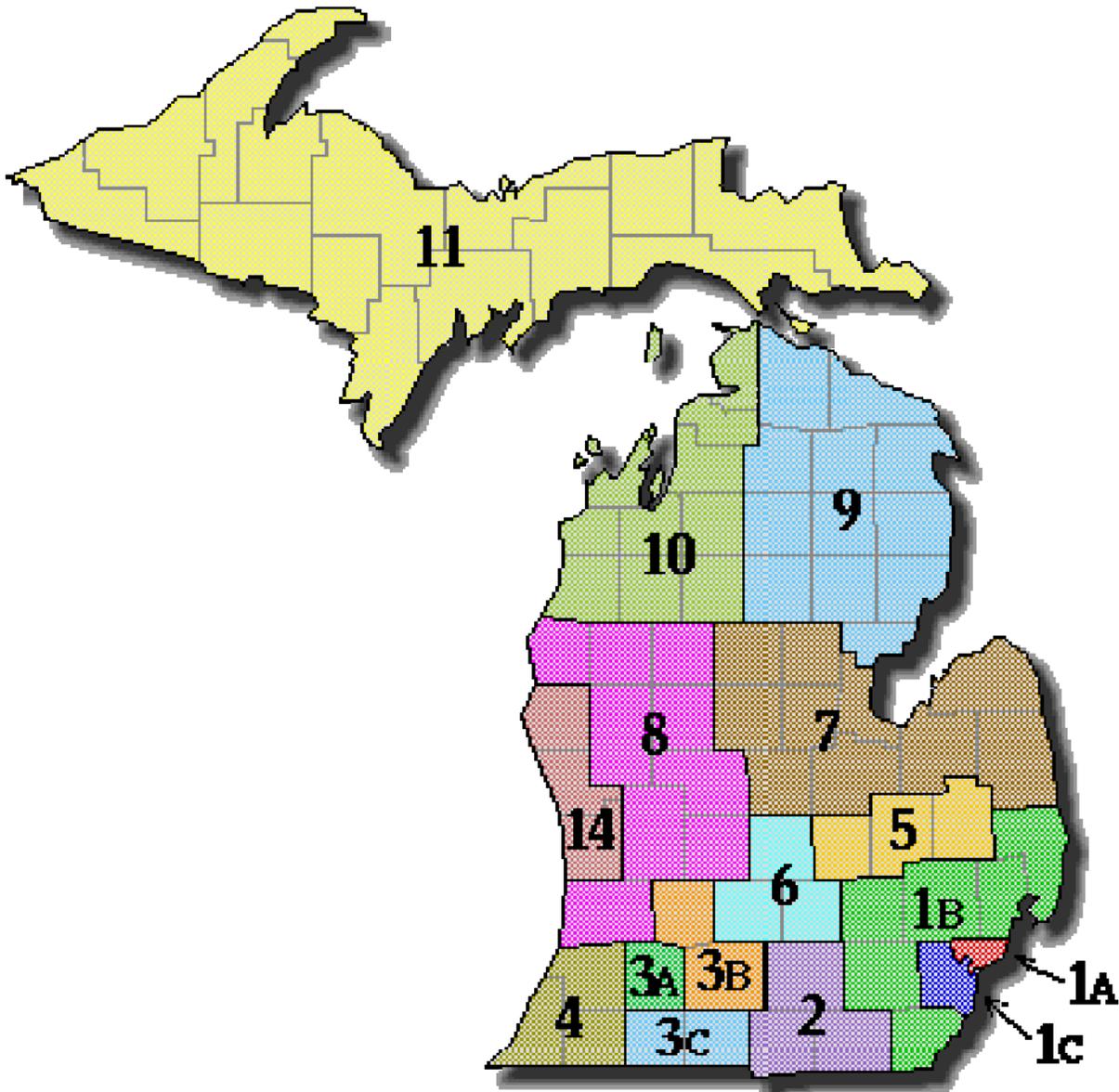
<sup>ii</sup> AoA NAPIS definitions include both Transportation and Assisted Transportation as separate service definitions. NAPIS “Assisted Transportation” is a “registered” service in NAPIS (i.e., requires Participant NAPIS registration form). NAPIS “Transportation” is a non-registered service (i.e., no Participant registration form). All of the activities allowable under the federal service definitions for “Transportation” and “Assisted Transportation” are allowable under the AASA “Transportation” service definition. AAAs may report units and Participants in NAPIS for one or both federal transportation services based upon the nature of the transportation activities provided.

<sup>iii</sup> Home care assistance is not an AoA-recognized NAPIS service. Home care assistance Participant and service units are to be reported in NAPIS under the federal personal care and/or homemaker services as appropriate (i.e., per allowable service activities).

ATTACHMENT IV

Michigan Planning and Service Areas

The Michigan Aging and Adult Services Agency works with area agencies on aging (AAAs) to plan and administer services to older adults and caregivers in specific geographic regions of the state. These regions are defined as planning and service areas (PSAs) under the Older Americans Act of 1965, as amended. There are 16 AAAs that administer services in 16 Michigan PSAs.



**ATTACHMENT V**

**MICHIGAN INTRASTATE FUNDING FORMULA**

On March 15, 2013 the Michigan Commission on Services to the Aging (CSA) approved updating the current approved Intrastate Funding Formula (IFF) with 2010 population data from the U.S. Census. The CSA also approved the establishment of a work group during FY 2013 to review the current IFF for FYs 2015 and 2016.

On October 18, 2013 the CSA approved a four-year “phase-in” of the implementation of the impact of the IFF with updated census data. The CSA requested that the phase-in include an approximate one-fourth application of the IFF impact each year of this State Plan on Aging.

Michigan is divided into 16 PSAs, and each is served by an AAA. OAA funds are allocated using the following weighted formula:

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

The 2010 Census will be used to calculate funding available to each PSA. Each PSAs percentage of the state’s weighted population is calculated by adding:

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

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

**Formula Factor Importance**

Factor	Weight	x	Population	=	Weighted Population	% of Funds Distributed by Factor
60+	1.00	x	1,838,405	=	1,838,400	80.79
Low-income	1.00	x	318,945	=	318,945	14.02
Minority	.50	x	236,325	=	118,165	5.19
<b>TOTAL</b>				=	<b>2,275,510</b>	<b>100.00</b>

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

Administrative funds = federal + state administrative funds

Service categories = Titles III-B, III-C1, III-C2, III-D, III-E, III-EAP, St-HDM, St-Cong, St-A/C, St-ALT C, St-IH, St-RC, St-ANS, St-MATF

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

**Geographic Base**

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

$\text{Service Category Funds for PSA} = \text{PSAs State Weighted Formula Percentage} \times 92.5\% \text{ of Service Category Funds} + \% \text{ of State Geog. Area (square miles)} \times 7.5\% \text{ of Service Category Funds}$
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**2010 Weighted and Geographic Formulas**

AAA by Region	Population 100% 60+	Population 150% of Poverty	Population 50% of Minority	Weighted Funding Formula	AAA Square Miles	Geographic Formula
1A	136,185	42,610	52,485	10.16%	154	0.27%
1B	513,965	70,885	24,301	26.77%	3,922	6.90%
1C	181,465	26,885	9,370	9.57%	460	0.81%
02	60,435	10,455	1,243	3.17%	2,058	3.62%
3A	41,605	6,970	1,665	2.21%	562	0.99%
3B	38,610	6,760	1,423	2.06%	1,266	2.23%
3C	21,030	4,435	270	1.13%	1,012	1.78%
04	59,640	11,350	2,840	3.24%	1,683	2.96%
05	108,085	16,785	7,088	5.80%	1,836	3.23%
06	74,455	11,270	3,243	3.91%	1,711	3.01%
07	145,065	26,880	4,303	7.75%	6,605	11.62%
08	167,385	30,570	5,133	8.92%	6,008	10.57%
09	68,100	13,740	448	3.62%	6,816	11.99%
10	69,790	11,245	655	3.59%	4,724	8.31%
11	74,000	15,280	1,310	3.98%	16,411	28.87%
14	78,585	12,825	2,388	4.12%	1,614	2.84%
<b>Totals</b>	<b>1,838,400</b>	<b>318,945</b>	<b>118,165</b>	<b>100.00%</b>	<b>56,842</b>	<b>100.00%</b>