

UPDATE
STATE PLAN ON SERVICES TO
MICHIGAN'S OLDER CITIZENS
FISCAL YEARS 2004–2006

Status on FY 2004 Activities
FY 2005 Amendments

STATE OF MICHIGAN
JENNIFER M. GRANHOLM, GOVERNOR

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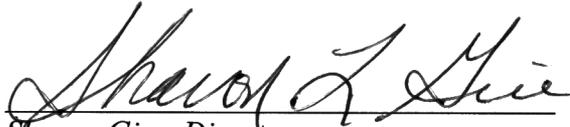
VERIFICATION OF INTENT

The State Plan on Services to Michigan's Older Citizens is hereby submitted for the State of Michigan for the three-year period beginning October 1, 2003 through September 30, 2006. The Plan includes all assurances, provisions, information requirements, goals and strategies for accomplishing them, and interstate funding formula requirements per AoA-PI-03-03.

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

This State Plan on Services to Michigan's Older Citizens has been developed in accordance with all federal statutory and regulatory requirements. It is hereby approved by designee of the Governor and constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.

Signed:



*Sharon Gire, Director
Michigan Office of Services to the Aging*

6/18/04
Date



*Jerulha Kennedy, Chair
Michigan Commission on Services to the Aging*

6-18-04
Date

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

INTRODUCTION

The Office and Commission on Services to the Aging are pleased to present an update to the multi-year State Plan for Services to Michigan's Older Citizens for FY 04-06 which was formally approved by the Commission on August 20, 2004. This update includes changes for 2005, and a summary of 2004 accomplishments by major goal area. **Please note that all changes and accomplishments are indicated in bold type.**

In keeping with federal and state mandate, a public hearing on this second year of OSA's three year State Plan was held on July 15, 2004 in Lansing, Michigan. Appendix C provides a summary of comments received during the public hearing from seniors, caregivers, volunteers, service providers, and others interested in aging issues. The Office of Services to the Aging recognizes that public input is critical to designing policies and programs in the best interest of Michigan's older population.

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

The Office of Services to the Aging (OSA) is the state unit responsible for developing and administering this State Plan on behalf of the State of Michigan. With its mission "to promote independence and enhance the dignity of Michigan's older persons and their families," the OSA is the focal point for aging issues within state government. As an autonomous agency in the Department of Community Health, the OSA oversees Michigan's "aging network" – a partnership that has existed for some 30 years between the State of Michigan/OSA, 16 regional Area Agencies on Aging (AAAs), and a host of local community-based agencies that offer older adult services. The success of Michigan's service delivery system in enhancing life quality for older citizens is attributed to this partnership that has nurtured, over time, an environment for being responsive to consumer needs using cost effective approaches.

Members of the Michigan Commission on Services to the Aging and State Advisory Council on Aging are important voices in aging network operations at the state level, and as such, participated in the State Plan development process. The fifteen-person Commission is appointed by the Governor to work with OSA on state aging policy. Among its duties, the Commission appoints the State Advisory Council on Aging to advise on aging issues.

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Note: Changes from the 2004 State Plan, as well as 2004 accomplishments, are indicated in bold type.

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PROPOSED 2005 OSA APPROPRIATION

Appropriated Line-Items Title	Executive Budget Appropriation
Commission (Per Diem)	10,500
OSA Administration	4,952,400
Community Services	34,904,200
Nutrition Services	37,290,500
Senior Volunteer Services	5,645,900
Senior Citizen Centers Staffing	1,068,700
Employment Assistance	2,818,300
Respite Care	7,600,000
 Gross Appropriation	 \$94,290,500
 Total Federal Revenues:	 51,538,500
Title III	39,081,500
Title VII	645,100
USDA	7,400,000
Title V	2,958,300
Title XIX	1,153,600
Other	300,000
Total State Restricted Revenues:	7,767,000
Healthy MI Fund (Home Delivered Meals)	167,000
Abandoned Property Funds (Respite Care)	2,600,000
Tobacco Settlement Revenues	5,000,000
Miscellaneous Private Revenues	20,000
General Fund/General Purpose	34,965,000
 Gross Revenues	 \$94,290,500

Note: For information on the funding breakdown (based on the statewide funding formula) by Area Agency on Aging for a variety of service categories, please refer to Appendix A.

PROFILE OF MICHIGAN'S OLDER CITIZENS

Source: 2000 Census (most recent statistics available)

POPULATION GROWTH

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

GEOGRAPHIC DIFFERENCES

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

MINORITY GROUPS

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

POVERTY STATUS

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

GENDER

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

HOUSEHOLDS

Sixty-three percent of individuals aged 65 and over live in family households. The next largest, yet notably smaller (29%), category is individuals aged 65 and over who live alone. Some 3.8% or 46,025 of people above the age of 65 live in nursing homes, a figure lower than the national average of 4.2%. A total of 166,705 grandparents live in households with one or more of their own grandchildren under the age of eighteen years. Of these grandparents, 42% reported being responsible for the care of their grandchildren. Eleven of the 83 counties in Michigan recorded a 50% or higher occurrence of this type of kinship care household, with the highest percentage in Ontonagon County at 62%.

PROJECTED POPULATION

In the year 2025, there will be an estimated 1.8 million older persons in Michigan aged 60 and older. The elderly population will exceed 18% of the total population, equaling nearly one in five persons.

ALLOCATION OF RESOURCES

GREATEST ECONOMIC OR SOCIAL NEED

(Required under Section 305(a)(2)(E) of the Older Americans Act)

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

"Greatest economic need" refers to the need resulting from an income level at or below the poverty threshold established by the federal government each year. The poverty level for 2005 is defined as **\$9,310** for a single individual and **\$12,490** for a family of two.

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

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

- ✓ Application of weighting factors for low-income, minority and rural older persons in the distribution of funds to each of 16 planning and service areas (PSAs).
- ✓ Assuring that Area Agencies on Aging (AAAs) target contracts for social services and nutrition in areas with high concentrations of older adults having the greatest economic and social need.
- ✓ Assuring that AAAs award Older Americans Act service contracts or subcontracts to minority-owned and operated organizations, at least in proportion to the number of minority persons of all ages residing within the PSA.
- ✓ Assuring AAAs target services for persons with physical and mental disabilities through earmarking state funds for in-home services and home-delivered meals for the frail elderly.
- ✓ Assuring that AAAs spend at least 105% of the amount spent in fiscal year 2000 under the Older Americans Act for services to older persons in rural areas.
- ✓ Requiring all contractors under Area Plans to assure that services are provided to low-income and minority elders in proportion to their relative needs as determined by regional surveys; insure that services to these groups are not reduced. As part of the Area Plan development process, all AAAs are required to conduct comprehensive surveys of need within the PSA, and to utilize demographic data in targeting services.

Targeting Summary

This chart represents a comparison of older adults in greatest economic and social need served in Michigan for fiscal years 2002 and 2003 (latest statistics available).

	Michigan Pop. 60+	% of Pop. 60+	% Served 2002	% Served 2003
Total Population 60+	1,596,162		20.35%	28.07%
Non-Minority	1,400,703	87.75%	14.55%	14.92%
African American	160,741	10.07%	25.41%	31.10%
Hispanic	18,653	1.17%	20.18%	33.61%
Asian/Pacific Islander	12,298	0.77%	10.29%	10.62%
Native American/Alaskan	4,658	0.29%	42.55%	49.68%
Other/Multi-Racial	17,762	1.11%	9.84%	15.38%
Rural	427,733	17%	25.0%	*49.4%
Low-Income	264,800	16.59%	28.39%	33.71%

***Significant increase shown from FY 02 to 03 due to expanded reporting.**

INTRASTATE FUNDING FORMULA

(Required under Section 307(a)(3)(A) of the Older Americans Act)

The intrastate funding formula was reviewed pursuant to Older Americans Act requirements and no changes have been made from the previous planning cycle. Michigan is divided into 16 Planning and Service Areas (PSA), and each is served by an Area Agency on Aging. Older Americans Act 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 in PSA	+	# aged 60 and over nonwhite in PSA + .5 x level in PSA
	# of people aged 60 and over in state	+	# aged 60 and over at or below 150% of poverty in state	+	# aged 60 and over nonwhite in state + .5 x in state

The 2000 Census will be used to calculate funding available to each PSA. Each 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,
- ✓ ½ the actual number of minority elders.

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

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

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

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

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

$\text{Service Category Funds for PSA} = \text{PSA's State Weighted Formula Percentage} \times 92.5\% \text{ of Service Category Funds} + \% \text{ of State Geog. Area (square miles)} \times 7.5\% \text{ of Service Category Funds}$

2000 Weighted and Geographic Formulas

Area Agency on Aging	Population 100% 60+	Population 150% of Poverty	Population 50% of Minority	Weighted Funding Formula	AAA Square Miles	Geographic Formula
1A	147,806	42,530	53,250	12.44%	154	0.27%
1B	419,023	51,594	13,805	24.73%	3,922	6.90%
1C	171,279	22,322	5,771	10.18%	460	0.81%
02	51,260	8,342	957	3.09%	2,058	3.62%
3A	35,255	5,040	1,252	2.12%	562	0.99%
3B	33,728	6,147	1,275	2.10%	1,266	2.23%
3C	18,733	3,265	267	1.14%	1,012	1.78%
04	52,334	10,510	2,622	3.34%	1,683	2.96%
05	90,643	14,120	5,782	5.64%	1,836	3.23%
06	59,807	8,088	2,174	3.58%	1,711	3.01%
07	128,011	23,665	3,315	7.91%	6,605	11.62%
08	140,233	23,965	3,745	8.57%	6,008	10.57%
09	59,753	11,575	330	3.66%	6,816	11.99%
10	55,833	9,300	372	3.34%	4,724	8.31%
11	67,470	14,215	906	4.22%	16,411	28.87%
14	64,994	10,122	1,907	3.93%	1,614	2.84%
Totals	1,596,162	264,800	97,730	100.00%	56,842	100.00%

Comparison of Weighted Funding Formula
1990-2000

Area Agency on Aging	1990	2000	Difference 1990-2000
1A	16.21%	12.44%	-3.77%
1B	22.66%	24.73%	2.07%
1C	10.30%	10.18%	-0.12%
02	3.07%	3.09%	0.02%
3A	2.02%	2.12%	0.10%
3B	2.11%	2.10%	-0.01%
3C	1.14%	1.14%	0.00%
04	3.41%	3.34%	-0.07%
05	5.29%	5.64%	0.35%
06	3.32%	3.58%	0.26%
07	7.63%	7.91%	0.29%
08	8.31%	8.57%	0.26%
09	3.38%	3.66%	0.28%
10	2.93%	3.34%	0.41%
11	4.56%	4.22%	-0.35%
14	3.66%	3.93%	0.27%
Totals	100.00%	100.00%	0.00%

<p>AREA AGENCIES ON AGING & GEOGRAPHIC AREAS SERVED</p> <p>Refer to Appendix B for Map</p>
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- REGION 1-A DETROIT AREA AGENCY ON AGING, **313/446-4444**, *servicing cities of Detroit, the Grosse Pointes, Hamtramck, Harper Woods, Highland Park*
- REGION 1-B AREA AGENCY ON AGING 1-B, 248/357-2255, *servicing Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties*
- REGION 1-C THE SENIOR ALLIANCE, INC., 734/722-2830, *servicing all of Wayne County excluding areas served by Region 1-A*
- REGION 2 REGION 2 AREA AGENCY ON AGING, 517/467-2204, *servicing Hillsdale, Jackson, Lenawee Counties*
- REGION 3-A REGION 3-A AREA AGENCY ON AGING, 269/373-5147, *servicing Kalamazoo County*
- REGION 3-B REGION 3-B AREA AGENCY ON AGING, 269/966-2450, *servicing Barry, Calhoun Counties*
- REGION 3-C BRANCH/ST. JOSEPH AREA AGENCY ON AGING IIIIC, 517/279-9561, *servicing Branch, St. Joseph Counties*
- REGION 4 REGION IV AREA AGENCY ON AGING, INC., 616/983-0177, *servicing Berrien, Cass, Van Buren Counties*
- REGION 5 VALLEY AREA AGENCY ON AGING, 810/239-7671, *servicing Genesee, Lapeer, Shiawassee Counties*
- REGION 6 TRI-COUNTY OFFICE ON AGING, 517/887-1440, *servicing Clinton, Eaton, Ingham Counties*
- REGION 7 REGION VII AREA AGENCY ON AGING, 989/893-4506, *servicing Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties*
- REGION 8 AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC., 616/456-5664, *servicing Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newago, Osceola Counties*
- REGION 9 REGION IX AREA AGENCY ON AGING, 989/356-3474, *servicing Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon Counties*
- REGION 10 AREA AGENCY ON AGING OF NORTHWEST MI, INC., 231/947-8920, *servicing Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties*
- REGION 11 UP AREA AGENCY ON AGING, 906/786-4701, *servicing Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties*
- REGION 14 SENIOR RESOURCES, 231/739-5858, *servicing Muskegon, Oceana, Ottawa Counties*

STATE PLAN ON SERVICES TO MICHIGAN'S OLDER CITIZENS
GOALS, STRATEGIES, AND INDICATORS OF CHANGE
FISCAL YEARS 2004 – 2006

GOAL I.

**MAINTAIN OR IMPROVE THE HEALTH AND NUTRITIONAL STATUS OF
OLDER ADULTS TO DELAY THE NEED FOR MORE COSTLY CARE**

Nutrition programs have a direct impact on the well-being and independence of older adults. Whether serving a homebound person with special dietary requirements or a frail older adult in a congregate setting, the nutrition program is a key component to a broader continuum of care. Through the provision of sustenance, the meal program supports families in caring for loved ones in their home so they are not placed in institutional settings earlier than necessary. Research in Michigan has shown that frailty and chronic illness are often characteristic of those served by the aging network. Adequate nutrition plays a major role in preventing and managing chronic disease. In addition, appropriate physical exercise, chronic disease self-management, and access to mental health services can also have a positive impact on frailty and stave off problems arising from isolation and depression.

I. A. NUTRITION SERVICES STRATEGY

Provide basic nutrition and subsistence to vulnerable older persons.

Indicators:

1. Improve or maintain the condition of older adults with chronic illnesses served in the program.

- By 9/30/04, expand by 50% the number of nutrition grantees utilizing carbohydrate counts.

Delete Indicator:

In March 2004, a training session entitled “Carbohydrate Counting for Blood Glucose Control” was provided to AAA dietitians/nutritionists by the Diabetes Outreach Network. Two AAA dietitians conducted a “Train the Trainer” session related to diabetes education that was offered as a resource for other AAAs. Because carbohydrate counting is mandatory per the service standards for congregate and home delivered meals, and an estimated 90% of the AAAs already incorporate carbohydrate counting into their menu planning, this initiative is no longer necessary.

- By 9/30/04, expand by 25% the number of nutrition education and nutrition counseling programs.

Delete Indicator:

Activity is redundant with Indicator I.C. 4-5.

- By 9/30/05, expand by a minimum of ten (10) the number of senior centers and congregate nutrition sites offering exercise programs.
- Through 9/30/06, assist older adults to access public and private prescription drug programs.

2. Minimize reductions in services resulting from loss of state resources.

- By 9/30/04, maintain total number of meals served at FY 03 levels.

OSA was successful at averting reductions in state funding for congregate and home delivered meals. Increased costs associated with doing business (raw food products, delivery costs, utility costs, etc.), however, will make it difficult to maintain FY 03 service levels.

- By 9/30/05, increase total number of meals served by 5%.
- By 9/30/06, increase total number of meals served by 5%.

3. Improve the nutritional quality and consumer taste acceptance of meals served in nutrition programs.

- By 9/30/04, update/modify congregate and home delivered meals service standards to reflect current federal nutritional guidelines for elderly persons.

The Nutrition Services Work Group comprised of OSA staff, AAA dietitians and local nutrition program staff was convened to revise service definitions and minimum standards for congregate and home delivered meals. The service definitions and standards now align with USDA dietary guidelines for older adults. The draft document will be circulated for external network review during the first quarter of FY 05.

- By 9/30/04, collect baseline data on provider compliance with minimum standard requiring use of written standardized recipes; increase provider compliance to 100%.

Group training on development of standardized recipes was offered to AAA nutritionists/dietitians and providers during summer 2004. Training modules will be posted to the OSA website for on-going, web-based training.

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- By 9/30/04, collect baseline data to determine prevalence of use of computer nutrient analysis of menus within nutrition programs; implement use of analysis in a minimum of three PSAs.

Training was provided in October 2003 to AAA nutritionists/dietitians in partnership with a major food supply company. Providers have been slow to implement computerized nutrient analysis due to lack of adequate computer equipment and/or skills. An increased effort will be made during FY 05 to implement nutrient analysis on a widespread basis at the provider level to comply with revised standards that reflect lower sodium levels and limits on the intake of fat and carbohydrates.

- By 9/30/04, collect baseline data on customer satisfaction with meals; where necessary, implement changes to increase satisfaction by 5%.

Date change to 9/30/05:

In July 2004 OSA will meet with AAAs to determine what tools they are currently using to determine consumer satisfaction with meals. Based on this information, a statewide plan will be developed so that uniform, baseline information may be collected for accurate analysis and program changes.

- Each fiscal year conduct or facilitate a minimum of one nutritional quality/food safety training for aging network nutrition service providers.

Training modules have been developed in the areas of standardized recipes; menu planning and development; and chronic disease and diet for older Americans. Trainings will be offered to AAA dietitians/nutritionists and provider level staff at various locations around the state during the summer of 2004. Modules will be posted to the OSA website for on-going, web-based training.

4. Improve use and analysis of nutritional risk assessment and ADL/IADL (activities of daily living/instrumental activities of daily living) data as a means of identifying individuals with multiple service needs and measuring program effectiveness at preventing decline.

- By 9/30/04, provide training to AAA nutritionists on compliance with and correct use of nutritional risk assessment to ensure comprehensive understanding of use and purpose.

A review of the nutritional risk assessment was conducted with AAA dietitians/nutritionists in March 2004. OSA also revised NAPIS forms to include a field for reporting nutritional risk scores. OSA is considering a policy change to require annual reassessment and reporting of nutritional risk to allow analysis of whether nutrition interventions are successful at reducing risk.

- By 9/30/05, increase incidence of reported nutritional risk status for home delivered meals program clients from 90% to 95%.
 - By 9/30/05, determine incidents of nutritional risk reduction in 10% of program participants.
5. Increase access to congregate nutrition services.
- By 9/30/05 conduct analysis of location of congregate meal sites in relation to location of those in greatest economic and social need to determine accessibility for vulnerable populations.
 - By 9/30/06, improve site participation by 2% through improved efficiencies and tapping other resources.

6. Add Indicator:

Implement a Senior Farmers' Market Nutrition Program or similar initiative that links older adults with fresh fruits and vegetables through regional farmers' markets and roadside stands.

- **By 9/30/04, pursue State of Michigan participation in federal pilot initiative and implement in minimum of three Michigan counties.**
- **In FY 05 and 06, seek increase in funding; expand program to additional counties as funding and staff resources allow.**
- **In FY 05 and 06, partner with WIC (Department of Community Health-Women, Infants & Children) and Michigan State University (MSU) Extension to implement and expand program.**

OSA submitted an Application for Federal Assistance and was awarded \$75,000 to implement "Senior Project Fresh" in Berrien, Cass and Genesee counties. The program will distribute \$60 worth of coupons to an estimated 1,250 senior households. Obtaining funding during this final year of pilot program status assures ongoing future funding. OSA is partnering with DCH/WIC Division, MSU Extension and Elder Law of Michigan, Inc. to implement this local level program.

I. B. HEALTH PROMOTION STRATEGY

Increase availability of targeted health promotion and disease prevention programs to arrest and reduce consequences of chronic disease.

Indicators:

1. Share information on funding opportunities for wellness and prevention programming with AAAs on quarterly basis.

OSA continuously monitors the availability of grant funding opportunities and shares information on funding available through state and national government agencies, foundations, and the private sector. As a result of this information sharing, during FY 04 AAAs applied for and received funding under the Healthier US Initiative (steps to healthy aging) and through the Administration on Aging for improving self-management of chronic disease in the elderly. This partnership seeks to model how the aging network, together with a managed care plan, can improve the health outcomes for older adults.

2. By 9/30/04, initiate collaborative activity between the aging and public health networks in areas of arthritis, cardiovascular disease and/or diabetes in at least one PSA. **In partnership with the Arthritis Foundation-Michigan Chapter and Department of Community Health (DCH), one AAA is conducting arthritis self help courses at aging network service delivery sites throughout its PSA. OSA sponsored an in-service for AAA dietitians/nutritionists to share information on the Michigan Diabetes Outreach Network. This effort resulted in establishing multiple local partnerships to provide diabetes awareness, prevention and management services to older adults with diabetes. At the state level, OSA participated on the DCH Cardiovascular Health Task Force, the Diabetes Primary Prevention Project, and the Michigan Injury Prevention Task Force.**

3. By 9/30/05, establish new physical activity programming in a minimum of ten (10) congregate meal sites and/or senior centers. **With grant funds from Blue Cross/Blue Shield of Michigan (BCBSM) and unspent OSA administrative dollars, grants were made to AAAs to implement pilot "Eating Better & Moving More" physical activity and nutrition programs at congregate meal sites. If the pilots prove successful at addressing the issue of obesity among older adults, BCBSM will provide additional grant funding in subsequent years for widespread implementation.**

I.C. HEALTH EDUCATION STRATEGY

Improve quality of life for older adults served by the nutrition program through the delivery of health education resources to providers, older adults and caregivers.

Indicators:

1. Update health education materials on miseniors.net website on a monthly basis. **Articles and training materials are added to the OSA website on at least a monthly basis. Information is initially posted in a "What's New" section, then moved to a permanent location within the "Good Nutrition for Life" section for ongoing access by public and private users. A listing of materials added is available for review.**

2. Through 9/30/06, make chronic disease-specific educational resources available through the miseniors.net website and through direct distribution of materials to AAAs as a means of partnering with them in providing health education to at-risk and medically underserved population groups as well as to the general public.

As stated above, chronic disease-specific educational resources are regularly added to the OSA website. During FY 04, specific resources distributed directly to AAAs include Physical Activity: The Arthritis Pain Reliever campaign posters and bookmarks; Diabetes Awareness Campaign materials, including "The Health Care Providers' Guide to Diabetes Self-Management Training (DSMT) Programs in Michigan"; and the MDCH Diabetes Strategic Plan. OSA will also distribute "Feel Like a Million!" shoelaces provided by the National Institute on Aging to promote exercise.

3. By 9/30/05, undertake review of service standards for health education, nutrition education, and disease prevention/health promotion; make necessary updates and terminology modifications.

4. Increase total combined expenditures for nutrition counseling, nutrition education and health promotion by 5% each fiscal year.

See below.

5. Increase total combined units of nutrition counseling, nutrition education and health promotion by 5% each fiscal year.

See below.

Indicators 4-5 above will be combined as follows:

4. Increase the provision of nutrition counseling, nutrition education and health promotion in aging network programs.

- **By 9/30/04, collect baseline data on the availability of nutrition counseling and education programming within the aging network.**
- **By 9/30/05, increase by 10% over FY 04.**
- **By 9/30/06, increase by 10% over FY 05.**

Mid year data reflects that nutritional counseling and education programs are specifically included in two Area Plans. A survey of cooperative extension will be developed to measure the presence of collaborative nutrition counseling/ education programs in the aging network.

I. D. MENTAL HEALTH SERVICES STRATEGY

Increase the availability of mental health services to older adults and their caregivers.

Indicator:

1. Using the September 2002 data in Michigan's Mission-Based Performance Indicator System, CMHSP Performance Report, issued by the Department of Community Health in March 2003, Indicator 19, "Access: Penetration Rate – Ratio of the percentage of CMHSP caseload over the age of 65 to the percentage of the CMHSP area census age 65 and over" as the baseline, count the number of CMHSPs with a ratio of .4 or lower.

Modify and add Indicators:

1. By 9/30/04, using the September 2002 data for Indicator 19 as the baseline, collect, review, compare, and analyze the ratio of penetration for older adults in CMHSPs. Older adults are an under-served population in the public mental health system. The Department of Community Health (DCH) monitors access to mental health services by using the Mission-Based Performance Indicator System.

Indicator 19 is "Access: Penetration Rate-Ratio of the percentage of Community Mental Health Services Programs (CMHSP) caseload over the age of 65." This activity will continue in FY 05.

Based on a draft DCH document, the penetration rate performance indicator (Indicator 19) for CMHSPs serving people age 65+ has dropped in several CMHSPs since September 2002. Whereas three CMHSPs fell below a .4 ratio in 2002, as many as nine CMHSPs could be below the .4 ratio as of March 2003.

2. By 9/30/05, provide materials on mental health and aging to the Area Agencies on Aging whose CMHSP penetration rate is below a ratio of .40.

3. By 9/30/05, make mental health anti-stigma messages available on the OSA website.

4. By 9/30/05, assemble materials on co-occurring depression and chronic disease and distribute to all Area Agencies on Aging.

5. By 9/30/05, review and analyze health care utilization data for older adults available from MPRO, Michigan's Medicare Quality Improvement Organization, to identify characteristics of older adults with co-occurring diseases.

6. By 9/30/05, increase the number of Area Agency on Aging staff attending the DCH mental health and aging conference.

I. E. OLDER VOLUNTEER SERVICES STRATEGY

Improve the socialization and perceived well being of older volunteers enrolled in the Retired & Senior Volunteer Program, Senior Companion Program and Foster Grandparent Program, through participation in a variety of meaningful volunteer opportunities.

Indicators:

1. A statewide volunteer survey will be conducted and disseminated by 9/30/05 and will report on the percentages of participating volunteers who indicate:

- a presence of purposeful activity in their lives,
- an increase in out-of-house activities,
- a perceived sense of usefulness,
- an increase in friendships and social opportunities,
- the development of new skills and knowledge,
- satisfaction with volunteer assignments,
- opportunities for community recognition,
- they would recommend program participation to others.

2. By 9/30/04, make available a volunteer management application to the Senior Companion Program, Foster Grandparent Program, and Retired Senior & Volunteer Program grantees.

A sampling of staff from all three volunteer programs was trained to use the Volunteer Information System application. Feedback was given to OSA, and a deployment date has been set for Summer 2004. All 55 senior volunteer projects will have staff trained upon deployment. Manuals will be developed and made available to all users of the system.

GOAL II.

IMPROVE ACCESS TO INFORMATION AND SERVICES THAT ENABLE OLDER ADULTS AND THEIR CAREGIVERS TO RECEIVE COST EFFECTIVE CARE IN THE LEAST RESTRICTIVE SETTING

Over 12 million Americans need assistance from others to carry out everyday activities; 84% of persons over age 65, and 95% of persons over age 85, want to stay in their own homes. The majority of these persons live at home or in community settings where 85% of the care is provided by their family or caregivers. In Michigan, there are 443 nursing homes, 189 homes for the aged, and 4,294 adult foster care homes collectively serving over 97,000 individuals. As the growth of Michigan's aging population continues to exceed available resources to address the corresponding demand for services, a full range of affordable home and community-based care options are needed to contain costs, facilitate consumer choice, and support caregivers. In Michigan, some **440,000** older adults were served last year by programs funded by the Older Americans Act, including congregate/home delivered meals, home care, adult day and caregiver services. While the trend toward community-based services is being supported at the federal level, it is also necessary to work toward quality of life and care for those older adults who reside in Michigan's long-term care facilities. Additionally, Michigan will need to increase its direct care workforce by about 32% while, concurrently, providing comprehensive recruitment, training, and retention programs.

II. A. CARE MANAGEMENT, CASE COORDINATION/SUPPORT, AND IN-HOME SERVICES STRATEGY

Promote the continued development of community-based, long-term care service delivery systems as alternatives to traditional models of institutional-based care.

Indicators:

1. Expand the practice of cost sharing as a method to expand the financial base available to support services; increase program income by 5% each fiscal year.
OSA minimum service standards were revised to clarify the purpose of cost sharing. Technical assistance was provided to AAA Care Management (CM) Program Directors in April 2004 to ensure a clear understanding of OSA expectations regarding collection of cost share for CM clients. Cost sharing has not yet been expanded to include in-home services.
2. By 9/30/05, develop models for implementing self-determination and consumer direction within Older Americans Act-funded programs in at least one PSA.

3. By 9/30/06, increase the capacity of non-profit public and private organizations to address important human and community needs through the placement and support of older volunteers.

Add Indicator:

4. Throughout 9/30/05, OSA will participate as a voting member on the Governor's newly appointed Medicaid Long Term Care Task Force. In this role, OSA will be involved in setting short-term goals and developing long term solutions to strengthen community-based care for older adults. During this process, OSA will provide staff support in the development of recommendations and reports.

II. B. INFORMATION AND ASSISTANCE STRATEGY

Improve the effectiveness of the aging network to respond accurately and timely to any request for information from older adults and caregivers.

Indicators:

1. By 9/30/04, revise the service standards for Information and Assistance programs to strengthen training, technical assistance and coordination requirements.

The Information and Assistance (I&A) service standard was revised through a workgroup process involving a cross section of state, regional and local providers. The Commission on Services to the Aging approved the revised standard in November 2003. Quality improvement and accessibility formed the foundation from which all revisions were made. Specifically, revisions called for systemic changes related to cultural competency, training and technical assistance, client satisfaction, and staff skill levels.

2. By 9/30/05, increase by 5 % the number of Information and Assistance programs in the aging network who have employees and/or volunteers who are Certified Information and Referral Specialists (CIRS) by the Alliance of Information and Referral Programs (AIRS).

In January 2004, all 16 AAAs completed "The Vision 2010 Self-Assessment Guide: A Strategic Planning Tool". Results indicate that while progress is occurring in this area, few I&A providers have certified specialists on staff. Completion of the self-assessment guide raised awareness among AAAs of improvements needed in local I&A systems.

3. By 9/30/06, at least 20% of AAAs will have directly assisted in the implementation of local 211 information systems.

Add Indicator:

4. Participate in Governor Granholm’s faith-based initiative in an effort to reach out to older adults through faith-based organizations; by 9/30/05, attend bi monthly meetings of this Coalition, and participate in planning and implementing a conference aimed at educating the faith-based community about available resources.

II. C. TARGETED OUTREACH STRATEGY

Ensure that minority and socially isolated older adults have access to culturally appropriate services.

Indicators:

By 9/30/04, older minority, Hispanic and rural older adults will receive aging network services at least in proportion to the percentage of total older minority, Hispanic and rural population.

Data will be available through the National Aging Program Information System (NAPIS) report by January 31, 2005. Outcomes for FY 03 (latest information available) are found on page 10 of this document.

2. By 9/30/06, bilingual written material and personnel will be available in those areas where 10% of the population is non-English speaking.

3. By 9/30/05, 200 older refugees will be served by at least one of the ongoing programs administered by the AAAs.

To date, AAA 1-B has brought older refugees into traditional Older Americans Act programs. Twenty-three have been served through the Care Management Program and two were served through the Title V (Employment) Program. AAA 1-B is also attempting to implement a meal program for Hmong older adults.

II. D. STRATEGY FOR CAREGIVER MEDIATION, RESPITE CARE, ADULT DAY SERVICES AND WORKING CAREGIVERS

Extend the time that caregivers, including those who are involved in kinship care, are able to care for their loved ones in the community.

Indicators:

1. Data from the State Court Administrative Office and from local courts will indicate how many petitions for guardianship were diverted from the court system by the use of caregiver mediation. Results from the Center for Social Gerontology pilot projects will

provide information as to how best to promote the benefits of caregiver mediation and how to train and recruit additional mediators trained in these issues in all areas of the state. Local dispute resolution centers and the State Court Administrative Office can provide data regarding the expected increase in the use of mediation as a form of alternative dispute resolution.

2. By 9/30/04, 3,500 caregivers will be provided 440,000 hours of relief from their caregiving responsibilities.

Data will be available through the National Aging Program Information System (NAPIS) report by January 31, 2005.

3. By 9/30/04, a web-based database will be developed and deployed to collect information on caregivers and service utilization.

A web-based information system for caregiver services will be deployed in September 2004. During FY 04 planning meetings were held and feedback given by the AAA network on developing and deploying the online caregiver reporting system. Meetings were also held with local provider groups, with the assistance of the AAAs, to provide guidance on using caregiver reporting forms, and to clarify definitions and instructions.

4. By 9/30/05, Adult Day Service programs will expand capacity in targeted counties by 5%.

During FY 04 extensive research was done on the feasibility of expanding adult day services in the more rural regions of northern Michigan. As part of this process, OSA consulted with the Michigan Adult Day Association, adult day providers, AAAs, and non-AAA waiver agents to seek their input on expanding capacity in targeted regions of the state. As a result, it was determined that training is needed on program start up and sustainability of adult day services in rural settings. This training will build on previous training programs in this program area hosted by OSA.

5. By 9/30/05, Adult Day Service programs in targeted counties will serve 100 additional recipients over FY 03 service levels.

Data will be available through the National Aging Program Information System (NAPIS) report by January 31, 2005.

6. By 9/30/05, 100 people will be trained on the development and operation of Adult Day Service programs.

During FY 04 meetings were held with the Michigan Adult Day Association, AAAs, and local adult day providers on where to target training and development of new

adult day programs across the state. Areas targeted for possible training were the more rural areas of northern Michigan, and portions of southeast Michigan.

7. By 9/30/04, informational packets will be developed and distributed to 200 employers, unions and human resource professional organizations on employer-driven supports for working caregivers.

Date change to 9/30/05:

While the informational packets were developed in a timely manner, printing of them was delayed in the 4th quarter of FY 03 due to a state policy prohibiting the printing of all government-issued materials. Packets were ultimately printed in FY 04, however, distribution will now occur in FY 05 due to the printing delay.

8. By 9/30/04, ten presentations will be provided to employers, unions and human resource professional organizations on the needs of working caregivers and community resources available to support them.

Date change to 9/30/05:

This will be completed by 9/30/05, in keeping with materials distribution mentioned in Indicator 7.

II. E. LONG-TERM CARE STAFFING STRATEGY

Work toward establishing and sustaining well-trained and committed direct care workers employed across the full spectrum of long-term care settings; such settings may include one's own home, adult foster care homes, assisted living facilities, homes for the aged, hospitals, and nursing homes.

Indicators:

1. By 9/30/06, promote and implement statewide a centralized direct care worker recruitment, training, and retention model based upon "best practice" models.

In April 2004, Michigan State University in conjunction with the OSA, BEAM (Bringing the Eden Alternative™ to Michigan) and with support from the Michigan Direct Care Workforce Initiative (MDCWI) Coalition, released "Voices from the Front: Recruitment and Retention Of Direct Care Workers In Long Term Care Across Michigan." The report examines factors associated with entry into direct care work and factors related to retention of direct care workers. Using the study's findings, the OSA will continue to work with the MDCWI Coalition and long term care representatives to promote a centralized direct care worker recruitment, training, and retention best practices model.

2. By 9/30/06, support community-based organizations and state agencies in developing initiatives/programs and writing grants to improve the recruitment, training, and retention of direct care workers

In March 2004, OSA collaborated with Community Services Network of Michigan and Michigan State University on a Families and Communities Together grant to develop and pilot a meal preparation and home management skills curriculum for direct care workers in northern lower Michigan. The curriculum is being written and will be piloted in Fall 2004. Another initiative includes collaboration by the MDCWI Coalition members on a Regional Skills Alliance grant through the Michigan Department of Labor & Economic Growth to focus on a range of recruitment and retention strategies in various locations throughout the state.

3. By 9/30/06, develop a plan for offering affordable health care insurance to Michigan's direct care workers and their families.

In May 2004, the MDCWI Coalition invited the Department of Community Health (DCH) to present information about health insurance for direct care workers who are often uninsured. This resulted in the Coalition agreeing to support DCH in its health care insurance grant proposal to the U.S. Department of Health and Human Services.

II. F. EDEN ALTERNATIVE AND OTHER BEST PRACTICES STRATEGY

Work to expand the Eden Alternative and other best practices in Michigan's nursing homes, home for the aged, adult foster care homes and assisted living facilities; such practices shall focus on culture change that values person-centered care, improvements in life quality, and supportive environments for workers in these settings.

Indicators:

1. BEAM (Bringing the Eden Alternative to Michigan) will continue to be an effective coalition of consumers, long-term care providers, aging network and government agency representatives collaborating on projects that improve quality of life and care in long-term care settings; conduct a survey to determine program effectiveness by 9/30/05.

2. By 9/30/04, the number of care settings on the Eden Alternative™ Registry will increase over the FY 03 baseline.

The number of Eden-registered homes has increased from the FY 03 baseline figure of 27. Since October 2003, three new homes have been added, for a total of 30. There are currently four additional homes in process that may become Eden-registered by 9/30/04.

3. By 9/30/06, grants will be submitted to grantors to expand the Eden Alternative™ in Michigan and pilot other options for long-term care culture change.

4. By 9/30/05, local groups will sponsor community forums focused on culture change and best practices in long-term care.

II. G. DEMENTIA SERVICES STRATEGY

Increase the capacity of the aging network to serve older adults with dementia, as well as their caregivers.

Indicator:

1. By 9/30/05, analyze OSA service utilization data to track the nature and level of services provided to people with dementia as well as family members providing care. **A web-based information system for caregiver services is under development and will be deployed in September 2004.**

II. H. EMERGENCY MANAGEMENT COORDINATION STRATEGY

Improve older adults' safety and access to essential services during emergency situations by enhancing the aging network's emergency preparedness.

Indicators:

1. By 9/30/04, publish an OSA emergency plan defining its ability to continue its essential functions in emergency situations. **This indicator will be completed by 9/30/04.**
2. By 9/30/04, AAAs will address appropriate emergency preparedness issues in their annual Area Implementation Plans. **This indicator will be completed by 9/30/04.**

Add Indicator:

- 3: By 12/31/04, develop an OSA Building Emergency Action Plan and provide appropriate staff training and drills on the plan to improve the personal safety of OSA staff and guests in times of emergency or disaster.**

II. I. AGING INFORMATION SYSTEM (AIS) STRATEGY

Improve service capacity of the aging network by expanding funding sources for community-based care, i.e. Medicaid, Medicare, private pay, other federal/state resources.

Indicators:

1. By 9/30/04, AAAs will have access to the Care Management Information System (CMIS), a HIPAA compliant client tracking system that will allow its users to:

- capture assessment and reassessment information about clients at all levels of need and authorize appropriate services by vendor and units of service,
- post vendor bills against service authorizations,
- generate HIPAA compliant claims for Medicaid, Medicare, and third party insurances and,
- implement software with multiple fund source billing.

Completed. The application has been deployed, and AAAs have access to the application. Further development will be based on user needs and funding availability.

2. By 9/30/05, the AIS Partner Channel NAPIS application will include a caregiver reporting module. This caregiver component will allow for an integrated view of caregiver support services funded across three different funding streams - Title IIIIE of the Older Americans Act, Tobacco Settlement monies for respite services, and Blue Cross & Blue Shield of Michigan Escheats funds.

A web-based information system for all caregiver services is scheduled for deployment in September 2004.

3. By 9/30/06, the AIS will include enterprise reporting functionality that will allow state and local agency executives to develop comprehensive views of the service system and customer characteristics in their area. This information will help in planning and service delivery efforts, and should result in greater public awareness of local efforts to support long-term care needs within each PSA.

Work on this indicator is currently on hold due to budgetary constraints.

II. J. LONG-TERM CARE PUBLIC INFORMATION STRATEGY

Publish information about long-term care for the general public.

Indicators:

1. By 9/30/04, publish on the miseniors.net web site appropriate information on products and resources that address long term care options, both for persons needing care now and for individuals planning for their own future long-term care.

OSA has assisted the Department of Community Health in developing information on long term care options and planning. This information is accessible through a link from miseniors.net to www.michigan.gov/ltc.

2. By 9/30/05, provide Internet-based resources that enable older adults and their caregivers to identify care options available in their community.

3. By 9/30/06 and through the miseniors.net *Caregivers Corner*, support adult caregivers, employers who are looking to assist their employees who have caregiving responsibilities, and professional caregivers who are looking to improve their skills.

GOAL III.

PROMOTE FINANCIAL INDEPENDENCE AND SAFEGUARD THE ECONOMIC SECURITY OF VULNERABLE OLDER ADULTS

For many older adults economic security, like health, is of vital concern, and the two are often linked. Moreover, older persons may have fewer options to maintain or improve their standard of living, especially older adults living on low and fixed incomes. According to the 2000 U.S. Census, nearly 100,000 older adults in Michigan live at or below the federal poverty level. Additionally, there are 339,905 older adults aged 65 and over living at about 200% or less of poverty who are unable to qualify for federal/state-based support programs. For these older adults and those living on fixed incomes, employment opportunities and access to public health/long-term care information and services are crucial. Effective services and informed decisions regarding retirement, health/long-term care, and employment can benefit both older adults and the State of Michigan. Access to these services and information means greater economic freedom for older adults, either through work, stipended volunteer service, or the ability to maintain the income and savings they have. Programs that help individuals understand and plan for retirement and long-term care mean fewer individuals relying solely on publicly funded services.

III. A. LONG-TERM CARE EDUCATION STRATEGY

Educate older adults and their families about private and public long-term care financing to meet personal care needs.

Indicators:

1. By 9/30/04, increase from 300 to 1,500 the number of those who receive public education sessions provided by the Michigan Medicare and Medicaid Assistance Program (MMAAP).

From October 2003 through March 2004, MMAAP reached 6,969 persons in interactive presentations to the public. This number will increase exponentially from April – September due to the demand for informational sessions on the new Medicare Part D prescription drug discount benefit.

2. By 9/30/05, implement a demonstration project on consumer behavior in long-term care.

III. B. SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM STRATEGY
Increase employment assistance services to eligible older persons served by the Senior Community Service Employment Program.

Indicators:

1. By 6/30/04, increase by 3% the number of program participants transitioned off of employment program to private, unsubsidized employment versus the total authorized number of subsidized positions.

As of 6/15/04, the placement rate was 16%. The goal was 23%. Historically, a large amount of unsubsidized placements occur in the fourth quarter. It is expected that a number of additional placements will occur before the program year ends on 6/30/04. The continued depressed economy is cited as the main reason for the lower placement rate this program year.

2. By 6/30/04, serve 580 program participants or 141% over the number of authorized positions.

As of June 2004, 580 persons had participated in the program, representing 141% over the number of authorized positions. It is expected that some 610 persons will be served by the end of the program year. The goal was met, and will most likely be exceeded.

3. By 6/30/04, measure the starting wage in unsubsidized employment versus the subsidized wage while on the program.

As of June 2004, the starting wage in unsubsidized employment was \$8.37/hour – 56% higher than the average wage of \$5.38/hour for the subsidized training wage received on the program.

4. By 6/30/04, update existing program manual and policies, electronic reporting system, program forms, sub-grantee application and assessment materials to reflect program policies and program outcomes, and revised federal regulations released (expected in July 2003).

Due to the delayed release of the revised federal regulations in April 2004, this objective was not met. The program manual was updated in April 2004, but was not released as the new federal regulations rendered it obsolete.

III. C. FOSTER GRANDPARENT PROGRAM AND SENIOR COMPANION PROGRAM STRATEGY

Provide stipended volunteer opportunities to low-income older adults through the Foster Grandparent Program and Senior Companion Program so that they may serve at-risk children and other older adults at no cost to themselves.

Indicator:

1. By 9/30/04, ensure that a minimum of 1,350 low-income older adults receive stipends as Foster Grandparent and Senior Companion volunteers.

Based on the FY 04 funding, it is expected that a minimum of 1,350 low-income older adults will receive stipends as Foster Grandparent and Senior Companion volunteers. Stipends are provided at the federally mandated rate of \$2.65 per hour.

III. D. BLUE CROSS/BLUE SHIELD OF MICHIGAN (BCBSM) INSURANCE RATES STRATEGY

Work to ensure that Blue Cross/Blue Shield of Michigan health insurance rates are equitable and affordable for individual older adults, thereby complying with their legal mandate to provide access to health care coverage to all who apply.

Indicators:

1. Through 9/30/06, preserve Public Act 350's senior subsidy, rate review and approval process, standing of the Attorney General in contested rate cases, and prohibition of age rating and medical underwriting for BCBSM's "other than group" Medicare Supplement insurance line.

2. Through 9/30/06, limit rate increases for BCBSM's "other than group" Medicare Supplement insurance to less than 10%.

III. E. MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) STRATEGY

Empower Medicare and Medicaid beneficiaries and their families to make informed health care decisions by providing objective and unbiased information, education, advocacy, and consumer protection services.

Indicator:

1. By 9/30/06, federal funding and support for MMAP will remain constant, service levels tracked through the statewide MMAP reporting system will be maintained or increased, and the use of MMAP data by policy makers will be documented.

Delete Goal and Indicator:

III. F. PENSION RIGHTS COUNSELING STRATEGY

Work with the Michigan Pension Rights Project to provide basic information and advice about pension rights, rules and regulations.

Indicator:

1. By 9/30/04, conduct a lost pension search for approximately 800 Michigan pension beneficiaries listed as unreachable by the federal Pension Benefit Guarantee Corporation.

OSA is unable to pursue this goal and indicator because the Pension Benefit Guarantee Corporation chose not to participate.

Strategy will now become III. F. due to elimination of III. F. above.

III. F. AGING INFORMATION SYSTEM (AIS) STRATEGY

Facilitate an older person's ability to apply for public benefits, such as food assistance and Medicaid, in addition to the Senior Community Service Employment Program and the senior volunteer programs intended for low-income older adults.

Indicators:

1. By 9/30/04, maintain internet-based information on resources intended to promote financial independence and safeguard economic security.

OSA enhanced its website to provide information on the Senior Community Service Employment Program, senior volunteer programs, and the Elder Prescription Drug Insurance Card Program (EPIC). These programs help seniors with financial independence. The EPIC information is intended to help seniors coordinate their EPIC benefits with the new Medicare Prescription Drug Assistance Programs.

2. By 9/30/04, expand the miseniors.net screening options to include Supplemental Security Income (SSI), Medicaid, Food Assistance, state tax credits for property taxes and home heating costs, and EPIC.

The web-based MiCAFE software application is being enhanced to support the expansion of the MiCAFE and Project FRESH programs. Both programs help seniors access food assistance programs. MiCAFE also assists with access to Medicaid and state tax credit programs (e.g. home heating credit).

**GOAL IV.
PROTECT MICHIGAN SENIORS, ESPECIALLY THOSE AT RISK,
FROM ABUSE AND EXPLOITATION**

The federal Older Americans Act requires states to provide leadership in developing and coordinating a comprehensive system for vulnerable elder rights protection. Michigan also has specific mandates to implement the Long-term Care Ombudsman Program, elder abuse prevention, legal services, outreach, counseling and assistance programs. The average monthly number of cases opened by the state's Adult Protective Services office more than doubled in Michigan from 1992 through 2002. Adults over age 65 represent 60% of all substantiated cases of harm; the single most vulnerable age group is individuals over age 75. In this light, the Office of Services to the Aging has emphasized the importance of protecting older adults from victimization and exploitation, and resources have been devoted to developing/expanding partnerships to address this issue. Such partnerships include the Senior Exploitation and Abuse Quick Response Team and Triads – local coalitions of law enforcement agencies, older adults, and consumer organizations. The State has also promoted alternatives to guardianship, as well as improving guardianship service provision.

IV. A. STATE LONG-TERM CARE OMBUDSMAN STRATEGY

Assist residents of long-term care facilities and their families to become informed consumers through access to information, advocacy, and consumer protection services.

Indicators:

1. By 9/30/05, increase by 10% the number of trained volunteers available to provide ombudsman services to residents of licensed long-term care facilities.

The Ombudsman continues to build on training materials and volunteer program components developed by the previous contractor for the State Long Term Care Ombudsman Program. We anticipate meeting the 10% increase in volunteer numbers.

2. By 9/30/05, develop materials for distribution by email and through the mi.seniors.net website for best practices in the areas of information and referral, mediation options, and empowering nursing home residents.

Development of materials, including creation of a graphic look to materials that will become easily identifiable as the Michigan Long Term Care Ombudsman Program, is underway. The first two items produced will be a Michigan Long Term Care Ombudsman Program brochure, and information on Residents Rights for consumers.

3. By 9/30/04, have addendums to the Nursing Home Closure Interagency Agreement that delineate responsibilities and protocols in situations that threaten the safety and welfare of nursing home residents, i.e. heating and cooling emergencies, natural disasters, and communicable disease management.

Change Indicator language:

Change from "have addendums to the Nursing Home Closure Interagency Agreement" to "provide draft addenda to the Nursing Home Closure Interagency Agreement for adoption by the State Nursing Home Closure Team. This Agreement delineates responsibilities ..."

The State Long Term Care Ombudsman gained a seat on the State Nursing Home Closure Team as of April 6, 2004. Currently, a subgroup of the closure team is drafting a "Best Practice for Voluntary Nursing Home Closures," which should form a sound basis for development of an Emergency Evacuation protocol. The State Ombudsman anticipates producing a draft for consideration by the closure team by 9/30/04.

4. By 9/30/04, the Ombudsman Information System (OIS) will produce quarterly and NORS reports; review report data to identify trends, issue areas, and program enhancement opportunities.

Change Indicator language:

Change from "Ombudsman Information System (OIS)" to "Ombudsmanager data system." State and local Ombudsman staff are continuing to work with the OIS system to produce quarterly and annual NORS reports. The FY 03 NORS report was submitted to the federal Administration on Aging in March 2004, as required. Conversion to the Ombudsmanager system is in process, with training for all Ombudsman staff set for June 30, 2004, and a data entry beginning date set for July 1, 2004.

This activity will continue into FY 05. Ombudsman staff will enter data on the Ombudsmanager and expect the system to be fully implemented and able to produce quarterly and annual NORS reports to reflect all of FY 2005 activity.

IV. B. LEGAL ASSISTANCE STRATEGY

Improve the quality and quantity of legal services available for vulnerable adults.

Indicators:

1. Host at least one training event annually for legal service providers and other advocates and advocacy agencies that protect the rights and autonomy of vulnerable seniors.

This Indicator will be completed when the annual training is held in Fall 2004. The Ombudsman Program and adult protective services will be partners in this training effort.

2. By 9/30/04, all legal services providers will provide report data and narrative information in electronic format; the legal services reporting system will have annual (and quarterly or biannual) reporting capabilities.

Date change to 9/30/05:

Numerous funding reductions and restructuring of Michigan's legal services system left legal services providers with neither the staff time nor funding necessary for completion of a fully automated legal services reporting system. Completing the electronic reporting system requires each legal service provider to have information technology systems capable of supporting automated reporting systems that can work in tandem with the State Bar's PIKA web-based system. At this time, limited funding has not permitted providers to upgrade systems as necessary.

A new access-based legal service reporting database was implemented and legal services providers are now able to email quarterly data.

3. By 9/30/05, make available the annual legal services report, including analysis, to the public and interested agencies.

4. By 9/30/05, complete a work plan to increase legal services for under-served populations identified through legal service reporting analysis.

Date change to 9/30/06:

The date change is needed to allow for: 1) coordination with national efforts to develop and implement targeted outreach strategies and, 2) changes in the legal services network and subsequent restructuring of the implementation plan for electronic legal services reporting (see Indicator 2).

IV. C. SENIOR EXPLOITATION AND ABUSE QUICK RESPONSE TEAM STRATEGY (SEAQRT)

Improve the dissemination of information about physical abuse and financial exploitation throughout the community; educate law enforcement agencies and prosecutors regarding successful tactics for prosecuting cases.

Indicator:

1. Social services and police agencies will regularly provide statistical reports from their centralized tracking system on the outcome of referrals as to whether the actions taken resulted in prevention of further referrals and whether, in cases of financial exploitation, the actions taken resulted in recovery of assets for the vulnerable adult.

Delete Indicator:

At the time the State Plan was created, SEAQRT was still pursuing a case referral system, however, since that time SEAQRT efforts were redirected to focus more on

systemic changes and less on individual casework. Further, law enforcement is not currently required to report data indicating the age or vulnerability of crime victims.

Replace with Indicators 1-3 below:

1. By 9/30/04, social service and law enforcement entities will begin to review options for statewide elder abuse reporting for cases outside of the Adult Protective Service systems. Staff will report back on progress toward unified reporting structure.

2. By 9/30/04, SEAQRT will meet at least 5 times/year and develop/maintain a group list serv for immediate communication and access.

SEAQRT now meets the third week of January, March, May, September and November. This will continue in FY 05.

3. SEAQRT will support (through in-kind support, grants, etc.) elder abuse prevention and assistance training efforts for seniors and agencies, including efforts to train prosecutors and law enforcement.

An elder abuse prevention and prosecution training for over 90 participants was held May 10-11, 2004: a second training is scheduled for September 21-22, 2004. Additionally, SEAQRT members are holding a series of trainings on the dangers of living trusts and annuities. A sub-committee of SEAQRT was activated to address annuities and exploitation in more detail. The Office of Financial and Insurance Services Commissioner issued a notice to all financial institutions encouraging the reporting of suspected elder exploitation.

IV. D. TRIAD STRATEGY

Improve cooperation among police agencies and community groups to inform older adults of fraudulent consumer practices and how to pursue legal action when exploitation has occurred.

Indicator:

1. By 9/30/04, retain existing TRIADS; increase from 40 to 45 the number of counties with TRIADS; issue reports on the success of TRIADS in preventing or obtaining redress for fraudulent practices.

Delete Indicator:

At this time the number of Triads in Michigan is not known, and the base number of 40 Triads was inaccurate. A survey is underway to identify active Triads and counties interested in starting Triad programs. Triad/ OSA does not have the

authority to independently create local Triads or increase to 45 the number of local programs. OSA will actively work to encourage development of additional Triads with its partner organizations.

Replace with Indicators 1-3 below:

1. By 9/30/04, complete a survey of local Triad programs, provide survey contacts with Triad implementation packet, and complete report of survey results.

The local Triad survey (written and telephone) that began in January 2004 will be completed by 9/30/04.

2. By 9/30/04 increase from 12 to 25 the membership of the MI-Triad Team.

MI-Triad active membership has increased from 12 to 18 and continues to grow.

3. By 9/30/04 provide funding for a minimum of 15 local Triad collaborative elder abuse prevention conferences/ events through the Seniors: Safe, Sound, Secure Project.

In FY 04 MI-Triad will fund 21 separate elder abuse prevention projects through the Seniors: Safe, Sound, Secure Project – an increase of 45% from FY 03. The Triad Newsletter is now available electronically.

IV. E. GUARDIANSHIP AND ALTERNATIVES STRATEGY

Improve the delivery of guardianship services and encourage use of less intrusive alternatives.

Indicators:

1. By 9/30/06, use surveys to determine if interested organizations regularly provide information on alternatives to the public and if courts provide information about local service; track visitors to the mi.seniors.net website to measure interest in information about alternatives to guardianship.

2. By 9/30/05, at least 10 probate courts will use the national standards as a tool to monitor guardian performance; increase from 40 to 80 the number of registered guardians tested through the National Guardian Foundation; use the national standards as a program requirement for provision of professional guardianship services.

IV. F. AGING INFORMATION SYSTEM STRATEGY

Provide access to information about abuse and exploitation; empower the general public to report suspected victimization of older adults.

Indicators:

1. By 9/30/05, deploy an Ombudsman Information System (OIS) that local and state ombudsmen can use to:

- capture needed information about their activities and customers;
- track complaints about care in nursing homes;
- manage NORS reportable cases;
- develop custom reports for AAAs and OSA, and,
- prepare reports for the Administration on Aging.

Change Indicator language:

Change from “Ombudsman Information System” to “Ombudmanager System.” All items are on target for full implementation by 9/30/05.

2. By 9/30/04, expand the online *Aging Alert* section of misenior.net with timely content that can be adapted to a variety of media, including radio rebroadcast.

Modify Indicator:

By 9/30/04, a minimum of four issues of the “Resources for Aging” e-newsletter will be published by OSA and disseminated to the aging network. It will be published bi-monthly throughout FY 05. This electronic newsletter, provided as a public service at no cost, provides timely information about aging network news, events and resources.

3. By 9/30/04, include an interactive Internet tool on miseniors.net for the general public to report concerns to the State Long Term Care Ombudsman.

The State Ombudsman will work with OSA Information Technology staff to implement the interactive consumer tool on miseniors.net.

IV G. ELDER JUSTICE/ABUSE TASK FORCE STRATEGY

Develop and implement the Governor’s directive establishing a state level Elder Justice/Abuse Task Force designed to protect senior citizens from criminal abuse and/or financial exploitation.

Indicators:

1. **By September 1, 2004, a prospectus defining the work of the Task Force will be forwarded to the Governor’s Office.**

OSA has met with the Governor’s office staff to discuss organizational and coordination issues. OSA has also met with the Family Independence Agency (FIA)

to convene an internal workgroup to develop background information and identify issues and opportunities for Task Force use.

- 2. By January 2005, the task force will begin meeting.**
- 3. By April 2005, Elder Justice/Abuse Task Force members will have received background information to develop a common working knowledge base of the issues surrounding abuse, neglect and financial exploitation.**
- 4. By June 2005, the Task Force will disseminate a user-friendly catalogue of all resources in the local communities for use investigation and prosecution of elder abuse and exploitation.**
- 5. By July 2005, the Task Force will have completed a review of all relevant laws and regulations concerning the investigation and prosecution of elder abuse and exploitation.**
- 6. By January 2006, the Task Force will issue a preliminary report of recommendations to strengthen or develop Michigan's system(s) of protection of senior citizens from abuse, neglect and financial exploitation.**

GOAL V.

EXTEND THE TIME THAT ELDERLY CITIZENS CURRENTLY LIVING IN THEIR OWN HOMES, APARTMENTS, OR SUPPORTED LIVING ARRANGEMENTS ARE ABLE TO REMAIN THERE

The vast majority of persons aged 60 and older prefer to stay in their own homes rather than almost any other setting. Their ability to do so is compromised by a variety of factors, such as injury and loss of mobility due to falls or chronic disease, loss of spouse, decline of housing stock due to age, and lack of available resources for home repair or modification. For those who can't afford to own their homes, affordable rental and other supportive housing options are important to maintaining independence, however, most assisted living is too expensive for those on fixed incomes. Developing affordable, livable housing for older adults in Michigan will require gaining significant knowledge about how aging and housing-related organizations, non-profits and other interested parties can work in partnership with developers to fill local gaps in elderly housing. Technical assistance is necessary for local groups to develop needed senior housing.

V. A. FALLS AND SERIOUS INJURY STRATEGY

Decrease the frequency of falls among older adults that occur within their residences and result in serious injuries, i.e. broken hips, broken bones.

Indicators:

1. By 9/30/04, establish a baseline for the average age of persons entering Michigan nursing homes upon admission.

OSA is reviewing the availability and reliability of this data and will determine by 9/30/04 whether it can be used as a baseline measure. Preliminary results indicate difficulty in using this as an impact measurement.

2. By 9/30/06, the average age of persons entering Michigan nursing homes upon admission will increase by at least one year over baseline average age established in FY 04.

The outcome of this Indicator will depend on results of V.A.1.

3. By 9/30/04, establish a baseline of the percentage of hospitalizations for persons 60 and older that are due to fall-related injuries.

OSA is reviewing the feasibility of using available data to determine whether one can realistically isolate any changes in decreased numbers of fall-related hospital admissions correlated to OSA fall prevention efforts. By 9/30/04 it will be determined whether to use this Indicator as a valid outcome measure.

4. By 9/30/06, the percentage of hospitalizations for persons 60 and older due to fall related injuries will decrease by at least 1% below baseline percentage established in FY 04.

The outcome of this Indicator will depend on results of V. A. 3.

V. B. HOME REPAIR AND MODIFICATION STRATEGY

Increase older adults' access to home repair and environmental modification services.

Indicators:

1. By 9/30/04, establish a baseline on the percentage of AAAs that provide home repair and environmental modification services within each PSA, as well as the number of older adults who receive these services.

Currently there are five AAAs providing home repair or home injury control services as reported in NAPIS.

2. By 3/30/05, have home repair and environmental modification literature and web-based information available to the aging network and general public.

OSA has increased the amount of information on home safety checklists, home injury control, environmental modification, and affordable home repair options on its website, along with a section on "Top Senior Housing Website Links." A seasonal piece - "I'll be Home For Christmas - was also added. This was intended to help adult children evaluate the need for minor home repair and home safety measures and explore available solutions when visiting parents/older family members over the holidays.

3. By 9/30/06, develop at least 2 additional affordable home repair/environmental modification programs, such as the Grand Rapids-based Home Repair Services Program or alternative model programs.

Modify Indicator:

By 9/30/05, OSA will encourage AAAs to develop affordable home repair and environmental modification programs through their program development objectives. At least two programs will be developed statewide.

OSA will monitor Area Plans for progress made in housing-related objectives. OSA is also using training as a means of accomplishing this Indicator. OSA sponsored a Senior Urban Housing Summit on January 22, 2004 in Detroit. Building on this initiative, another conference on a variety of housing issues, including home repair/modification, will be held in September 2004. In FY 04 OSA also participated on the Annual Michigan Affordable Housing Conference Planning Committee, and coordinated a presentation on "Developing Affordable Home

Repair Services for Seniors; the Tuesday Toolmen Program.” OSA is currently working with RSVP in northern Michigan to replicate this program.

V. C. HOUSING OPTIONS STRATEGY

Increase the availability of affordable assisted living and supportive housing options.

Indicators:

1. By 9/30/04, establish a baseline in reported available, affordable housing options in all PSAs.

OSA is reviewing the availability of this data and will determine by 9/30/04 whether it can be used as a baseline measure.

2. By 9/30/05, at least four AAAs and partners/affordable housing coalitions will complete an affordable housing development plan for older adults.

Delete indicator:

The revised strategy V. H. and accompanying Indicator V. H. 1. address this issue (see page 49).

3. By 9/30/06, there will be a 5% increase over the FY 04 baseline in reported available affordable housing options in the majority of Planning and Service Areas.

The outcome is dependent on findings under V.C.1. The Senior Urban Housing Summit provided significant sessions on developing affordable senior housing options, so the groundwork of technical assistance was laid for those who attended to take the next steps in their area. OSA provides ongoing technical assistance and resources to AAAs, faith-based organizations, non-profits and others seeking assistance in developing affordable housing. OSA is also a member of the Michigan State Housing Development Authority (MSHDA) review panel for the Special Needs Addendum III Low Income Housing Tax Credit Program (LIHTC). As part of this membership, OSA provides advance consultation, technical assistance, and proposal review for affordable housing LIHTC proposal applicants that seek to designate a portion of their affordable units for older adults with special needs.

V. D. HOUSING INFORMATION STRATEGY

Increase access to information about preserving, restoring, developing, and improving “older adult friendly” neighborhoods and communities; information is intended for older adults, family members, community planners and private developers.

Indicators:

1. By 9/30/04, establish a baseline on the percentage of people aged 65+ who own their homes.

OSA is reviewing the availability and reliability of this data and will determine by 9/30/04 whether this baseline measure can be used. Currently OSA is gathering information on best practices and resources for senior housing restoration and preservation, and promotion of naturally occurring retirement communities to inform and educate the aging network and the public.

2. By 9/30/06, increase by at least 1 % over the baseline established in FY04 the percentage of persons aged 65+ who own their own homes.

The outcome will depend on results in V. D. 1.

3. By 9/30/04, establish a baseline average length of stay for assisted living residents. **OSA is reviewing the availability and reliability of this data and will determine by 9/30/04 whether this information can be used as a baseline measure.**

4. By 9/30/06, increase by at least one year over the FY 04 baseline the average length of stay for residents in assisted living.

The outcome will depend on results in V. D. 3.

V. E. TEMPORARY/EMERGENCY HOUSING STRATEGY

Increase the availability of temporary/emergency shelter options that are capable of meeting the special needs of vulnerable elderly.

Indicator:

1. By 9/30/06, the number of providers with aging experience and training available to provide temporary/emergency shelter for persons aged 60+ will increase in at least 1/3 of the PSA's from a baseline reported in FY 04.

OSA is reviewing the availability and reliability of this data and will determine by 9/30/04 whether it can be used as a baseline measure. OSA has had one meeting with the Michigan Coalition Against Homelessness to explore areas of mutual interest.

V. F. OLDER ADULT MOBILITY, TRANSPORTATION AND TRAFFIC SAFETY STRATEGY

Work with state, local and aging community partners to improve older adults' mobility through older adult traffic safety and access to accessible transportation services.

Indicators:

1. By 9/30/04, develop and disseminate a list of elderly mobility specialists at local transit and aging agencies who can work directly with older adults and their families to identify available public, private, and community based elder-oriented transportation services.

This Indicator will be completed by 9/30/04.

2. By 9/30/06, publish a “State of the State’s Elderly Transportation” that will report on the financial support, the number of riders, units of service, and degree of unmet need for elder-oriented transportation services.

3. By 9/30/05, develop, pilot, and evaluate three county-based Older Adult Traffic Death Review Boards.

4. By 9/30/06, analyze Michigan Department of Transportation data on funding levels for para-transit and volunteer driver programs to measure success of advocacy efforts.

V. G. ENERGY ASSISTANCE STRATEGIES

Increase awareness of energy assistance, consumer choice, weatherization, and home heating credit programs.

Indicators:

1. By 9/30/04, establish a baseline of the percentage of visits to miseniors.net website for information on energy assistance and home heating credit programs; increase by 2% the number of visits to miseniors.net for information on energy assistance, consumer choice, weatherization, and home heating credit programs.

Modify Indicator:

By 9/30/05, OSA will create a web page devoted to information assistance and home heating tax credits; it will also establish a link to the Michigan Public Service Commission. Baseline data on the number of people visiting this site will be collected for analysis. A goal is to increase by 2% the number of visits for information on energy assistance, consumer choice, weatherization, and home heating credit programs.

2. By 9/30/04, establish a baseline of the percentage of visit to miseniors.net for Issue Alerts; increase by 2% the number of site visits for Issue Alerts.

Date change to 9/30/05:

Date change is necessary due to modification of Indicator 1.

3. By 9/30/04, increase awareness by the AAAs of energy assistance programs, consumer choice, weatherization, and home heating credit programs.

OSA is working to increase AAA attendance at the Coalition to Keep Michigan Warm meetings. This Coalition advocates for legislation and increased funding for the Low Income Home Energy Assistance Program (LIHEAP). Through involvement on the Coalition, AAAs will join the Family Independence Agency, Consumers Energy, the Department of Treasury and others in making certain seniors needs are addressed. This involvement will also provide the opportunity for AAAs to learn more about energy sector supports and programs.

4. By 9/30/06, information about energy assistance, consumer choice, weatherization and home heating credit programs will be written into area plans.

Delete Strategy and Indicators and replace:

V. H. HOUSING NEEDS STRATEGY

Identify housing needs of older adults through analysis of census data and other secondary data sources.

Indicators:

1. By 9/30/04, conduct an analysis of the clients receiving housing and related support services to determine effectiveness in keeping clients in community-based settings.

2. By 9/30/06, determine the potential reduction in institutional placement as a consequence of availability of housing options.

OSA is unable to use either of these (Indicators 1 and 2) as reliable measures because there are too many variables i.e. the relative availability of home and community based services, degree of family support, etc. to correlate them to housing options alone. Substantial information on housing with services needs of older adults has already been collected. It is recommended that OSA resurrect an earlier plan to conduct a housing and related services survey of AAAs. This will offer better baseline housing information at the AAA level that can be used for statewide analysis. By taking stock of regional housing activities, OSA can work with AAA's and their partners to support regional efforts related to best practice home safety, affordable assisted living, and supportive housing.

Revised Strategy and Indicators:

V. H. HOUSING NEEDS AND PROGRAM DEVELOPMENT STRATEGY
Identify regional housing needs of older adults in all AAA PSA's through development, dissemination and analysis of a housing & related services survey.

Indicators:

- 1. By 12/1/04, OSA will conduct an analysis of the housing survey results and draft initial recommendations.**
- 2. By 6/30/05 AAAs will either indicate how they plan to address affordable housing needs for seniors in their area through a narrative description or by identifying a new program development objective within their FY 05 Area Implementation Plans.**

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

The Michigan Office of Services to the Aging is committed to developing a full continuum of caregiver services, including information, assistance, caregiver education and support, respite and supplemental services. Federal funds available through Title III-E - National Family Caregiver Support Program (NFCSP) - will be combined with state respite and tobacco settlement funding to address the needs of caregivers as a separate target population and as early as possible in the caregiving process.

All funds available for the NFCSP and state supported respite will be allocated to Michigan's 16 AAAs through the approved intrastate funding formula. AAAs will allocate these funds within the established parameters of the NFCSP and will have incorporated a full range of caregiving services and activities during the multi-year and annual plan process.

During FY 2004, Michigan received more than \$5 million in funding from Title III-E to support the National Family Caregiver Support Program. An additional \$7.2 million was allocated from other state resources to provide respite for caregivers during this fiscal year. By 9/30/04, 500,000 units of service will be provided to caregivers through the NFCSP.

AAAs are required to designate at least one agency or organization as a focal point for caregiving information and services within the planning and service area. A portion of the resources allocated by formula for the National Family Caregiver Program will also support services for grandparents raising grandchildren and other older relative caregivers. Statewide standards specific to the National Family Caregiver Program have been approved for caregiver supplemental services, caregiver training and support groups, and kinship caregiver respite.

Caregivers of disabled adults over the age of 18 are eligible for respite services through the tobacco settlement-funded Caregiver Respite Program. Kinship caregivers under the age of 60 remain a non-served population, although funds from the Strong Families/Safe Children Initiative, administered by the Family Independence Agency, serves this population in some communities. Although older caregivers over 60 years of age can be served through traditional Title III funding, this remains a gray area that should be clarified and included as part of the NFCSP target population.

OSA has completed development of a hiring guide to assist caregivers in recruiting, hiring, and supervising paid caregivers in the home. This hiring guide is available on the OSA website and in print version. During FY 05, OSA will be developing "Tip Sheets" to assist family caregivers with disease-specific questions to consider when hiring a paid caregiver.

STATE OF MICHIGAN
STATE PLAN PROVISIONS AND INFORMATION REQUIREMENTS
FISCAL YEARS 2004–06
REVISED July 2004

State Plan Provisions from Section 307(a)

The FY 2004-06 Multi-Year Area Implementation Plan Approval Criteria” and “AAA Implementation Plan Instructions” prepared by OSA and approved by the Commission on Services to the Aging describe, in detail, the information reviewed by OSA for each Area Plan prior to formal Area Plan approval by the Commission on Services to the Aging. The majority of State Plan provisions and requirements outlined below are addressed in these documents.

(1)(A) and (B) Statement of Compliance: OSA requires each AAA designated under Section 305(a)(2)(A) to develop and submit for approval, in accordance with a uniform format developed by OSA, an Area Plan meeting the requirements of Section 306.

Notes: Discussion of this provision is found in OSA Transmittal Letters #407 (Area Plan Instructions, dated 12/6/02) and OSA Transmittal Letter #412 (Approval Criteria – Area Plans, dated 03/05/03). State Plan goals developed by OSA are based on the collective input of AAAs, service providers (including nutrition), Commission on Services to the Aging members and State Advisory Council members. They coincide with OSA’s budget priorities, and will form the basis of OSA’s Annual Report required by state legislation.

(2)(A) and (B) Statement of Compliance: OSA evaluates, using uniform procedures described in Section 202(a)(26), the need for supportive services, including legal assistance pursuant to 307 (a)(11), information and assistance, transportation services, nutrition services, and multipurpose senior centers within the State. OSA has developed a standardized process to determine the extent to which public and private programs and resources (including volunteers and programs/services of voluntary organizations) have the capacity and actually meet the need.

Notes: Discussion of this provision is found in FY 2004-06 Area Plan Approval Criteria, pages 4-5, and AAA Implementation Plan Instructions, page 10.

(4) Statement of Compliance: OSA conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under Titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.

Notes: Targeting requirements are established in OSA’s Operating Standards for AAAs under Standard C-2, pages 17-20. AAAs are also instructed to plan for and address the needs of the targeted populations as part of the Multi-Year Area Plan process. Discussion of this provision is found in the Area Plan Approval Criteria, page 4, and Area Plan Implementation Instructions, pages 8-9. Compliance with all standards is monitored annually by OSA as part of the AAA Compliance Assessment process.

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

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

Discussion of all these provisions is found in Rules – State and Local Programs on Aging, pages 8 and 12, dated January 1983; Area Plan Operating Standards, Introduction, page 2 and Standard C-4, page 28 and ; AAA Service Standards, pages 1-2; Area Implementation Plan Instructions, page 15 and Appendix F.

(6) Statement of Compliance: OSA will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A)(i), (ii), and (iii) Statement of Compliance: No supportive services, nutrition services, or in-home services are directly provided by OSA or a AAA within the State unless, in the judgment of OSA, provision of such services is necessary to assure an adequate supply of such services; where such services are directly related to administrative functions; or where such services can be provided more economically, and with comparable quality, by such State or AAA.

Notes: Fourteen of sixteen AAAs have been granted a waiver by the Commission on Services to the Aging to directly provide case management services in all or a portion of their planning and service area. Additionally, all AAAs have been granted a waiver to

provide information and assistance services, though many also contract with local service providers selected according to OSA Operating Standards for AAAs. Compliance with the standard is assured through the Area Plan Approval Criteria - Appendix J.

Modify (8)(A) (i), (ii), and (iii) notes to read:

Beginning with the FY 1998-FY 2000 State Plan, the Commission on Services to the Aging approved a blanket waiver for all area agencies on aging to directly provide access services in their designated Planning and Service Areas. These services include care management, case coordination and support, Disaster Advocacy and Outreach, Information and Assistance, Outreach and Transportation. While all area agencies on aging provide Information and Assistance, some may also contract with local service providers selected according to OSA Operating Standards for AAAs. Compliance with the standard is assured the Area Plan Approval Criteria – Appendix J. Area agencies on aging that choose to provide access services directly are monitored by the OSA Field Representatives to ensure compliance to the relevant OSA Operating Standards for Service Programs.

Part II. State Plan Information Requirements

Section 102(19)(G) Statement of Compliance: The OSA Operating Standards for Service Programs (pages 25-55) define the following in-home services and establish minimum standards for them:

- Chore – Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence.
- Home Care Assistance – Provision of in-home assistance with activities of daily living and routine household tasks to maintain an adequate living environment for older persons with functional limitations. Home care assistance does not include skilled nursing services.
- Home Injury Control – Providing adaptations to the home environment of an older adult in order to prevent or minimize the occurrence of injuries. Home injury control does not include any structural or restorative home repair, chore or homemaker activities.
- Homemaking – Performance of routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Homemaking does not include the provision of chore or personal care tasks.
- Home Delivered Meals – The provision of nutritious meals to homebound older persons.
- Home Health Aide – Performance of health-oriented services prescribed for an individual by a physician which may include: assistance with activities of daily living, assisting with a prescribed exercise regimen, supervising the individual’s adherence to prescribed

medication and/or special diets, changing non-sterile dressing, taking blood pressure, and other health monitoring activities.

- Medication Management – Direct assistance to care management clients in managing the use of both prescription and over-the-counter medication.
- Personal Care – Provision of in-home assistance with activities of daily living for an individual, including assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation.
- Personal Emergency Response System – A service system utilizing electronic devices designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a communication connection system.
- Respite Care – Provision of companionship, supervision and/or assistance with activities of daily living for persons with mental or physical disabilities and frail elder persons in the absence of the primary caregiver(s). Respite care may be provided at locations other than the client’s residence.
- Friendly Reassurance – Making regular contact, through either telephone or in-home visits, with homebound older persons to assure their well-being and safety, and to provide companionship and social interaction.

Section 305(a)(2)(E) Statement of Compliance: OSA provides assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas.

Notes: Proposed methods of carrying out this preference are found on pages 8-9 of this State Plan, Area Plan Approval Criteria, pages 3-4, and Area Plan Implementation Instructions, page 8.

Section 307(a)(2)(C) Statement of Compliance: OSA specifies a minimum proportion of the funds received by each AAA to carry our Part B that will be expended on access, in home and legal assistance services.

Notes: On January 20, 1989, the Commission on Services to the Aging adopted a policy requiring that 50% of Title III-B funds be expended on access, in home, and legal assistance services. Within the 50%, a minimum of 8% must be expended for access services, 18% for in home services, and 5% for legal assistance. Minimum expenditures for priority services are established by OSA’s Operating Standards for AAAs under Standard C-9, Fiscal Management, page 51.

On November 19, 1993, the Commission removed the maintenance of effort requirement for legal services. The 5% minimum funding level for each AAA was retained. In addition, a minimum 8% statewide level was established. If the statewide figure drops

below 8%, the following year's minimum for each AAA is increased above the 5% to assure the statewide minimum is maintained.

Modify Section 307(a)(2)(C) Statement of Compliance to include:

OSA is requesting a waiver from the compliance requirement to Section 307(a)(2)(C). This waiver is needed because OSA anticipates that Michigan AAAs will not expend Title III-B funding at levels established for priority services by OSA Operating Standard for Area Agencies on Aging, C-9 Fiscal Management. Please note that priority service expenditures for access, in-home and legal services are maintained at established levels when state and federal expenditures are combined. As state funds for in-home and access services have increased over past years, AAAs have relied less on Title III-B funds to support the identified priority services. Given the availability of state funding, AAAs have been able to allocate federal Title III funds for other community-based services that provide for a continuum of care and support for older adults in Michigan. OSA is currently involved in the process of reviewing the OSA Minimum Service and Operating Standards and will be modifying the priority services requirements for legal, in-home and access services to reflect the current funding reality in Michigan.

(3)(A) Statement of Compliance: The State Plan includes a numerical statement of the intrastate funding formula and demonstration of the allocation of funds to each PSA.

Notes: A numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each PSA is found on pages 10-12 of the State Plan.

(3)(B)(i) Statement of Compliance: With respect to services for older individuals residing in rural areas, OSA assures it will spend, for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(3)(B)(ii) Statement of Compliance: OSA identifies, for each fiscal year to which the plan applies, the projected costs of providing such services.

Notes: Based on FY 02 federal and state service expenditures, the cost of providing services, including access to those services, for older adults residing in rural areas is reflected in the chart below. It is anticipated the projected costs of providing these services will remain the same for each fiscal year to which the plan applies.

FY 2002 Federal and State Final Expenditures by Cost for Rural Clients		
<i>Service Category</i>	<i>Total Federal and State Expenditures</i>	<i>Total Federal and State Expenditures for Rural Clients</i>
Personal Care	\$ 3,536,951	\$1,453,687
Homemaker	4,588,185	1,885,744
Chore Service	706,890	290,532
Home Delivered Meals	18,626,229	7,655,380
Adult Day Care/Health	2,088,043	858,186
Care Management	7,581,529	3,116,008
Home Health Aide	21,436	8,810
Respite	3,193,487	1,312,523
Specialized Respite	193,525	79,539
Case Coordination & Support	1,435,076	589,816
Congregate Meals	8,635,191	4,032,634
Nutrition Counseling	0	0
Assisted Transportation	138,609	64,730
Transportation	509,284	131,395
Legal Assistance	722,226	186,334
Nutrition Education	370,449	95,576
Information & Referral	1,039,416	268,169
Outreach	1,056,551	272,590
Other Services (Fed & St)	9,378,169	2,419,568
Senior Center Staff	2,280,905	588,473
State Nursing Home Ombudsman	461,530	119,075
Total	\$65,480,655	\$25,428,771

(3)(B)(iii) Statement of Compliance: OSA describes the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Notes: Given that Michigan has large geographic parts of the state that are rural, OSA is acutely aware of the special circumstances in serving older adults residing in rural areas. The geographic base applied in the intrastate funding formula balances the formula to account for geographic differences. This is described on page 11 of the State Plan.

(8)(B) Statement of Compliance: Regarding case management services, the following agencies are already providing case management services under a State program, and OSA specifies that such agencies are allowed to continue to provide case management services.

Notes: Discussion of this provision is found on page 58 of this document under Notes, Section (8). The following agencies are currently providing case management services and will be allowed to continue to provide such services:

I-A Detroit Area Agency on Aging
1-B Area Agency on Aging
1-C The Senior Alliance, Inc.
Region 2 Area Agency on Aging
Region 3-B Area Agency on Aging
Region IV Area Agency on Aging
Valley Area Agency on Aging
Tri-County Office on Aging
Region VII Area Agency on Aging

Area Agency on Aging of Western
Michigan, Inc.
Northeast Michigan Community Service
Agency
Area Agency on Aging of Northwest
Michigan
Region 11 Area Agency on Aging
Region 14 Area Agency on Aging

(8)(C) Statement of Compliance: Regarding information and assistance services and outreach, OSA specifies that the following agencies may provide these services directly.

Notes: Discussion of this requirement is found on page 58 of this document under Notes, Section (8). The complete listing of all AAAs is found on page 14 of the State Plan.

(10) Statement of Compliance: The Plan provides assurance that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

Notes: The OSA intrastate funding formula distributes by geographic distance within a given PSA. All of Michigan's PSA's with large rural populations have large geographic areas. The OSA has decentralized NAPIS to retrieve and analyze data at the county level. OSA can interface this data with census data to determine percentages of people served in rural areas. Discussion of this provision can be found in the State Plan, Geographic Base, pages 11-12 and the Area Plan Approval Criteria, Program Development, page 5, and Area Plan Implementation Instructions, page 11.

(15)(A) Statement of Compliance: The State Plan identifies the number of low-income minority older individuals in the State.

Notes: The number of low-income minority older individuals is found in the State Plan, Formula Factor Importance, page 10.

(15)(B) Statement of Compliance: The State Plan describes the methods used to satisfy the service needs of such minority older individuals.

Notes: Under OSA's Operating Standards for AAAs, Standard C-4, page 26, AAAs require contractors, as part of their contracting policies and contracting instruments, to target minority older adults, in particular those low income seniors. In addition, AAAs require that contractors have a methodology as to how targeting will be carried out. OSA's Title III reporting system is used to verify AAA targeting goals. Goal II of the State Plan, page 20, addresses a targeted outreach strategy.

(21)(B) Statement of Compliance: The Plan specifies the ways in which OSA intends to implement activities to increase access by older individuals who are Native Americans to

all aging programs and benefits provided by the agency, include programs and benefits provided under Title III.

Notes: In addition to the above-mentioned general minority targeting requirements contained in OSA's Operating Standards for AAAs, there are specific targeting requirements assuring that elders of Native American tribes receive OAA-funded services equivalent to the services received by non-Native American elders. This provision is found In OSA Operating Standards for AAAs, Standard C-4, page 30. Service levels are monitored by OSA through the Title III reporting system. The Targeting Summary on page 9 of the State Plan demonstrates that the percentage of Native Americans served in fiscal years 2001 and 2002 exceeded their percentage of the total population.

Part III. Section 705(a)(7) – Vulnerable Elder Rights Protections

Statement of Compliance: OSA has included below a description of the manner in which it will carry out Title VII (Vulnerable Elder Rights Protection Activities) in accordance with the assurances described in paragraphs (1) through (6) of this section. Please refer to Assurances, Section 705 of the State Plan.

1. Describe the program of services for the ombudsman program and describe the program for the prevention of abuse, neglect and exploitation.

Notes: The Office of the State Long Term Care Ombudsman, funded under Title VII of the Older Americans Act, is responsible for statewide management of the long-term care ombudsman program. In Michigan, the Office of the State Long Term Care Ombudsman is granted out to a private non-profit entity. The State program funds local ombudsman programs that are mandated and coordinated by AAAs. Three AAAs directly provide local ombudsman services, while the remaining agencies contract with non-profit entities for these local services.

The Long-term Care Ombudsman Program investigates care and safety complaints of residents in nursing homes, homes for the aged, and adult foster care homes. Michigan has approximately 450 nursing homes and approximately 5,000 other licensed facilities that fall under the authority of the program. Given limited federal and state funds, however, complaint investigation is prioritized to nursing facilities. Ombudsmen work with residents, families, and appropriate state and federal agencies for complaint remedy.

Family members are also helped with such issues as resident's rights, financial concerns, guardianship, and nursing home placements.

Federal funds for programs intended to prevent abuse neglect and exploitation are provided to AAAs that, in turn, contract with local entities. These programs provide public education, outreach and referral services. Additionally, OSA supports elder abuse prevention programs through the TRIAD newsletter, the Senior Exploitation and Abuse

Quick Response Team (SEAQRT), legal services, “Keeping Seniors Safe and Secure” trainings, and support of the Legal Hotline for Michigan seniors.

Further discussion on accomplishments of the Long-Term Care Ombudsman Program is found on page 10 of the 2002 OSA Annual Report; elder rights accomplishments are found on page 21 of that same document. Goal IV of the State Plan, pages 28-30, addresses strategies for implementing these programs.

2. Describe how the state uses public hearings and other means to obtain the views of older persons, AAAs, Title VI grantees, and interested others.

Notes: Goal IV of the State Plan, pages 28-30, addresses the issue of protecting Michigan seniors, especially those at risk, from abuse and exploitation. As such, this issue was subject to the State Plan public hearing process that gave concerned citizens an opportunity to share their views on elder rights issues. The State Plan hearing process is described on page 3 and Appendix A of the State Plan. Likewise, OSA’s website, www.miseniors.net, serves as an ongoing vehicle for receiving comments, concerns and questions from older persons and/or interested others. OSA staff persons serve as presenters on elder rights topics at educational forums and community events throughout the state. Evaluations are distributed asking for input as to the usefulness of the information provided and other topics of future interest. Staff persons are also in close contact with AAAs, review area plans for unmet needs, and attend meetings of legal services providers and other forums pertaining to elder rights.

3. Describe how the State consults with AAAs and identifies and prioritizes statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits.

Notes: The OSA legal services developer works with AAAs to improve the delivery of legal services that help older adults secure and maintain benefits and rights. OSA also works with private sector agencies, including the Legal Hotline for Michigan Seniors and the Elder Law Section of the State Bar of Michigan, to ensure the availability of services for the protection of benefits and rights. Finally, OSA operates its state health insurance counseling program through the AAAs. This program ensures that older people have access to their Medicare and Medicaid benefits.

4. Describe how the State will ensure that it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

Notes: Funds for these activities are protected through the OSA maintenance of effort policy and practice. Expenditures are monitored annually through the Area Plan budget review process.

5. Describe how the State will ensure that it will place no restriction, other than those in Section 712(a)(5)(C), on the eligibility for designation of local ombudsman activities.

Notes: Any entity applying for designation as a local long-term care ombudsman must comply with minimum standards set forth by the Commission on Services to the Aging. These standards protect vulnerable elderly residents in long-term care facilities by ensuring that organizations providing local ombudsman services are free from conflict of interest; have personnel with the skills and training needed to resolve problems on behalf of residents; and operate in compliance with program instructions as required by federal and state authorizing legislation. Discussion of this requirement may be found in Operating Standards for Service Programs, Standard C-11, pages 93-95.

6. Describe how the State agency will conduct a program of services consistent with State law and coordinated with existing State adult protective services for public education, receipt of reports, active participation of older persons through outreach, conferences and referral, and how referral of complaints to law enforcement or public protective services will be done, how the State will not permit involuntary or coerced participation in the program, and how all information gathered in the course of receiving reports and making referrals shall remain confidential except under prescribed circumstances.

Notes: OSA collaborates with the Family Independence Agency - Adult Protective Services Division and the Senior Exploitation and Abuse Quick Response Team (SEAQRT) - which also includes members from the Department of Consumer and Industry Services, Department of Community Health, Attorney General, State Police, and other agencies - to implement a centralized referral and follow-up system for reports of abuse, neglect, and financial exploitation of vulnerable adults. In addition, OSA is required by MCL 750.174a (2000 P.A. 222) to report suspected cases of financial exploitation to the Family Independence Agency.

OSA provides staff and grant resources for the establishment of TRIAD groups. These groups are comprised of sheriffs, city police agency personnel, and local senior groups who work together to reduce financial exploitation of older adults at the local level. OSA awards grants each year for public education events on scams, schemes, and swindles affecting older adults, as well as for the preparation and distribution of a TRIAD newsletter and brochures alerting seniors to specific frauds. OSA participates in the state TRIAD, as well as consumer groups such as Senior Advocate Consumer Coalition.

ASSURANCES

SECTION 305 - ORGANIZATION

1. The State Agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the Area Agency on Aging for such area.
2. The State Agency shall provide assurances, satisfactory to the Assistant Secretary, that the State Agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.
3. The State Agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.
4. The State Agency shall provide assurances that the State Agency will require use of outreach efforts described in section 307(a)(16).
5. The State Agency shall provide an assurance that the State Agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.
6. In the case of a State specified in subsection (b)(5), the State Agency and area agencies shall provide assurance, determined adequate by the State Agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

SECTION 306 - AREA PLANS

1. Each Area Agency on Aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for Part B to the planning and service area will be expended for the delivery of each of the following categories of services:

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

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

(C) legal assistance;

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

2. Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

3. Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) specify how the provider intends to satisfy the service needs of low income minority individuals and older individuals residing in rural areas in the area served by the provider;

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

(C) meet specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals and older individuals residing in rural areas within the planning and service area.

4. With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall:

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

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

(C) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

5. Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

(E) older individuals with limited English speaking ability; and

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

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

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

7. Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

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

9. Each Area Agency on Aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

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

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

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

10. Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

11. Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will disclose to the Assistant Secretary and the State Agency:

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

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

12. Each Area Agency on Aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such nongovernmental contracts or such commercial relationships.

13. Each Area Agency on Aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such nongovernmental contracts or commercial relationships.

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

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

16. Each Area Agency on Aging shall provide assurances that preference in receiving services under this title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

SECTION 307 - STATE PLANS

1. The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. The description is found on page 8 of this plan.

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

3. The plan shall provide assurances that:

(A) no individual (appointed or otherwise) involved in the designation of the State Agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State Agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

(B) no officer, employee, or other representative of the State Agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and

(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

6. The plan shall provide assurances that Area Agencies on Aging will:
 - (A) enter into contracts with providers of legal assistance that can demonstrate the experience or capacity to deliver legal assistance;
 - (B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - (C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
7. The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
8. The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;
9. The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
10. The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any Area Agency on Aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:
 - (A) public education to identify and prevent abuse of older individuals;
 - (B) receipt of reports of abuse of older individuals;

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

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

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

12. The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the Area Agency on Aging for each such planning and service area:

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

(B) to designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full time basis, whose responsibilities will include:

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

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

13. The plan shall provide assurances that the State Agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

(E) older individuals with limited English speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses A through F and the caretakers of such individuals, of the availability of such assistance.

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

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

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

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

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

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

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

18. The plan shall:

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

(B) provide an assurance that the State Agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided

under this title, if applicable, and specify the ways in which the State Agency intends to implement the activities.

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

20. The plan shall provide assurances that demonstrable efforts will be made:

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

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

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

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

23. The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State Agency or an Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

SECTION 308 - PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

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

SECTION 705 - ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

6. The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under Chapter 3:

(A) in carrying out such programs the State Agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

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

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate.

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and,

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except:

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

PROPOSED

**OFFICE OF SERVICES TO THE AGING
AREA AGENCY SERVICE ALLOTMENTS
FOR THE PERIOD 10/1/2004-9/30/2005**

Area Agency	Intra-State Formula	Geographic Base	Supportive Services	Congregate Meals	Home Del'd Meals	Caregiver Support (Illie)	Preventive Health	Eld Abuse Prevention	St-Access Services	St-In-Home Services	St-Cong Meals	St-Home Del'd Meals	St-Alt Care	St-Senior Ctr Staff	St-Respite Care	Tobacco Resp. Care	St-Nurse Hm Ombs	St-NHO Formula
1A	0.1245	0.0027	1,113,105	1,269,715	580,402	496,348	82,509	19,567	105,086	346,280	48,742	1,221,585	416,055	123,291	242,276	470,112	52,855	0.1207
1B	0.2473	0.0690	2,257,062	2,574,622	1,176,891	1,006,453	167,306	39,676	213,085	702,157	98,834	2,477,027	843,642	249,998	465,574	963,255	73,035	0.1716
1C	0.1018	0.0081	914,417	1,043,073	476,801	407,751	67,782	16,074	86,328	284,469	40,041	1,003,533	311,790	101,283	203,492	386,198	38,661	0.0849
02	0.0309	0.0362	301,976	344,462	157,458	134,655	22,384	5,308	28,509	93,943	13,223	331,405	112,872	33,448	83,945	127,537	18,480	0.0340
3A	0.0212	0.0099	196,372	224,001	102,394	87,565	14,566	3,452	18,539	61,090	8,599	215,510	73,400	21,751	63,331	82,936	9,001	0.0185
3B	0.0210	0.0223	203,560	232,201	106,142	90,770	15,089	3,578	19,218	63,326	8,914	223,399	76,087	22,547	64,735	85,972	12,332	0.0269
3C	0.0114	0.0178	114,625	130,752	59,768	51,113	8,497	2,015	10,821	35,659	5,019	125,796	42,844	12,696	47,375	48,411	8,883	0.0182
04	0.0334	0.0296	319,512	364,466	166,602	142,474	23,684	5,617	30,164	99,398	13,991	350,650	119,427	35,390	87,368	134,944	18,004	0.0328
05	0.0564	0.0323	526,739	600,849	274,655	234,880	39,045	9,259	49,728	163,865	23,065	578,073	196,884	58,343	127,818	222,464	22,405	0.0439
06	0.0358	0.0301	341,293	389,312	177,959	152,187	25,299	5,999	32,221	106,174	14,945	374,555	127,568	37,803	91,620	144,143	18,678	0.0345
07	0.0791	0.1162	790,048	901,204	411,951	352,292	58,563	13,888	74,587	245,779	34,595	867,043	295,303	87,508	179,216	333,671	40,524	0.0896
08	0.0857	0.1057	841,354	959,729	438,704	375,171	62,366	14,790	79,430	261,740	36,842	923,349	314,480	93,191	189,231	355,340	42,110	0.0936
09	0.0366	0.1199	413,416	471,582	215,566	184,348	30,645	7,267	39,030	128,611	18,103	453,707	154,526	45,791	105,698	174,604	24,863	0.0501
10	0.0334	0.0831	358,227	408,628	186,789	159,738	26,554	6,297	33,819	111,442	15,686	393,138	133,898	39,678	94,925	151,295	22,088	0.0431
11	0.0422	0.2887	585,546	667,931	305,319	261,103	43,404	10,293	55,280	182,160	25,640	642,612	218,865	64,857	139,298	247,302	42,546	0.0947
14	0.0393	0.0284	371,300	423,541	193,606	165,568	27,523	6,527	35,054	115,509	16,259	407,486	138,784	41,126	97,477	156,816	22,009	0.0429
TOTALS	1.0000	1.0000	9,648,552	11,006,068	5,031,006	4,302,414	715,203	169,608	910,900	3,001,600	422,500	10,588,868	3,606,427	1,068,700	2,283,378	4,075,000	466,475	1.0000
FY-2004 Allotments			11,444,436	12,917,063	5,904,545	5,049,446	715,203	169,608	910,900	3,001,600	422,500	11,024,800	3,754,900	1,068,700	2,283,378	4,075,000	478,000	
Less:																		
State Admin			583,810	658,933	301,206	257,585	0	0	0	0	0	0	0	0	0	0	0	0
AAA Admin			1,097,630	1,252,062	572,333	489,447	0	0	0	0	0	435,932	148,473	0	0	0	0	0
LTC Ombs			114,444	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,525
Demonstration Project			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total			9,648,552	11,006,068	5,031,006	4,302,414	715,203	169,608	910,900	3,001,600	422,500	10,588,868	3,606,427	1,068,700	2,283,378	4,075,000	466,475	
7.5% Geo. Base			723,641	825,455	377,325	322,681	53,640	12,721	68,318	225,120	31,688	794,165	270,482	80,153	141,253	305,625	0	0
Other Bases			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,000
Balance for formula			8,924,911	10,180,613	4,653,681	3,979,733	661,563	156,887	842,583	2,776,480	390,813	9,794,703	3,335,945	988,548	1,742,125	3,769,375	396,475	
FY-2004 Allotment Balances			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

APPENDIX A

NOTES:
 (1) All service allotments, except St-OMB, are determined in accordance with the Intra-state Funding Formula.
 St-OMB service allotments are determined in accordance with the LTC Formula using a \$5,000 base.
 (2) For St-Respite Care funds, each AAA shall receive a minimum of \$25,000, or a proportionate part of that amount if sufficient money is not available with all remaining money, if any, distributed according to the Intra-state funding formula.
 (3) Tobacco Respite Care funds, each selected waiver agencies gets \$100,000 except Macomb-Oakland will get \$100,000+\$25,000=\$125,000 and rest of the balance will be distributed to each AAA based on formula.

Planning and Service Areas (PSA)

Area Agencies on Aging



Appendix C
PUBLIC HEARING SUMMARY
2005 STATE PLAN HEARING ON PROGRAMS FOR
MICHIGAN'S OLDER CITIZENS

Office of Services to the Aging
August 2004

The Office and Commission on Services to the Aging hosted a public hearing on July 15, 2004 in Lansing to hear feedback on proposed changes made to the FY 2004-06 State Plan on Programs for Michigan's Older Citizens. Specifically, testimony was heard on activities proposed for 2005, the second year in a three-year planning cycle. Twenty people attended the hearing, eight of whom offered verbal testimony. Written comments were accepted from four additional people.

Commissioner Jerutha Kennedy chaired the public hearing; a total of seven Commissioners were present. OSA Director Sharon Gire highlighted significant changes made to the 2005 State Plan before testimony was received.

Verbal and written comments are summarized below:

1. A male caregiver talked about the need to help seniors maintain life quality. He stated that older adults should be encouraged to be physically and mentally active, and he believes that information on services, contacts and care options is critical. There is also a need to have trained personnel available to assess needs and inform seniors/family members of available resources.
2. A "Senior Ambassador" representing Detroit Area Agency on Aging spoke on the profound impact of funding loss to that region due to a population shift. The high poverty rate of older adults in Detroit, coupled with a high incidence of chronic illness and disability, means seniors are dying before their time. It was suggested that health status be included in the "Profile of Older Adults" found on pages 7-8 of the State Plan. Other comments included greater access to health promotion services; increased funding for meals, kinship care, home care, adult day, etc. OSA should also strengthen outreach to all minorities. There was support for expanding best practices in Michigan's nursing homes.
3. A representative of the Bhartiya Seniors Committee of the Bhartiya Temple in Troy spoke on the special needs of the 176 Asian Indian older adults in that senior program. Asian Indian older persons feel isolated due to lack of transportation (especially on weekends), difficulties in mixing freely with other nationalities in a senior housing setting, language barriers, food preferences, religious beliefs, etc. It was suggested that the Area Agency on Aging work with them on these issues. It was also suggested that informational materials be translated into Hindi.

4. An Area Agency on Aging (AAA) representative applauded the State Plan, indicating that priorities as outlined reflect AAA priorities. The AAA looks forward to a continued positive working relationship with OSA.
5. Another Area Agency on Aging representative also supported the State Plan, indicating it concurs with OSA's focus on healthy living and caregiver programs. The presenter was highly complimentary of OSA staff on its progressive, innovative thinking.
6. An RSVP Director thanked OSA for its ongoing support of senior volunteer opportunities, as well as support for the Kinship Care initiative.
7. A representative of the Chronic Disease and Injury Control Division in the Department of Community Health looks forward to collaborating with OSA on cancer prevention and early diagnosis of breast and cervical cancer, and self management of chronic disease through the "Michigan Step Up" Campaign. She was highly complimentary of OSA's work.
8. A representative from American Association of Retired Persons (AARP) offered support in meeting State Plan goals.
9. The Director of the Michigan County Social Services Association recommended that limited funding be targeted to low income frail older adults (rather than just frail). The reference was made to page 9, fourth bullet, which states "assuring AAAs target services for persons with physical and mental disabilities through earmarking state funds for in-home services and home-delivered meals for the frail elderly."
10. The President of the Michigan Association of RSVP Directors submitted written comments in support of the State Plan. Specifically, there was support for the statewide volunteer survey and volunteer information system. Written testimony also included ways in which RSVP volunteers are involved in the congregate and home delivered meals programs, Triad projects, home repair/modification programs, and volunteer driver programs.
11. Written testimony on the need for continued support of Adult Day programs was submitted. It was pointed out that adult day services are less costly than nursing home care. Program participants benefit from the socialization, recreation and therapeutic activities, and caregivers benefit from the respite time and support.
12. Owners of an adult foster care facility applauded the State Plan, but questioned the absence of information on adult foster care as a less costly, preferred alternative to nursing home care for those who do not need 24 hour nursing care.