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

STATE OF MICHIGAN
JENNIFER GRANHOLM, GOVERNOR

COMMISSION ON SERVICES TO THE AGING
ELWIN M. JOHNSON, CHAIR

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JULY 2003

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 *Date*
Michigan Office of Services to the Aging

_____ _____

Elwin M. Johnson, Chair *Date*
Michigan Commission on Services to the Aging

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 the State Plan for Services to Michigan's Older Citizens for fiscal years 2004–2006. This Plan, required for federal funding under the Older Americans Act, 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, or "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.

Three public hearings were held on this State Plan – in Westland (southeast Michigan), Escanaba (Upper Penninsula), and Okemos (mid Michigan). The purpose of these hearings was to get reactions on the state's proposed activities from seniors, family members, professionals and volunteers who serve older adults, and interested others. Such issues as transportation, housing, and expansion of long-term care services were among those most frequently raised as important to Michigan's seniors. The diverse nature of comments received reflected the variety and complexity of issues facing seniors today, as well as the dynamic diversity among seniors themselves. A complete summary of State Plan hearing comments is found in Appendix A.

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, actively 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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PROFILE OF MICHIGAN'S OLDER CITIZENS

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 - 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; 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.

**The poverty level is defined as $8,980 for a one-person household, and $12,120 for a family of two.*

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 Ontonagan County at 62%.
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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 1 in 5 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 2003 is defined as $8,980 for a single individual and $12,120 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 2001 and 2002 (latest statistics available).

	Michigan Pop.	% of Population	% Served FY2001	% Served FY 2002
Total Population 60+	1,596,162		19.16%	20.35%
Non-Minority	1,400,703	87.75%	15.24%	14.55%
African American	160,741	10.07%	23.35%	25.41%
Hispanic	18,653	1.17%	21.35%	20.18%
Asian/Pacific Islander	12,298	0.77%	20.08%	10.29%
Native American/Alaskan	4,658	0.29%	31.77%	42.55%
Other/Multi-Racial	17,762	1.11%	NA	9.84%
Rural	103,125	6.46%	56.04%*	*55.89%
Low-Income	264,800	16.59%	25.89%	28.39%

*Registered Clients

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, 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 +	# 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 +	# 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

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

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

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

92.5% of total funding is distributed based on the state 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.

Service Category Funds for PSA	=	PSA's State Weighted Formula Percentage	x	92.5% of Service Category Funds	+	% of State Geog. Area (square miles)	x	7.5% 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%**

PROPOSED 2004
STATE OPERATING BUDGET

Budget Line-Items (in millions) Title	FY 2004 Executive Budget Appropriation
Commission on Services to the Aging (per diem)	10.5
OSA Administration	4,167.8
Community Services	35,286.1
Nutrition Services	38,191.2
Senior Volunteer Services	5,645.9
Senior Citizen Center Staffing	1,068.7
Employment Assistance	2,818.3
Respite Care	7,100.0
Gross Appropriation (in millions)	**$94,288.5**
Total Federal Revenues:	52,094.3
Title III	39,626.0
Title VII	760.0
USDA	7,400.0
Title V	2,958.3
Title XIX	750.0
Other	600.0
Total State Restricted Revenues:	2,267.0
Healthy Michigan Fund (Home Delivered Meals)	167.0
Abandoned Property Funds (Respite Care)	2,100.0
Total Tobacco Settlement Revenues	5,000.0
Total General Fund/General Purpose	34,927.2
Gross Revenues (in millions)	**$94,288.5**

Note: Area Agency on Aging service allotments are found in Appendix B.

AREA AGENCIES ON AGING & GEOGRAPHIC AREAS SERVED
REFER TO APPENDIX C FOR MAP

REGION 1-A DETROIT AREA AGENCY ON AGING, 313/446-4446, s*erving cities of Detroit, the Grosse Pointes, Hamtramck, Harper Woods, Highland Park*

REGION 1-B AREA AGENCY ON AGING 1-B, 248/357-2255, s*erving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties*

REGION 1-C THE SENIOR ALLIANCE, INC., 734/722-2830, s*erving all of Wayne County excluding areas served by Region 1-A*

REGION 2 REGION 2 AREA AGENCY ON AGING, 517/467-2204, s*erving Hillsdale, Jackson, Lenawee Counties*

REGION 3-A REGION 3-A AREA AGENCY ON AGING, 269/373-5147, s*erving Kalamazoo County*

REGION 3-B REGION 3-B AREA AGENCY ON AGING, 269/966-2450, s*erving Barry, Calhoun Counties*

REGION 3-C BRANCH/ST. JOSEPH AREA AGENCY ON AGING IIIC, 517/279-9561, s*erving Branch, St. Joseph Counties*

REGION 4 REGION IV AREA AGENCY ON AGING, INC., 616/983-0177, s*erving Berrien, Cass, Van Buren Counties*

REGION 5 VALLEY AREA AGENCY ON AGING, 810/239-7671, s*erving Genesee, Lapeer, Shiawassee Counties*

REGION 6 TRI COUNTY OFFICE ON AGING, 517/887-1440, s*erving Clinton, Eaton, Ingham Counties*

REGION 7 REGION VII AREA AGENCY ON AGING, 989/893-4506, s*erving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties*

REGION 8 AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC., 616/456-5664, s*erving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newago, Osceola Counties*

REGION 9 REGION IX AREA AGENCY ON AGING, 989/356-3474, s*erving 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, *serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties*

REGION 11 UP AREA AGENCY ON AGING, 906/786-4701, s*erving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties*

REGION 14 SENIOR RESOURCES, 231/739-5858, s*erving 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.
   - By 9/30/04, expand by 25% the number of nutrition education and nutrition counseling programs.
   - 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.
   - 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.
- By 9/30/04, collect baseline data on provider compliance with minimum standard requiring use of written standardized recipes; increase provider compliance to 100%.
- 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.
- By 9/30/04, collect baseline data on customer satisfaction with meals; where necessary, implement changes to increase satisfaction by 5%.
- Each fiscal year conduct or facilitate a minimum of one nutritional quality/food safety training for aging network nutrition service providers.

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.
- 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.

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.

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.

3. By 9/30/05, establish new physical activity programming in a minimum of ten (10) congregate meal sites and/or senior centers.

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.

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.

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.

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

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.

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 conducted by 9/30/05 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.

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 325,000 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.

2. By 9/30/05, develop models for implementing self-determination and consumer direction within OAA-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.

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.

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).

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

II. C. TARGETED OUTREACH STRATEGY
Ensure that minority and socially isolated older adults have access to culturally appropriate services.

Indicators:
1. 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.

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.

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.

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

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

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

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

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.

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.

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.

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

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

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.

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 9/30/04, 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.

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.

2. By 9/30/04, AAAs will address appropriate emergency preparedness issues in their annual Area Implementation Plans.

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 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.

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 3E of the Older Americans Act, Tobacco Settlement monies for respite services, and Blue Cross & Blue Shield of Michigan Escheats funds.

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.

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.

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.

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.

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

3. By 6/30/04, measure the starting wage in unsubsidized employment versus the subsidized wage while 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 (expected in July 2003).

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.

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.

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.

III. G. 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.

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.

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.

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.

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.

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.

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.

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.

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.

IV. C. SENIOR EXPLOITATION AND ABUSE QUICK RESPONSE TEAM STRATEGY

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; and implement tracking systems to measure results.

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.

IV. D. TRIADS 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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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

3. By 9/30/06, there will be some increase over the FY 04 baseline in reported available affordable housing options in the majority of PSAs.

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 own homes.

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.

3. By 9/30/04, establish a baseline average length of stay for assisted living residents.

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.

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.

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.

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.

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.

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

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

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.

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.

It is anticipated that Michigan will receive some $4.7 million from Title III-E to support the National Family Caregiver Support Program in FY 2004. An additional $7.1 million is expected from state sources to provide respite for caregivers during the same time period. **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 initiated a contract to develop a caregiver hiring guide, which will address critical issues that caregivers should consider and know before they employ someone to care for their loved ones. This guide, designed to assist caregivers in the hiring and supervision of paid in-home caregivers, will be available on the OSA miseniors.net web site and in print version. In addition, a "train the trainer" PowerPoint presentation will be developed so that AAAs and service providers can use the information to educate and create awareness among caregivers in their local communities.

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 fulltime 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.

APPENDIX A

Please Post

NOTICE OF PUBLIC HEARINGS ON PROGRAMS FOR MICHIGAN'S OLDER CITIZENS

The State of Michigan-Office and Commission on Services to the Aging encourage senior citizens, family members, providers of aging services, and interested others to voice their concerns on issues important to the well-being of older adults in our state. This unique opportunity, held every three years, helps direct priorities and funding for aging services in Michigan.

FRIDAY, MAY 2, 2003 1:00 p.m. – 3:30 p.m.
Friendship Center – Senior Resources Dept.
1119 North Newburgh Road, Westland, MI

MONDAY, MAY 5, 2003 1:00 p.m. – 3:30 p.m.
Bay de Noc Community College – Joseph Heirman University Center
Bays Conference Room #952
2001 North Lincoln Road, Escanaba, MI

WEDNESDAY, MAY 7, 2003 1:00 p.m. – 3:30 p.m.
Meridian Senior Center at Chippewa Middle School
Corner of Okemos Rd. & Kinawa Drive, Okemos, MI
Enter on Kinawa Drive – 2/10 mile east of Okemos Road
Look for the Meridian Senior Center/Community Education sign

To receive a copy of goals and objectives being proposed by the State of Michigan for aging programs for the 2004–2006 time period:

- ✓ Call the Office of Services to the Aging at (517) 373-8230, or,
- ✓ Visit the Office of Services to the Aging website at www.miseniors.net.

Written comments, accepted through June 2, may be sent to Office of Services to the Aging, c/o State Plan, P.O. Box 30676, Lansing, MI 48909, or made using the feedback form under "Contact Us" at www.miseniors.net.

SPECIAL NEEDS: Persons needing accommodation(s) for effective participation in these hearings should contact Pamela Hall, OSA, at (517) 373-9361 (voice) or (517) 373-4096 (TDD) at least one week in advance.

STATE PLAN HEARING SUMMARY
2004-06 STATE PLAN ON SERVICES TO MICHIGAN'S OLDER CITIZENS

WESTLAND (southeast Michigan)
54 people attended the public hearing at this location

There was endorsement for recognizing the value of senior volunteer programs in the plan (*Goals 1 and 3*).

Regarding one family's experience in caring for a parent with Alzheimer's Disease (*Goals 1 and 2*):

-medical professionals are insensitive to the concerns of family members;
-there is a need for more mental/physical stimulation for those placed in an institutional setting;
-frustration with cost of care, emotional toll taken on family members, and inadequate caregiver relief in the home setting was expressed.

Regarding assisted living (*Goal 5*):

-several participants commented on the need for affordable assisted living;
-the meaning of the term "assisted living" should be clarified;
-the state should develop assisted living standards;
-it is recommended that the state move toward regulation of assisted living as distinct from homes for aged, adult foster care, etc.
-there should be Medicaid coverage for assisted living.

A disabled Veteran spoke on the lack of available housing options for people with disabilities. He indicated there is no uniformity in housing specifications. Age requirements are different (some aged 60, others aged 65), for example, and with some housing facilities you have to be a resident of a particular community. It was mentioned that there are 6,000 disabled veterans in Michigan who could live independently with housing assistance (*Goal 5*).

Consumers don't know where to turn for accurate information on services (*Goal 2*)

The Long-term Care Ombudsman Program should not request Social Security numbers of clients (*Goal 4*).

Thoughtful consideration of changes to the funding formula should be given to Region 1A, as the older adult population there has declined by 23%. Early deaths have been reported in this area of the state, contributing to the population decline. While numbers of older people have decreased, those remaining have multiple needs.

Three participants spoke about the high cost of prescription drugs. In one case, 1/3 of an individual's income was spent on medications.

Regarding serving Hispanic older adults (*Goal 2*):

-more support for centers providing culturally sensitive programming is needed;
-hiring bilingual staff is important to program success;
-because small numbers of Hispanic older adults reside in neighboring geographic communities, funding that crosses community boundaries is needed.

There was support for increasing the capacity of the aging network to bill multiple funding sources for community-based care (*Goal 2*).

Support was voiced for programs dealing with home injury control (*Goal 5*).

The three Area Agencies on Aging in southeast Michigan were highly supportive of the draft State Plan as presented. Each provided testimony, raising a variety of issues specific to their region.

Detroit Area Agency on Aging 1A

- there should be more focus on health issues of African American older persons (*Goal 2*)
-OSA should support implementation of Wellness Centers and other disease management strategies in local communities. Wellness Centers could provide health education, exercise and health promotion activities (*Goal 1*).
-partnerships between AAAs and 211 entities should be encouraged to improve access to information on senior programs (*Goal 2*).
-long-term care options (i.e. Care Management and Medicaid Waiver) should be maintained and expanded upon (*Goal 2*).
-regarding housing in Detroit, the most challenging, pressing issues include home repair, high cost of homeowner's insurance, high property taxes, need for affordable assisted living, safety in congregate housing complexes, long waiting lists for subsidized housing, and the need for a one stop shopping center for senior housing information (*Goals 2 and 5*).

Region 1B Area Agency on Aging

-supports the current funding formula.
-there is a need for a mandatory screening process/tool to assess eligibility for any long- term care service (*Goal 2*).
-consumers seeking Medicaid long-term care should be informed about and offered their choice of community-based care or nursing home care (*Goal 2*).
-allow Medicaid funding to follow the consumer to their setting of choice, and reimburse care for residents who live in their own home, assisted living or nursing home (*Goal 2*).

-to the extent that consumer choice of long-term care options results in fewer consumers choosing Medicaid nursing homes, empty Medicaid beds should not continue to be subsidized (*Goal 2*).
-in implementing a 211 system, it is important that calls be routed to an agency with expertise in aging resources (*Goal 2*).
-OSA should advocate for the expansion of Region 1B's Affordable Assisted Living demonstration project, and work to remove artificial barriers in the MI Choice Program that prevent persons who qualify for the Medicaid Waiver from residing in licensed assisted living settings (*Goal 5*).
-OSA should take a leadership role in promoting programs that assist at-risk older drivers to better manage their driving habits (*Goal 5).*

<u>The Senior Alliance - Region 1C Area Agency on Aging</u>

-there should be increased collaboration between public and private sector to expand resources, particularly in the area of Eldercare services (*Goal 2).*
-OSA should support prescription drug coverage at the national and state levels; OSA should be the state agency designated to administer a state prescription drug program, with the aging network designated to process applications and determine eligibility.
-expand Care Management and the Medicaid Waiver (*Goal 2*).
-reduce the rates of preventable injury and chronic conditions (*Goals 1 and 5*).
-expand access to medical transportation, ramps, railings, home repairs, assistive technology, personal emergency response systems and home injury control programs (*some addressed in Goal 5-others not addressed in draft State Plan).*
-the State should make efforts to increase the supply of publicly-subsidized housing (*Goal 5*).
-create new residential alternatives so people can age in place (*Goal 5*).
-create incentives for home modifications (*Goal 5*).

ESCANABA (Upper Penninsula)
22 people attended the public hearing at this location.

Three participants voiced strong support for objectives emphasizing senior volunteer programs as a valuable resource in helping OSA realize its mission. One person recommended that volunteer programs be expanded into Chippewa, Luce and Mackinac Counties (*Goals 1 and 3*).

Several participants spoke on the need for transportation services in rural areas, especially in getting to medical care. One person indicated her county is two hours from Marquette and one hour from a hospital (*Goal 5*).

Nutrition and in-home services were cited as primary needs in the Upper Peninsula (*Goals 1 and 2*).

An advocate of adult day services requested that this program be spared from any future funding cuts *(Goal 2*).

Several people testified in favor of getting the Medicaid Waiver Program back on track.

Completion of the NAPIS form at the congregate meal program was questioned. It was felt that completion of the form was not a customer friendly approach (*Goal 1*).

Three participants requested that OSA be flexible in its requirement that 10% of funding under the National Family Caregiver Program be earmarked for grandparents raising grandchildren. Providers have been unable to identify this need in the Upper Peninsula, and would like a waiver of the requirement so that funds can be redirected to areas of greater need (*Goal 2*).

The Region 11 Area Agency on Aging was present at the hearing and was highly supportive of OSA's draft State Plan. The following comments were offered by this organization:

-there is concern over how the 2000 Census will impact the Upper Peninsula; there will be a 7.5% funding cut ($35,000) due to older adult population loss.
-there is also concern over where the Office of Services to the Aging is organizationally placed in state government.
-the Medicaid Waiver Program has become the backbone of service delivery to older adults at the local level and should be fully funded.

OKEMOS (mid Michigan)
37 people attended the public hearing at this location

There was support for the Michigan Pension Rights Project that works to maximize private retirement resources (*Goal 3*).

There was support for *Goal 4*, with specific reference to the State Long-term Care Ombudsman as well as expanding opportunities for education/prevention of exploitation, abuse and neglect around the state.

Objectives highlighting the senior volunteer programs were supported (*Goals 1 and 3).*

The need for assistance for kinship caregivers was supported (*Goal 2*).

Affordable assisted living is needed (*Goal 5*).

There is a need for regulations and standards for assisted living facilities (*Goal 5*).

Regarding direct care workers, services are often offered with no standards of care (*Goal 2*).

There was concern that bus trips are being organized to Canada so people can buy prescription drugs at less cost than is available in the U.S. Two other participants indicated that the *high cost of prescription drugs should be included in the State Plan*, particularly as it relates to prevention. If a senior is not taking their medications because of high costs, more acute medical conditions could result.

Alarm systems in facilities caring for people with Alzheimer's Disease is often inadequate, antiquated and ignored by both staff and residents. As a result, residents are at risk for their personal safety; in some instances, preventable tragedies have occurred. The state policy requiring alarm systems needs to be reviewed; existing policy is unacceptable (*Goal 4*).

One participant advocated for future expansion of the Mi Café Program (*Goal 1).*

It was suggested there be a senior-dedicated license plate to raise funds for programs in senior programs (*there is no objective specifically dealing with senior centers or fundraising).*

Senior centers should play a major role in implementing many of the proposed OSA objectives, especially those related to disease management (*Goal 1*).

FEEDBACK ON STATE PLAN

MISENIORS.NET

It was recommended that there be mandates for 1) coordination/integration of behavioral health treatment planning for seniors with community mental health services and 2) identifying methods for wrapping aging/community mental health service benefits around seniors-both those with ordinary aging issues and those with MI/DD challenges.

The State was encouraged to open slots in the MIChoice program.

WRITTEN COMMENTS

A senior center director from southeast Michigan voiced support for efforts to raise awareness of the need for physical fitness programs to help curb the effects of chronic illness.

A senior resident in Escanaba was concerned about reliable and affordable transportation to medical appointments and shopping.

A community-based organization in Detroit advocated for the following:
*increased funding for Goal #1 related to improving the health and nutritional status of older adults.
*programs that take information, screening and support to seniors in the apartments, churches and senior centers; information provided by trusted personnel in familiar settings is important.
*the need for age-appropriate and culturally sensitive mental health and counseling services.
*increased funding for home repair and home modification programs.
*affordable assisted living.

Another respondent was supportive of the plan and offered the following comments:
*include educational programs at all meal sites that offer assistance with managing finances, transportation, health issues, etc.
*services at the meal sites only reach a small number of people; expand outreach in local communities.
*assist caregivers; caregivers may need orientation and education on caring for a senior.
*volunteers who work with older adults need education and oversight to appropriately serve older persons.

*there should be licensure/certification of assisted living facilities.
*the goals as outlined build on one another and support the overall needs of seniors.

A local provider of aging services outlined the following issues:
*increase awareness of aging among the younger generations through school curriculum.
*regarding Goal IV, coalitions that already exist to address elder abuse should be strengthened; don't reinvent the wheel at the local level.
*gather information on available assisted living facilities; include whether they are non-profit or for profit.
*would like to see data that supports the need for an emergency shelter; staffing and maintaining shelters would be expensive.
*what is currently available to individuals seeking housing?
*more funding in area of health prevention is needed; keeping someone physically and mentally active has a direct impact on life quality and independence.